



# Engaging with men in social care: a good practice guide



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## Engaging with men in social care: a good practice guide

This 16 page guide offers strategies for engaging with men in, or attached to, families in which a child is at risk or may become so.

It has been developed from a two-year project (2011-2013) in the UK, led by the Fatherhood Institute in partnership with the Family Rights Group and funded by the Department for Education's Voluntary and Community Sector Grant.

The purpose of the project was to support local authority safeguarding services to engage more effectively with fathers and other men in families, in order to reduce risks to children.

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This GUIDE is backed up and extended by online information-sheets on specific topics, including a substantial REFERENCES & BIBLIOGRAPHY listing.

These are available at:

[www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/](http://www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/)

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# Fathers in social care: risk and resource



## Engaging with fathers in families where children are at risk is serious business. It is central to saving lives.

“ Serious case reviews repeatedly find that although men around a child who died had posed a risk, this had not been identified or acted upon; and that men who could have been a resource often had information which agencies would have found helpful in understanding the child’s situation, if only they had been in touch or had been listened to. (OFSTED, 2011; Brandon et al., 2011). ”

Not only do fathers\* have substantial impact on children and mothers (see pages 6-7) but they also generally have considerable decision-making power and control over resources. Targeting them instead of focusing solely or disproportionately on women (who may, in many cases, not have the ability or power to make substantial, lasting changes) is clearly important.

Most local authorities lack easily accessible, published policies and procedures setting out how and in what circumstances social care services should involve fathers and paternal relatives. Partner agencies also often lack effective procedures for referring fathers and other men to social care agencies.

Some practitioners lack a clear understanding of the law about engaging fathers and other men. There may also be concerns about whether engaging more with some fathers will increase risks to the child, mother and/or themselves, or increase family tensions. Many practitioners also lack confidence and skills to engage effectively with men, and do not have a clear understanding about how important it is to do so. Some may hold negative attitudes towards men.

As a result, children are likely to be placed at greater risk through:

- Failure to identify important males in children’s lives (especially when the man is living in another household)
- Inadequate understanding of the roles fathers and other men play in the lives of at-risk children
- Poor assessments of the risks posed by some men
- Failure to challenge risky men’s behaviour enough – pressuring mothers to manage the risk or get the men out
- Failure to strengthen men’s positive contributions to their children’s wellbeing.

\* In this resource the term ‘father’ includes both birth fathers and other men involved in the care of children - as stepfathers, mothers’ boyfriends or partners, or in any other role that involves significant contact in domestic settings. ‘Father’ refers both to men who live with the child full-time and those who do not.

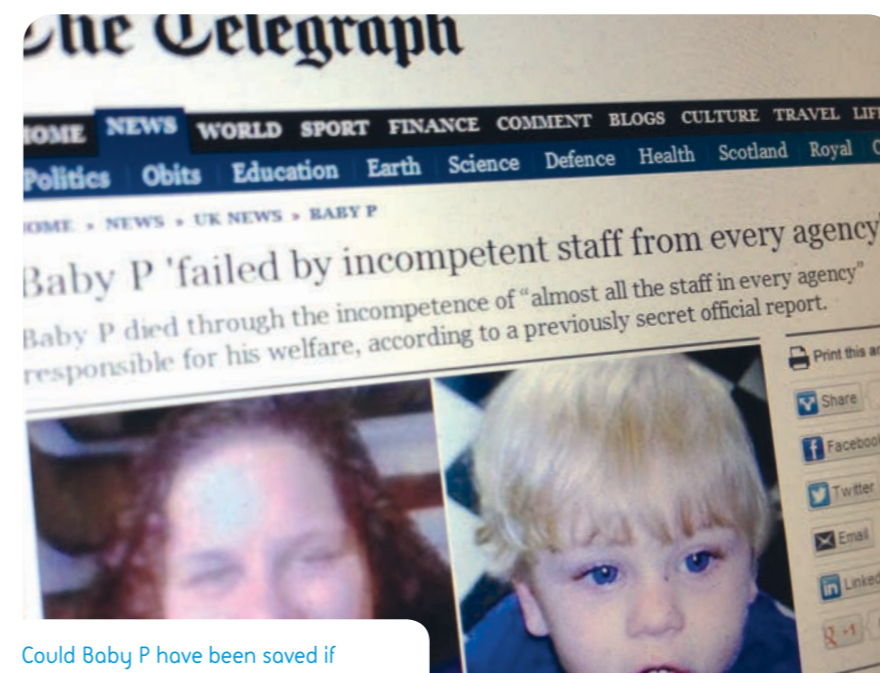
Better engagement with fathers (and with paternal relatives) is likely to result in better risk assessment, a reduced burden on mothers, enhanced resources for the care of children, and better risk management, leading to reduction of harm. And intervening early with fathers, before there is a crisis, makes it easier to support them to develop appropriate parenting styles. It may also avert crises.

