Collaborating for the public good. Working across boundaries to catalyse and inform preventive services for birth mothers who have lost children from their care.

Professor Karen Broadhurst, Department of Sociology, Co-Director Centre for Child and Family Justice Research, Lancaster University

Email: k.broadhurst@lancaster.ac.uk

Introduction

Between 2014 and 2017, I was fortunate to lead a team of academic and practice colleagues who produced the first mixed methods study of birth mothers and recurrent care proceedings in England. The study was funded by the Nuffield Foundation and was prompted by increasing national concerns about what is termed the 'repeat removals' problem in the English Family Court (Cox, 2012; Broadhurst and Mason, 2013; Broadhurst *et al.,* 2014). By repeat removals, I refer to women's experience of successive family court proceedings and multiple losses of infants and children from their care on account of child protection concerns. Our work has been widely cited as catalysing change in the availability of intensive preventative services in England and Wales and further afield, by evidencing the scale of women's vulnerability to recurrent care proceedings. In this article, rather than rehearse the team's findings, which have been widely reported elsewhere (Broadhurst *et al.,* 2015a; 2017) and covered annually by the UK national press (e.g. BBC Today Programme, 2015; The Guardian 2016; BBC Wales, 2019), I will focus on the value of collaborating across academic and practice boundaries in both the conduct of research and delivery of practice change.

All too often the *collaborative dynamics* of research and practice change remain hidden from view, because headline findings take centre stage. However, as I illustrate in this article, effective collaboration that cuts across boundaries, can deliver practice development at a pace and scale that would be very hard to achieve by either academic or practitioner teams working in isolation. The composition of our project team was unusual in that both academics and practitioners served as co-investigators. Thus, our experience in working as a single *integrated* team provides fruitful experience that warrants separate reporting. The work of the team serves to challenge stereotypical assumptions that the intrinsic traits of

researchers and practitioners are so far apart that co-creation of knowledge and practice design, is simply not possible.

That said, the article details a number of challenges faced by the project team. In particular I discuss the ethical and political dilemmas we encountered in supporting birth mothers' participation in the public sphere (e.g. in the media). Including birth mothers in an agenda for change and challenging the stigma associated with child loss was central to our programme of research. I also consider the range of responses from different audiences to our work and our continued struggle to promote *critical publics* – that is groups who are politically engaged, committed and mobilised to support a change agenda for family justice in England and further afield. Finally, I turn to questions of sustainability of change given the continued context of public services fiscal constraint, which means that everything has its price. Making the case for better justice must always be accompanied by a well-argued case that sets out reductions on the public purse. Sadly, a case which foregrounds human suffering alone has simply has insufficient leverage in contemporary policy circles

Although this article focuses on England, the serial removal of infants and children from the same mother is reported in the USA (Grant *et al.*, 2011, 2014; Larrieu *et al.*, 2008; Ryan *et al.*, 2008), in Australia (Taplin and Mattick, 2015) and in Canada (Kellington *et al.,* 2000; Novac *et al.*, 2006). Moreover, the learning that I share in this article regarding the collaborative dynamics of research and practice change is relevant across jurisdictions.

Background and the impact story so far

Children can be removed from their parents care in England by court order under the Children Act 1989, where there are serious concerns about children's safety and wellbeing. In England and prior to our own work, women (and indeed, fathers and wider family members) who had experienced removal of their children had few avenues for support beyond family court involvement. Save for short-term counselling for birth parents who whose children have been adopted (Neil *et al.,* 2010) there is no formal mandate on services in England to provide help for parents' own rehabilitation – even if this was recommended by the courts during care proceedings (Broadhurst *et al.,* 2017). The same shortfalls in services beyond permanent child removal are reported in a range of jurisdictions with

similar child protection systems. However, the discovery of recurrence has drawn attention to the short-sighted nature of policy and practice, given that we now know a sizeable percentage of birth mothers (Broadhurst *et al.,* 2015a; 2017) and fathers (Phillips *et al.,* 2018) will return to court, often in short succession, and lose further children from their care. The fact that the family court appears to recycle parents has prompted international concern about the repeat removal of children from the same parent(s), catalysing new preventative solutions.

