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Where are the services for fathers who experience repeat appearances in local authority care proceedings? A review of the literature

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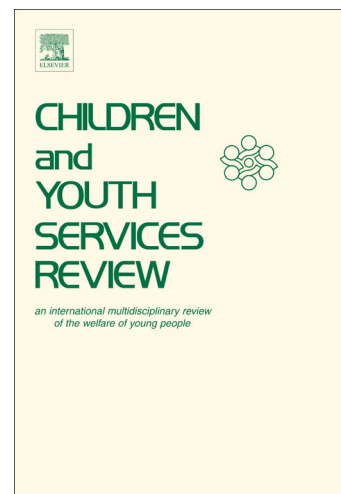
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## **Where are the services for fathers who experience repeat appearances in local authority care proceedings? A review of the literature**

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**Where are the services for fathers who experience repeat appearances in local authority care proceedings? A review of the literature**

## Highlights

- Studies do not consistently report on mothers and fathers separately
- No studies were identified specifically relating to fathers
- One evaluation demonstrated positive outcomes for fathers
- Evidence on supporting mothers is growing and could be applied to fathers

## Where are the services for fathers who experience repeat appearances in local authority care proceedings? A review of the literature

### Abstract

#### Background

Evidence has long demonstrated that fathers can and do play a significant role in positive outcomes for children, but in the context of repeat, or recurrent, care proceedings their support needs are overlooked. Despite the huge economic and human cost of repeat proceedings and removal of children, recurrent care services have primarily focused on mothers.

#### Methods

This narrative literature review identifies studies that included fathers who have experienced recurrent care proceedings, to examine what is known about the services that are available to support them.

#### Results

Out of 27 studies identified that related to service provision, just 8 included information about fathers. Studies and/or evaluations do not consistently report on mothers and fathers separately and instead either report only on mothers or on 'parents'. There were no research studies or evaluations of services specifically for fathers experiencing recurrent care proceedings.

#### Conclusions

Fathers experiencing recurrent care proceedings (similar to mothers) have multiple and complex needs but there are few services available that offer both challenge and support to fathers in their own right or as part of a couple. The evaluation of one service working with couples demonstrated a range of positive outcomes for fathers, indicating that support for fathers can be effective. Initiatives aimed at reducing repeat care proceedings must directly engage fathers and services need to support whole families and fathers specifically, drawing on the evidence available on support for mothers. Services and evaluations should also collect and report data on mothers and fathers separately to improve practice and knowledge.

**Keywords:** recurrent care; parenting; child protection; effective services; fathers

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## Background

The need for social care services to improve their engagement with fathers, particularly those who do not live with their children, is a longstanding and persistent issue (Raikes et al., 2005; Osborne et al., 2022; Baran and Sawrikar, 2024). Child protection and other statutory services generally focus on mothers, with fathers having a more peripheral appearance within case management and direct family work. The Care Crisis Review (2018) stated that practice does not take enough account of the importance of fathers, which is reflected in the lack of data about them (Purcell, Baginsky and Steils 2025). The Child Safeguarding Practice Review (2021) entitled 'The Myth of Invisible Men' highlighted the continued lack of information about fathers when there are serious child welfare concerns, and research reflects descriptions of fathers as "invisible" or "shadows" (Strega et al., 2008; Brown et al., 2009; Ewart-Boyle et al., 2015; Brandon et al., 2017).

There is also an acknowledged risk aversion to working with fathers, often leading to delays in attempts to engage them, a greater likelihood of them being overlooked, or seen only through the lens of risk rather than potential resource (Scourfield et al., 2016; Brandon et al., 2019). Such risk aversion is, of course, also related to the serious and complex challenges posed by domestic violence and abuse, and male violence more widely. Practitioners and the wider system continue to struggle to work proactively and consistently with fathers, either independently or alongside mothers (Baxter et al., 2025). In the face of such long-standing structural, procedural and attitudinal barriers to involving fathers there appears to be little strategic investment or sustainability of services. In contexts where budgets are stretched or shrinking, expenditure on services for fathers may be seen as a zero-sum game with services for women/mothers, or as an optional extra rather than a strategic priority. Meanwhile, the cost-of-living crisis continues to place significant pressure on both services and families.