Other men may represent a resource for children, and this may even be the case with many difficult or dangerous men. Men frequently become labelled as either a ‘risk’ or ‘resource’ when they may represent a complex mix of both.

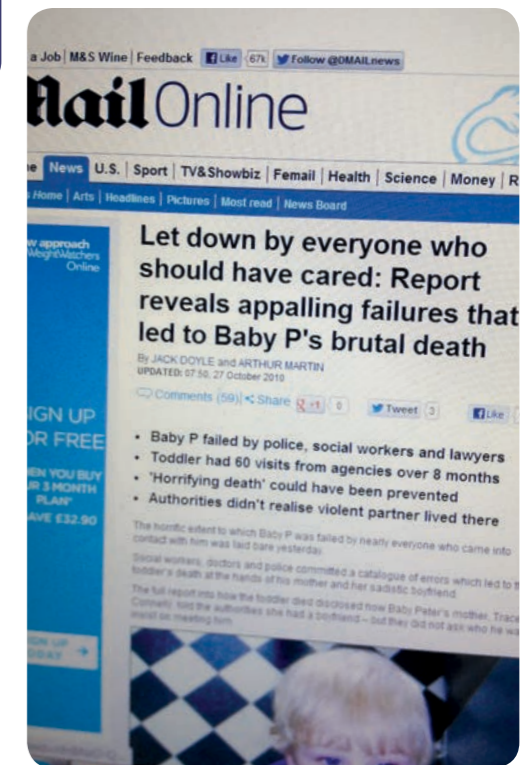
Failure to engage with men is normally explained by their unwillingness; and, indeed, many men (and women) are not at all keen to engage with services. Men in particular may be wary of authority or feel ‘family work’ is women’s business or think they have nothing to contribute or feel awkward talking with social care practitioners, especially women.

But research shows that the men’s attitudes and behaviour are only part of the picture. Just as important (some would say more important) is how the practitioners and their institutions approach the men. It is that issue we address in this Good Practice Guide.

When men’s behaviours are violent and oppressive, risk to family members’ safety is of course direct and immediate. Managing and addressing these risks is crucial – not only for immediate family safety, but also for other women and children with whom such men are interacting, or will, interact.



Could Baby P have been saved if services had engaged more effectively with the men in his life?



To find out more about the following:

- FATHERS WHO ABUSE OR NEGLECT
- PARENTAL RESPONSIBILITY AND THE LEGAL FRAMEWORK
- WHY FATHERS ARE OVERLOOKED

please see our online resources at

[www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/](http://www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/)

# Fathers' impact on children and mothers

Good-enough or wonderful, bad, indifferent or absent – fathers have impact on their children and their children's mothers that lasts a lifetime.



## GOOD DADS

Young children whose fathers spend a lot of time with them, are less likely to use drugs or get involved with the police as adolescents. They tend to do better in school, develop more positive friendships, exhibit fewer behaviour problems and experience greater self-esteem and life-satisfaction (Lamb et al., 2012; Sarkadi, 2008; Flouri, 2005; Pleck & Masciadrelli, 2004). The father-child relationship is especially important in disadvantaged families where children suffer more from a poor relationship with their father and benefit more when this is good (Dunn, 2004). After separation, a high quality father-child relationship is one of five factors most likely to result in positive child outcomes (Lamb, 2007). Fathers can 'buffer' children from other disadvantage such as mother's depression (e.g. Jackson, 1999; Field, 1998; Brunelli et al, 1995) and a secure attachment with their father can be just as beneficial to children as a secure attachment to their mother (Kochanska & Kim, 2012). Father-figures matter too: stepfathers have a particularly strong impact on children's self-esteem – for good and for ill (Dunn et al, 2004).

