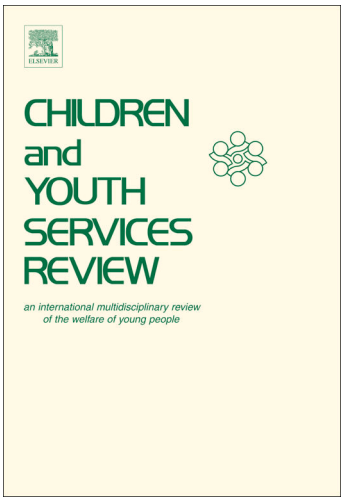
Journal Pre-proofs



Effective components of services for recurrent care experienced parents: A literature review of what works

Vanessa Baxter, Susan McPherson, Pamela Cox

PII: S0190-7409(24)00537-1
DOI: https://doi.org/10.1016/j.childyouth.2024.107965
Reference: CYSR 107965

To appear in: *Children and Youth Services Review*

Received Date: 18 July 2024
Revised Date: 22 September 2024
Accepted Date: 9 October 2024

Please cite this article as: V. Baxter, S. McPherson, P. Cox, Effective components of services for recurrent care experienced parents: A literature review of what works, *Children and Youth Services Review* (2024), doi: https://doi.org/10.1016/j.childyouth.2024.107965

Effective components of services for recurrent care experienced parents: a literature review of what works

Authors:

Vanessa Baxter (corresponding author), Institute for Health and Care Improvement, York St John University

Susan McPherson, School of Health and Social Care, University of Essex

Pamela Cox, Department of Sociology, University of Essex

Declaration of Interest statement:

The authors have no interests to declare.

Corresponding author address:

Vanessa Baxter (corresponding author), Institute for Health and Care Improvement, York St John University, Lord Mayor's Walk, York YO31 7EX. Email: v.baxter1@yorksj.ac.uk

Funding:

No funding was received for this article

Effective components of services for recurrent care experienced parents: a literature review of what works

Highlights:

- First review of evidence on effective services to support recurrent care parents
- Key are relationship-based practice, trusted relationships and continuity
- Flexible, holistic and client led services, with long duration and a flexible end
- Trauma-informed approach with emotional, therapeutic and practical support
- Skilled multi-disciplinary workforce with robust supervision and ongoing training

Effective components of services for recurrent care experienced parents: a literature review of what works

Abstract

Recurrent care services aim to reduce the number of repeat removals amongst birth parents who have already 'lost' a child through care proceedings. This literature review aimed to identify published evidence about effective components of services to support parents who have experienced repeat removals of their children to care.

Searches identified 19 studies that included content relating to the components of service provision within recurrent care services. Across all studies, a range of perspectives were included: birth parents (n=425); practitioners (n≥151); other professionals (n=109).

The evidence reviewed indicates the importance of relationship-based practice, building a trusted relationship between parents and practitioners, continuity and tenacity in engaging with mothers and a non-judgemental approach. Services should be flexible, holistic and client led, with a long duration of support and a flexible end date. Services should: have a trauma-informed approach; recognise unresolved loss, complex grief and trauma experienced by mothers who have 'lost' their children through care proceedings; and provide emotional support, therapeutic support, practical support and advocacy. Services need to have a skilled and multi-disciplinary workforce with robust supervision and ongoing training.

Keywords: recurrent care; parenting; child protection; effective services; birth mothers

1. Background

The issue of parents repeatedly appearing in care proceedings is now commonly referred to as 'recurrent care' but it received little attention within the UK prior to 2012 when it was referred to as *"a national problem with no name"* (Cox et al., 2012). Following this, Broadhurst et al. (2015) identified the scale of the issue in their analysis of national data, finding that 23.7% of birth mothers were likely to go through repeat sets of care proceedings within seven years. The median interval between care proceedings was just 17 months, a very short time period given that each set of proceedings typically takes at least six months.

These birth mothers have multiple and complex issues: in one study of 72 mothers, 60% had experienced physical abuse and 47% sexual abuse as children and 46% had been in care themselves. In adulthood 87.5% had experienced domestic abuse, 83% had mental health issues and 60% had substance misuse issues (Broadhurst & Mason, 2020). They experience a range of practical difficulties in their lives, with both a repeated cycle of pregnancies and also repeated cycles of harmful or destructive behaviour: 'filling the void with chaos' (Taggart et al., 2018).

There have been significant developments in the field of recurrent care interventions in the UK in the last decade that have included the expansion of the Pause model that now covers 35 local authority areas within England, Reflect services that cover all of the local authorities in Wales and a number of initiatives in Scotland. In addition, a number of locally developed services have been set up across England and Wales to work with parents who have experienced repeat removals and the evaluation of these has contributed significantly to the evidence base underpinning this field through exploring theories of change alongside service activities and their impact. However, there are still significant gaps in provision across the UK and the services that do exist are typically both under-resourced and lacking secure funding (Mason & Wilkinson, 2021)

Evidence shows that recurrent care services have reduced the number of repeat removals and care proceedings amongst women who were otherwise likely to have had another child removed (Cox et al., 2020). The evaluation of Pause identified an average reduction in the number of children entering care of 14.4 per year per local authority and estimated benefit to cost ratios of £4.50 per £1 spent on Pause over four years or £7.61 per £1 spent over 18 years (Boddy et al., 2020). In addition, positive outcomes identified for mothers include improved emotional wellbeing, reduced psychological distress for some individuals, more stability in housing and finances, improvements in personal relationships and increased engagement in employment, education and specialist services (Boddy et al., 2020; Cox et al., 2020), although not all mothers benefit in all of these ways and some may also deteriorate.

1.1 Recurrent care services

In 2019 Public Health England funded a national project that included the mapping of services that support parents who have experienced recurrent care proceedings, which provided the first overview of existing, specialist provision for these parents (Mason & Wilkinson, 2021).

This mapping work identified 73 recurrent care services across England in total - 28 Pause projects operating in 35 local authorities in England plus locally developed services covering

an additional 33 local authority areas (with another 5 services in development at the time of the report). However, it should also be noted that there appears to be no recurrent care service in 49 English local authority areas and the mapping could not identify whether there was a service in a further 30 areas, suggesting that around half of the local authority areas in England have no service to support recurrent care experienced parents.

The key drivers behind the establishment of these services were to "break the cycle" of recurrent care proceedings, address the rising numbers of children entering care in England and the economic costs associated with recurrent care proceedings, and a growing awareness of the impact of parents being left with no support after having their child removed (Mason & Wilkinson, 2021).

This literature review aims to identify what works within these services to enable them to be effective in engaging recurrent care experienced parents and achieving positive outcomes with them.

2. **Materials and methods**

Database searches were undertaken in February 2024. The databases used were MEDLINE, SCIE online, Social Services Abstracts and CINAHL, supplemented by resources on the Supporting Parents website and searches using Google Scholar and Google.

The search terms used were: "recurrent care" OR "repeat care proceedings" OR "repeat removals". For Google, these terms were searched with the addition of "research" or "evaluation".

Inclusion criteria were studies published during any timeframe, written in English, and conducted in the UK or other countries with similar child protection systems (such as Australia, Canada or New Zealand). This included articles published in peer reviewed journals and grey literature such as published research and evaluation reports available online. Studies had to be concerned with parents involved in repeat care proceedings and services to support them. These services were defined as being those set up to support birth parents whose children have been taken into care with the aim of preventing them from experiencing further child removals.

The exclusion criteria were: articles on services to support birth parents who have lost children into care and/or and to support reunification have been excluded where the objective of avoiding further care proceedings was not apparent within the service design; studies involving care relating to recurrent medical conditions; needs assessments or business cases for setting up a recurrent care service; opinion pieces not based on primary research; and studies around parental needs/issues that put children "at risk" of care proceedings or on reunification services since the emphasis for this literature review was on avoiding the recurrence or repeat of care proceedings and child removals. This also resulted in the exclusion of articles on the Family Drug and Alcohol Court (FDAC, an alternative, problem solving approach to care proceedings in cases where parental substance misuse is a key factor in the decision by the local authority to bring proceedings) since although some of the parents may have experienced pervious care proceedings, the service is not specifically aimed at these parents and FDAC has a distinct identity as a court-based model.

