I am the National Development Officer for a voluntary sector organisation and a registered social worker who previously worked as a fathers worker within an early years family support project in North Edinburgh. During my time at the Haven project I developed a critical insight into the diversity of challenges that fathers can face in fulfilling their parental responsibilities. The unfortunate reality is that there are many institutional barriers which exist and which can have a damaging effect on childrens' wellbeing and safety as well as the mental and physical health of the fathers and mothers involved. In 2012 I published a research report *Listening to Fathers* which was an investigation into the experiences that men had of child protection procedures- my hope in compiling the report was to capture the experiences of fathers and provide a constructive critical analysis of statutory service provision. The stark findings reflect my experience that the gendered approach to family services and particularly child protection are problematic for fathers and children and can exclude men from their children’s lives as well as leaving the children in the care of abusive parents and step parents or unnecessarily being placed in foster care.

On beginning work as a fathers worker in North Edinburgh, 2007, I anticipated my main challenge to be working with hard-to-reach or difficult clients. Men who posed a risk and required support to change- a transformative therapeutic liaison would allow these men to play a parental role in their children’s lives. As I read in the influential social work research publication of Jonathan Scourfield (2003) ‘fathers can be a resource to their children’ and it was my job to harness this resource. It was years later that I reconsidered that statement to consider its implicit bias- replace the word ‘fathers’ for ‘mothers’ and it becomes apparent. As I gained experience I realised that much of the difficulties for engaging fathers lay in the professional systems and gendered approaches.

The message I was given was that it was nigh on impossible to do groupwork with men and generally to engage them at all. The stereotyped framing of men and masculinity seemed to go largely unchecked and I was unwittingly complicit. There was a lack of commitment around to recognising that the lack of positive engagement of men in family services was a challenge which required urgent attention by service providers. This seems self-evident to me now but to understand the thinking that is endemic amongst service providers required firstly that I understand my own assumptions about the roles that parents play and the tendencies towards risky or dangerous behaviour as understood in terms of gender-my experience and research has led to a more nuanced understanding of such matters and taught me to approach assessment tasks non-judgmentally and respectfully. Although this may seem an obvious approach the power of narratives around domestic abuse, substance misuse and alcohol misuse among others create barriers to men being able to access services. Too often the services themselves are more comfortable not dealing with an apparently risky population, unfortunately this can have calamitous consequences.
The experience as a man working in early years can be similar to that of many men who access or attempt to access the services- isolating and lonely. In the initial period of settling in to the role I noted that many referrals highlighted social isolation and low mood as the prevalent symptom of difficulties that may be alleviated by some targeted support, if it was not depressive type symptoms it was likely to be anger management that was required. I developed good relationships with service providers in the area from the local social work team as well as the health visiting team, local schools, voluntary sector organisations and the local child and family centre. As my research indicates these services were gendered numerically in that they were almost completely staffed by female workers but were also gendered theoretically often influenced by feminist analyses of domestic and societal dynamics which could lead to an uncritical approach to complex family problems and in the case of family breakdown to a collusion with the mother to the detriment of paternal relationships. This was particularly the case when domestic abuse was alleged and in some cases when fathers were labelled as perpetrators they found themselves banished from their children’s lives without due process being followed. Let me be quite clear at this point that I was involved in a number of cases where violent abusive men required statutory or criminal intervention to safeguard women and children or where children had to be removed from the family home for their protection, sometimes permanently. I hope that I never shirked from this difficult task but I would also hope that I was sure to assess fully and holistically the family situation being sure to consider all sides.

Cases where I felt that due process was not followed often resulted in alienation of fathers who were the protective factors in their children lives while leaving children with mothers who were beset by complex issues which impeded ‘good enough’ parenting but which were wrongly understood to be simply attributable to being in an abusive relationship. The act of removing the alleged perpetrator of abuse was deemed satisfactory to allow the mother’s natural parenting skills to prevail and the children to flourish. Unfortunately this approach fails to comprehend the multi-factorial nature of domestic abuse and the potential culpability of abusive women. I witnessed cases where this gendered approach led to children being done irrevocable harm leading to multiple foster placements and permanent placement under local authority care which may have been avoided by a more informed, non-judgemental intervention at the outset.

