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Article

Parental Partnership, Advocacy and Engagement: The Way Forward

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Abstract: This article, written with parents as co-authors, has two aims: (1) to provide a critical view of the English child protection system based on parents' views and to locate these views within contemporary child protection studies and (2) to present the transformative value of co-production in the context of child protection studies both as a form of critical scholarship and as a means to influence policy and practice. The current children's social work system in England does not achieve good outcomes for families, and many children and parents frequently experience it as stigmatizing, inhumane, and harmful. The article presents the experience and recommendations for change produced by parents with a broad range of experience with child protection services in England. The Parents, Families and Allies Network worked with five allied organizations in which parents identified the extensive range of problems that the current system presents and ways forward to achieve more supportive, humane, and inclusive practice with families. Seven main themes emerged: a better definition of need and response to need; partnership, participation, and humane practice; improving legal representation and support in legal proceedings; better support in care proceedings; permanence that maintains links; a better response to domestic violence; and the lack of support for disabled children. The article discusses five features of the project that supported meaningful co-production: taking a political stance, choosing clear and feasible aims, incorporating a range of knowledge, the participation of parents with lived experience throughout all phases of the project, and not settling with just knowledge production.

Keywords: parent advocacy; participation; child protection; co-production



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1. Introduction

A substantial body of critical research into the experiences of parents and children involved with the child protection system written in the last 20 years indicates that they often experience the process as intimidating, confusing, shaming, and humiliating (Ghaffar et al. 2012; Gupta et al. 2018; Gibson 2020; Warner 2015). Bringing parents' and children's voices to the forefront of research has been invaluable, and they comprise a crucial component of the development of a critical body of knowledge on child welfare. However, most studies in this field examine the lives of parents, children, and young people without paying attention to their involvement in the process (Flinders et al. 2016). Thus, in these studies, the perspectives of parents and children are collected and voiced, but they are barely involved in framing research questions, collecting or analysing data, or interpreting findings and making recommendations. Moreover, once they share their perspectives and knowledge, research participants are often disconnected from the subsequent phases and are not exposed to the impact of these studies on reality (Critchley and Mitchell 2020).

In this article, we present a project that attempts to exemplify and conceptualize how and why co-production can be an essential component of critical child protection studies. The project, which we refer to throughout the article as the ‘consultation’, was developed in response to the Independent Review of Children’s Social Care (IRCSC) in England (henceforth the ‘Care Review’). Initiated by the Parents, Families and Allies Network (PFAN), the consultation brought together parents and allies from a range of organizations to co-produce a report that points to the shortcomings of the children’s social care system on the one hand, and, on the other, that offers clear recommendations regarding the changes needed. The consultation forms part of a wider PFAN project that involves working towards the implementation of fundamental changes from current discourses of child protection and rescue to ones of children’s rights and strengthening families and communities. The report was published online on 14 February 2022 and was presented to the Care Review. It received coverage in the media and in social work journals.

This article is based on that report and was written by a team of parents (Taliah Drayak and Tammy Mayes) and allies (Simon Haworth, Andy Bilson and Yuval Saar-Heiman) from PFAN in 2022. The idea of transforming the report into an article for this Special Issue, suggested by one of the allies, evoked a discussion regarding the value and impact of publishing in an academic journal. On the one hand, we acknowledge the value of solidifying parents’ views in academic discourse. On the other hand, we are also aware of both the inadequate influence such an article would have on policy and its limited relevance to the families involved with services. This ambivalence continued as the work evolved. The need to adapt the intentionally stark and simple messages of the report into an academic article created tension between the aspiration to keep the article as close to the report as possible, i.e., solely focussing on presenting the voices of parents, and the objective of using the report as a starting point for wider discussions, i.e., discussing the process of co-production. Naturally, parents were concerned that an academic route would relegate the voices of parents, which comprise the core of the report, to the background.

Following several discussions, drafts, and comments from reviewers, we were able to articulate two aims for this article: (1) to provide a critical view of the English child protection system based on parents’ views and to locate these views within contemporary child protection studies and (2) to present the value of co-production in the context of child protection studies both as a form of critical scholarship and as a means to influence policy and practice.

Hence, the article begins with a description of the background of the initiation of the Care Review. Next, it describes the consultation in terms of who took part in it and how it was conducted. Following this, it presents seven key areas of the system that were identified by the participants involved in the consultation as requiring change. Each section begins by reporting the views shared in the consultation and then relates these views to the academic literature and ends with our recommendations for change towards more humane and supportive ways of working. In the discussion, we argue that co-production should be an essential component of critical child protection scholarship and reflect on the transformative possibilities of co-production in critical scholarship, a key feature of this article, and the consultation itself.

