

CASE STUDY: INVOLVING MOTHERS WITH LIVED EXPERIENCE IN RACES ON CHILDREN'S SOCIAL CARE

ARC NWC Theme: Methodological Innovation, Development, Adaptation & Support Theme (MIDAS)
NHS Priority area: Sickness to Prevention

KEY AIMS

- To bring together lived experience, practice, and research expertise to collaboratively interpret evidence on parents' and practitioners' views of support in children's social care.
- To translate findings from a systematic review into meaningful, practice-relevant insights informed by mothers with lived experience and a social worker.
- To ensure research outputs reflect real-world social care contexts by grounding analysis in lived experience, professional knowledge, and collaborative sense-making.
- To produce accessible outputs that support learning and practice change in children's social care, including academic, practitioner-facing, and public-facing materials.

RESEARCH AIM AND CONTEXT

RaCES brought together a social worker and two mothers with lived experience of mental health problems, substance misuse, and child separation to explore a systematic review on parents' and practitioners' views of support in children's social care, and to translate findings for practice.

WHY AND HOW THIS IS PUBLIC INVOLVEMENT OR CO-PRODUCTION

The group worked collaboratively across roles. A social worker, two mothers with lived experience, and the researcher interpreted evidence together and agreed conclusions relevant to practice.

WHAT PEOPLE DID

The topic was chosen by the mothers and social worker, and the researcher presented a few systematic reviews to choose from - so the group decided about a more specific focus together. They then met first in a workshop to get familiar with the chosen paper, followed by repeated in-person sessions hosted in a service setting. The mothers contributed ideas through visual metaphors, which the researcher translated into infographics, returning drafts for comment and edits. Outputs included an accepted academic paper, a lay summary, infographics presented at conferences, and a blog.

SUPPORT, RECOGNITION, AND INCLUSION

Sessions were held in person, as participants preferred not to meet online and were not comfortable with IT. Space, desk, computer access, and refreshments were arranged, with a consistent host to support relational safety. The VCFSE provided a room free of charge, and refreshments. Reimbursement of £25 per meeting was given to the mothers with lived experience, drawn from the money awarded by NHSE for research engagement programme.





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WHAT CHANGED BECAUSE OF INVOLVEMENT

- Confidence and pathways: One of the mothers presented at the annual National Children's bureau Research in practice conference, where she was paid for her time and funded for the entire conference including accommodation and travel.
- one mother secured a year-long ARC NWC internship; another began community volunteering; the social worker built research confidence and was accepted for a pre-doctoral fellowship.
- Practice thinking: a shift from a sole child-protection focus toward a whole-family lens supported by evidence and included in a blog post for the Centre for Family Justice.
- Research learning: closer alignment of findings to real-world implications and clearer future research questions.

DISSEMINATION AND WHO BENEFITS

Outputs were shared through social work conferences, a practice journal, and accessible products including a lay summary and infographics, reaching social care professionals and local authorities regionally and nationally, as well as other service users.

NEXT STEPS

Address evidence gaps by expanding parent voice, attending to fathers' roles, and taking an intersectional approach to differences by socioeconomic and cultural characteristics. Note the importance of central government funding to local authorities to support effective care.

LESSONS LEARNED FOR OTHERS

Bringing academic, practice, and lived experience together made the work more rounded. Flexibility around outputs enabled contribution and extended reach. Meeting in person helped participants feel heard, valued, and equal.

CONSENT, ANONYMITY, AND DATA HANDLING

Participants have previously presented publicly and appear open to sharing. Please confirm consent for this case study, naming preferences, and storage of approvals or email confirmations.



Research



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TRAUMA INFORMED PRACTICE

Although no formal trauma informed protocol was adopted, delivery drew on the researcher's background in psychology and experience in working with people with substance misuse and mental health problems. Practices included flexible pacing, plain language explanations of methods, attention to potential triggers of academic settings, and checking understanding. The work itself highlighted trauma informed care as a key implication, which was discussed with the group. KC (social worker) met with the mothers outside of the sessions to provide a reflective space, incorporating psychological safety. The social worker is a mental health social worker, also a qualified drug and alcohol worker, who previously also worked in family safeguarding service. The host organisation (Early Break) also provided regular key working sessions.

BARRIERS AND ENABLERS

- Barriers: limited participant skills in technology meant online work was not feasible; finding suitable in-person locations took time; internship logistics and mixed norms between practitioners, academics, and service users created scheduling pressures.
- Enablers: in-person meetings; permission for creative, non-academic outputs that participants could lead; room for storytelling with gentle refocusing on review implications, deviating from usual academic practices.

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