As a consequence of the work of the project team (Karen Broadhurst, Bachar Alrouh, Claire Mason, Mike Shaw, Sophie Kershaw and Judith Harwin, Stuart Bedston and Lisa Morriss) considerable changes have been achieved in policy and practice in England, and indeed, further afield. Although it is always difficult to pinpoint precisely, the relationship between any programme of research and change, it is reasonable to conclude that the work of the project team, running in tandem with the work of other pioneers, has had multiple impacts. The categorical framework developed by Nutley and colleagues (2007) helps differentiate these impacts which can be described as: a) instrumental, b) conceptual and c) capacity building. Our work to expose the scale of recurrent care proceedings has led to major central and local government investment in practice developments (instrumental) but also to revised understandings of parental pathways through the family courts. Discovering that parents make recurrent appearances in the family court has provided a strong warrant for continued work with parents beyond child removal (conceptual). Supporting mothers to speak out about their experience and share their histories of both disadvantage but also recovery, has challenged the perceptions of publics (s) regarding the factors that lie behind 'repeat removals' (conceptual). Finally, our work to share both qualitative and quantitative insights has enabled evidence informed practice change (capacity building). However, there is always more to be done, and as I describe in this article, the early successes of the project team may yet be undermined by the continued climate of public services fiscal constraint, coupled with the on-going battle to contest stigmatised identities and make legitimate claims for better provision.

Genesis of a collaborative team

Concern about the position of birth mothers who the family courts appear to recycle through repeat sets of care proceedings gathered pace in England in 2012/13. In that year, searching questions began to be asked about rising volumes of care proceedings, fuelled by frontline anecdotal reports that some women were losing multiple children form their care, often in short succession. Judge Nick Crichton, who pioneered the first Family Drug and Alcohol Court (FDAC) in England, began to speak out publicly about the failings of the English family court to prevent women's repeat appearances in care proceedings. At the same time, a small number of publications began to raise this issue in the academic literature (Cox, 2012; Broadhurst and Mason, 2013).

Dr Mike Shaw (Consultant Child and Adolescent Psychiatrist within the London Family Drug and Alcohol Court [FDAC]) and Sophie Kershaw (then Senior Social Worker and Manager of the London FDAC) convened a meeting of colleagues in 2013 supported by the Tavistock and Portman NHS Foundation Trust. The purpose of the meeting and a subsequent symposium was to share learning and steer a national research and practice agenda. Running in tandem, Sophie Humphreys began work on the development of a pilot initiative in the London Borough of Hackney based on intensive casework with women who had experienced multiple removals of children. From this project grew the now high profile "Pause" programme which operates in a number of local authorities in England (Pause, 2015). Pamela Cox and colleagues also began to disseminate findings about a similar project called "Positive Choices" in Sussex, and subsequently published the first formal evaluation of a prevention programme (Cox *et al.,* 2017). Inspired by this work, further innovation began to take hold in multiple local authorities. Thus, a network began to form comprised of individuals who shared a deep concern about the position of 'recurrent mothers' but also a belief that *change was possible.*

A group of members of the network were then successful in securing funding from the Nuffield Foundation for an initial feasibility study (Broadhurst *et al.,* 2013-2014), followed by a substantive programme of research (2014-2017). The Nuffield Foundation was also flexible in offering further supplementary funding which enabled the team to produce interim outputs during the course of the project, engage in extensive dissemination and advisory work and extend the programme of research (2014-2017). This team also remained closely connected to the broader emerging network of pioneers who were all aiming to

address the gap in services for parents who had experienced removal of their children through the courts.

Collaborative relationships – uncovering the dynamics of a successful project team

Working across academic and practice boundaries can be challenging. However, the ethos of the co-investigators, particular biographies and commitment to achieving positive change, meant that the team were able to work together with relative ease and deal constructively with any obstacles to collaboration. First, the group respected the different but complementary knowledge and experience that comprised our academic-practice partnership. There was a clear sense that the whole was greater than the sum of its parts. Concepts such as 'knowledge transfer' tend to position the producers and receivers of knowledge in different camps – however, effective co-creation of knowledge and practice requires the *integration* of different lenses on the social world from the outset of projects. Members of the team recognised that *all* our lenses are characterised by partial understandings of the social world – but our combined understanding would lead to greater insights. As Longhofer *et al.* (2013) write, different forms of knowledge offer different, but equally valuable entry points, regarding an understanding of phenomena.