A total of 43 articles or reports were identified, all but two of which were conducted in England. Of the total, 19 were mixed methods studies, 13 were qualitative studies and 11 were quantitative studies. The studies had different, and sometimes multiple topics: the population and characteristics of recurrent care experienced parents (n=15), services to support these parents (n=20) and lived experiences/the impact of experiencing repeat child removals (n=11).

[Insert] Diagram 1: Articles and reports identified through the literature review, according to topic and type

This paper reports on the findings from literature identifying the effective components of services to support recurrent care experienced parents. It excludes research findings on the scale and characteristics of recurrent care experienced parents, their lived experiences or the impact of repeat removals, and service evaluation outcomes for parents.

[Insert Table 1: Studies by type, methodology and country]

A total of 19 studies are included, with 7 being articles in peer reviewed journals, 2 being peer reviewed evaluation reports for the UK Government and 10 being grey literature studies. Eleven studies use mixed methodologies and 8 are qualitative studies. All but two are from the UK. It should be noted that one included article - Cox et al. (2020) - presents outcomes for three services (all participants in the article are clients, n=13), one of which is also included as a separate evaluation report in its own right.

This review is based on the views of both practitioners and birth parents. Participants across the 19 studies totalled 425 service users (mainly mothers, but including 10 fathers), at least 151 practitioners working within recurrent care services and 109 other professionals.

[Insert Table 2: Studies identified by number of participants]

The findings from each study were coded using a thematic analysis approach (Braun & Clark, 2006), with a meta-summary to synthesize the qualitative results based on Sandelowski & Barroso's (2003) first two techniques of extracting relevant findings from each report and reducing them into abstracted findings.

3. Results

The analysis of these 19 studies resulted in the identification of a number of key themes: relationships and practitioner attributes; having a client led approach; duration and intensity of intervention; dealing with trauma, loss and grief; the provision of practical support; and workforce composition and support for practitioners.

The evidence presented within this review paper relates to birth mothers since none of the studies identified relate to support specifically for fathers, although four studies (Cox et al., 2017, 2020; Hinton, 2018; Roberts et al., 2018) relate to services that work with both parents. However, we suggest that the components of effective services working with birth mothers would also be pertinent for any services that work with couples or with fathers in their own right (Philip et al., 2023).

3.1 Relationships and practitioner attributes

[Insert Table 3: Summary of elements under relationships and practitioner attributes]

One of the key components of effective practice that emerged in every study was the relationship between birth mothers and practitioners. This was important based on a number of components, due to the mothers' past experiences of both personal relationships and interactions with multiple different professionals and services. Their previous relationships often included past and recent abuse, with the mothers' histories of trauma impacting on their parenting and also on their ability to engage with services. (Mason et al., 2021; Cox et al., 2020). Mason et al. (2020) suggested that responses to complex trauma affect these mothers' ability to engage with professionals and can lead to disengagement from services, in effect a form of adaptive strategy. Many have long histories of feeling badly let down by professionals or by other important figures in their lives (McCracken et al., 2017) and lacking an attachment figure or mother in their past (Taggart et al., 2018). Prior interactions with children's services, the court system or other agencies such as housing services were experienced as punitive or difficult to trust, and the mistrust of children's social care was increased with re-traumatisation at their children's removal (Cox et al., 2020; Serio, 2021).

The importance of relationship-based practice was highlighted within 15 of the 19 studies. Mothers placed value on their relationship with practitioners (Cox et al., 2017), which was seen as central to their engagement and outcomes achieved (Serio, 2021). This relationship was seen as a foundation for meaningful change, with trust at the centre of the relationship (Shoesmith et al., 2023), or as the "vehicle for delivering intervention" (Mason & Wilkinson, 2021).The relationship with recurrent care practitioners was very different than the one which mothers had experienced with other professionals (Boddy et al., 2020; Boddy & Wheeler, 2020).

Thirteen of the studies specifically highlighted the importance of mothers having a trusted relationship with their practitioner. Trust, however, was something that took time to be earned (Mason & Wilkinson, 2021; McCracken et al., 2017; Scotto di Minico et al., 2021). Trust could be developed through consistent, regular and tenacious contact (Cox et al., 2017) or through being friendly, honest, open, respectful and demonstrating experience, advice and knowledge (Serio, 2021). In New Zealand, Keddell et al. (2023) identified that close relationships built on trust were more likely to be created through Māori for Māori relationships.

Trust in practitioners appeared to be developed partly as a result of their direct support for mothers' interactions with agencies such as children's services, courts or housing services (Cox et al., 2017). These trusting and supportive relationships with practitioners seemed to be key to enabling birth mothers to start to feel in control of their lives and also set their own goals and targets for the future (Cox et al., 2020). They provided a template for a new way of relating to self and others and seemed to work towards repairing prior trauma and difficult service experiences (Shoesmith et al., 2023). Trust also resulted in mothers gaining support for issues such as domestic abuse or their mental health, which they might not have had the confidence to do on their own (Garrett et al., 2021).

Continuity and consistent support emerged as important in 11 of the studies, with some mothers connecting this closely with a sense of reliability (Cox et al., 2017; McCracken et al., 2017). The reliability of practitioners was highlighted by 6 studies.

The need for persistence and tenacity in engaging with mothers was seen as important within 11 of the studies, particularly in the context of the time needed for initial engagement (Mason & Wilkinson, 2021). Within seven of these studies, tenacity was linked to an "assertive outreach" approach which engendered higher levels of engagement. Persistence was described as the willingness of practitioners to go beyond an introductory phone call or visit but be pro-active and sometimes unconventional during attempts to make contact (Roberts et al., 2018). Scotto di Minico et al. (2021) described how practitioners provided intensive outreach, including calling and texting mothers to remind them about attending groups, and collecting them to ensure attendance: without this effort, practitioners believed that the mothers would not have engaged.

Seven studies presented the impact of practitioners being able to challenge mothers' self-perceptions and provide critical friendship. This enabled them to see things from a new perspective (McCracken et al., 2017) despite these being difficult messages (McPherson et al., 2020). Seven studies highlighted the importance of practitioners being honest.

Seven studies reported on the kindness, compassion, friendliness, approachability, helpfulness and/or supportiveness of practitioners. Eight highlighted the importance of practitioners listening to mothers while 8 stressed the need for practitioners to show belief in or empathy with mothers, recognising their life experiences or recognising them as people with rights and needs. Roberts et al. (2018) described parents "feeling understood and listened to" as a key factor that influenced the likelihood of them engaging with the service.

Respect and being valued for who they are emerged as a key factor for birth mothers in 12 of the studies. Twelve studies reported on the importance of services and practitioners being non-judgemental, or not judging the mothers based on their previous or current behaviour or child removal(s). This contrasted with experiences with other services which mothers felt had judged and criticised them (Roberts et al., 2018; Serio, 2021; Shoesmith et al., 2023). Shoesmith et al. (2023) identified the need to address power imbalances, with practitioners working to ensure mothers were treated equally and with respect and that their voices were heard within professional structures.

3.2 Client led approach

[Insert Table 4: Summary of elements under client led approach]

Fourteen studies highlighted that services were person centred or client led, bespoke and tailored to women's needs. Encouraging mothers to define their own personal goals means that they play an important part in determining what their own outcomes should be (Cox et al., 2017). Practitioners reported on the importance of co-producing goals and plans which respect the parents' personal histories as well as working to agreed goals at their own pace. (Mason & Wilkinson, 2021). Serio's evaluation of Pause (2017) highlighted that its approach was different to other services mothers had been involved with, mainly as Pause did not follow a generic prescriptive programme but focused on the individual person and their specific needs. Unlike other services that focus on children, birth mothers recognised that Pause practitioners were there to support them.

Eleven studies highlighted the benefits of services, and practitioners, being flexible in what they offer and how they do so. Most studies linked this to the support being tailored to meet

the needs of each individual, rather than the practitioner or service contract (Keddell et al., 2023). The flexibility of the service offer was seen as being central to sustain engagement over time (Cox et al., 2020).