The Background to the Consultation: The ‘Case for Change’ (CfC)

The Care Review is the most recent of many reviews of children’s social care in the UK that have been conducted in the last 30 years. In June 2021, five months after its inception, the Care Review published the Case for Change (CfC) report ([IRSCE 2021](#)), which was described as an ‘... early attempt to synthesise what we have heard so far and transparently set out what we think the biggest problems in children’s social care are’ ([IRSCE 2021](#), p. 5). The report aspired to outline the main issues that needed to be changed in the children’s social care system. It asserts that ‘[t]he experiences and outcomes of children and families tell us that children’s social care needs to change’ ([IRSCE 2021](#), p. 10) and indicates that ‘the system is under significant strain: more families are being

investigated, more children are in care and costs are spiraling as money is increasingly spent on crisis intervention' (IRSCE 2021, p. 10). The CfC reaffirmed calls made for substantive change by UK social work scholars (e.g., Bywaters, Featherstone, Gupta, Morris, Parton, and White) in the last twenty years.

The key issues identified by the CfC as requiring change were:

- Support offered to families: More help needs to be offered to families and communities, with a move away from a culture of assessing and investigating families to one of support and help that has been shown to be effective;
- Rebalancing the system: Children's social care is currently focussed at the acute end of the system: child protection and care proceedings. The system needs to be rebalanced to offer effective and timely support to families;
- Cultural change: Children's social care is currently bureaucratic, rule-bound, and adversarial, leaving little or no space for the relationship-based supportive work that is key to helping families;
- A system with a clear purpose: Children's social care needs a clear purpose and much better coordination between services and organizations nationally and locally to support families and communities and to act decisively to ensure children's safety;
- Clear and evidence-based decision making: Currently, decision making is inconsistent and is often not good enough. Clear decision making by skilled and well-supported social workers is key to an effective system;
- Direct time with families: Social workers need to be supported so that they can spend more of their time directly working with children and their families. Currently, there is too much bureaucracy and risk aversion;
- Children and young people's relationships: Children and young people in care need to be supported to maintain and build positive loving relationships, but at present, systems often serve to break or sever their important relationships;
- Poverty and other disadvantages: Social inequalities and disadvantages play significant roles in child maltreatment and state intervention in family life, but systems do not effectively pay attention to their roles. This needs to change.

While there was much that was included in the CfC that the members of PFAN found persuasive, including its description of the impacts of contemporary practices and systems, concerns were raised regarding issues that were missed or not fully explored and the ways in which the conclusions will be taken forward. First, the cycle of escalating investigations and blaming of parents may continue, so transformational change is urgent and necessary, with a move from a culture of parent blame and child rescue to genuine partnership and participation being fundamental to progress. Second, families are under immense and increasing stress and strain, with the growing poverty, inequality, and state intervention in family life generating a range of problems. These concerns led to the consultation described below and the subsequent identification of seven key areas in which urgent changes are needed in the PFAN (2022) report referred to above (see <https://www.pfan.uk/response-to-case-for-change-by-parents-families-and-allies-network-pfan/>).

It is important to remember that the issues identified here continue to generate significant barriers to engagement for families, few of whom feel involved or respected when engaging with children's social care (Dale 2004; Wilkins and Forrester 2021). Levels of satisfaction with children's social care are low, and families often experience feelings of shame as a result of their involvement with it (Gibson 2020; Wilkins and Forrester 2021). Looking beyond the child, whom the system isolates as an object of unwavering focus, are the child's parents, who are often left feeling disposable and disposed of. Parents feel judged, silenced, and punished and lose their identities as they engage with systems low that are on humanity and care (Clapton 2020).

2. The Consultation

The publication of the CfC evoked many responses among all of those involved in working toward change in the child protection system. PFAN members were especially sceptical regarding the weight given to the voices and views of experts by experience in the review. This led to a discussion between authors Andy Bilson, Taliah Drayak and Tammy Mayes that ended with a decision to begin working on a co-produced response to the CfC. In the first phase, the PFAN executive team (Simon Haworth, Andy Bilson, Taliah Drayak and Tammy Mayes) conducted a range of exploratory conversations and agreed that genuine co-production was crucial, with the understanding that we would all need to share power and work towards authentic empowerment. These aims necessitated a range of practices along the way, including regularly revisiting issues of shared understanding and informed engagement as well as regularly rescheduling meetings to ensure that everyone could participate fully.

The internal work within PFAN led to the development of a set of guiding questions for consultation as well as a list of potential organizations and parent groups that might be interested in taking part in co-producing a response based on a structured consultation. PFAN approached 13 organizations that had empowered parents and that were focussed on changing the child protection system through innovation and genuine participation and asked them to contribute to the consultation. Five organizations responded to the invitation. Details of the contributing organizations are shown in Box 1. The parents from these groups have wide and varied experience with children's social care. Among them were parents whose children had been removed to long- and short-term care or adoption, some at birth; who required services because of a disability; who had been the subjects of child protection investigations; and who had children in need.

The contributing organizations included:

- One that provides therapeutic support to parents referred to children's social care for concerns about child abuse;
- One that uses a whole-family approach to offer holistic support and that provides child and adult mental health and social care services;
- One national body that campaigns for and promotes peer advocacy;
- One network of parents of children with disabilities;
- Two projects set up with support from a children's social care service to provide advice on policy and practice and that offer peer support to parents.

