

Walsall Family Safeguarding

Working With Fathers Strategy



Right for Children, Families and Adults





Contents

1. Purpose	4
2. Strategic Context National	5
3. Strategic Context Local	7
4. Strategic Principles	8
5. Strategic Aims	9
6. Monitoring Impact – how will we measure the difference we make?	10
7. Working with Fathers Participative Group	11
8. Governance	12



1. Purpose

There has been increasing awareness of the importance of engaging with fathers and significant male others through recent research projects and publications. Research has highlighted that men are too frequently overlooked and are poorly engaged by universal and specialist services, such as midwives or health visitors. This then appears to set a pattern that is evident through targeted and specialist services, including care proceedings.

The opportunity for support and for early identification of both parental and children's vulnerabilities and real or potential risks are therefore not maximised. Too often men are either seen as 'good' and therefore to be actively engaged and entrusted with the care of their children, or they are deemed to be 'bad', to be kept at arms-length and, if possible, excluded from the family's life because of the safeguarding risks they present or marginalised because of work or other commitments so kept at a distance. This sometimes results in children being removed if their mother is unable or unwilling to see the danger that a man may present to children.

This strategy is designed to improve the support to families by using a positive partnership approach to working with fathers, improving universal offers, improving awareness of the importance of fathering in the child rearing process amongst fathers and professionals and reducing harm to children and parents in child protection processes.

There is a commitment to work with families in a way that builds resilience and recognises the strength in family relationships and community connections ensuring that children and their families are supported by agencies that have adopted a father-inclusive approach at all levels of the need.

It is known that infants are particularly vulnerable to significant harm and are over-represented in cases subject to serious case reviews (Sidebotham et al., 2016).

There is also research demonstrating the longer-term harm to infants who are not given adequate protection within a timeframe that is consistent with their developmental needs. The perinatal period is a crucial time for human development and provides a good opportunity to harness the desire of parents to provide the best care possible to their expected child (House of Commons, 2019).



2. Strategic Context National



There has been national recognition that the role of fatherhood is less valued than the role of motherhood, for example the father's role in early year's education. More recently, there have been articles, which look at the role of fathers in child protection and retrospective views about harm to children.

Over time the role and expectation of fathers has shifted, significantly, more men are present at the birth of their child and there have been policy shifts, allowing for paternity leave after the birth of a child. However, some of these shifts can still be badged or presented as enabling women to return to work rather than enabling men to be better fathers. Interestingly research suggests that the majority of mothers would appreciate greater involvement of fathers by services.

The Nuffield Trust commissioned research from the Fatherhood Institute in 2021 which found that partnered Fathers in all socio-economic groups provided a broad mixture of active childcare.

78% reported spending more time with their children overall; 68% more time on home schooling and helping with homework; and 59% more time on cleaning, laundry and cooking.

This is even though 27% continued working full-time out-of-home, and 86% of those still working during lockdown worked 30+ hours per week (compared with 51% of equivalent mothers).

In the Health Child guidance 2009 it clearly states:

“It is important to ensure contact with families routinely involves and supports fathers including those who are non-resident”

There was a recent exploration of non-accidental injuries to infants under 1 year of age “The Myth of Invisible Men”. A key finding was; when the harm is perpetrated by men, it is motivated by revenge or jealousy connected to the relationship with the mother. This can also be connected to domestic violence and wider violence.

This report also found that the men were not listened to and no one had asked them for their story. There were also clear indications that many of these men had experienced serious adverse childhood events and trauma themselves.

The report makes three clear recommendations:

- Children's Social Care should improve practices with respect to fathers and men in families where there is high risk, considering the implementation of family safeguarding
- Where possible the support offered to fathers should be integrated, especially around mental health, substance abuse and domestic abuse
- There should be greater research and evidence about work with fathers and men

Another clear trigger for this non-accidental harm to infants cited in the paper was the crying of children. ICON is a national scheme (currently in use in Walsall) which focusses on reducing the number of shaken babies, with early evidence suggesting success in several areas.