Five studies stressed the importance of a strengths-based approach that is built from mothers understanding their own strengths (and weaknesses) which in turn builds their confidence and self-esteem. Another study described mothers' personal empowerment whereby many developed more control of their emotions, improved their ability to consider others' feelings and were more able to articulate their own need: practitioners suggested that this new level of self-awareness was linked to the mothers developing more reflexive thinking (Cox et al., 2017).

In six studies, providing a holistic service was highlighted as being important.

3.3 Duration and intensity of intervention

[Insert Table 5: Summary of elements under duration and intensity of intervention]

Offering a long duration of support was cited in 9 studies as being beneficial to mothers, or a crucial ingredient in establishing change (Boddy et al., 2020). This was due to the time that could be required for initial engagement and to build trust (Mason & Wilkinson, 2021), the slow progress for parents with long histories of difficulties (Roberts et al., 2018) and because of the considerable time needed to negotiate access to multiple services (Boddy et al., 2020). McPherson et al. (2020) found that other professionals were positive about working with a service that provided support to parents for up to two years.

Eight of the studies reported on the usefulness of having a flexible end date or no fixed time limit for support. Mason & Wilkinson's mapping of services (2021) identified that most services adopted a flexible approach to the end date, even though they typically had a defined intervention period of around 18-24 months. Their interviewees also commonly stressed how important it was to make sure there was no 'cliff-edge' when support ended and that the door should be kept open should parents require further support. McCracken et al. (2017) reported that some mothers felt anxious or fearful about the ending of their interventions. The importance of having a gradual transition out of the service or flexible post-intervention support was reported by 6 studies. Many mothers in the Pause evaluation (Boddy et al., 2020) described the benefits of its 'Next Steps' support (occasional telephone support and groups) as playing a crucial role in maintaining peer relationships and also in (re)establishing stability when they faced difficult times, such as the finalisation of adoption orders.

Boddy et al. (2020) reported that mothers and practitioners highly valued ending celebrations, for example with photo-books as mementos. Seven studies mentioned the intensity of the support provided, with this being specifically defined as the ability to offer frequent contact initially (e.g. several times pe week or several hours at a time) and then reducing over time as required (Keddell et al., 2023; Mason & Wilkinson, 2021; McPherson et al., 2020).

Keeping caseloads low was identified as being important within 5 studies. This was suggested as being around 8 to 12 mothers per full time practitioner (Mason & Wilkinson, 2021) or a maximum of 8 mothers (Boddy et al., 2020). However, some service staff interviewed by Mason & Wilkinson (2021) were concerned about their service's capacity and

the challenge of protecting caseloads alongside meeting growing demand with, for some, increasing pressure to 'stretch' the service criteria. This raised concerns about 'diluting' the service if numbers became too high or about the specialist nature of the work becoming lost.

3.4 Dealing with trauma, loss and grief

[Insert Table 5: Summary of elements under duration and intensity of intervention]

Professionals interviewed by Mason & Wilkinson (2021) highlighted that trying to cope with the impact of complex trauma, loss and grief underpinned many of the parents' presenting issues. Nine studies identified the importance of services having a trauma-informed approach. Trauma-informed approaches have been defined as: *"a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development"* (Paterson, 2014). They attempt to understand a service user's presenting issues in the context of their trauma history. Mothers often traced their problems back to their own childhood abuse or maltreatment, experiences that continued to impact on their lives in adulthood (Cox et al., 2020; Mason & Wilkinson, 2021). Additionally, it is likely that many of these birth mothers have interpersonal and psychological difficulties that would fit with a profile of complex trauma (Mason & Wilkinson, 2021).

Trauma informed practice was central to the design of some recurrent care services from the outset, whilst for other services it was part of their learning, developed as a result both of their work with parents and the growing research evidence. Most services reported not providing trauma therapy or interventions per se, but practitioners generally described their services as being 'trauma-informed' (Mason & Wilkinson, 2021).

Complex and past trauma can result in parental non-engagement with child services, and recurrent care practitioners must be equipped with the skills to consider how her childhood adversity has affected a mother's ability to relate to professionals (Mason et al., 2020; Mason & Wilkinson, 2021). Hinton et al. (2018) identified that children's social care staff and many mainstream services in Tasmania commonly lacked awareness about parents' complex grief responses after child removal and how this and their past trauma impacted on their behaviours. Services often refused to engage with recurrent care experienced mothers because of their behaviour as they failed to understand the trauma that had caused this behaviour (Serio, 2021).

Seven studies raised the importance of recognising the unresolved loss, complex grief and trauma experienced by mothers who have 'lost' their children through care proceedings. Taggart et al. (2017) highlighted that mothers' emotional bonds with their absent children likely to be very long-lasting and heightened at key times such as birthdays and annual festive holidays. This recognition of loss and grief was related by 6 studies to the wish by women to be recognised as a mother with Garrett et al. (2021) suggesting that supporting and continuing maternal identity is beneficial to the mother and their wellbeing. Boddy & Wheeler (2020) queried the extent to which an individual unable to keep her child is able to be recognised as a mother. Pause service documentation that consistently refers to 'women' rather than 'mothers' could result in a question about how that service recognises women's motherhood.

Nine studies stressed the importance of providing emotional support and 8 the importance of providing therapeutic support, which is designed to help individuals who may be experiencing emotional distress or facing difficult life circumstances. McCracken et al. (2017) found that the emotional and psychological support that mothers had received from Pause had a significant impact on their psychological wellbeing. Serio's evaluation of Pause (2021) identified that counselling gave mothers the tools to manage their emotions and their behaviour and unpick past trauma in order to be able to move forward positively in their lives. Shoesmith et al. (2023) highlighted that an important part of the Flourish programme was the impact of practitioners holding a "hopeful narrative" and mothers engaging in therapeutic interventions, such as life story work and emotional coping skills, resulting in a changing personal narrative. In the Roberts et al. (2018) evaluation of Reflect, practitioners described their use of a range of therapeutic elements (such as mindfulness and a "mini" CBT) to help parents make sense of their experiences and feelings, although they acknowledged that theirs is not a "therapeutic" service.

Practitioners interviewed by Roberts et al. (2018) reported assisting parents to understand professional jargon since some did not understand what 'neglect' and 'failure to protect' meant even though these were the reasons for the removal of their child.

Six studies reported on the provision of support to improve parenting skills or parenting capacity, including developing mothers' understanding of professional concerns. Although most recurrent care services primarily work with parents post-proceedings, who therefore no longer have children in their care, some services still see parenting work as a core part of the offer. Some parents still have contact with children, so that parenting work is important to help ensure this contact is as positive as possible for both the parents and the child or children (Mason & Wilkinson, 2021). Parents may also wish to have further children so services need to help them prepare for that by building their parenting skills (Hinton, 2018; Mason & Wilkinson, 2021).

3.5 Providing practical support

[Insert Table 7: Summary of elements under providing practical support]

Many of the studies identified the benefits of practitioners being able to provide practical support to mothers to resolve daily living issues. This included general support (12 studies), support on housing issues or homelessness (9 studies), help to obtain benefits or support with budgets/finances (8 studies) or support into employment, including accessing education or training (3 studies). This focus on meeting basic needs through support with practical issues helped to foster stability in the mother's lives when they ended their engagement with the service (Mason & Wilkinson, 2021; McCracken et al., 2017).

Pause services have a flexible financial resource available for each mother, which enables the delivery of therapeutic activities or essential items such as furniture (Boddy et al., 2020; McCracken et al., 2017). Hinton et al. (2018) identified that mothers appreciated small amounts of financial support to fund services they might need or when they were in transition.

Another form of practical support highlighted in 12 studies was that of practitioners supporting mothers to access other services for physical health, mental health, substance misuse, sexual and reproductive health, and domestic abuse.

Nine of the studies suggested that advocacy by practitioners was important: this included supporting mothers in their interactions with children's services (Cox et al., 2020; Keddell et al., 2023; McCracken et al., 2017) and also with other agencies such as housing, finance or health services (Boddy et al., 2020; Cox et al., 2020; McCracken et al., 2017; McPherson et al., 2020).