The team were willing to think beyond caricatures. Academics can be unhelpfully depicted as belonging to rather lofty communities indulging in shared, but exclusive language, which serves to distance (Davies, 2004; Savage and Burrows, 2007). Equally, practitioners can be derided for their common-sense approach to their work. Regarding our project team, individual biographies did not fit neatly into binary categories such as academic/non-academic. A number of academics were former practitioners and practitioners were academically trained. Moreover, through close working we gained hybrid knowledge, which resulted from the fusion of our combined experience, insights and expertise. Moreover, through pooling our resources, these *multiplied.* Whilst academics had access to a range of outlets for publishing and university research support services that included on-site media studios, the practitioners in the team brought established networks that were invaluable in supporting and cascading practice change.

Second, our engagement was also underpinned by *shared values*. Ultimately, we were inspired by the work of Martha Nussbaum (1996), reflected in compassionate engagement

with children and families caught up in the family justice system and a belief in the possibility of change. We were also involved with the international movement for therapeutic jurisprudence, which seeks to promote the therapeutic properties of law and public policy (Stolle *et al.*, 2000) These shared values shaped our relationships with each other and sense of collegiality (Orlie, 1997). We understood that collaboration is based on relationships, which *endure over time*. Commissions, contracts or events are all potential mechanisms for drawing individuals together, but sustained collaboration requires investment in relationships of mutual support that can withstand the inherent challenges in asking difficult questions about policy shortfalls and campaigning for change. These relationships are not simply transactional and require considerable insight into not only the substantive focus on research and practice, but also, the wider *exclusionary dynamics* that can undermine even the best evidence for change.

Third, and on a more practical note, we were also able to successfully negotiate our different organisational imperatives. The academics in the group were clearly mindful of the University's research impact agenda and it would be naïve to think that this imperative could simply be set aside. However, what motivated academic colleagues, was not simply the production of a convincing impact case, but rather a deep commitment to research for the public good (Burawoy, 2005; Brewer, 2011). It was this commitment, which sustained the team over time and beyond any immediate payback of media coverage, for example (Donovan and Hanney, 2011). Academics are often seen as trapped by long research cycles and the demands of slow, academic publishing. However, as our team also demonstrated it is possible to adopt a far more flexible approach to research dissemination ensuring we delivered what Lindblom (1990) has termed usable knowledge. Indeed, regular communications with diverse audiences, as discussed further below, is critical to any transformative agenda. The support of the Editor (then Liz Walsh) of the professional journal *Family Law* was critical in affording the agility and scale of circulation we needed to ensure timely interim outputs reached frontline lawyers, barristers, judges but also policy leads. Peer reviewed full articles were also vital for the credibility of the research. Regarding the latter, we were greatly aided by the University's financial support to cover journal open access publication fees. None of our substantive outputs were therefore locked away behind pay-walls, which limit access to those who can afford journal subscription charges.

Similarly practice colleagues were supported by an organisation with a strong commitment to research and learning. The practice organisation afforded an unusual level of flexibility regarding space for experimentation and innovation. The practitioners were already leading the roll out of the Family Drug and Alcohol Court (FDAC) with the FDAC national unit also hosted by the Tavistock and Portman NHS Foundation Trust. Thus, practitioners brought a level of confidence and an innovative outlook that in contemporary practice can all too easily be stifled. Funding and venues were provided by the practice organisation for reflective workshops and events. In addition, because the practitioners were involved with multiple sites across England regarding the FDAC roll-out, this provided a ready network for simultaneously cascading the research findings, given that the focus of the research was entirely compatible with the ethos of FDAC.