I found that when I was referred a case that was seen as intractable by the referring professional there could be a resulting change in circumstances which appeared near miraculous but I would attribute to the simple act of respectful listening. When I listened to someone’s story of marginalisation and sense of deep injustice and worry about their children’s well-being I could understand their anger and frustration, the very validation of those feelings was enough to alleviate them. The role then progressed to advocacy and mediation such that I could begin to map out with the father a way forward and help him to understand and navigate a complex statutory process. In many cases the previously difficult case conferences and core group meetings became far more constructive and the professionals would marvel at the change in demeanour of the client, not realising that such a reasoned manner was
within their power to achieve at the outset by simply approaching the case equitably and respectfully—being careful not to simplistically jump to conclusions based on gendered stereotyping. The frustrating aspect of this is that it is within the parameters of good practice, such as anti-discriminatory practice, unfortunately simplistic, uni-causal analyses of domestic abuse among other family problems often overpower good, critically astute practice recognising multi-factoriality.

Beyond the individual support work that I provided I also developed groupwork programmes targeted specifically for fathers in the local community. This was a challenge for a number of reasons not least of which is the reality that men often want a different service to that which women want and simply delivering replications of successful services for women was not likely to work. That said however one of the first groups that I successfully facilitated for a small group of fathers with infant children, who were mostly placed within the local children and family centre, was a parenting programme Getting Through the Day. I co-facilitated the programme with a female worker from the children and family centre and it was a significant experience for attendees and for us facilitators. I particularly remember one dad having an epiphany after doing a role-playing activity where he was the child and his partner played the role of a pushy controlling parent. He was visibly shocked after the activity and described an experience whereby he simultaneously recognised the experience from his own childhood and realised that he was parenting his own children in this manner, it would be simplistic to suggest that he became a model parent after this moment but I would suggest that he became more self-aware and thoughtful.

The other distinct memory I have of this group is the reaction of my colleague who was working with the men in a different context from the children and family centre and who was astonished to observe the fathers in a safe space with their children, or together talking about their children, and to see how committed they were to their children’s well-being and to being the best parents they could be. The significance of this is that she knew the fathers from the centre where these qualities were not recognised or apparent – the centre is exactly where they should have felt safe and where the staff ought to have engaged with the men in this capacity. This reflection underlined the reality that some statutory services can fail their clients with a fearful, defensive and suspicious approach. Holding negative assumptions about the men who cross their threshold leads to a defensive posture and demeanour which reinforces the suspicion and so on. Too often family centres can be unwittingly creating barriers to fathers’ participation and I believe that there are simple measures which could be taken to overcome these barriers and provide a more holistic service which best serves the needs of the children who are attending.

My endeavours to provide opportunities for men to come together in safe spaces as parents developed many strands and encompassed successful T’ai chi classes, cooking groups and ongoing weekly group who met together playing pool, football and supporting each other in difficult times. In partnership with various other local organisations I co-ordinated summer programmes which gave fathers and children opportunities to embark on adventurous activities together. All these things were achieved with a combination of tenacity, flexibility and respect. Respect for the men
of North Edinburgh and a positive assumption about their aspiration to be the best father they could be because in the vast majority of cases that was the case.

One of my final endeavours was to pilot an ante-natal group programme designed by Mellow Parenting org. called Dad Matters. This experience once again highlighted the positive impact of meaningful engagement with fathers, in this case vulnerable young dads to be, and the unconscious barriers which exist to this engagement. When seeking referrals for the group my colleague and I approached the local midwives team and on describing the project were told bluntly that they did not deal with the men. Following this we approached the health visitor team who also stated the difficulties they had in communicating with the men- one health visitor told us in no uncertain terms that she was scared of the local men and preferred to deal with the women. It is clear that in a time when many men are carrying out the care of their children or are the main carers that these barriers to engage must be overcome with some urgency because a failure to do so can have extremely problematic outcomes for our most vulnerable children. I do recognise that lone workers should not be expected to put themselves at risk but measures should be in place to ensure that joint visits can be undertaken, with a local fathers’ worker for example.

Let me now finish by describing a case study from the Dad Matters group which I hope will be illustrative of some of the issues I have described and highlight some solutions. **All names have been changed to protect anonymity**

**Background**

Martin and Becky are a nineteen year old couple who have a history of involvement with social work including in Martin’s case being in care for certain periods of time during his childhood. Their relationship had been blighted by heavy drinking and allegations of domestic violence prior to the birth of Alan, their first child. Martin had a poor experience at school and records suggested that he had an undiagnosed form of learning difficulty.