An established and significant evidence base demonstrates the independent effects of positive fathering on children's lives and development including social, educational, behavioural and psychological outcomes (Sarkadi et al., 2008; Lamb, 2010; Grau-Grau et al., 2020; Burgess and Goldman, 2023). This can be tracked across childhood and into adolescence. Higher amounts of time that fathers spend with their infants and young children is associated with improved child outcomes and this has an important and lasting effect on children's educational outcomes, which is in addition to the effect of mothers' involvement (Burgess and Goldman, 2022). Fathers' involvement independently helps to increase the educational attainment of their children in primary and secondary education (Norman & Davis, 2023) and adolescents tend to have better outcomes where father involvement is positive, and worse outcomes where this is poor or missing (Burgess and Goldman, 2023). Alongside evidence of the impacts of positive fathering there is also evidence of a steady, though uneven, increase in direct care giving and parenting activity by fathers (Dermott, 2008; Livingston and Parker 2019; Burgess and Goldman, 2022). Yet despite, or as well as this shift in the expectations of men and women around fathering conduct and its value, there are also enduring and deeply embedded cultural assumptions around gender and parenting, encapsulated and reproduced through models such as the 'primary and secondary carer' (Burgess and Goldman, 2023).

Another challenge to implementing and measuring fathers' inclusion is language or terminology. Although using terms like 'parent' or 'parents' is often seen in as neutral or inclusive, evidence suggests it is often a proxy for 'mother' and reflects ongoing ambivalence or assumptions about the role and contribution of fathers (Gilligan et al., 2012; Brandon et al. 2017; Nygren et al., 2019; Philip et al., 2019). The need for, and value of, differentiating by gender is relevant to both research and practice contexts, related to service design, data collection, quality assurance, monitoring and evaluation of engagement, impact, and outcomes. It is important to know which parents are receiving a service and reliance on the term 'parent' does not always provide a clear or accurate picture, for instance sometimes obscuring the fact that services for parents are often aimed at, and delivered to, mothers. Added to this, research on father engagement more broadly argues that unless fathers are addressed directly in communication about services, they are more likely to assume it is not for them (Philip and O'Brien, 2016; Philip et al., 2019; Burgess and Goldman, 2022).

These structural, systemic and cultural barriers to fathers' inclusion, and the persistence of gendered understandings of parental care mean that in the context of child protection services and local authority care proceedings, the service offer to fathers remains minimal. The body of evidence on parents who experience repeat care proceedings and removal of children has developed over the past ten years yet there is still a disparity in the knowledge base between mothers and fathers. There is consensus over the high human and economic costs of repeat care proceedings, but there is more to do in terms of understanding and then responding to the characteristics and needs of fathers as well as mothers.

### ***Scale and characteristics for mothers***

The scale of the issue for mothers was initially identified by Broadhurst et al. (2015) from an analysis of national data from the Children and Family Court Advisory and Support Service (Cafcass) in England, which found that 23.7% of birth mothers were likely to experience repeat sets of care proceedings within seven years.

This cohort of mothers are likely to have multiple and complex issues starting in childhood. The Broadhurst and Mason (2020) study highlighted that 60% had experienced physical abuse in childhood and 47% sexual abuse, while 46% had themselves been in care. Studies have found that as adults, between a quarter and a third of mothers revealed problems with drug use and/or issues with alcohol, and up to two thirds of mothers have experienced domestic abuse (Boddy et al., 2020; Cox et al., 2020; McPherson et al., 2020a and 2020b). Up to two thirds of mothers had identified mental health issues at referral but these proportions tended to increase through engagement with services due to previously unmet need (Boddy et al., 2020; McPherson et al., 2020a; Garrett et al., 2021).

These mothers also struggle with a range of practical difficulties in their lives such as housing instability, including being in rent arrears and/or in unstable accommodation or homeless (Boddy et al., 2020; Cox et al., 2020; McPherson et al., 2020a) and reduced financial security (Boddy et al., 2020). Up to a fifth were on probation or involved with probation services (Cox et al., 2020; McPherson et al. 2020a and 2020b).

### **Scale and characteristics for fathers**

Although evidence on mothers' (re)appearances within care proceedings has been available for over a decade, the scale of the issue for fathers has only been identified more recently. The study by Philip et al. (2021), that included analysis of Cafcass records of care proceedings in England between 2007/08 and 2017/18, identified 25,498 recurrent birth parents, of whom 37.7% (n=9,619) were fathers. Mothers had an overall rate of return to care proceedings of 22% after 5 years and 29% after ten years, compared to fathers at 13% and 17% respectively (Bedston et al., 2019).