The team was also supported by a multi-professional advisory board that also included national policy leads. The Chair of the board, Cathy Ashley, was also Chief Executive of the Family Rights Group (FRG), which is an organisation with considerable experience and success in leveraging local and national policy change. FRG was instrumental in ensuring the team's findings regarding the number of young women who were former care leavers had experienced repeat removals of children, came to the attention of national policy makers.

Wider networks – cascading and amplification

Research impact is often depicted as linear – a project is conducted, research is disseminated or exchanged and this catalyses practice change. However, our experience was of a much more complicated and diffuse pathways to impact. As well as the actions of the immediate project team, we were also supported by a wider, looser network of those supporting and providing resources of various kinds to the work. As stated Dr Mike Shaw and Sophie Kershaw originally convened and energised colleagues with a shared commitment to change for this group of women. Over time, the network grew to include multiple practice pioneers in England, Wales and further afield, as well as academic colleagues.

As a greater number of local areas began to develop their own projects to prevent recurrence, we were able to offer advice, stay in touch, and in turn projects cascaded our messages as part of their own endeavours. Practice change, which largely started with Suffolk's "Positive Choices" and the "Pause model," expanded considerably, creating a

groundswell of announcements, publications and shared actions. Small project teams alone cannot achieve the kind of reach that is possible through energising a broader coalition of collaborators (Flyvbjerg, 2001). A broader coalition, amplifies key messages and produces a chain of communication that extends far beyond the original protagonists.

As well as academics and practice pioneers, we were also fortunate to have the support of Sanchia Berg from the BBC Today Programme who remained consistently interested in the project and shared personal commitment to bringing issues of family justice into the public arena (BBC, 2015; BBC 2018). In 2016, Sanchia was long-listed for the Orwell Prize given her contribution to journalism for the public good and citing our work[i]. Later in this article, I discuss in more detail, our engagement with the media to foster *critical publics* – however, in brief, the role of the media was vital in bringing the work of the project to lay audiences, not only in the UK, but further afield.

Dedicated research intermediaries also play a critical role in bridging the worlds of research policy and practice. "Research in practice" (RiP) is a long-standing organisation with extensive experience in promoting and disseminating research for multi-professional audiences[ii]. As I write, RiP continues to support the research through the development of practice tools concerning a wide range of issues pertinent to the prevention of recurrence, from effective pre-birth assessment through to therapeutic responses to grief and trauma.

A national network now operates as a loosely configured, but highly, committed set of relationships of mutual support and exchange, connected via a common unifying goal. Sustaining a close network is very difficult given cost and labour implications, but our experience is that looser networks can be sustained which comprise multiple leaders and projects, but with sufficiently overlapping concerns and imperatives that mutual exchange remains possible and beneficial.

Serendipity

Practice change is more sustainable and feasible, where objectives fit with the direction of policy at local and national levels – the wider context matters. In 2015, coinciding with our first publication, the Department for Education (DfE) announced its *Children's Social Care Innovation Programme* (DfE, 2015), providing competitive funding for local area practice development. It was this funding which enabled pioneers of the Pause test a model of

intensive casework with mothers beyond child removal, which is now rolled out to a number of sites in England. A range of other initiatives also secured funding, such as "Breaking the Cycle" developed by After Adoption (Bellew and Peeran, 2017). This was a happy coincidence, which happened by chance rather than design, but greatly aided our project.

As a research team, we received multiple requests from organisations who used our statistics to provide a rationale for their applications to the Department for Education. We also provided further pro bono advice and support to many. Regarding the expansion of Pause, we provided local area statistics to inform the rollout. In Wales, developments followed later, but similarly the "Reflect" project (Roberts *et al.,* 2018) also made use of our findings and in particular our position paper on contraception – which has remained the thorniest issue across the network (Broadhurst *et al.,* 2015b). Our research not only offered insights into the scale of recurrence, but also tackled a number of practice issues and challenges which have also been taken up by a range of organisations, including our most recent work on babies that are subject to care proceedings at birth ("Born into Care", Broadhurst *et al.,* 2018; Alrouh *et al.,* 2019).