Following the initial aspiration to develop a response that would point to the shortcomings of the children's social care system and suggest clear recommendations regarding the changes needed, the PFAN team developed the following points as a basis for the discussions within each of the organizations:

- The key problems experienced by families with children's social care;
- Examples of how these problems have been or could be overcome or mitigated;
- Any areas where children's social care or other services have been helpful;
- Any ideas on specific changes to children's social care that would make a difference to the problems they had identified.

Meetings between the PFAN team and representatives from each of the organizations were held to prepare for the consultation. The groups each undertook their own consultations and provided written responses to PFAN. Due to the different natures of the participating organizations, the approaches to information gathering varied, with each group seeking the most compassionate way to support parents and allies in sharing their views. Four of the organizations were small organizations that held meetings, and the other one used online surveys that received several hundred responses. The consultations were conducted between January and March 2022, with all of the organizations providing feedback on what their groups of parents and allies had shared.

Once the responses were received, Andy Bilson conducted an initial thematic analysis of them and emphasized the key themes and the links between them (Braun and Clarke 2019). A draft report of the key findings was then produced, circulated within the PFAN, and uploaded to a Google Drive folder that enabled members to edit the document. A comment made by one of the parents that had a significant influence on the final report was that some parts of the report used professional jargon and that the report should be written in a simple and accessible manner. Based on these comments, another draft was produced and was circulated to all of the contributors. A meeting with the representatives of the contributors was then held to finalize the report, agree upon recommendations, develop plans for presenting it to the Care Review, and make it widely available to those responsible for children's social care.

The report was submitted to the Care Review and was later presented to senior members of the review, including the chairman, at an online meeting. Following several discussions, the group representatives decided to limit the number of participants in the meeting to allow for an effective conversation with the review to take place. Attendance was limited to three people per group, and parent attendance was prioritized. The meeting was chaired by Tammy Mayes, a parent with lived experience. Alongside the meeting with the Care Review, the dissemination of the report included an interview with Taliah Drayak on national television, who represented the participants involved in the consultation. Finally, all of the organizations agreed to produce a webinar at which the report would be presented. The representatives of each of the organizations presented some of the insights that emerged from the consultation. The webinar was an important part of the process because it enabled the community of people committed to changing child protection to come together, take pride in their work and knowledge, and further the relationships between them.

The consultation was focussed on action, listening to marginalized voices, and calling for change and was not a funded empirical study. It was undertaken as a response to the Care Review. Therefore, procedural academic ethical approval was not deemed necessary. Nevertheless, in line with Butler's (2002) 'Code of ethics for social work and social care research', the consultation included an ongoing effort to engage in genuine co-production and empowerment. Further, we embraced an ethics of care focussed on supportive relationships, developing trust, and caring (Held 2007). This ethical awareness was maintained throughout the process and led to an emphasis on transparency that enabled all of the participants to be genuinely informed about the possible implications of their participation. For example, we had several discussions with participants who were concerned that the Care Review might co-opt the outputs of the work or use them in a tokenistic manner. Another ethical issue that received extensive attention was the participants' well-being. One of the key challenges faced by those with lived experience is communicating across various audiences to share messages more widely (Beresford 2007). As a team, we were always considerate and ensured that the members with lived experience were supported in sharing their experience and knowledge. Empowerment was key to the consultation and the way in which it was conducted as an organic process founded on parents' views and rights, culminating in two parents co-authoring this article.

Box 1. Contributing groups.

Parents, Families and Allies Network promotes the rights and improves the lives and life chances of parents and children involved with children's social work in the UK. We aim to transform policy and practice to ensure that parent's views and experiences are heard through participation in every decision that affects them and their children. We enable participation through promoting, developing, and supporting parent advocacy and parent advocates via our publications, workshops, conferences, support groups, training, consultancy, research, information exchange, advocacy programs, and campaigns.
Contact: admin@pfan.uk.
Website: <https://pfan.uk>.

Box 1. Cont.

Love Barrow Together are a team of co-located health and social care workers across child and adult services. We believe that in order to genuinely help families who face complex problems and who often receive fragmented and chaotic services, we need to really listen and understand. We also believe that it is time to move away from public services that determine what families need and instead to see people themselves as active participants who can ask for what they need and who bring assets and skills to share. We try to provide what families themselves have asked for, i.e., a service for whole families that combines child and adult mental health and social care, compassion and understanding; a main keyworker who acts as a transitional attachment figure, early help from the local community, and an ability to be clear and honest with families when there are child protection issues.

Contact: info@lovebarrowfamilies.co.uk.

Website: <https://www.lovebarrowfamilies.co.uk/>.

New Beginnings' mission is to work holistically with families who are known to Children's Social Care for concerns relating to neglect as well as emotional, physical, or sexual abuse.

We have learned that parents who find themselves in this situation have most likely experienced prolonged episodes of trauma, such as physical, sexual, and emotional abuse, often within the home, at some point in their lives. These traumatic events can lead to issues with mental illness and health as well as drug and alcohol misuse.