The analysis also examined, for the first time, how, or with whom, mothers and fathers returned in a care proceedings case (Bedston et al. 2019). A significant finding was that three quarters of fathers returned to care proceedings with the same partner (either with the same and/or a new child), whereas mothers were more likely to return either with a new partner or as a lone parent. Bedston et al. (2019) found five distinct profiles of fathers experiencing recurrent care proceedings:

1. 41% of fathers entered subsequent care proceedings with the same partner as part of a 'recurrent family', with at least one same child as in their first proceedings.
2. 36% of fathers entered subsequent care proceedings as part of a 'recurrent couple' with a new child born with the same partner.
3. 11% of fathers returned with a new partner and new child as a 're-partnered couple'.
4. 11% of fathers were a 'complex recurrence' involving pre-existing children who were not included in the first care proceedings, usually born from a previous relationship.
5. 0.6% of fathers were 'lone parents' of a new child.

The significance of these findings is not just the data on the scale and pattern of fathers involved in repeat care proceedings, but what this means for service development. The evidence demonstrates the need for services to work with fathers, particularly in the context of recurrent couples, as this is how the majority of fathers will appear. However, the wider study also showed the tendency for services to overlook or not include fathers, even where they were known to be in a relationship with a mother (Philip et al., 2023).

Evidence to date indicates similarities in the early life histories and ongoing or unmet needs, in fathers and mothers involved in repeat care proceedings (Philip et al., 2021; Mason, Philip and Ward, in Broadhurst et al. 2026). Data from a survey of characteristics of fathers in repeat care proceedings identified that around half of fathers had experienced abuse and/or neglect in childhood (including family conflict and violence, drug misuse and mental health issues) and 22% had been in care themselves (Philip et al., 2020). 20% of fathers had mental health issues, with 16% reporting both mental and physical health issues. These fathers also faced economic disadvantage, being either unemployed (69%) or economically inactive due to long-term sickness or disability (13%), with high levels of welfare benefits being received by either the father or someone living with them. All of these findings were also illustrated by the qualitative longitudinal element of the Philip et al. (2023) study, involving life histories and follow up interviews.

The Philip et al. (2020) study also demonstrated the significance and complexity of domestic violence and abuse in the lives of fathers and their families. Whilst the survey and the qualitative interviews reflected the prevalence of domestic abuse as a factor in child protection and care proceedings cases, the research also highlighted the range of contexts in which fathers experienced violent or abusive behaviour. Fathers gave accounts of committing and being the victim of violent or abusive behaviour (across their life course); of volatile relationships; mutually damaging partnerships; allegations and counter-allegations.

The pattern of adverse experiences for both mothers and fathers experiencing recurrent care proceedings, throughout childhood and into adulthood, means that many are dealing with complex and unresolved trauma, compounded by losing children through care proceedings. This population of parents may miss out on support, either after care proceedings end or when there is a new pregnancy, and professional responses to such complex or unmet needs are gendered: for instance, issues such as substance misuse or mental ill health are more likely to be responded to only, or predominantly, in terms of risk, for fathers/men. The evidence of risk aversion in working with fathers, and the tendency to focus services on mothers, increases the likelihood that fathers' needs are overlooked. This means that they may miss out, not only on family support services, but also access or referrals for mental and physical health problems, housing, or substance misuse (Mason et al., 2020, Taggart et al., 2020; Philip et al., 2023).

Having established the context and background to the problem of services for fathers in repeat care proceedings, this narrative literature review aimed to identify and explore the current evidence on services for fathers involved in repeat care proceedings.

## **Materials and methods**

A literature search was carried out in December 2025 with the aim of identifying published studies on recurrent care services that reported on outcomes or support for fathers who have experienced repeat care proceedings. The databases searched were CINAHL, MEDLINE, SCIE online and Social Services Abstracts plus Google Scholar, Google and the Supporting Parents website. The search terms used were: "recurrent care" OR "repeat care proceedings" OR "repeat removals". These terms were searched in Google with the addition of "evaluation" or "research".

Inclusion criteria were studies written in English, published during any timeframe and undertaken in the UK or countries with similar child protection systems (for example Australia, Canada or New Zealand). Articles published in peer reviewed journals were included as well as grey literature such as research and evaluation reports published online. Within the items identified, studies had to relate to parents who were involved in repeat care proceedings as well as services to support them. These were defined as being services established to support parents whose children had been taken into care with the aim of avoiding further child removals.