3.6 Workforce composition and support

[Insert Table 8: Summary of elements under workforce composition and support]

Five studies emphasised the need for a skilled and multi-disciplinary workforce to deliver effective recurrent care services. Boddy et al. (2020) reported that to meet the complexity of mothers' needs Pause practitioners came from a wide range of backgrounds, including social care, housing and homelessness services, domestic abuse services, and criminal justice. Practitioners interviewed by Mason & Wilkinson (2021) suggested that recurrent care teams with varied expertise – such as health visiting, family support and parenting work, domestic abuse, substance misuse, sexual and reproductive health services, and play therapy - were particularly helpful as the variety provided opportunities both to share skills and expertise within the team and make sure that parents' needs were matched with practitioners with the most appropriate skillset. Serio (2021) also identified that the breadth of experience and expertise within teams was as a major benefit, enabling practitioners to share best practice and ideas and also to support each other through work that could be upsetting and challenging.

Eight studies highlighted partnership working as being central to preventing children being taken into care and supporting recurrent care experienced parents to access the services they needed. This involved working with children's social care and multiple organisations across other sectors including both public and voluntary sector provision: substance misuse services, domestic abuse agencies, physical and mental health services; housing and benefits. However, Mason & Wilkinson (2021) found that success in accessing services varied, with access to adult mental health services being particularly challenging as despite their obvious needs, parents rarely met the criteria or specific recommended psychological treatments either had long waiting lists or were not available. When parents had both mental health and substance misuse difficulties, both services declined help as they each required the other problem to be resolved before they would offer any treatment. Shoesmith et al. (2023) highlighted that a main contributing factor for change was the adoption of a whole system response to recurrent care practice, including better accessibility of health and care services (achieved through building partnerships and developing pathways), addressing the power imbalances inherent in the system and challenging negative attitudes towards birth parents.

Seven studies stressed the need for managerial support, robust supervision and ongoing training or practice development. A small number of services also offer clinical supervision to staff, which practitioners see as being hugely beneficial as it provides a clinical lens for their work with parents as well as additional support for themselves as needed (Mason & Wilkinson, 2021). Practitioners valued both formal supervision and informal support from

within their team, which helped to manage the emotional intensity of the work and avoid burnout (Boddy et al., 2020; Mason & Wilkinson, 2021; McCracken et al., 2017; Taggart et al., 2018).

Opportunities for peer support and to share good practice were also valued by practitioners for building confidence and developing professionally, especially for small service, and the Supporting Parents Community of Practice was valued by those who were members. However, making the time for peer support was seen as difficult due to the pressures of day-to-day work (Mason & Wilkinson, 2021).

[Insert Table 9: Summary of other components]

3.7 Peer relationships

The benefits of facilitating peer relationships between mothers emerged in 6 studies as they provided peer support from others who had gone through similar experiences, which enabled mothers to develop greater confidence and enhanced social skills. Birth mothers often described how they felt socially isolated because of, for example, abusive partner relationships, difficult family relationships and a sense of rejection by society through being deemed an unfit parent (Cox et al., 2020). New relationships with peers enabled mothers to share their feelings and talk about their child to others who understood and helped them to feel less alone (Bellew & Peeran, 2017).

3.8 Social connections and developing social capital

Five studies mentioned the therapeutic benefits derived from joint activity-based support such as practitioners and the mothers going out for coffee, a meal, manicures or a day out. Boddy & Wheeler (2020) argued that this mutual engagement in a joint activity can help flatten hierarchies, create a new form of relational space, and reinforce solidarity and reciprocal recognition.

Mason & Wilkinson (2021) highlighted that the relationship between practitioners and parents provides an opportunity to model a healthy, 'boundaried' and consistent relationship: this could be the first time the parent has experienced this and it can act as a starting point for them to reflect on their experiences of other relationships.

Hinton et al. (2018) found that parents particularly valued counselling since for many of them it was the first time they had been able to access talking therapies and it enabled them to acknowledge and address issues from their childhoods. Mason & Wilkinson (2021) identified that some services have trained staff to enable them to provide psychological interventions in-house, partly due to the difficulties experienced in accessing appropriate mental health services for parents but also because of the value seen in providing this work within an existing trusted relationship.

Each birth mother working with Breaking the Cycle completes a folder of the work they had completed there, and they often talked about the value they had found in assembling and writing down their experiences and considerations alone (Bellew & Peeran, 2017).

4. **Discussion**

Recurrent care proceedings present a challenge to both national and local policy makers as well as local authorities who are responsible for child protection and safeguarding. However, post-proceedings support for parents appears to be an under-resourced area of social care practice. This may be in part due to the paramount importance placed on the child's welfare within public law proceedings in England (common also to Canada, North America and Australia) and the limited attention paid to outcomes for parents (Hunt, 2010). Although care proceedings in England frequently set out recommendations for parents' rehabilitation, there is no statutory mandate for any provision of tailored and rehabilitative support for parents following their children's removal. However, there may be other elements in play such as a lack of understanding of this population and their needs, or the negative attitudes of social care organisations and professionals towards these birth parents.

From a "dearth of research to inform a prevention agenda" (Broadhurst et al., 2015) there is now a growing body of evidence to demonstrate the role that personalised, relationship-based and trauma-informed interventions can play in helping to break destructive cycles. The literature identified raises several interesting issues or points for consideration by commissioners and service providers.

Addressing the causes of these mothers' problems rather than just the symptoms is crucial, with a consequent development of trauma-informed provision in this field. Although there is no consensus on a definition to explain the precise nature of trauma-informed support, the underpinning assumption is that it involves relational and strengths-based methods of working to address the impact of past trauma (Research in Practice, 2020). Sweeney et al. (2016) described the key principles that underpin trauma-informed approaches: recognition of trauma; avoidance of re-traumatisation; trustworthiness and transparency; cultural, historical and gender contexts; collaboration and mutuality; empowerment, choice and control; safety; survivor partnerships; and pathways to specialist trauma treatment.

It is clear that psychological and therapeutic support and counselling is important for mothers dealing with past and current trauma and that there is a high level of unmet psychological need (Cox et al. 2020). There is therefore a need for recurrent care services to be able to provide this, either in-house or through building partnerships with mental health services with 'fast-track' pathways for mothers to be able to access therapy quickly, or immediately after court proceedings.

A tailored and client led approach for this population, which is one that has regularly experienced a lack of choice and control over their life and situation, can reflect the complexity of the issues being faced (Garrett, 2021). Having co-produced plans and goals are important in respecting the mothers' histories, as is working to agreed goals at their own pace (Mason & Wilkinson, 2021). Many of the services that these mothers have previously been involved with do not always actively listen and adopt generic prescriptive programmes in contrast to the approaches used by recurrent care services where the focus is on the individual and their specific needs. Practitioners do not judge but listen, guide and support mothers to make their own choices (Serio, 2021). Reclaiming an internal locus of control based on their own values is key to mothers remaining engaged in services (Keddell, 2023).

Professionals being able to build trust with birth parents is key to developing a relationship and engagement with them. Alyce et al. (2024) identified that for survivors of childhood sexual abuse, trusted relationships between survivors and professionals rests on trustworthy actions. This relies on a combination of trauma-informed skills, sufficient knowledge to be able to understand what is not said, help to open up about past experiences, being listened to without professionals' own advice or opinion, transparency, authenticity, reliability and honouring promises. Also important are environments being predictable and routine and working together by giving choice and agency to the survivor.

Developing peer relationships, social connections and social capital are emerging areas of practice that are gaining significance in meeting the particular psychosocial needs of this population. Support from peers can help parents navigate the emotional minefields of their children's removal and inspire behavioural and lifestyle changes (Frame et al., 2006) through building relationships of reciprocity and mutual support that ultimately reduce feelings of loneliness, social isolation and stigma (Budde & Schene, 2004). Social connection, the experience of feeling connected to others, involves feeling loved, cared for and valued and is increasingly understood as a core human need (Baumeister & Leary, 1995). Social capital has been defined as: "the networks of relationships among people who live and work in a particular society, enabling that society to function effectively" (Lexico Dictionaries, 2024) and involves the effective functioning of social groups through interpersonal relationships, a shared understanding, a shared sense of identity, shared values, shared norms, trust, cooperation and reciprocity.