Because members of the project team were also involved in the roll out of FDAC, we were also able to draw on the Children's Social Care Innovation Fund for investment in "Early FDAC" which was a two-year pathway designed specifically for women who had previously lost a child through care proceedings and who were pregnant again. This intensive case work model focused on helping women stabilise housing, mental health, substance misuse and relationships, but also used video-interactive guidance (VIG) to support women's bonding with a new baby. As with many of the initiatives, intensive therapeutic casework was at the heart of the model.

Where organisations failed to secure national investment, local areas typically adopted a local co-funding model with public health, inspired by a growing impetus to fill the practice space beyond care proceedings.

Enabling women's participation in the public sphere

The participation of birth mothers was central to our research work but also practice design and change. All too often birth parents are marginalised in policy and practice development and review (Hunt, 2010; Fernandez, 2014). Through the sharing of experiential knowledge

and personal journeys of recovery, birth mothers were also powerful role models for other women in similar circumstances. By devoting a section of this article to birth mothers' participation, my intention is not to set the women apart; rather it is to highlight the political and ethical dilemmas that we encountered in supporting women's participation in the *public sphere* –particularly their media appearances.

As stated above, the coverage of the project in both print and broadcast media proved critical in challenging local and national policy colleagues and service commissioners to invest in women's lives beyond child removal. Although journalists always wanted to start with 'hard facts' in the form of statistics, they also sought a compelling personal story – preferably a first-hand account from a mother who had direct experience of the family courts. However, in supporting birth mothers' participation, we were acutely aware of the risks women would face, given the huge stigma associated with child removal (Morriss, 2018; Broadhurst and Mason, 2020). Whereas, we participated in the public sphere as analysts of the problem of 'repeat removals' – birth mothers would (in contrast) be viewed by the public - *as central to the problem*. Not only that, but women's participation would also draw their own children and wider family networks into public view creating electronic records on the World Wide Web that would be difficult to retract. In this section, I expand on these points in some detail, given that to-date, there has been insufficient coverage of these challenges.

As academics and practitioners, the research team held, to varying degrees, experience in working with journalists and/or radio and TV producers. In addition, we brought to our participation a level of social and cultural capital bound up with our profiles and professional and academic identities, which we knew, would shape how we were *received.* However, birth mothers faced considerable challenges in taking the stage, which resulted from inexperience but also further, and multiple identity challenges. Social and cultural capital is not just held; rather it is also *produced* by those receiving performances. The classic work of Beverley Skeggs (1997) helps to locate the risks associated with women's participation in the public sphere within a broader theory of class relations. For this particular group of women, welfare identities intersect with issues of gender and class. In England (and indeed far further afield), we have witnessed increasing denigration of poor communities but also those in need of welfare support. Decades of neo-liberalism in England have entrenched cultural contempt for welfare recipients (Tyler, 2008; Skeggs,

2013). Moreover, poor communities are readily associated with negative depictions of young lone motherhood – a class of hapless and hopeless girls turning to the State for their maintenance. For birth mothers in our study, typically working class, typically young and having experienced highly disadvantaged childhoods, the odds were stacked firmly against the legitimacy of any claims they might make on either the State or public audiences for support and understanding.

Adding to the multi-layered nature of stigma that birth mothers faced is of course the stigma of child removal (Schofield, *et al.,* 2011; Morriss, 2018; Broadhurst and Mason, 2020). Although the grounding of claims for policy and practice change in personal experience has been embraced by social movements – it is naïve to think that inequalities of statuses can simply be bracketed off (Fraser, 1990). As above, ascribed statuses of class, gender, welfare and failed parent have a sticky quality, which undermine our efforts to *act as peers* in reasoned public debate. Here I refer to Fraser's (1990, p.63) argument that 'informal impediments to participatory party... can persist even after everyone is formally and legally licensed to participate'.

In addition, I would add, that in the context of increasing popularity of 'Reality TV' (Skeggs and Wood, 2012) the depiction of working class struggles as *entertainment* adds a further twist to the challenges facing this group of women. Thus, supporting women to participate in the media risked *making a show* of women's lives – how could we involve women without risking this possibility? Conversely, to leave birth mothers out, risked collusion with their marginal position in policy debates in particular, and therefore further exclusion.