The exclusion criteria were studies relating to: services to support parents who have previously lost older children into care and/or to support reunification where the aim

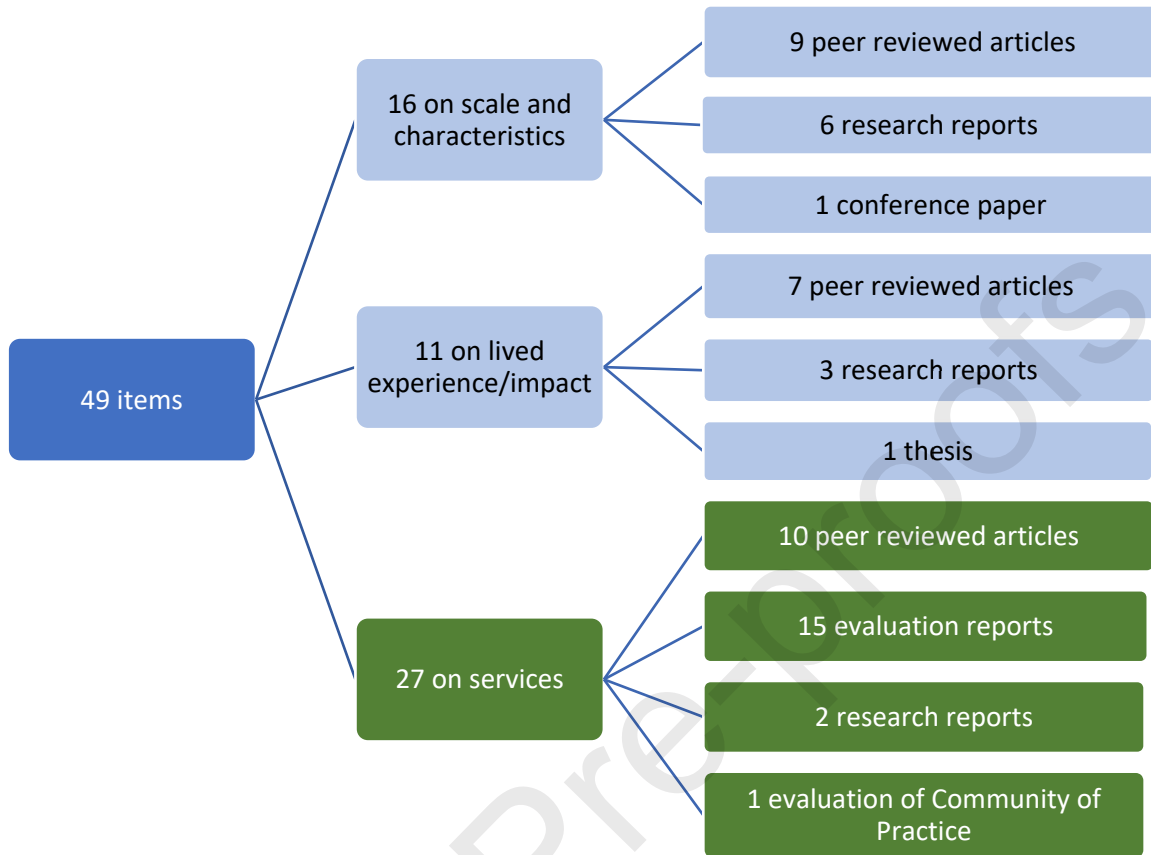
of preventing further care proceedings was not apparent; care of recurrent medical conditions; needs assessments and business cases to support setting up a recurrent care service; opinion pieces that were not based on primary research; parental issues/needs that put children “at risk” of care; or reunification services. The rationale for this was that this review focused on avoiding the repeat of care proceedings and subsequent child removals, therefore studies that did not focus on services for fathers who had experienced repeat care proceedings were excluded.

## Results

In total 49 articles or reports were identified, of which all but two were undertaken in the UK (one was from Australia and one from New Zealand). Publication dates ranged from 2014 to 2025, with nearly three quarters (n=36) having been published from 2020 onwards.

Half of the studies identified (n=24) were peer reviewed articles while 15 were published evaluation reports, including two that were peer reviewed evaluation reports commissioned for the UK government. Over 85% of these studies (n=33) related to mothers, with just seven relating to fathers and 13 relating to both mothers and fathers.

The studies had different (and sometimes multiple) topics: the scale and characteristics of parents (n=17), lived experiences or the impact of experiencing repeat child removals (n=11) and services supporting these parents (n=27).

**Diagram 1: Number of studies by topic and type**

Our review was unable to identify any research into or evaluations of support services specifically for fathers experiencing recurrent care proceedings. Table 1 shows that just eight of the 27 studies on services (including evaluations of these services) reported on the provision of support for fathers alongside that of mothers.