## BAD DADS

One of the most important reasons for intervening with fathers, as with mothers, is when their behaviour is negative. Fathers' impact may sometimes be more profound than mothers', possibly because their children may perceive them as socially more powerful (Khaleque & Rohner, 2012) or more frightening (Cawson et al, 2000). For example, fathers' harsh parenting has a stronger effect than mothers' on children's aggression (Chang et al, 2003). Getting on badly with even one parent more than doubles the likelihood of a young person engaging in anti-social behaviour (Wood, 2005).

## NO DADS

It is sometimes in children's best interests not to see their dads. But don't think of this as a simple solution. Such children tend to demonise or idealise him (Kraemer, 2005; Gorrell Barnes et al, 1998); blame themselves for his absence; (Pryor & Rodgers, 2001); and suffer substantial distress, anger and self-doubt, often persisting into adulthood (Fortin et al, 2006; Laumann-Billings & Emery, 2000). Low or no involvement by fathers is strongly linked with delinquent behaviour in teenagers and school failure in boys (Blanden, 2006).

## MOTHERS

Mothers and their relationships with their children are profoundly affected by fathers – their presence/absence and their behaviour. When fathers are heavy drinkers, mother-child attachment is less likely to be secure (Eiden & Leonard, 1996); and high father-involvement is linked to lower parenting stress and depression in mothers (for review, see Fisher et al, 2006). When dads are perceived to be supportive, new mothers (including teenage mothers) are more closely bonded to their babies and more responsive and sensitive to their needs (Feiring, 1976) and experience less postpartum distress (Stapleton et al, 2012).

## COUPLES

The damage done to children by parental conflict and hostility is well documented (Faircloth, 2012) and problematic couple relationships are strongly connected with child maltreatment by mothers and child neglect (Guterman & Lee, 2005). Conversely, 'team parenting' where parents develop positive co-parenting strategies and implement them consistently is a powerful predictor of positive outcomes for children and mothers (Feinberg & Kan, 2008).

# Myths and messages

Research shows that in social care settings, as in other family services, managers and staff tend to operate from what is known as the 'deficit' perspective on men and fathers: they dismiss or ignore them, or fail to reach out to them, because of underpinning beliefs that to do so would be damaging, or a waste of time.

The 'deficit' perspective (Hawkins & Dollahite, 1997) is underpinned by such beliefs as:

- men can't cope with children without women to help them
- they don't love their children as much as mothers do
- generally pose a risk
- are unwilling/unable to change
- and are largely irrelevant to children's development.

In family services, this perspective can be institutionalized (Ashley et al., 2006; Ferguson & Hogan, 2004; Fagan & Palm, 2004). Worryingly, when professionals have very negative views of men they may overvalue positive behaviour in a perceived 'good dad' and underestimate risk (Brandon et al, 2009).

Professionals who overwhelmingly prioritise work with mothers may set them up to fail, making them unfairly responsible for implementing and maintaining change in families and leaving children inadequately protected. Expecting mothers to pass on information and learning to fathers is complex and unrealistic when their relationship is insecure and this may add to their difficulties: research has identified a common feature of difficult couple relationships as being the man's unwillingness to accept influence from his female partner (Gottman et al, 1998).

As with some mothers, concern for their children may be a strong motivator for change among some fathers. Fathers' behaviour changes are of great significance to children (Bakemans-Kranenburg et al, 2003). When fathers are not engaged-with, negative or abusive behaviour by them goes unchallenged – and is less likely to change. Removing them from the family provides only a partial solution; when an abusive man leaves a family, he normally interacts (or continues to interact) with between 6-10 children or step-children (Scott & Crooks, 2004).

Men are not less suited to caring for children than women: when similarly supported, men and women develop childcare skills at the same rate; and there seem to be no biologically-based differences in sensitivity to infants (for review, see Lamb et al, 1987) or capacity to provide intimate care (Parke, 2008).