The mnemonic stands for:

- I – Infant crying is normal;***
- C – Comforting methods can help;***
- O – It is OK to walk away;***
- N – Never, ever shake a baby.***

ICON is an evidence-based programme consisting of a series of brief ‘touchpoint’ interventions that reinforce the simple message making up the ICON acronym.

ICON was conceived following years of study and research into prevention of Abusive Head Trauma (AHT).

The ICON founder, Dr Suzanne Smith PhD, consolidated the study and research with a visit to USA and Canada in 2016 (courtesy of the Winston Churchill Memorial Trust Travel Fellowship) to see the prevention programmes in action and to understand more about what makes such programmes a success.

Research points to persistent crying in babies being a potential trigger for some parents/care givers to lose control and shake a baby. It also shows that around 70% of babies who are shaken are shaken by men so any prevention programme should include male caregivers and use the best opportunities to reach them as well as support all parents/caregivers with information about crying and how to cope with a crying baby.



3. Strategic Context Local

There is a developing and vibrant partnership across Children's Services in Walsall, both statutory and third sector, universal, Early Help and specialist (such as work on the neglect strategy). There has been improved collaboration across several agencies and topics. One area of common interest is improving work with men in general and fathers in particular.

There have been a number of services which have an existing offer of support to fathers, such as specific fathers' groups. There are a range of offers, which focus on parents as couples, with support in reducing parental conflict. Within the 'Health in Pregnancy' Team in Walsall, there are now two male members of staff who provide a male-targeted service offering father's information, support, and guidance in preparing for fatherhood.

In Early Help there is the offer of 'Being a Dad' Parenting Programme and they have appointed a 'Fathers Worker' to take a lead role on working with fathers in all areas of parenting support. Fathers in Walsall will also have access to 'DadPad', an essential guide for new dads that will provide them with knowledge, information, and practical skills on how to care for their new-born baby.

During the Covid pandemic, the level of involvement of fathers in several health and social care processes reduced. They were less involved during pregnancy due to restrictions on visiting the hospital; there were fewer parenting groups for fathers and engagement with schools reduced as they were closed. Conversely, during lockdown, many fathers spent more time with their children, and some became increasingly responsible for childcare. Given this shift and awareness of fathers as parents, it is an ideal time for services, in partnership with families, to redefine their levels of involvement.

In 2020 Walsall Metropolitan Borough Council, along with key partners introduced Family Safeguarding. This is a multi-professional approach to keeping children with their families where it is safe to do so. The focus is on families with mental health, drug and alcohol or domestic abuse issues. Since a strength based approach to supporting parents is central, a natural development of this work is to work purposefully and positively with fathers before issues emerge. The intent and language is positive and an aspiration for families to thrive and there is a clear link to harm reduction.

There have been two Child Safeguarding Practice Reviews locally (W5 and W7) that have highlighted learning related to involving fathers and how agencies did not actively seek to engage with them. Learning points from both reviews are incorporated into the 'Working with Fathers' Training events.



4. Strategic Principles



- a) Much of the discourse in society and statutory services is gendered, with subtle stereotypes of men and women which can be unhelpful and limiting. We need to acknowledge, explore and challenge these
- b) Becoming a father is a common but nonetheless life changing experience, even when it all goes well, in a stable family with a healthy child, there can be extreme stresses and impacts for new fathers
- c) Father's positive involvement in their children's lives improves children's emotional well-being, cognitive development, and academic achievement, and is good for fathers themselves
- d) Father's positive involvement in their children's lives can help reduce a number of negative outcomes for children in terms of emotional and behavioural problems
- e) Fathers can have insights and views which can support children and services meeting the needs of those children
- f) Fathers are often partners too, the impacts of the relationship with mothers/partners is a vital part of any consideration of parenting, helping families work well together
- g) Fathers have their own needs, and these should be addressed in a helpful and supportive manner to better enable those fathers to contribute well to family life
- h) Fathers may have suffered trauma in their lives. On occasions the less helpful approaches to parenting can be driven by this trauma and should be understood in this context
- i) Not all fathers are the same, parenting and attitudes to fatherhood can differ depending on race religion cognition and affluence. This will need careful consideration during development of actions
- j) Some families only have fathers. Some families do not have a mother and these fathers can be especially isolated if they are the only parent. In addition, stereotyping and exclusion can be especially prevalent in families with two fathers
- k) Any interventions should be preventative and early help wherever possible; we need to look at ways to support fathers well during first pregnancies to enable successful parenting and mitigate for any potential harm