Our vision is to work closely with parents in the child protection process so that they can develop the strength, knowledge, and power to become the parents they want to be and, in return, teach other parents how to do the same.

Contact: info@newbeginningsgm.com.

Website: <https://www.newbeginningsgm.com/>.

The Parent and Carer Alliance C.I.C. aims to ensure that families whose children have additional needs can share experiences, feel less alone, are better prepared and informed, are able to access vital services, and can raise concerns to make positive changes.

Contact: info@parentandcareralliance.org.uk.

Website: www.parentandcareralliance.org.uk.

Southwark Family Council brings together parents, carers, and other family members to share their views on children's services in Southwark and to be involved in shaping services and practice.

Contact: Southwark.familycouncil@southwark.gov.uk.

Website: www.southwark.gov.uk/familycouncil.

Southwark Parent to Parent Peer Advocacy provides advocates with their own experience with children's services to support other parents at Child Protection Conferences.

Contact: Parentadvocacy@southwark.gov.uk.

Website: www.southwark.gov.uk/parentadvocacy.

3. Key Problems and Ways Forward

The consultation identified seven key areas where urgent changes are needed. This section looks at each area as well as the suggested ways forward. In each subsection, the views shared in the consultation are reported, and the subsection then relates these views to relevant academic literature, grounding the literature in the messy real world in the process.

3.1. A Better Definition of Need and Response to Need

A major concern raised in the consultation was that the main focus of children's social care is on child protection and removal to care or adoption. The parents who took part in the consultation argued that instead of focussing on risk and individualized services, we should formulate a broader definition of need and support. They pointed to the following areas as being crucial for creating safe environments for children and their families: secure and affordable housing, adequate benefits, secure and well-paid employment, and strong communities. Furthermore, mental health services, education, nurseries and childcare, inclusive and accessible parks and libraries, and public health approaches to child maltreatment are important in this context. The participants asserted

that although social work should support families in poverty, poverty is often considered an additional marker of risk rather than an amplifier of crisis and is a reason to provide support. This was demonstrated in the following example reported by one participant in the consultation:

One mother found herself in emergency accommodation and, awaiting her first Universal Credit payment, accessed a food bank to feed herself and her child. In the hearing to remove her child from her care, her use of the food bank was deemed evidence of further risk to the child and was used to support the local authority's application to remove the child.

Whilst there is growing recognition of the impact of austerity and poverty on the involvement of families in the child protection system (Bywaters et al. 2022), research indicates that the current system tends to ignore poverty and its harsh ramifications in people's lives, while broad family services focus on individualized services (Featherstone et al. 2018a; Morris et al. 2018). Moreover, the focus on the perceived risks that may exist for individuals can prevent social workers from addressing the environment in which the family exists (Taylor 2017).

Based on the consultation, we argue that supporting families in these dimensions of their lives should be an integral part of children's services. These services should be well-funded and provided through partnerships with children, parents, families, neighborhoods, and communities. We suggest that organizations assess (with families) how poverty-aware their practices are and aim to 'poverty-proof' local policies and practices. This process should lead to the provision of financial and practical support to help children and families, with carefully developed guidelines regarding how such assistance is applied.

3.2. Partnership, Participation, and Humane Practice

The parents who took part in the consultation shared deep concerns about being shamed, humiliated, and excluded when working with children's social care. There was a collective view that social work involvement lacked the essential elements of partnership, participation, and humanity. In addition, that involvement is focussed on risks and problems and not on coproduction and communities. Finally, the instability in the system and high worker turnover impede partnership. For example, parents shared the following:

There are problems with it being all meetings and no provision. Professionals lack time, social workers have to rush off from meetings and do not have time to spend with families or to deal with any issues that arise.

The consultation found that across the UK, parent advocacy groups and local authority parent partnership programs are developing out of need and the recognition that the child protection system does not work when we fail to support parents and exclude them from being active participants in child welfare and child protection systems.

These emerging groups provide online and face-to-face support and guidance. Some parents who have been through the system serve as advocates for others who attend meetings. An example of work undertaken by a member of PFAN (who is a parent with lived experience) undertaking work without payment shows the impact that parent advocacy can have:

In a recent case I have been working on, the mother had had social work involvement for the past seven years. The case had stagnated, and the view of Mum was solidified. After working together with me for eight months, the most recent social work report reflects that Mum has had 'significant and unexpected personal growth and is showing real insight into her children's needs.' For the first time, the local authority is happy to agree to unsupervised contact and feels Mum is no longer a risk to her children.

The views of the parents in the consultation align with the research into parental involvement in child protection systems (Clapton 2020; Dale 2004; Muench et al. 2017).

Parental advocacy offers a successful model of support for parents at such meetings (Tobis 2013). Research shows that promoting parent advocacy and including it alongside

services is a powerful way to change organizational cultures in child welfare systems (Lalayants 2017). Moreover, parent advocacy programs are demonstrating positive effects in terms of both proximal outcomes such as parental empowerment and engagement in services (e.g., Berrick et al. 2011; Summers et al. 2012) and distal outcomes such as reunification and permanency (e.g., Enano et al. 2016; Lalayants 2017). A recent systematic review of 13 experimental studies on parent advocacy interventions in the United States found that research outcomes are ‘... mainly favourable, specifically for reunification rates, subsequent maltreatment incidences, utilization of resources and services, and parenting practices’ (Aciri et al. 2021, p. 19).