What is also clear is that the act of caretaking causes hormonal changes in men (as in women) that facilitate nurturing and bonding. Within 15 minutes of holding a baby, men experience raised levels of hormones associated with tolerance/trust (oxytocin), sensitivity to infants (cortisol) and brooding/lactation/bonding (prolactin); and the more experienced a male is as a caregiver, the quicker and more pronounced are the changes (Gray & Anderson, 2010; Hrdy, 2009).

'Making men into fathers' is therefore generally best achieved by providing substantial opportunities for caretaking: the sooner fathers of pre-term infants hold their babies, the sooner they report feelings of warmth and love for them (Sullivan, 1999); and the more infant care fathers undertake, the more satisfied and sensitive they tend to be (Barclay & Lupton, 1999; Henderson & Browse, 1991; Donate-Bartfield & Passman, 1985; Zelazo et al, 1977).

Beliefs based in the idea that **'MEN ARE FROM MARS AND WOMEN FROM VENUS'** can result in services falling into the trap of assuming that it's only possible to engage with fathers if there's a man on the team. This is not the case. More important than the sex of the worker are his or her attitudes, skills, confidence, understanding of gender Issues/fatherhood, and capacity to address the parenting alliance. Some fathers actually prefer a female worker. Professionals of either sex need to have a positive attitude towards working with men.

Check out [QUALITIES AND UNDERSTANDINGS](#) and [REFERENCES AND BIBLIOGRAPHY](#) at

[www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/](http://www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/)

# Professional practice: finding and assessing fathers

At the time of the birth, 90% of parents in the UK are in a couple relationship (with half of the rest describing themselves as 'friends'). And even among parents who claim to be 'uninvolved', one third of fathers are still in touch with mother and infant nine months later.

Very few fathers are totally out of the picture early on. The father's name is usually on the hospital records and/or the birth certificate. Where children are at risk, it is also quite common to find his name and sometimes a phone number or other contact details on the file.

However, little is done with this information. The father's legal status in relation to his child may not be recorded, and there is rarely information to show whether attempts have been made to contact him; to describe his personal qualities and circumstances, and the family and other networks attaching to him – all of which may prove to be important and useful.



Children's services should seek to identify and involve the father as early as possible, unless to do so is assessed as unsafe



**SNAPSHOT OF PRACTICE:** Ofsted's evaluation of serious case reviews from 1 April 2009 to 31 March 2010 (*Learning lessons from serious case reviews 2009–2010*) found that "Probation services, drug and alcohol services and housing services, in particular, had often overlooked the parenting capacity of their clients or had not recognised the service's important potential contribution to decision-making about the safeguarding of their clients' children" (Ofsted, 2011, p 21). OFSTED stressed that comprehensive pre- and post-birth parenting assessments should assess carefully the baby's father's role; and advised that assessments should be responsive to new information and changing circumstances. As an example, OFSTED pointed to an error of assuming that because one abusive father had been imprisoned, the children would be safe from further harm from another man coming into the family.

Children's services should seek to identify and involve the father as early as possible, unless to do so is assessed as unsafe (and even then alternative ways of working may be feasible). Adult services should also identify the parental status of their male clients and their connections with children (see SNAPSHOT OF PRACTICE, left).

Children's records on the integrated children's system should clearly state the name and the full and up-to-date contact details of the birth father and any other significant father figures; AND whether they have been assessed and are actively involved in the child's life.

While it is also important to record whether a father or father-figure has parental responsibility, this does not mean that professionals should only engage with men who have it. Many of the men who pose the greatest risk to children will not have PR; and others, who may be a resource, including stepfathers and some unmarried fathers, may not have it either. It is also important to engage effectively with paternal as well as maternal relatives.

Whether or not the father has PR, you should involve him in the assessment and planning process and tell him what is happening. The exception to this would be if involving him would place the child at risk of harm.

If a child becomes looked after, the first choice of placement is with the other parent provided it is consistent with their welfare (s.22C Children Act 1989); so the birth father should always be consulted (and where appropriate assessed) when you are considering where to place a looked-after child, whether or not he has PR.