**Table 1: Number of studies identified by topic and gender of parent**

	<b>Mothers</b>	<b>Fathers</b>	<b>Parents/ both</b>	<b>N/A</b>	<b>Total</b>
Scale and characteristics	9	3	4	-	16
Impact/lived experience	6	4	1	-	11
Services and support	18	0	8	1	27
<b>Total</b>	<b>33</b>	<b>7</b>	<b>13</b>	<b>1</b>	<b>49</b>

Table 2 lists the eight published studies on services and support relating to parents that included fathers rather than solely mothers.

**Table 2: All studies identified on services and support relating to both parents**

<b>Citation</b>	<b>Type</b>	<b>Methodology</b>	<b>Country of origin</b>
Hinton, T. (2018)	Research Centre report	Qualitative	Australia
Roberts et al. (2018)	University evaluation report	Mixed methods	UK
Early, S. (2020)	Internal evaluation report	Mixed methods	UK
McPherson et al. (2020)	University evaluation report	Mixed methods	UK
Mason and Wilkinson (2021)	Research centre report	Qualitative	UK
Baxter et al. (2024)	Peer-reviewed article	Literature review	UK
Charity Fundraising Ltd. (2024)	Consultancy evaluation report	Mixed method	UK
Baxter et al. (2025)	Peer-reviewed article	Literature review	UK

The focus and purpose of this review was to examine services for fathers involved in repeat care proceedings. The following section reports on the evidence relating to fathers from the eight identified studies on recurrent care services (including evaluations of these services).

The Mason and Wilkinson study (2021) mapped the provision of recurrent care services in England, Scotland and Wales, and interviewed 21 service providers about their work with mothers and fathers. Although 73 of the 153 local authority areas in England have developed services to support parents experiencing repeat care proceedings, who previously had no support post-proceedings, a similar number appear to have no such service available. In Wales, Reflect services cover all of the local authorities while Scotland has seen a number of initiatives set up (Mason and Wilkinson, 2021).

Initially all 73 of these services focused on working with mothers; for example, the Pause model in England (which was one of the early services to be developed and then expanded nationally). However, Mason and Wilkinson (2021) found growing recognition of the need to include support for fathers (as birth, step, or social fathers) in terms of potential benefits to mothers, couples, and children, as well as for fathers themselves. Some services are now including fathers where they are in a relationship with the mother. Very few services offer support solely to fathers not part of a couple, with just a minority of interviewees (n=5) saying that their service will support fathers in their own right, whether or not the mother is also accessing the service.

Practitioners interviewed by Mason and Wilkinson (2021) recognised the similar challenges faced by mothers and fathers and had some awareness of the need for a gender sensitive approach. They identified some important barriers to working with fathers, including risk aversion to work with men, the organisational culture of prioritising work with mothers and expectations and/or assumptions around cases where there is domestic violence (for example that couples should separate).

The literature review on outcomes and cost savings from recurrent care services acknowledged that the evaluations identified within the review focused on outcomes mainly for mothers, with very little data on and few fathers included (Baxter et al., 2025). Only four of the evaluation studies included data on fathers, representing 74 fathers out of a total of 303 parents.

The evaluation of Strengthening Families by McPherson et al. (2020b) was the only evaluation that included a breakdown of some data for fathers separate from mothers (or all parents). Of the 65 parents for whom there was data, 28 were fathers and 38 were mothers. The evaluation showed improvements for many fathers (as well as mothers) in terms of reduction in experiencing partner abuse, substance misuse and involvement with probation services. Partner abuse (physical, emotional or sexual) at referral was reported for 57% of the parents for whom data was available, which represented three fathers and 29 mothers, but was only identified for one father and nine mothers after three years. While 10 fathers and 13 mothers had problems with alcohol use at referral, alcohol was a problem for just three fathers and four mothers after three years. Eleven fathers and 10 mothers had problems with drug use at referral, but this fell to three fathers and three mothers after three years. Two fathers and four mothers were involved at referral with

probation services at referral, but none were still involved with these services after three years. Other data on relationships, housing, employment and finances was only disaggregated by gender at the point of referral while data on the situation after three years was reported on for simply for 'parents'.