We argue that we should develop a nationwide parent–peer advocacy system in the UK with advocates who have lived experience with children’s social care. Its services should be available to parents involved in all stages of children’s social care/child welfare to support them, assist them in understanding their rights and responsibilities, and guide them. Furthermore, government policies should be amended to promote the participation of parents and challenge the current child rescue narrative. These policies should include a clear statement of parents’ right to advocacy and support and should express the expectation that children’s social care and child welfare organizations will ensure the availability of independent peer advocacy services for the parents involved with these systems. Finally, partnership and co-production with children and parents, wider family, and community should be promoted for all children in need.

3.3. Improving Legal Representation and Support in Legal Proceedings

The participants involved in the consultations described courts as often being alien and intimidating places for families and as tending to take the side of children’s services. They asserted that good quality legal representation is vital. However, in the consultation, local solicitors were often considered by the parents not to properly represent them and were seen by the parents as not being independent of the local authority. Because of this, the parents argued that there is a need for a panel of independent legal representatives who are committed to strongly contesting cases on the behalf of parents and children. This parent’s experience illustrates the problem:

Susan opposed the local authority’s plan for her daughter to be adopted and became convinced that the local solicitors who represented her were being influenced by their relationship with their senior managers and social workers within the town. She was criticised by the local authority for changing solicitors twice as a result of her concerns. She eventually appointed an independent solicitor from outside of the area. The court went on to return her child to her home, where she has remained.

The increases in cuts to legal aid in recent years have meant that thousands more people face family courts alone, particularly when attempting to revoke care orders. These cuts mean that some of the most vulnerable people in our society lack proper legal advice at the most significant times in their lives and in those of their families (Cobb 2013). These cuts have far-reaching effects on families, as this mother’s account of winning a legal battle to have her child returned demonstrates:

The initial blow was having to spend all our savings on legal fees before we could qualify for legal aid. Years of hard work and saving gone almost overnight. Next, we went from being a two-income household to being on benefits. This was a huge adjustment for us as a family, but to continue to qualify for legal aid we could not afford to work. If we worked, we could not possibly make enough to pay our legal expenses. It is devastating, and the authorities are spending huge sums pursuing blame—not a solution or support.

There are systems in the United States, notably in New York, where legal representatives for families include a team with a lawyer, a social worker, and a parent advocate. Such representation has been shown to assist parents to better engage with the court system, support fewer children staying in care, and, when a child needs care away from their

parents, help this to be achieved within shorter timeframes ([Courtney and Hook 2016](#); [Family Justice Initiative 2019](#)). Such holistic legal support is not available to families in the UK.

We argue for the establishment of holistic family defence teams similar to the ones in the model described above so that lawyers, social workers, and parent advocates can offer the holistic, compassionate, and wrap-around support that families need during court proceedings. In addition, to promote the independence of lawyers representing parents, panels of lawyers committed to independence from the local authority need to be established. Finally, and vitally, the currently harmful and severe restrictions on who can access legal aid need to be urgently reviewed to enable better access for parents during the pre-proceedings, appeals, and applications to end care orders.

3.4. Better Support in Care Proceedings

Beyond the huge challenges of engaging with the court system, the participants in the consultation pointed to the lack of investment in therapeutic services for parents involved in care proceedings. This lack is amplified due to the short time periods (in England, 26 weeks) in which parents may make the changes required to prevent their child from entering care. More importantly, the participants indicated that if they are given appropriate support, families can make the required changes. One of the participants from New Beginnings described the following:

Many of our parents have been blamed for not understanding social work concerns, interrupting professionals, being disrespectful, not making eye contact (therefore they are hiding something), being unable to keep the home tidy, starting tasks but being unable to finish them, being easily distracted/unable to focus, and self-medicating with cannabis or amphetamines. They are felt to be the problem. Yet, what we have found is that many have undiagnosed ADHD or autism. We have found that as soon as parents have been supported when they stop attempting to self-medicate and receive the right kind of ADHD medication, life has calmed down, safeguarding concerns have reduced, and harmony is brought into the family home.

Resonating this claim, Justice Sir Andrew McFarlane stated the following (cited in *The Guardian*) ([Butler 2018](#)):

It may properly be said that we have reached a stage where the threshold for obtaining a public law court order is noticeably low, whereas, no doubt as a result of the current financial climate, the threshold for a family being able to access specialist support services in the community is, conversely, very high.

There is a range of sensible steps that can be taken. We argue that focussed investment is needed in therapeutic support for parents and specialist support for families with complex needs. We need to recognise that when problems become more chronic, rapid change will likely not be achievable. Therefore, the 26-week timeframe mentioned above should be extended, and services should be made available quickly when parents are making the necessary changes. Services and communities must be reconnected. Therefore, we need services that are embedded in neighbourhoods and that provide a sense of belonging to socially isolated families. Social workers need to be able to recognise and respond to signs of problems such as ADHD, autism, and other mental health and trauma-related difficulties. Moreover, training in key areas, including domestic violence, poverty, and disabilities, is imperative.