If a father or father figure disagrees with the outcome of your assessment, his views should be recorded, placed on the child's file and responded to accordingly.

To find out more about **PARENTAL RESPONSIBILITY AND THE LEGAL FRAMEWORK**, please see our online resources at [www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/](http://www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/)

# Professional practice: effective approaches to engaging fathers

## Professionals are likely to be successful in engaging fathers when:

- the father's engagement is presented from the start as expected and important
- professionals proactively seek the men out, explaining why they want to meet and acknowledging their role as a parent or carer and their expert knowledge about and concern for their child and family
- forms requiring information from 'parents' are designed with an assumption that the father's views are required and not just those of "the parent"
- fathers are signed up systematically at the outset when the child is registered; and are pro-actively included in home visiting
- professionals engage with men's versions of events in an open and exploratory way, taking into account the wide range of current beliefs and perceptions about fatherhood, and do not assume that he is 'the problem' without adequate evidence
- staff engage informally with individual fathers before proposing ongoing intervention
- fathers who don't participate are followed up
- the benefits to their child of fathers' participation are emphasised repeatedly
- fathers' needs, including their mental health, are routinely assessed
- the whole team seeks (and is trained) to engage with fathers and build relationships with them (as with mothers)
- the team regards any interventions as being as much for dads as for mums
- fathers who don't live with their children full-time are engaged with whenever possible
- mothers, children and other family members are encouraged to think about fathers' importance, and help to involve them
- mothers' ambivalence or resistance are taken seriously.



In the **FATHERS MATTER 2** research focus groups, almost all the fathers thought that Children's Services did not communicate enough with them . . . Many felt that there was inconsistency in how they were treated by social workers. Their views were often disregarded or excluded at one point only to be engaged with at another. Despite many negative experiences they were still positive about those social workers who had understood their situation and taken action to bring about the changes they felt were needed (Roskill et al, 2008).



## Professionals are likely to be successful in maintaining a connection with fathers when they:

- behave reliably and professionally
- set out the goals/content/expectations of any intervention clearly
- consult with fathers about their goals for participating and tailor the intervention accordingly
- adopt a strengths-based approach which supports the father's capabilities rather than treating him as an object of concern
- help fathers create a baseline checklist of their approaches to, and involvement activities with, their children, so they can see how they are progressing
- remind fathers of upcoming meetings (e.g. by text) and follow up non-attenders
- introduce 'active' elements into the intervention (e.g. video playback, father-child activities)
- introduce information on child development and on fathers' roles in child development
- create opportunities for fathers to reflect on their understandings of gender, masculinity and care, in relation to their own mothers and fathers and other influences
- address couple-relationship issues
- address stepfathering, grandfathering etc
- identify and provide 'space' to address loss (e.g. of children / stepchildren in previous relationships / death of children (including perinatal loss) and significant others (parents, other family members, friends).

To find out more about successfully engaging with fathers, please see our **QUALITIES AND UNDERSTANDING** online resources at [www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/](http://www.fatherhoodinstitute.org/2013/engaging-with-men-in-social-care/)

# Professional practice: Policy and practice check-list for engaging fathers

High quality professional practice engaging fathers cannot be achieved by a single individual – although there is much each person can do to improve their own practice. Whole-team commitment is needed, with leadership from the top, peer support, monitoring and reporting. Below we set out the key issues – mainly in the form of questions which a service can ask of itself.

## Policy

Do your strategies for the commissioning of all children's services include robust criteria for services to engage effectively with fathers and other men in families where children may be at risk?

Do you have appropriate and accessible policies and procedures setting out how services should achieve this, including in the Common Assessment Framework and children in need assessments, as well as in relation to safeguarding and looked after children?

Do your policies and procedures on staff safety address social care workers' fears and concerns when engaging with violent or threatening men?

## Identifying fathers

Is engagement with fathers routine in early intervention and in universal and targeted work from the antenatal stage onwards?

Do you have a co-ordinated approach between health, education, adult and social care services in conjunction with voluntary sector services to identify fathers and male carers and refer to social care services as appropriate – especially where fathers are young, from ethnic minorities and/or do not live with their children full time?

Do you discuss with mothers the importance of engaging with and assessing fathers and other men, and address any concerns they may have?