The other three service evaluations did not report on any outcomes specifically by gender. The Hurdle Programme (Charity Fundraising Ltd., 2024) worked with mothers (n=138), fathers (n=11) and couples together (n=35) but only reported on outcomes for parents or families as a whole. The evaluation of Different Futures reported on outcomes for a total of 39 parents, which did include fathers, but did not provide any breakdown of data by gender (Early, 2020). Of the 15 case records from Reflect in Gwent analysed by Roberts et al. (2018), all of these were for mothers and none for fathers.

A review of evidence on the effective components of recurrent care services (Baxter et al., 2024) related principally to birth mothers. No studies identified in this review related to supporting fathers specifically, although four evaluations were of services working with both parents. Where fathers were interviewed within evaluations or research studies, their views were not reported specifically as interview data was analysed and presented for all parents: McPherson et al. (2020b) interviewed eight mothers and three fathers from a total of eight families; Roberts et al. (2018) interviewed four fathers out of 16 interviewees; and the research report by Hinton (2018) included two fathers within the 15 interviews with parents.

## Discussion

### *Summarising the problem (and the picture of fathers)*

Though there are fewer fathers than mothers appearing in repeat care proceedings, there are significant numbers of identifiable fathers known and/or named as party to those proceedings. Bedston et al. (2019) identified 9,619 from a decade of Cafcass records, and the qualitative element of the same study demonstrated their cumulative and unmet needs (Philip et al., 2021). This review draws on research into the needs of fathers (not parents in general or mothers) and has shown that there is little published research about working specifically with fathers who experience repeat care proceedings: 85% of the 33 studies identified related solely to mothers, highlighting the disparity in research into services for fathers experiencing recurrent care proceedings. There is also a demonstratable gap in service provision - just 5 of the 21 interviewees (Mason & Wilkinson, 2021) said that their recurrent care service supports fathers in their own right - and a corresponding lack of knowledge about effective and compassionate practice.

There are strong economic and moral arguments to be made for developing support services for fathers involved in repeat care proceedings. There is acknowledgement that reducing repeat care proceedings and improving outcomes for children means working with couples, and with each parent/partner in that couple (Hinton 2018; Philip et al., 2023; Shoesmith et al., 2023). Repeat appearance in care proceedings has to be understood as a couple or family experience, including situations where fathers do not, or may never have lived with children and where separated parents

continue co-parenting (or wish to). Recurrent care services need to hold men equally accountable for caring safely for children, so that women are not regarded as disproportionately responsible for children's welfare. Fathers in repeat proceedings may pose risks arising from their vulnerabilities, with consequent rehabilitative challenges, but should also be recognised as being at risk themselves (Philip et al., 2021).

### ***Similarities between mothers and fathers***

In comparison to mothers, fathers' histories and their ongoing needs post-proceedings reveal important similarities in terms of collateral consequences and cumulative disadvantage. The Philip et al. study (2021), showed that, like mothers, the majority of fathers in repeat proceedings had backgrounds characterised by early life trauma, emotional, social and economic adversity and repeated loss. Physical and mental health problems, substance misuse, insecure housing, high levels of suspicion of professionals, and the emotional impact of care proceedings are also similarities in the nature and extent of recovery challenges faced by the mothers and fathers involved. The experience of profoundly painful emotions including shame and grief is shown to be as relevant for fathers as it is for mothers (Broadhurst and Mason 2020; Philip et al., 2020; 2023). There is a need for more research about the needs of fathers, including those fathers who are present in recurrent care services, in order to improve service design and delivery.

### ***Points of gender difference***

As well as these important similarities, the Philip et al. study (2021) also reveals gender differences in how fathers and mothers appear in repeat care proceedings, and how professionals respond to the needs and risks presented by fathers and mothers (including the paucity of service provision demonstrated by this review). Fathers' lives often appear transient than mothers', particularly in relation to precarious work and housing (Brandon et al., 2017, Philip et al., 2020). Fathers experience different forms of insecure housing, such as being more likely to leave after separation, and being less likely to have their parent status recognised by housing providers. Precarious work for fathers often requires (or enables) geographic mobility, and fathers, as men, must navigate their material and moral identity in relation to 'providing'. In addition, whilst the emotional impact of losing children to public care is profound for both mothers and fathers, there may be gender differences in how emotions are expressed and managed, and these will impact parents' experiences including with professionals (Quick and Scott 2019; Philip et al., 2020; Ghaleiha et al., 2022). For example, the qualitative data from Philip and colleagues indicates that emotional regulation and coping may constitute a particular area where fathers needed, and often lacked, support and resources. Parenting as a highly gendered experience needs to be recognised in the context of designing and delivering services for fathers involved in repeat proceedings. This can include acknowledging and challenging gender norms, assumptions, and expectations for mothers and fathers directly supporting fathers' capacity for care giving, cognitive processing and emotional regulation.