A key concern highlighted by four studies, is the insecurity of funding for these services, especially at a time when public services and budgets are under pressure. This is in direct opposition to the UK Women's Health Strategy (DH&SC, 2022) which seeks to address chronic inequality in health and care services for women. For some services, funding was being reduced and the service sustainability was quite precarious (Mason & Wilkinson, 2021). Funding insecurity was also recognised by Boddy et al. (2020) in terms of how it affected Pause practitioners' sense of security and therefore their relationships with mothers and the need for long-term intensive work with them. Local authority stakeholders who were interviewed in the same study recognised the challenges in obtaining funding when: *"we recognise the benefits but we just don't have the money"*. Professionals interviewed by Shoesmith et al. (2023) voiced concerns about the service's sustainability due to it being a 'small non-statutory service' with limited resources.

The evidence suggests that parents are less likely to engage if services are part of social care services rather than being a non-statutory, voluntary practice (Cox et al., 2015; McCracken et al., 2017). A third of the professionals in the evaluation of Reflect stated that the independent nature of their support was important in engaging with parents in light of the animosity and mistrust of social workers generated when parents experienced the removal of a child (Roberts et al., 2018). However, the parents working with Strengthening Families, which is located within the Early Help Service of social care, understood the different role of its staff compared with that of social workers, although practitioners also acknowledged that parents often feel hostile towards social workers and are reluctant to engage with them (McPherson et al., 2020). The practitioners interviewed by Mason & Wilkinson (2021) whose service was located within children's social care valued the opportunity this provided to build close working relationships with social workers. Some reported that it aided information sharing but also recognised ethical dilemmas around the confidentiality of information.

Services have commonly adopted an identity that sets them apart from others, especially those based within social care. All but one of the services interviewed by Mason & Wilkinson (2021) had their own name, which was chosen carefully to reflect the ethos of their approach.

Raising awareness about recurrent care services and the nature of their work, to ensure that appropriate referrals are made, is something that needs constant attention, particularly in light of staff turnover within children's social care and maternity services (McPherson et al., 2020). Shoesmith et al. (2023) suggested that having an option for parents to self-refer could be offered within the referral pathway.

There are variations around the time points at which services work with birth parents after their children have been removed. Most services work with parents after care proceedings when a child is no longer in their care, while some work with parents during a subsequent pregnancy with the aim of them keeping the baby and others support them through a subsequent set of care proceedings. Some services work at multiple points in a parent's journey (Mason & Wilkinson, 2021). Supporting parents to stay connected with children who have been removed from their care was very important to parents and something that other professionals saw as helpful (McPherson et al., 2020). These differences raise questions about when support should be offered and for how long it should last, or whether there needs to be some form of step-down intervention at the end of the period of intensive support.

Pause up until recently required the mothers they work with to use contraceptives as a condition of engagement, but now encourages them to work with a practitioner and sexual health services to understand more about their reproductive health and make an "informed choice about contraception, which will help her take a pause in pregnancy for 18 months" (Pause, 2024). This follows the 2020 evaluation report by Boddy et al. in which one in six mothers interviewed, as well as some practitioners, raised ethical questions about the conditionality of contraception in terms of lack of choice or control. Additionally, concerns about this conditionality were raised as one of the factors that informed commissioning decisions by local authorities. Many of the services evaluated (along with the majority of other non-Pause services) do not require this, although they do offer advice on reproductive health and encourage mothers to take up contraception options: Garrett et al. (2021) identified that the use of contraception by mothers showed a significant uptake after just six months of working with the service. This summary of evidence suggests that this does not need to be a core component of these services as their effectiveness does not rely on mothers using contraception to avoid pregnancy but on supporting mothers to develop their parenting capabilities and trust in professionals with the aim of avoiding a repeat removal (Cox et al., 2020). Boddy et al. (2020) suggested the need for sexual and reproductive health services to work alongside recurrent care services as the latter are not specialists in this field.

Although initially the focus of these services was specifically on working with mothers, there is a growing understanding of the need to include fathers (either the father of the mother's children or not), who often have similar traumatic life histories and vulnerabilities to mothers. Some services now work with fathers in their own right, whether or not the mother is engaging with the service (Mason & Wilkinson, 2021). However, we have been unable to identify any evaluations of support for recurrent care experienced fathers.

Concerns have been raised that services may not be effectively reaching recurrent care experienced parents from minority ethnic communities (Mason & Wilkinson, 2021), indigenous populations (Keddell et al., 2023), parents with disabilities (Keddell et al., 2023)

and parents with learning disabilities (Hinton, 2018; Roberts et al., 2018). Further research is required to be able to better understand and address the potential barriers for these families.

There still appears to be a paucity of evidence on recurrent care services in general, with just 43 published items found relating to any aspect of recurrent care scale, experiences and support, and what there is has almost exclusively been undertaken with the UK. Very few of the studies identified were carried out in other countries with similar social care services to the UK such as Australia, New Zealand or the US.

5. **Conclusion**

This is the first summary of evidence identifying 'what works' in recurrent care services and is therefore well placed to inform service improvements or new service design in the UK and internationally.

The evidence reviewed indicates the importance of relationship-based practice and building a trusted relationship between mothers and practitioners, with continuity and consistent support. Practitioners need to be persistent and tenacious in engaging with mothers, listen to them and demonstrate honesty, empathy, kindness, compassion, friendliness, approachability, helpfulness and/or supportiveness. Mothers want to be shown respect, be valued for who they are, and not be judged. Services can be effective without a condition for mothers to use contraception.

Services should be flexible, holistic and client led, bespoke and tailored to individuals' needs. They should offer a long duration of support with a flexible end date. Services should have a trauma-informed approach and practitioners need to recognise the unresolved loss, complex grief and trauma experienced by mothers who have 'lost' their children through care proceedings. The provision of emotional support, therapeutic support, practical support and advocacy is important, as is supporting mothers to access other services for physical health, mental health, substance misuse, sexual and reproductive health, and domestic abuse. Support to improve parenting skills or parenting capacity, including developing mothers' understanding of professional concerns, should be offered.

Services need to have a skilled and multi-disciplinary workforce with managerial support, robust supervision and ongoing training or practice development. Partnership working is also important with practitioners across sectors working proactively with parents.

6. References

Alyce, S., Taggart, D., & Turton, J. (2024). Trust, entrusting and the role of trustworthiness for adult survivors of child sexual abuse. Journal of Mental Health, 1–10. https://doi.org/10.1080/09638237.2024.2390366

Baumeister, R. & Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin. 117 (3): 497–529. doi:10.1037/0033-2909.117.3.497. ISSN 0033-2909. PMID 7777651.