## Assessing fathers

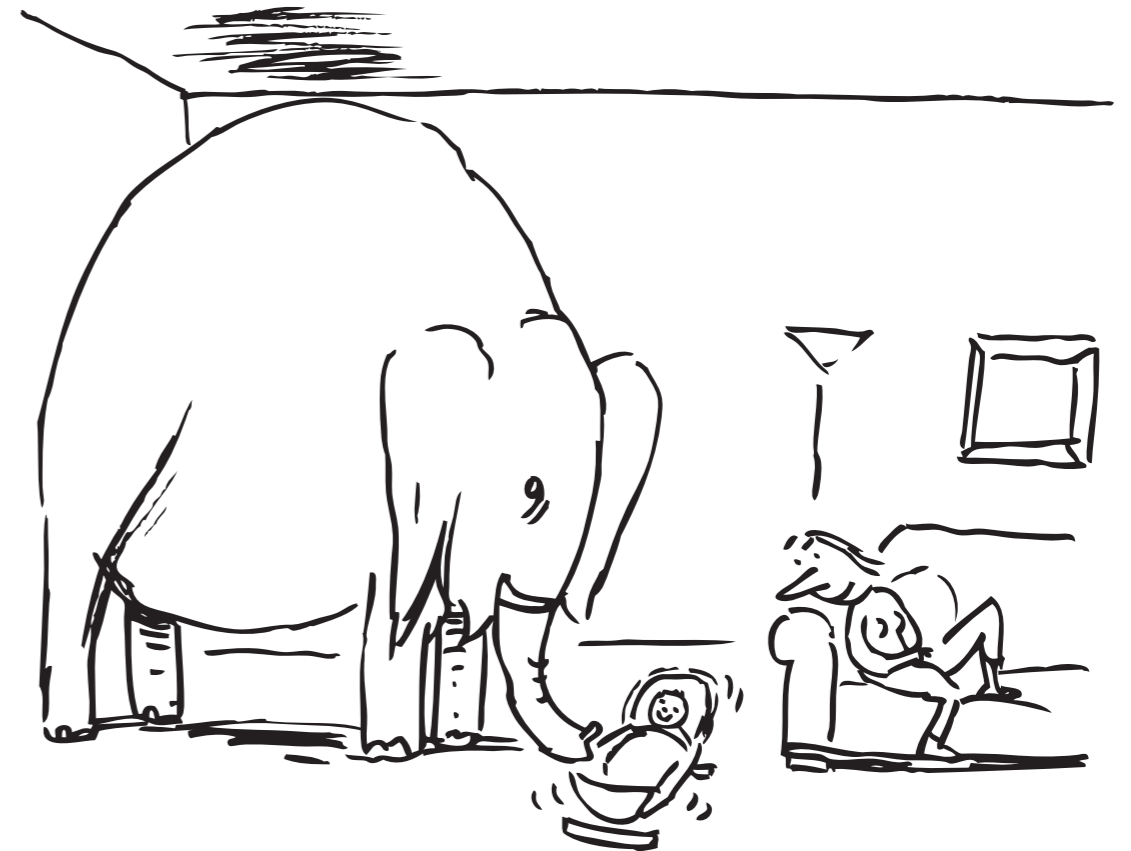
Are your services structured to support assessment of fathers and male carers (particularly those who are young, from ethnic minorities and/or don't live with their children full time)? This will include staff being allowed sufficient time to engage with them when carrying out assessments, to discuss the issue with mothers.

Is it routine for your staff to explore the child's views about their relationships with both parents and any other males about whom they feel strongly?

Have you clarity around thresholds and use of core assessments? The thresholds need to be clearly understood by all agencies, particularly as universal services are frequently making decisions to refer such cases.

To assess the impact of domestic violence on children, do you use common assessment tools that reflect common views across agencies as to thresholds and action in relation to them?

Do you use reflective ongoing questions so that service users can check and reflect back to you the information that they are receiving and giving, and are able to express their feelings during and about the assessment process?



## Fathers in meetings

Do you consider carefully, every time, which men and paternal relatives to invite to case conferences and other meetings?