3.5. Permanence That Maintains Links

Every adoption begins with the greatest loss any parent and child can experience. This was clearly and powerfully expressed by parents in the consultation, several of whom have had their children removed and subsequently adopted. Parents who participated in the consultation expressed grave concerns about how they had been abandoned without

support, how poor communication had served to compound the harm they had suffered, and how aspects of heritage and identity had not been valued and supported.

The views shared by parents in the consultation are similar to those shared in research studies into adoption and how it is experienced. Many adopted children lose all ties to their biological families and heritages, not just to their parents, but also their grandparents, uncles, aunts, and siblings (Featherstone et al. 2018a; Neil 2002). Although adoption is viewed as the gold standard alternative care arrangement, breakdowns in adoptive placements do occur. Smith (2014) found a disruption rate of 9.5%, with at least 5% to 10% of children re-entering care following adoption orders in the US. In the UK, Selwyn, Wijedasa, and Meakings found that between 2% and 9% of adoptions are disrupted following adoption orders (Selwyn et al. 2014).

There has been a 50% increase in the number of children living separately from their birth parents in the last ten years (PFAN 2022), so there is a substantially increased population whose needs we need to understand and meet. There are significant differences between the local authorities in England and the rates of adoption. Where adoption rates have risen, the numbers of child protection investigations, children in need, and children in care have also increased (Bilson and Hunter Munro 2019). All of this suggests that the promotion of adoption is associated with a growing culture of rescue and parental blame.

An increasing number of studies from around the world show the benefits of more 'open' adoption arrangements and reveal that they can better meet the needs of the adopted child's identity and development and allow adopted children to process their thoughts and feelings about their adoptions, construct their identities, build their self-esteem, and help them to seek answers to questions (Brodzinsky 2006; Del Pozo de Bolger et al. 2021; Neil 2010). Openness in adoption arrangements tends to be beneficial not just for adoptees, but also for other adoptive family members (Smith et al. 2020). Surprisingly to some perhaps, it can increase the parents' bond with their adopted child and cement their position as repositories of childhood memories and the gatekeepers of artefacts that represent the child's early life (Brodzinsky 2014).

The current way of working can therefore be understood as damaging to all involved. We argue that adoption should only be used for orphans, and where permanent alternative care is required, special guardianship should be used and should support more open contact arrangements. Moreover, we claim that adoption and special guardianship arrangements should be predominantly open, the benefits of this type of arrangement highlighted above. Social workers who wish to push the boundaries towards more open arrangements need to be prepared to invest time, effort, and emotional energy to facilitate what is an ongoing process (Townsend 2003). In social work, formulating care plans needs to move away from the rigid, formulaic, or even 'invisible' (Kempenaar 2015) nature of many of these plans and should instead consider that plans should be strength-based, flexible, and pro-actively mediated between all of the involved parties.

3.6. Better Response to Domestic Abuse

The problematic link between domestic abuse and child protection was mentioned repeatedly throughout the consultation. Participants asserted that by linking domestic abuse with risk to children, the system doubly oppresses women. They are simultaneously subjected to domestic abuse and the threat or actuality of having their children removed. In addition, the participants revealed that once a mother is identified as having experienced domestic abuse, she is seen as not only having subjected her children to past harm but also as presenting a future risk since she is considered likely to enter into another harmful relationship in the future. One of the participants in the consultation shared the following:

One mother whose three older children were removed seven years before her recent pregnancy found herself in court being told she 'had been ruled out as a potential carer' for her unborn baby. Without even completing a pre-birth assessment, the local authority felt the historical evidence was sufficient to write this woman off for life. Thankfully, a parent advocate's fight to achieve a mother and baby placement for her was eventually

successful, and all current assessments show huge growth and change. This woman, who had been written off for who she was almost a decade previously, is successfully parenting a child with no further state involvement.

Moreover, the participants in the consultation described professionals as lacking an in-depth understanding of the nature of controlling relationships and how abusive partners may use the system to continue control and abuse. Research has demonstrated that this lack of understanding is reflected in a one-size-fits-all policy that hampers an in-depth understanding of the issues involved in each family (Daniel 2017; Ferguson et al. 2020; Masson and Parton 2020). Moreover, such a policy ignores a vast body of knowledge that points to different kinds of domestic abuse, each of which requires a different response, and to the fact that although specific violent acts can look alike, risks differ by type (Alaggia et al. 2015).

We argue that we should develop parent advocacy with a specific focus on advocates with lived experience of both children's social care and domestic abuse. Moreover, we need to develop knowledge about the different types of domestic abuse in practice and develop tailor-made services that respond differentially to different families' needs.