Throughout the programme of research, we were fortunate to have the support of the Family Rights Group – an organisation that had worked and continues to work with parents involved with services. FRG has supported a number of women to develop confidence and skills in public participation, but also had worked with women to understand the risks associated with public appearances. Through FRG, we were able to work with women who had already begun to challenge perceptions of their lives and create oppositional interpretations of their needs and value. This group of women already had a level of practice in *going public* and had begun to re-formulate their identities. We worked with preferred media at the outset of any media campaign, in particular Sanchia Berg of the BBC Today Programme, who worked sensitively to steer an ethical path between the necessity of a headline and women's own needs (BBC Today Programme, 2015). To-date, a number of

these mothers continue to act as confident, aware and powerful advocates for practice change.

We adopted a range of flexible approaches to supporting the voice of birth mothers, through careful consideration of the ethical, personal and political choices inherent in particular activities. A film was produced that depicted recovery stories. Regarding this non-erasable record that would likely gain wide circulation, we employed student actresses using scripts written by mothers, but also a small number of mothers whose faces remained hidden throughout the film (Mason *et al.,* 2017). We also created a small network of mothers to work 'behind the scenes' with us on the development of "Early FDAC" – a pathway within the Family Drug and Alcohol Treatment Court for pregnant mothers who had previously experienced child removal. This group were able to participate in practice design and to support us in shaping publicity material aimed at local authorities and birth mothers themselves.

We remain committed to supporting women's public participation on the basis that women's positions and identities, as ascribed by neo-liberal governance, must to be contested and challenged. Helping to recast needs and identities however, serves to reduce, but not eliminate exclusionary dynamics - as I discuss further in the next section.

Fostering critical publics

In order to more fully understand the points made above, it is helpful to consider the notion of *multiple publics*. All too often accounts of research impact fail to differentiate the range of publics that engage with, or an act on, our research. However, different audiences bring different interests and agendas to their *listening* and have conflicting interests and values (Lehoux et al., 2012). A number of different 'publics' emerged throughout our research, which serve to illustrate this point. For example, we attracted considerable interest by way of letters and personal enquires from birth parents and wider family members, caught up in, or with recent experience of care proceedings. This group were hugely supportive of the research and in our qualitative findings, drew considerable comfort through what they saw as recognition of their positions and experiences. Adoptive parents also appeared, at times, conflicted about our work and in particular, were critical of what they considered to be highly emotive imagery and descriptions of removals at birth. At the opposite end of the spectrum is a group that I have termed the "tax payer" – fewer in number in terms of direct

approaches to the team, but certainly posting derisory comments online in responses to newspaper articles. For example, one commentator wrote, "give them a wide-screen TV and they will accept sterilisation". Whilst each different public might be described as engaged with our research, not all engagement served to broaden support for our agenda. However, change requires contestation among a *plurality of publics* – rather than speaking to those already hospitable to our agenda.

The responses to our work from a range of different publics enabled the team to clearly understand that rarely do we control the final product in our research outputs. Each different public grouping heard and reframed our research through their own particular lens and interests. However, given the project team's understanding of the points made above, we endeavoured to engage constructively with a range of publics. Changing the nature of debate requires continued concerted effort to tackle deep-rooted prejudice or indifference or indeed contempt (Fraser and Honneth, 2003). Project teams that embrace public social science cannot side step a range of publics and must find the most appropriate ways to engage with different or difficult audiences. Challenging public assumptions by highlighting the role that unequal life changes coupled with service shortfalls play in parenting difficulties and family breakdown was vital to this project (Bywaters *et al.,* 2014; Broadhurst and Mason, 2020).