Bellew, R., & Peeran, U. (2017). After Adoption's Breaking the Cycle programme: an evaluation of the two year pilot, September 2014 to August 2016. https://www.coram.org.uk/wp-content/uploads/2023/01/Breaking-the-Cycle-final-report-Aug-2017.pdf

Boddy, J., Bowyer, S., Godar, R., Hale, C., Kearney, J., Preston, O., Wheeler, B., & Wilkinson, J. (2020). Evaluation of Pause. https://assets.publishing.service.gov.uk/media/5fa2d5e2d3bf7f03b3ee4925/Pause_-_Sussex.pdf

Boddy, J., & Wheeler, B. (2020). Recognition and Justice? Conceptualizing Support for Women Whose Children Are in Care or Adopted. Societies, 10(4), 96. https://doi.org/10.3390/soc10040096

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology. Qualitative Research in Psychology, 3, 77-101. http://dx.doi.org/10.1191/1478088706qp063oa

Broadhurst, K.,Alrouh, B., Yeend, E., Harwin, J., Shaw, M. Pilling, M., Mason, C., Kershaw, S. (2015). Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England, The British Journal of Social Work, Volume 45, Issue 8, December 2015, Pages 2241–2260, https://doi.org/10.1093/bjsw/bcv130

Broadhurst, K. & Mason, C. (2020). Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. Qualitative Social Work, 2020, Vol. 19(1) 15–37. https://doi/pdf/10.1177/1473325019893412

Budde, S., & Schene, P. (2004). Informal social support interventions and their role in violence prevention: An agenda for future evaluation. Journal of Interpersonal Violence, 19(3), 341–355

Cox, P. (2012). Marginalized Mothers, Reproductive Autonomy, and "Repeat Losses To Care." Journal of Law and Society, 39(4), 541–561. http://www.jstor.org/stable/23354488

Cox, P., Barratt C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2015). Reducing Recurrent Care Proceedings. Service evaluation: Positive Choices and Mpower. file:///C:/Users/Owner/Downloads/recurrent-care-proceedings.pdf

Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2017). Reducing recurrent care proceedings: initial evidence from new interventions. Journal of Social Welfare and Family Law, 39(3). https://doi.org/10.1080/09649069.2017.1345083

Cox, P., McPherson, S., Mason, C., Ryan, M., & Baxter, V. (2020). Reducing recurrent care proceedings: Building a local evidence base in England. Societies, 10(4). https://doi.org/10.3390/soc10040088

Department of Health and Social Care (2022). Women's Health Strategy for England. https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

Frame, L., Conley, A., & Berrick, J. D. (2006). The Real Work is What They Do Together: Peer Support and Birth Parent Change. Families in Society, 87(4), 509-520. https://doi.org/10.1606/1044-3894.3566

Garrett, D., Cooke, C., Dowding, K., & O'Brien, J. (2021). Looking Forward: Supporting women at risk of repeat removal of children from their care. https://www.tnlcommunityfund.org.uk/media/insights/documents/Looking-Forward-Child-Care-Removal-Pilot-2021.pdf?mtime=20220726115137&focal=none

Hinton, T. (2018). Breaking the cycle: supporting Tasmanian parents to prevent recurrent child removals. https://nla.gov.au/nla.obj-730627375/view

Hunt J. (2010) Parental Perspectives on Family Justice System in England and Wales: A Review of Research, available online at www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Parental_Perspectives_final.pdf

Jondec, A. F., & Barlow, J. (2023). An intensive perinatal mentalisation-based intervention for women at risk of child removal and the role of restorative relationships. Child Abuse Review, 32(1). https://doi.org/10.1002/car.280

Keddell, E., Cleaver, K., & Fitzmaurice, L. (2023). Experiences of baby removal prevention: A collective case study of mothers and community-based workers. Qualitative Social Work, 22(2). https://journals.sagepub.com/doi/full/10.1177/14733250211058178

Lexico Dictionaries, Definition of Social Capital by Oxford Dictionary on Lexico.com. Accessed 22 September 2024.

Mason, C., Taggart, D., & Broadhurst, K. (2020). Parental Non-Engagement within Child Protection Services—How Can Understandings of Complex Trauma and Epistemic Trust Help? Societies, 10(4), 93. https://doi.org/10.3390/soc10040093

Mason, C., & Wilkinson, J. (2021). Services for parents who have experienced recurrent care proceedings: Where are we now? Findings from the mapping of locally developed services in England. https://www.researchinpractice.org.uk/media/nyhejth4/services-for-parents-who-have-experienced-recurrent-care-proceedings.pdf

McCracken, K., Priest, S., FitzSimons, A., Bracewell, K., Torchia, K., Parry, W., & Stanley, Nicky. (2017). Evaluation of Pause Research report. https://dera.ioe.ac.uk/id/eprint/29588/1/Evaluation_of_Pause.pdf

McPherson, S., Cox, P., Ryan, M., & Baxter, V. (2020). Reducing Recurrent Care Proceedings Service Evaluation: Salford Strengthening Families. https://www.essex.ac.uk/-/media/documents/departments/hsc/salford-strengthening-families-evaluation-report-june-2020.docx

Paterson, B. (2014), "Mainstreaming trauma", paper presented at the Psychological Trauma-Informed Care Conference, Stirling University, Stirling, 4 June, available at: www.stir.ac.uk/media/schools/nursing/documents/Trauma14-Paterson-mainstreaming-trauma-workshop.pdf

Philip, G., Youansamouth, L., Broadhurst, K., Clifton, J., Bedston, S., Hu, Y., & Brandon, M. (2023). 'When they were taken it is like grieving': Understanding and responding to the emotional impact of repeat care proceedings on fathers. Child and Family Social Work. https://doi.org/10.1111/cfs.13061

Research in Practice (2020). Developing and leading trauma-informed practice. Developing-and-leading-trauma-informed-practice.pdf (researchinpractice.org.uk)

Roberts, L., Maxwell, N., Messenger, R., & Palmer, C. (2018). Evaluation of Reflect in Gwent Final Report. https://orca.cardiff.ac.uk/id/eprint/123258/1/Reflect%20report%20published.pdf

Sandelowski M, Barroso J. Creating metasummaries of qualitative findings. Nurs Res. 2003 Jul-Aug;52(4):226-33. http://doi:10.1097/00006199-200307000-00004. PMID: 12867779.

Scotto di Minico, G., Barge, L., Haynes, A., Alyousefi-van Dijk, K., & Rosan, C. (2021). First Steps A feasibility study of a therapeutic group for women who have had multiple children removed from their care. https://d1uw1dikibnh8j.cloudfront.net/media/14866/first-steps-evaluation_booklet-271021.pdf

Serio. (2021). Pause Plymouth Evaluation Community One Interim Report. https://golab.bsg.ox.ac.uk/documents/Pause_Plymouth_Interim_Report_May_2021_Final_Version.pdf

Shoesmith, G., Simmons, L., McPherson, S., Blumenfeld, F. (2023). Reducing Recurrent Care Proceedings, Evaluation of Flourish (Lambeth Children's Social Care). Unpublished report.

Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016) 'Trauma-informed mental healthcare in the UK: What is it and how can we further its development?' Mental Health Review Journal 21(3), 174-192.

Taggart, D., Blumenfeld, F., & Cox, P. (2018). Reducing Recurrent Care Proceedings Interim Service Evaluation: Rise Project. https://supportingparents.researchinpractice.org.uk/media/3p1boske/rise-report-september-2018.pdf

Table 1: Studies by type, methodology and country

	Type	Methodology	Country
Articles in peer reviewed journals			
Barratt Caroline, Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2015). Reducing Recurrent Care Proceedings. Service evaluation: Positive Choices and Mpower.	Evaluation report	Mixed: Analysis of client data, including self-report clinical measures Interviews with clients Interviews with staff	UK
Boddy, J., & Wheeler, B. (2020b). Recognition and Justice? Conceptualizing Support for Women Whose Children Are in Care or Adopted. Societies, 10(4), 96.	Article	Qualitative: Longitudinal interviews with clients	UK
Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2017). Reducing recurrent care proceedings: initial evidence from new interventions. Journal of Social Welfare and Family Law, 39(3).	Article	Mixed: Analysis of client data, including self-report clinical measures Longitudinal interiews with clients Interviews with clients	UK

	Type	Methodology	Country
Cox, P., McPherson, S., Mason, C., Ryan, M., & Baxter, V. (2020). Reducing recurrent care proceedings: Building a local evidence base in England. Societies, 10(4).	Article	Mixed: Analysis of client data, including self-report clinical measures Interiews with clients Interviews with staff	UK
Jondec, A. F., & Barlow, J. (2023). An intensive perinatal mentalisation-based intervention for women at risk of child removal and the role of restorative relationships. Child Abuse Review, 32(1).	Article	Qualitative: Case study	UK
Keddell, E., Cleaver, K., & Fitzmaurice, L. (2023). Experiences of baby removal prevention: A collective case study of mothers and community-based workers. Qualitative Social Work, 22(2).	Article	Qualitative: Collective case study approach	New Zealand
Mason, C., Taggart, D., & Broadhurst, K. (2020). Parental Non-Engagement within Child Protection Services—How Can Understandings of Complex Trauma and Epistemic Trust Help? Societies, 10(4), 93.	Article	Qualitative: Interviews with clients	UK
Peer reviewed reports for the Government			