3.7. Disabled Children

Disabled children and their families are amongst the most severely disadvantaged groups in society. Accordingly, current legislation in the UK states that all disabled children are in need and that social work agencies have a duty to safeguard and promote their welfare. Nonetheless, the parents who contributed to the consultation shared experiences of requesting support but then being forced through a process where the focus was on risk, safeguarding, and child protection. They reported that when no safeguarding issue was found, they were left with no support for the needs that first led them to request assistance and were often too traumatized by the process to ask for it again. They also mentioned that they had to resort to hiring a solicitor or taking their case to a tribunal to even get an assessment of their child's needs. One parent's experience illustrated many of these issues:

I found the social worker aggressive. The process felt intrusive and not at all supportive. We felt confused and powerless in a process that made our situation worse. The social worker frequently failed to meet timelines and never provided any information to explain the process we were going through or where we could find better support and information. We were made to feel that we were failures as parents, that my daughter was a burden on the local authority because her needs are so great, and that we could not meet her needs.

A key issue identified by parents in the consultation was the social workers' lack of knowledge of disabilities. The views shared by parents in the consultation portrayed significant and worrying issues that they faced when trying to access support:

We had a total of 18 social workers. Only two had any disability experience. The child in need plan was finally completed four years later after I resorted to obtaining a solicitor.

Parents revealed that they found social work was all meetings and no provision. Families described how there was a great deal of activity—meetings held, assessments carried out, reports written—but that this activity rarely translated into anything that was in helpful to the children or their families in any way. One parent shared the following:

Needs are identified, but there is no way to force needs to be met if support is not found. We are constantly told we qualify for a personal assistant, but the department is fully aware that there are no PAs available in our area. We have now also lost our respite centre and are only told that the council is trying to find something else, but for over a year, nothing else has been offered.

Again, the views of parents in the consultation are in line with themes of research into support for parents of children with disabilities. Clements and Aiello (2021) call this investigative approach institutionalizing parent blame. In their research, they found parent blame was institutionalized into national and local procedures and policies in the UK and are embedded in the assessment protocols that guide the actions of front-line workers.

Many disabled children are, in practice, being refused assessments of their needs due to assessment criteria that create unlawful barriers (Clements and Aiello 2021) to accessing their statutory rights to support by adding additional severe definitions of what constitutes a ‘disabled child’. Indeed, statistics gathered through a series of freedom of information requests by one of the authors, Andy Bilson (2022), show a rapid increase in assessments of disabled children that focus on child protection.

Parents of children with disabilities are particularly vulnerable to being accused of fabricating or inducing their children’s illnesses (FII). The term FII and the approach to identifying and responding to it have been strongly criticized for the lack of any evidence base (Gullon-Scott and Long 2022). Groups that represent parents with disabled children report that many of their members have been wrongly accused of FII, particularly when seeking extra help, asking for a second opinion, or due to a disagreement between medical staff regarding their child’s condition (see, e.g., Autism Eye 2018; Colby 2014; Siret 2019; Ehlers Danlos Support UK 2017; Not Fine in Schools 2018). When such allegations are made about how these parents care for their children, the impact can be profound and long-lasting.

We argue that changes must be made to the national and local guidance that supports this parent-blaming approach. For this to happen, administrative tools such as assessment protocols would need to focus on supporting families rather than on risk and harm. We argue that there is a need for separate guidance for assessment and provisions for children with disabilities. Furthermore, social work and social workers need to develop knowledge of children’s specific conditions when carrying out assessments with families. Finally, there is a clear need to improve the funding for children with disabilities.

In what follows, we discuss how the actions taken in the consultation and the fact that it was genuinely co-produced can inspire critical scholarship focussed on real-world change.

4. Discussion

Up until this section, the article has focussed on the aim of providing a critical view of the English child protection system based on parents’ views. In this discussion, we hope to meet our second aim, i.e., to present the value of co-production in the context of child protection studies, both as a form of critical scholarship and as a means of influencing policy and practice. To do so, we first discuss the value of co-production for critical child protection scholarship. Next, we suggest five features of the consultation that, in our view, supported a meaningful and critical co-production process.

Taking a structural approach, critical child protection scholarship recognises that child protection systems have governance, control, and normative functions that reflect and maintain political, cultural, and social norms (Keddeh 2021). Thus, critical child protection studies require the acknowledgement of the immense impact of social injustice and inequality on families and children. As this Special Issue demonstrates, there has been an increase in studies that apply critical analysis to the child protection system. However, the development of paradigmatic and methodological concepts that can contribute to this body of knowledge is scant. We suggest that critical child protection studies need to ‘redress inequalities by giving precedence... to the voices of the least advantaged groups in society’ (Mertens et al. 2009, p. 89). Thus, it should encourage the use of research for social justice purposes, including making such research accessible for public education, social policymaking, and community transformation.

While we are cautious about framing the consultation as a successful process of co-production (the question of what makes such a process successful is beyond the scope of this article), our collective experience, alongside the feedback from those who took part in the consultation, points to five features that made this process meaningful and that supported critical scholarship: taking a political stance, choosing clear and feasible aims, incorporating a range of knowledge, the participation of parents with lived experience throughout all phases of the consultation, and not settling for knowledge production.