Studies reviewed here do indicate professional recognition of such gender differences and some of the practice challenges they produce. These include an awareness of prioritising work with (and protection of) mothers, the tendency to see needs and/or rights of mothers as in opposition to those of fathers, and ways in which intense parental emotions, especially anger, are interpreted and responded to differently in mothers and fathers. Recurrent care services are increasingly drawing on research on complex trauma (Mason et al. 2020). Mason and colleagues have shown how reframing interpretations of parental anger, suspicion, and 'disengagement' through the lens of complex trauma could constitute a more appropriate and effective response to mothers experiencing repeat proceedings. Our argument here is that whilst the same holds true for fathers, there may be additional challenges in reframing practice with them, given the tendency towards risk aversion in working with men, and the prominence and fear of men's anger escalating to violence (Zanoni et al., 2014; Humphreys et al., 2020; Philip et al., 2023). We suggest that whilst containing fathers' emotional pain is going to be a key aspect of service development for them, it may pose particular challenges for practitioners that will require proactive resourcing and organisational support.

### ***Indicative effective factors for developing work with fathers***

Findings from Baxter et al. (2024 and 2025) demonstrated positive outcomes from recurrent care services for (mainly) mothers including improved mental health, reduced domestic abuse and substance misuse, employment and more stable housing situations, as well as substantial financial savings for local authorities. We suggest that it is important to draw on evidence around good practice with mothers and consider in what ways, and to what extent this is transferable to the services offer for fathers. In what follows we summarise some key factors or likely active ingredients for supporting fathers experiencing repeat care proceedings.

As discussed above, one overarching factor, supported by the Baxter et al. (2024) literature review and the research on mothers by Broadhurst and colleagues, is the use of trauma-informed approaches. Based on the small amount of evidence from this review, and the research on fathers by Philip and colleagues (2015), we suggest that using such approaches and prioritising of unresolved complex trauma and loss is likely to be an important element for supporting fathers. We also highlight the need for doing so in ways that recognise the gendered nature of parenting and parental identity: acknowledging and challenging the implications of the primary/secondary carer model for both fathers and mothers is one example of this.

Another general and valued characteristic of services for mothers is a model of holistic support (Baxter et al., 2024). This may look different in different services, but the principle is of attending to therapeutic needs as well as health needs, practical, financial, and emotional support. Service provision often comprises of direct support, signposting, facilitation or advocacy for access to other services (such as mental health, substance misuse, or housing). As we have described, fathers, like mothers, in repeat proceedings have multiple and cumulative needs, and the indication is that this holistic approach is equally relevant for them.

Related to this, the evidence from services working with mothers indicates the importance of a personalised and trusted relationship with a practitioner as another likely active ingredient (Baxter et al 2024). Relationship building is linked to a long

duration of service, assertive outreach work and tenacity, and an open-door approach; all factors that arguably reframe and respond to the nature and depth of the recovery challenge for mothers, including their suspicion of professionals. In terms of the characteristics of trust-based relationships, the review notes the significance of a non-judgemental approach, professional honesty, empathy, reliability, and kindness. Also important to note is that part of the positive impact of receiving this kind of service is presented in terms of improving relationships between mothers and professionals. This included supporting understanding of professional concerns and decision making (both historic or ongoing) and/or building capacity to engage or re-engage with professionals (Baxter et al., 2024). We suggest that all of these aspects of service design and approach could usefully be applied in developing the service response for fathers with similar recovery and engagement challenges (Philip et al 2023; Youansamouth, Philip and Whiffing, 2022). There is a well-established interest in and expounding of relationship-based practice in social work, so a further challenge for social care and other related services, is to extend and implement the approach more systematically and proactively for fathers in this context.

The evidence base for what works in recurrent care services is growing but is limited by the lack of knowledge about or engagement with fathers. A key overall quality of existing services, that work primarily with mothers, is their ability to offer, *both* support *and* challenge. There are important lessons learned and modelled in services for mothers, and these need to be applied to fathers also. Balancing accountability for the safe care of children with supporting (and validating) fathers as parents in their own right, has to also be a key component of services for them; again, such fathers require both support and challenge, to make changes in their lives. Based on this literature review, our suggestion is to build on the existing knowledge base but with a deliberate focus on the gendered experience of parenting and of social care services, to develop adaptations of existing services, for fathers in repeat care proceedings. Drawing on our research about this group of fathers, such adaptations might include an emphasis on emotional regulation and building relational and emotional resources, exploring fatherhood as a mechanism for change and accountability, and working with couples (Philip et al., 2021). The qualitative work of Philip and colleagues also provides insight on what positive change might look like for fathers, or how fatherhood can be 'reclaimed' (even where fathers are permanently separated from children). Factors linked to this include some level of stabilisation or basic life security, improved self-efficacy and ability to look after themselves, improved relationships with partners/children's mothers, and with professionals.