**Origins**

Martin was referred to the Dad Matters group by his child’s social worker. At the time there was a lot of uncertainty from professionals in the core group as to the relationship between Martin and Becky, who was pregnant with their second child (the eldest, aged one, was being looked after by his maternal grandmother). On the referral form there was no phone number for Martin just an address for him about thirty miles from Edinburgh. Martin was being referred due to previous allegations of domestic violence and the associated risk to the child and unborn child. The referral form indicated that there were compulsory measures in place and Martin’s restricted contact with his child was dictated by bail conditions.

**Approach**

The initial challenge we faced was to get in touch with Martin which proved difficult and involved letter writing and many phone calls. It was apparent that other professionals seemed to have no involvement with Martin and no idea how to get in touch with him.
We did manage to contact Martin and began the programme with two young Dads-to-be who on paper had congruent circumstances—history of mental health problems, allegations of domestic violence, both had unborn children who were subject to child protection procedures. In terms of personality and interests, though, the two young men had little in common. Thankfully the session went well the facilitated conversation allowed the beginnings of reflection on their own behaviour and the benign motivations of professionals for whom they had a lack of trust. Each session ended with a guided relaxation exercise which was a completely new experience for the two men and one which, initially, made them feel quite embarrassed. A key theme of the group is the importance of reducing stress and the impact of cortisol on the unborn child and family as a whole. The relaxation exercise allows the participant to become body aware and experience what it feels like to be relaxed.

As the weeks went by we were able to continue to develop a trusting relationship such that Martin exclaimed in week four that he had never told anyone the things he was opening up about in the group. The simple psychodynamic exercises conducted in a sympathetic environment allowed Martin to express his feelings and experience of growing up. It became clear that Martin’s childhood experience of being taken into foster care had cast an indelible shadow over his ability to trust and engage with social work professionals. Martin described shame he felt at his parents being blamed for his non-attendance at school, which he attributed to his experience of being bullied, and led to him being placed in foster care. He described being taken to a fast food restaurant by his social worker who would provide him with a happy meal and ask leading questions. Martin said that the same thing was happening again but now he is the parent. Suffering anxiety and paranoia he had been hiding in the shadows of professional intervention into his family life. A cycle had been created which was simultaneously creating suspicion and concern amongst professionals and paranoia and marginalisation of the father.

Outcome

The impact of engagement in the group was profound for Martin, Becky and their two children. Working as part of the child protection core group of professionals a full assessment was developed of issues underpinning the difficulties that led to the family’s problems. The initial focus on Martin as the problem was misplaced and prevented health and social work staff considering the family situation holistically. After three months the family were working with professionals and when baby was born she was able to return home. The implications for practice are also profound—the key experiences for Martin were of being listened to and respected. Practitioners were unconsciously marginalising a parent who was re-experiencing childhood trauma. The marginalisation was to the detriment of his childrens’ emotional development as well as to his partner’s well-being. The reward for successfully engaging sympathetically with this young man was exponential to the effort made. The need for children to be accommodated was reduced while parental mental and emotional health were improved.

The case study highlights the benefit of a focussed effort to engage a father even when engagement may appear at initial assessment to be too high a risk. The reality
was that a lack of engagement provided the far greater risk to the unborn child than ignoring the existence of the father. The example is quite typical in that the initial assessment led to a marginalisation of a vulnerable parent, despite no real attempt being made to engage and build a relationship with him. Concerted engagement had a profoundly important impact and life chances of the new child and the elder sibling are now much improved, two years on they continue to thrive. The improved outcomes for children who have paternal involvement is widely evidenced. While the difficulties and barriers for practitioners to engaging fathers are real and understandable it is of vital importance that policies and practice guidelines are developed to ensure that that engagement is prioritised for reasons of best practice. It is the marginalisation of the father which should be of grave concern to the diligent practitioner who has the health and wellbeing of the child in mind.

Recommendations

• Position statement outline commitment to involving fathers to be developed and implemented by teams and organisations working with families
• Dedicated champion within team to monitor and support staff in achieving fathers’ involvement and engagement by professionals
• Training sought and undertaken in engaging fathers
• Targeted programmes developed for fathers at ante-natal stage and parenting programmes
• Dedicated fathers support worker - this is particularly important in complex cases or where there are child protection issues after family breakdown
• Ensure public areas of early years, health, education and social work settings have clear gender inclusive images and publicity materials and that front desk staff are well trained to ensure that they are welcoming to men.

Nick Smithers
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