	Type	Methodology	Country
Boddy, J., Bowyer, S., Godar, R., Hale, C., Kearney, J., Preston, O., Wheeler, B., & Wilkinson, J. (2020a). Evaluation of Pause.	Evaluation report	Mixed: Analysis of client data Interviews with clients Interviews with staff and other professionals	UK
McCracken, K., Priest, S., FitzSimons, A., Bracewell, K., Torchia, K., Parry, W., & Stanley, Nicky. (2017). Evaluation of Pause Research report.	Evaluation report	Mixed: Analysis of client data Interviews and focus groups with clients Case studies Interviews with staff and other professionals	UK
Grey literature			
Bellew, R., & Peeran, U. (2017). After Adoption's Breaking the Cycle programme: an evaluation of the two year pilot, September 2014 to August 2016.	Evaluation report	Mixed: Analysis of client data Interviews or focus groups with clients Interview with staff	UK

	Type	Methodology	Country
Garrett, D., Cooke, C., Dowding, K. and O'Brien, J. (2021). Looking Forward: Supporting women at risk of repeat removal of children from their care. Fulfilling Lives South East Partnership.	Evaluation report	Mixed: Analysis of client data Case studies Interviews with clients Interview with staff and other professional	UK
Hinton, T. (2018). Breaking the cycle: supporting Tasmanian parents to prevent recurrent child removals.	Report	Mixed: Analysis of data Interviews with clients Interviews with other professionals	Australia
Mason, C., & Wilkinson, J. (2021). Services for parents who have experienced recurrent care proceedings: Where are we now? Findings from the mapping of locally developed services in England.	Report	Qualitative: Interviews with staff and other professionals	UK
McPherson, S., Cox, P., Ryan, M., & Baxter, V. (2020). Reducing Recurrent Care Proceedings Service Evaluation: Salford Strengthening Families.	Evaluation report	Mixed: Analysis of client data Interviews with clients Focus group with staff Interviews with other professionals	UK

	Type	Methodology	Country
Roberts, L., Maxwell, N., Messenger, R., & Palmer, C. (2018). Evaluation of Reflect in Gwent Final Report.	Evaluation report	Mixed: Analysis of client data, including self-report QoL measure Interviews with clients Focus group with staff Survey of other professionals	UK
Scotto di Minico, G., Barge, L., Haynes, A., Alyousefi-van Dijk, K., Rosan, C. (2021). First Steps A feasibility study of a therapeutic group for women who have had multiple children removed from their care. Anna Freud National Centre for Children and Families	Evaluation report	Qualitative: Interviews with clients Interviews with staff Interviews with other professionals	UK
Serio, University of Plymouth (2021). Pause Plymouth Evaluation, Community One, Interim Report	Evaluation report	Qualitative: Baseline and follow up interviews with clients Focus group with staff	UK
Shoesmith, G., Simmons, L., McPherson, S., Blumenfeld, F. (2023). Reducing Recurrent Care Proceedings, Evaluation of Flourish (Lambeth Children's Social Care). Unpublished report	Evaluation report	Mixed: Analysis of client data, including wellbeing measures Interviews with clients	UK

	Type	Methodology	Country
Taggart, D., Blumenfeld, F., & Cox, P. (2018). Reducing Recurrent Care Proceedings Interim Service Evaluation: Rise Project.	Evaluation report	Qualitative: Interviews with clients	UK

Table 2: Studies identified by number of participants

	Mothers	Fathers	Recurrent care practitioners	Other professionals
Articles in peer reviewed journals				
Barratt et al 2015	10		5	
Boddy & Wheeler 2020	49			
Cox et al 2017	8	1	5	
Cox et al 2020	13			
Jondec & Barlow 2023			1	
Keddell et al 2023	3		3	
Mason et al 2020	72			
Peer reviewed reports for the Government				
Boddy et al 2020	51		47	10

McCracken et al 2017	105		39	
Grey literature				
Bellow et al 2017	25		2	
Garrett et al 2021	18		1	1
Hinton 2018	13	2		80
Mason & Wilkinson 2021			21	
McPherson et al 2020	8	3	11	7
Roberts et al 2018	12	4	4	9
Scotto di Minico et al 2021	3		8	2
Serio 2021	14		Not stated	
Shoesmith et al 2023	8		4	

Taggart et al 2018	3		5	
Total	**415**	**10**	**156**	**109**

Table 3: Summary of elements under relationships and practitioner attributes

		Relationships and practitioner attributes											
	Participants	Relationship-based practice	Trusted relationship	Continuity and consistent support	Reliability of practi-tioners	Tenacity in engaging	Able to challenge women / critical friendship	Practioners being honest	Kindness, compassion, friendliness, approacha-bility, helpfulness and/or supportiveness	Listening to mothers	Showing belief in or empathy with mothers	Respect and being valued	Being non-judgemental
Articles in peer reviewed journals													
Barratt et al. (2015)	Clients (10) Professionals (5)		X		X	X	X		X	X	X	X	
Boddy & Wheeler (2020)	Clients (49)	X								X	X	X	
Cox et al. (2017)	Clients (9) Professionals (5)	X	X	X	X		X			X		X	X
Cox et al. (2020)	Clients (13)	X	X	X		X			X				X
Jondec & Barlow	Professionals (1)	X					X				X		

(2023)													
Keddell et al. (2023)	Clients (3) Professionals (3)	X	X			X	X				X	X	X
Mason et al. (2020)	Clients (72)	X											
Peer reviewed reports for the Government													
Boddy et al. (2020)	Clients (51) Professionals (57)	X	X	X		X	X	X		X		X	
McCracken et al. (2017)	Clients (105) Professionals (39)	X	X	X		X	X	X	X		X		X
Grey literature													
Bellow & Peeran (2017)	Clients (25) Professionals (2)			X								X	
Garrett et al. (2021)	Clients (18) Professionals (2)	X	X	X					X				X
Hinton (2018)	Clients (15) Profes	X	X	X		X				X	X	X	X

	sionals (80)												
Mason & Wilkinson (2021)	Professionals (21)	X	X	X	X	X		X				X	X
McPherson et al. (2020)	Clients (11) Professionals (18)	X				X	X	X					X
Roberts (2018)	Clients (16) Professionals (13)			X	X	X			X	X	X	X	X
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)		X			X							
Serio (2021)	Clients (14) Professionals (not stated)	X	X	X	X			X	X	X		X	X
Shoesmith et al. (2023)	Clients (8) Professionals (4)	X	X					X		X	X	X	X
Taggart et al. (2018)	Clients (3) Professionals (5)	X	X	X	X	X		X	X			X	X

Table 4: Summary of elements under client led approach

		Client led approach			
	Participants	Person centred/ client led	Flexibility	Strengths based approach	Holistic
Articles in peer reviewed journals					
Barratt et al. (2015)	Clients (10) Professionals (5)	X			
Boddy & Wheeler (2020)	Clients (49)	X			X
Cox et al. (2017)	Clients (9) Professionals (5)	X	X		
Cox et al. (2020)	Clients (13)	X	X		
Jondec & Barlow (2023)	Professionals (1)		X	X	
Keddell et al. (2023)	Clients (3) Professionals (3)	X	X		X
Mason et al. (2020)	Clients (72)				
Peer reviewed reports for the Government					
Boddy et al. (2020)	Clients (51) Professionals (57)			X	X

McCracken et al. (2017)	Clients (105) Professionals (39)	X	X		X
Grey literature					
Bellow & Peeran (2017)	Clients (25) Professionals (2)	X			
Garrett et al. (2021)	Clients (18) Professionals (2)	X	X	X	
Hinton (2018)	Clients (15) Professionals (80)	X	X	X	X
Mason & Wilkinson (2021)	Professionals (21)	X	X		
McPherson et al. (2020)	Clients (11) Professionals (18)	X	X		X
Roberts (2018)	Clients (16) Professionals (13)	X	X		
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)				
Serio (2021)	Clients (14) Professionals (not stated)	X	X		
Shoesmith et al. (2023)	Clients (8) Professionals (4)	X		X	