Applying the existing evidence from services for mothers to fathers should be seen as a starting point for developing services to support fathers and we do not perceive any significant risks from doing so as none have been flagged through the papers where services designed for mothers have then gone on to include fathers. Whilst we argue for the importance of using and extending the current evidence base, applying the valued aspects of services for mothers, we also advocate for attending to the gendered experience of parenthood. Evaluation will also be important for monitoring the intended, as well as any unintended outcomes.

Finally, as is evident from this review, in order to develop and deliver an improved service response for fathers involved in repeat care proceedings, data collection and reporting also needs to change. Data collection and recording practices, on the lives, histories, needs, and outcomes for fathers is vital if recurrent care services are going to deliver both support and challenge to fathers. This goes beyond the wider and again well-established call for better recording and sharing of information about men in families (Child Safeguarding Practice Review 2021; Purcell and et. 2025) as it is also about recording and reporting on exactly which parents are engaged in services, what their needs, experiences, and outcomes are. Consistent and routine disaggregation of information for mothers and fathers is another key recommendation of this review.

### ***Limitations of the review***

This is a narrative literature review rather than a systematic review or a scoping review. This is due to the currently limited research on fathers; the unfunded nature of the task and so our limited capacity to undertake more exacting review.. However, as a methodological safeguard, three researchers were involved in the narrative review, moving from subjective selection and interpretation to a consensus-driven approach. A systematic or scoping review might additionally have resulted in the exclusion of grey literature which comprises the majority of the existing evidence: six of the eight studies identified are grey literature rather than studies published in peer-reviewed journals. However, two of the evaluation reports were independently carried out by universities and three were undertaken by research centres or consultants (just one was an internal evaluation report).

The studies identified were all from the UK, except for one study from Australia, which could limit the applicability and transferability of the findings beyond the UK. The single non-UK study, from Australia (Hinton, 2018), focused on mothers since just two fathers were included within the 13 household interviews undertaken, although the author acknowledged the experiences and needs of birth fathers also.

Studies did not specifically define "fathers" (for example as biological, step or social fathers) so it is not possible to analyse how different father roles were treated within the identified studies and whether this variation could affect the conclusions.

### **Conclusion**

The body of evidence on parents who experience repeat care proceedings and removal of children has grown over the past ten years yet there is still a disparity in the evidence between mothers and fathers. Despite the growing awareness of the needs of fathers who have experienced recurrent care proceedings, who (similar to mothers) have multiple and complex issues and recovery challenges, there are few services available that support them in their own right or as part of a couple. The evaluation of one service working with couples, and reporting specifically on fathers, demonstrated a range of positive outcomes for them, and there is much to learn from existing services aimed at mothers in terms of likely 'active ingredients' for successful engagement and relationship building.

We argue that an improved service response for fathers at risk of, or experiencing, repeat care proceedings is urgently needed and must be informed by a corresponding improvement in the knowledge base about those fathers. This will involve more research, likely involving more direct consultation and collaboration with fathers with lived experience (as has been the case with mothers), but also changes to how information about fathers is both collected and reported by researchers, practitioners, and organisations alike. We need to know which fathers are involved, what their needs are, and how interventions impact on them and their relationships.

We have argued the importance of using and extending the current evidence base, applying the valued aspects of services for mothers, whilst also attending to the gendered experience of parenthood. We have indicated the potential systemic or cultural barriers for developing services for fathers in repeat proceedings, including risk aversion in working with men, and the focus on mothers as primary carers. This means that developing recurrent care services for fathers requires strategic level commitment, organisational support and resourcing. Addressing the support needs of parents whilst safeguarding children represents a central and ongoing challenge for professionals working in children's social care and in family law. But, without improvement in engagement with fathers involved in repeat care proceedings, the reduction of the associated economic and human costs for families and local authorities is likely to stall. We remain hopeful that in the coming years, both the knowledge and service gap identified in this review will have been addressed.

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**Declaration of interests**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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