Do case conference chairs set a clear framework, which includes an expectation that fathers will be invited and attend, unless it is unsafe for them to do so?

Are meetings arranged at times and places that make it practical for all parties to attend and take into account both parents' work, travel and care issues?

How do you ensure that encouraging fathers to attend does not disempower women or increase family tensions or risks to the child, mother and/or themselves? For example, on occasion do you arrange for a man and a woman to attend separately?

Do you and your staff feel skilled and confident in dealing with resistance from a father or a mother to both parents' attending?

**A CASE FILE AUDIT (ROSKILL ET AL, 2008)** found that fewer than half of birth fathers who were in touch with their child were invited to a core assessment meeting. When they were invited to meetings, 75% attended. And fathers were no more likely to be invited to a core assessment than to an initial assessment meeting. Given the greater time available in a core assessment and the focus on providing a more complete picture, this finding is surprising and concerning.

(continued)  
 Policy and practice check-list  
 for engaging fathers



**Staff recruitment and training**

Is working with fathers and father inclusive practice part of your staff's recruitment, CPD, induction and workforce development strategy?

Have you and your partner agencies considered the training needs of your workforce(s) in relation to working with all fathers, including risky fathers; and discussing issues relating to fathers with mothers and children?

Does your ongoing training programme for all staff address how to assess both fathers and mothers effectively – and ensure that all staff and managers have a clear understanding of the law about engaging fathers and other men?

**Support and supervision**

Have you reviewed your supervisory structures to ensure they support and encourage staff to engage effectively with and assess fathers and other men?

In supervision and team meetings and in case reviews are questions about fathers regularly asked?

Do managers and staff have opportunities to explore their attitudes and beliefs about fathers? And how are these issues reflected in the office culture? For example, is it OK in your workplace to distribute 'stupid men' jokes or make dismissive or hostile remarks about men or fathers?

Is engagement with fathers talked about routinely by managers, and included in your appraisal system?

Do you include father-engagement in your job descriptions and person specifications (and not just for roles that are specifically about father-engagement)?

Do team members talk to mothers and fathers equally (or do they make a beeline for the mother)?

Are team members confident at supporting involved fatherhood in separated families and/or where there is couple conflict?

**Monitoring and reporting**

Have you instigated clear systems for monitoring your agency's performance in engaging with fathers in safeguarding processes and do you regularly audit and share practice lessons?

Do your monitoring and evaluation processes gather data on how your services engage with and assess fathers and other men involved in children's lives? Is regular feedback from service users included in that?

Have you reviewed the evidence you give to Ofsted about father inclusive practice? The extent to which local social care agencies engage with and assess fathers should be addressed in the evidence, because of its close relationship with safety and good outcomes for children.

Do your structures for collecting feedback from service users disaggregate feedback by gender and adequately include fathers in or associated closely with families who fail to engage with your service?

**Risk to mothers**

Father inclusive practice should always be carried out in ways which minimise potential risks to children and mothers. These risks may be direct and immediate through violence and domestic abuse or indirect through time and attention being paid to men within interventions to the detriment of engagement with mothers. Do your staff consider these issues carefully and feel supported in exploring them?

Many mothers in the **FATHERS MATTER 2** research focus groups stated how important it was that Children's Services staff sought and listened to the views of both parents, whether they were living together or not. They felt very strongly that the social workers should be involving the fathers to a greater extent. (Roskill et al, 2008).

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**FAMILY RIGHTS GROUP**  
Keeping children safe in their families

## The Family Rights Group

The Family Rights Group is the charity in England and Wales advising families engaged with children's services because of welfare needs or concerns:

- promoting policies/practices that help children to be raised safely and securely within their families
- campaigning for effective support for parents and extended family raising such children
- providing a confidential telephone advice line, advising more than 6500 families a year.

**fatherhood**  
INSTITUTE

## The Fatherhood Institute

The Fatherhood Institute is the UK's fatherhood 'think-and-do' tank. (charity reg. no. 1075104):

- collating and publishing fatherhood research
- injecting research evidence into national debates
- lobbying for changes in law, policy and practice
- working directly with mothers and fathers
- delivering training and consultancy
- publishing and disseminating resources.

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