Taggart et al. (2018)	Clients (3) Professionals (5)				

Table 5: Summary of elements under duration and intensity of intervention

Duration and intensity of intervention						
	Participants	Long duration of support	Flexible end date	Gradual transition out of service/ flexible post-intervention support	Intensive support	Keeping caseloads low
Articles in peer reviewed journals						
Barratt et al. (2015)	Clients (10) Professionals (5)					
Boddy & Wheeler (2020)	Clients (49)	X		X	X	
Cox et al. (2017)	Clients (9) Professionals (5)		X			
Cox et al. (2020)	Clients (13)					
Jondec & Barlow (2023)	Professionals (1)	X				
Keddell et al. (2023)	Clients (3) Professionals (3)			X	X	
Mason et al. (2020)	Clients (72)					
Peer reviewed reports for the Government						
Boddy et al. (2020)	Clients (51) Professionals (57)	X	X	X	X	X

McCracken et al. (2017)	Clients (105) Professionals (39)	X	X		X	X
Grey literature						
Bellow & Peeran (2017)	Clients (25) Professionals (2)		X	X		
Garrett et al. (2021)	Clients (18) Professionals (2)	X	X			
Hinton (2018)	Clients (15) Professionals (80)				X	
Mason & Wilkinson (2021)	Professionals (21)	X	X	X	X	X
McPherson et al. (2020)	Clients (11) Professionals (18)	X			X	
Roberts (2018)	Clients (16) Professionals (13)	X	X			
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)					
Serio (2021)	Clients (14) Professionals (not stated)	X	X	X		X
Shoesmith et al. (2023)	Clients (8) Professionals (4)					X

Taggart et al. (2018)	Clients (3) Professionals (5)					

Table 6: Summary of elements under dealing with trauma, loss and grief

		Dealing with trauma, loss and grief				
	Participants	Trauma-informed approach	Recognition of loss and grief	Emotional support	Therapeutic support	Support to improve parenting skills/ capacity
Articles in peer reviewed journals						
Barratt et al. (2015)	Clients (10) Professionals (5)		X	X		
Boddy & Wheeler (2020)	Clients (49)			X		
Cox et al. (2017)	Clients (9) Professionals (5)		X			
Cox et al. (2020)	Clients (13)	X				X
Jondec & Barlow (2023)	Professionals (1)				X	
Keddell et al. (2023)	Clients (3) Professionals (3)					X
Mason et al. (2020)	Clients (72)	X				
Peer reviewed reports for the Government						

Boddy et al. (2020)	Clients (51) Professionals (57)	X	X			
McCracken et al. (2017)	Clients (105) Professionals (39)	X		X	X	
Grey literature						
Bellow & Peeran (2017)	Clients (25) Professionals (2)		X			
Garrett et al. (2021)	Clients (18) Professionals (2)	X		X		X
Hinton (2018)	Clients (15) Professionals (80)	X	X	X	X	X
Mason & Wilkinson (2021)	Professionals (21)	X	X		X	X
McPherson et al. (2020)	Clients (11) Professionals (18)					X
Roberts (2018)	Clients (16) Professionals (13)		X	X	X	
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)			X	X	

Serio (2021)	Clients (14) Professionals (not stated)	X		X		
Shoesmith et al. (2023)	Clients (8) Professionals (4)	X		X	X	
Taggart et al. (2018)	Clients (3) Professionals (5)				X	

Table 7: Summary of elements under providing practical support

		Providing practical support						
	Participants	General practical support	Support on housing issues/ homelessness	Support on finances/benefits	Support into employment	Flexible financial support	Supporting access to other services	Advocacy
Articles in peer reviewed journals								
Barratt et al. (2015)	Clients (10) Professionals (5)				X		X	X
Boddy & Wheeler (2020)	Clients (49)	X	X	X			X	X
Cox et al. (2017)	Clients (9) Professionals (5)						X	
Cox et al. (2020)	Clients (13)	X					X	X
Jondec & Barlow (2023)	Professionals (1)		X					
Keddell et al. (2023)	Clients (3) Professionals (3)			X				X

Mason et al. (2020)	Clients (72)							
Peer reviewed reports for the Government								
Boddy et al. (2020)	Clients (51) Professionals (57)	X	X	X	X	X	X	
McCracken et al. (2017)	Clients (105) Professionals (39)	X	X	X	X	X	X	X
Grey literature								
Bellow & Peeran (2017)	Clients (25) Professionals (2)							
Garrett et al. (2021)	Clients (18) Professionals (2)	X	X				X	X
Hinton (2018)	Clients (15) Professionals (80)	X	X	X		X	X	
Mason & Wilkinson (2021)	Professionals (21)	X	X	X			X	
McPherson et al. (2020)	Clients (11) Professi	X	X	X			X	X

	onals (18)							
Roberts (2018)	Clients (16) Professionals (13)	X	X	X			X	X
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)					X		
Serio (2021)	Clients (14) Professionals (not stated)	X				X		
Shoesmith et al. (2023)	Clients (8) Professionals (4)	X					X	X
Taggart et al. (2018)	Clients (3) Professionals (5)	X						

Table 8: Summary of elements under workforce composition and support

Workforce composition and support				
	Participants	Skilled/ multi-disciplinary workforce	Partnership working	Practitioner training/ support/ supervision
Articles in peer reviewed journals				
Barratt et al. (2015)	Clients (10) Professionals (5)			X
Boddy & Wheeler (2020)	Clients (49)			
Cox et al. (2017)	Clients (9) Professionals (5)			
Cox et al. (2020)	Clients (13)			
Jondec & Barlow (2023)	Professionals (1)		X	
Keddell et al. (2023)	Clients (3) Professionals (3)			
Mason et al. (2020)	Clients (72)			
Peer reviewed reports for the Government				
Boddy et al. (2020)	Clients (51) Professionals (57)	X	X	X

McCracken et al. (2017)	Clients (105) Professionals (39)	X	X	X
Grey literature				
Bellow & Peeran (2017)	Clients (25) Professionals (2)			
Garrett et al. (2021)	Clients (18) Professionals (2)			
Hinton (2018)	Clients (15) Professionals (80)	X		
Mason & Wilkinson (2021)	Professionals (21)	X	X	X
McPherson et al. (2020)	Clients (11) Professionals (18)		X	
Roberts (2018)	Clients (16) Professionals (13)			
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)		X	
Serio (2021)	Clients (14) Professionals (not stated)	X	X	X
Shoesmith et al. (2023)	Clients (8) Professionals (4)		X	X

Taggart et al. (2018)	Clients (3) Professionals (5)			X

Table 9: Summary of other components

	Other components			
	Participants	Facilitating peer support	Joint activity-based support	Access to counselling
Barratt et al. (2015)	Clients (10) Professionals (5)			
Boddy & Wheeler (2020)	Clients (49)		X	
Cox et al. (2017)	Clients (9) Professionals (5)		X	
Cox et al. (2020)	Clients (13)	X	X	
Jondec & Barlow (2023)	Professionals (1)			
Keddell et al. (2023)	Clients (3) Professionals (3)			
Mason et al. (2020)	Clients (72)			
Boddy et al. (2020)	Clients (51) Professionals (57)	X		
McCracken et al. (2017)	Clients (105) Professionals (39)	X	X	

Bellow & Peeran (2017)	Clients (25) Professionals (2)	X		
Garrett et al. (2021)	Clients (18) Professionals (2)			
Hinton (2018)	Clients (15) Professionals (80)			X
Mason & Wilkinson (2021)	Professionals (21)	X		
McPherson et al. (2020)	Clients (11) Professionals (18)			
Roberts (2018)	Clients (16) Professionals (13)			
Scotto di Minico et al. (2021)	Clients (3) Professionals (10)			
Serio (2021)	Clients (14) Professionals (not stated)	X	X	
Shoesmith et al. (2023)	Clients (8) Professionals (4)			X
Taggart et al. (2018)	Clients (3) Professionals (5)			