Ultimately our goal was to foster *critical publics,* who would join us in challenging the status quo. *Critical publics* are groups who are politically engaged, committed and mobilised to support change agendas. This requires fostering sensibilities such as empathy and altruism, co-operation and tolerance in the face of both support and opposition. With rapidly developing digital technologies and the growing role of social media, researchers have new and more immediate avenues for generating critical publics. However, the immediacy of media can also be powerful in undermining transformative agendas. Thus, as above, it is important to remain aware of the forces that delegitimise interests of subordinated groups,

Everything has its price

The change that the project team has been able to achieve, alongside a broader network of researchers and practice pioneers, has and continues to be, very positive in delivering a

service to parents who previously found it very hard to continue their own rehabilitation, once children had been removed from their care. However, it is also important to note threats to the sustainability of new preventative initiatives given the continued downward pressure on public funding in England and in addition, new and far more precarious approaches to financing prevention.

Public services have been subject to unprecedented funding cuts but also increasing experimentation in terms of market-based interventions and financing. The public have come to accept the questioning of the public sector as a whole and its budgets. In this context, we quickly learned that making a case for change based on human costs alone would not suffice. Rather our appeals for investment required a 'business' case, which set out for funders the savings (or potential investment returns). Without a set of measures – 'value' cannot be demonstrated. The Pause project, which has been the most successful programme in terms of sustaining funding, adopted a simple primary outcome measure of 'fewer pregnancies' promising costs savings because fewer children would enter care. Despite the simplicity of this message and its political appeal, even Pause found that forecasting just how many pregnancies would be avoided, proved contentious. For many of the new preventative initiatives, success lies in a range of softer outcomes such as 'willingness to engage with professionals' or 'increased confidence, personal agency and empowerment'. Of course, such outcomes are difficult to monetise and their value - less equivocal.

A major critique of the Children's Services Innovation Programme is that investment on the part of practice pioneers determined to change the landscape of practice, was cut short through unrealistic, time-limited funding streams. Despite the fact that the duration of initial funding was clearly out of sync with what we know about timescales for durable recovery from problems of substance misuse or mental health, change pioneers were told that they needed to then sustain services without further finance from the Department for Education. They were directed to consider Social Impact Bonds or sources of philanthropy capital, as potential alternative avenues of funding. Crisis and austerity have ushered in experimental methods of funding public services, which aim to unlock private investment (Neyland, 2018). Through Social Investment Bonds, private finance is secured by way of a partnership between a commissioner (typically local or national government), a service provider and an investor. The commissioner's role is to define payable outcomes; the role for the service

provider is to deliver these outcomes. Although the investor provides upfront funding, financial returns result when outcomes are achieved (Social Finance, 2015). The GO Lab at Oxford University published its first analysis of the success of SIBS (Carter et al., 2018), concluding that there is not yet conclusive evidence that SIBs are better commissioning structures for public services. Regarding projects that aim to prevent parents' return to court, evidence is that new preventative projects, for a number of reasons to do with navigating the new landscape of funding or risks attached to outcomes, were unable to survive. Thus, SIBs are yet to deliver for the movement seeking to address gaps in services for parents who have lost children to public care and adoption.

Of all the projects, Reflect in Wales, is perhaps the most sustainable, given that commitment to rollout is endorsed and supported by Welsh Assembly Government (Commission on Justice for Wales, 2019). In Wales, devolved legislation, which places central the tackling of inequality, appears to be a hospitable environment for take-up of this initiative at a national level.

Where next

As I write, a purposeful movement plans to continue to lobby for mainstream provision beyond child removal to bring treatment timescales for parents more in line with what we know of durable recovery from problems of mental health and substance misuse. The current network is best described as a knowledge, ideas and practice network (Centre for Child and Family Justice Research, 2019), which seizes opportunities to sustain action towards practice and policy reform. Finding cost-effective ways of cooperating through long-term but looser networks is a pragmatic way forward, but also requires that this network can be activated when *necessary* or when opportunities arise. Connecting internationally with colleagues in Australia, Canada and the US helps build an international coalition.

As has been described in this article, reforming practice requires action on a number of levels and academic-practitioner partnerships can offer such opportunity. Change comes about by speaking truth to policy elites, but also through civic engagement and through empowering those using services to meaningfully participate and challenge boundaries to their participation. However, finding ways to democratise service design is a major

challenge and we are some way of achieving *parity* of participation in the public sphere given all the challenges outlined above.

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