Taking a political stance: In line with [Hyslop and Keddell's \(2018\)](#) assertion that progressive child protection practice and scholarship require political advocacy alongside practice reforms, it is important to acknowledge the explicit framing of the consultation process as an ethical and political act. By being aware that 'the radical values of co-production may be replaced by those of the market, in a rush to tick a 'participatory' box for research funding' ([Critchley and Mitchell 2020](#), p. 2300), the consultation purposefully took a political stance. It did so in two main ways: first, by pointing to the oppressive nature of the current child protection system and committing to working towards transforming policy and practice, and second, by asserting that bringing the voices of parents into the realm of policymaking is an issue of human rights and social power. Making these two premises explicit is the key to utilizing co-production in a transformative manner.

Choosing clear and feasible aims: Interestingly, the question of whether to engage with the Care Review evoked an important discussion about the routes taken to promote change. Some of the PFAN members were reluctant to engage with the review team and voiced concerns that such a collaboration might be used to co-opt parent voices. What helped to resolve this discussion was agreeing on a focussed mission of presenting parents' views to the review and making them widely available to the people responsible for children's social care. Thus, articulating the aims of the consultation in terms of feasible measures and ensuring it would enable some accessibility to policymakers was crucial for both the process and the outcomes of the consultation.

Incorporating a range of knowledge: As described above, the consultation involved a range of participants from different backgrounds and social positions. Basing the report on this unique blend of people highlights the fact that the consultation and the wider PFAN project are rooted in a clear social epistemology that recognizes the experiential knowledge of people resisting social oppression in daily life as well as the key role they play in taking effective action against social exclusion. The importance of diverse voices is reflected in the range of specific areas covered by the participants, e.g., poverty, domestic abuse, and disabled children.

Participation of parents with lived experience throughout all phases of the consultation: Whilst the concept of co-production is widespread, what constitutes co-production remains largely contested ([Carpentier 2016](#); [Oliver et al. 2019](#)). There are also different levels of collaboration and co-production that range from tokenistic ones to genuine and empowering ones. As Oliver, Kothari, and Mays ([Oliver et al. 2019](#)) note, '[t]here are many forms of collaborative research practices, including coproduction, co-design, co-creation, stakeholder and public engagement, participation/involvement and integrated knowledge translation ...' (ibid., p. 17). A major feature of our consultation was that aside from the various groups and people with lived experiences who contributed, the consultation was co-initiated and co-facilitated by the PFAN team, which includes both parents and allies. This core group was involved in each phase of the consultation: the discussions regarding the aims, the development of questions for the consultation, the analysis of the contributions received from the groups, the writing of different parts of the final report, campaigning with the report, and, finally, the writing and reviewing of this article. Importantly, we do not wish to paint a sugar-coated picture of the process. Such work is rife with power issues, and eventually, much of the actual writing of the report was carried out by the academics in the group. However, we all feel confident that this work reflects our joint endeavours and diverse contributions to a genuine co-production.

Not settling for knowledge production: As described above, the production of the report was only a first step in the consultation and the wider PFAN project. Based on a deep commitment to social justice and promoting the reform of the child protection system, both aspire to make an impact on the social reality of children and their families. Thus, the dissemination of the report was an integral and crucial part of the consultation and aimed to promote a better understanding of parents' views on and experiences with the system. The campaign that followed the publication of the report included several avenues, each of which targeted different audiences and had different aims. The report was presented to

the Care Review team, aiming to influence policymakers and their decisions directly. The report was also presented on BBC Radio Four, a national radio station in the UK. Given that social policy is heavily influenced by public discourse, campaigning via media is a crucial part of any work for social change. This is especially relevant in the context of child protection, where the public discourse regarding parents is deeply stigmatizing and blaming (Clapton 2020; Featherstone et al. 2018b). The report was also promoted through work with the social work press. This included articles being published in *Community Care*, *Professional Social Work*, and a blog on research in practice. PFAN hosted a webinar in which the different groups that contributed to the consultation presented their work and shared it with the wider community in an attempt to put social work's mission into practice by 'working across academic, practice, and class boundaries to . . . build a pedagogy of resistance that enables a rereading of the world and a re-visioning of the future' (Kina and Gonçalves 2018, p. 373).

5. Conclusions

The parents and allies who took part in the consultation identified seven key areas for change in the current children's social care system and offered constructive suggestions for transformation. We are pleased that the Care Review has recommended that parent advocacy be available for parents in the child protection system in England and has suggested significant funding for its implementation. However, we are also aware of the wider political, social, and economic structures that underpin current policy and practice that were not addressed by the review and that might threaten the implementation of this recommendation. Indeed, our suggestions were made against the background of growing inequalities, a defensive social care system in which there has been a constant withering of support for families, a redirection of what help remains into investigations of families, and an increase in the removal of children into care and adoption. This article and the consultation have attempted to show how critical child protection scholarship can and perhaps should be a conscious political act aimed at promoting collaborative change towards more humane, compassionate, and socially just ways of working with families.

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