5. Strategic Aims

- a) To improve the culture and climate of fatherhood in Walsall's statutory services leading to a more positive experience for those fathers and improved childhood experiences for their children. This will be characterised by a more positive language to describe fathers and men ("a father who is willing to be involved in his child's life" rather than viewing fathers as "visitors" to maternity wards rather than active parents). It will also mean a co-produced and active dialogue with fathers about potential improvements. We will also draw on the experiences of men accessing a range of universal and targeted services and value their insights and perspectives. This culture change will work best if it is developed and delivered collaboratively across the widest range of services and partnerships
- b) To examine the processes and practices across a range of services to ensure they are balanced and proportionate in including fathers. The way we interview families about their children should purposefully include fathers. The forms we use could include mandatory fields that ensure the father's perspective is sought. The offers of support during significant life events should have a bespoke and proportionate offer for fathers. This could include becoming a new father, childhood illness or struggling with parenting. There is also an intention to ask young men accessing services if they are a parent
- c) To develop and support a wide range of staff to reflect on their own practices, challenge their processes and improve their approach to fathers. This staff development will initially focus on multi-agency developed and delivered training, including discussion forums and interest groups as a large cohort of interested staff are identified.

This training should be underpinned by the latest research and actively include fathers in its development

- d) To increasingly keep children and women/partners safe. The majority of services working with children are "universal" such as schools. Some are focused primarily on children where there are concerns about safety such as children's social care. In all settings, there will be children and women/partners who may be vulnerable to harm. Whilst we will be very clear about the positive roles and interventions for fathers, we will also remain vigilant about the safety of children and women/partners. We will consider all our approaches to maximise impacts in reducing violence and abuse towards children and women/partners. We will also ensure that a positive strength-based approach does not detract from our responsibilities for being professionally curious, identifying, and reducing the risk of harm where it may be occurring





6. Monitoring Impact – how will we measure the difference we make?

- a) We will monitor the impact of multi-agency training via the evaluation process and workforce development agreements. The facilitators will regroup every 6 months to consider delegate feedback and specifically how they have applied their knowledge to practice
- b) Single agency themed audits will consider whether the voice of father has been captured, if he has been involved in decision making processes, empowered to participate, and invited to meetings and is integral to practice standards – there will also be a consideration as to whether forms have a dedicated space for father's details
- c) Following the launch of the Strategy we will monitor the data of those fathers that are referred into support services such as Health in Pregnancy, Teenage Pregnancy and Being a Dad Parenting Programme
- d) Agencies to obtain direct feedback from children, young people, and families about whether father/male carer has been considered as part of the support offered
- e) We will seek staff feedback to establish if their confidence and knowledge has improved following the awareness raising training and the implementation of the strategy.
- f) We will seek feedback from the participative group as to what their experiences are following the launch of the Strategy and whether there is a change in responses from the professional network

7. Working with Fathers Participative Group

Funding was secured in November 2022 from the Office of the Police and Crime Commissioner to set up a participative group. MindKind Projects have been commissioned to develop the project and will have oversight of a fathers' participative support group with Walsall fathers. It is recognised that professionals are likely to be more receptive if fathers share their experiences first hand of how they could feel more supported by services and what the impact of this has been.

A minimum of 10 fathers will be recruited. There will be a representation of fathers who have had previous Social Care, Early Help and Health Services involvement in Walsall. The group will meet no less than bi-monthly but ideally much more frequently as decided and can be accommodated by MindKind and by the fathers. Themes and agenda items will be decided by fathers but supported by MindKind and there will be potential development opportunities for fathers to attend the multi-agency training.

Furthermore, the group will be supported with future requests from a broad range of services to shape and design services as we develop our response to working with fathers.

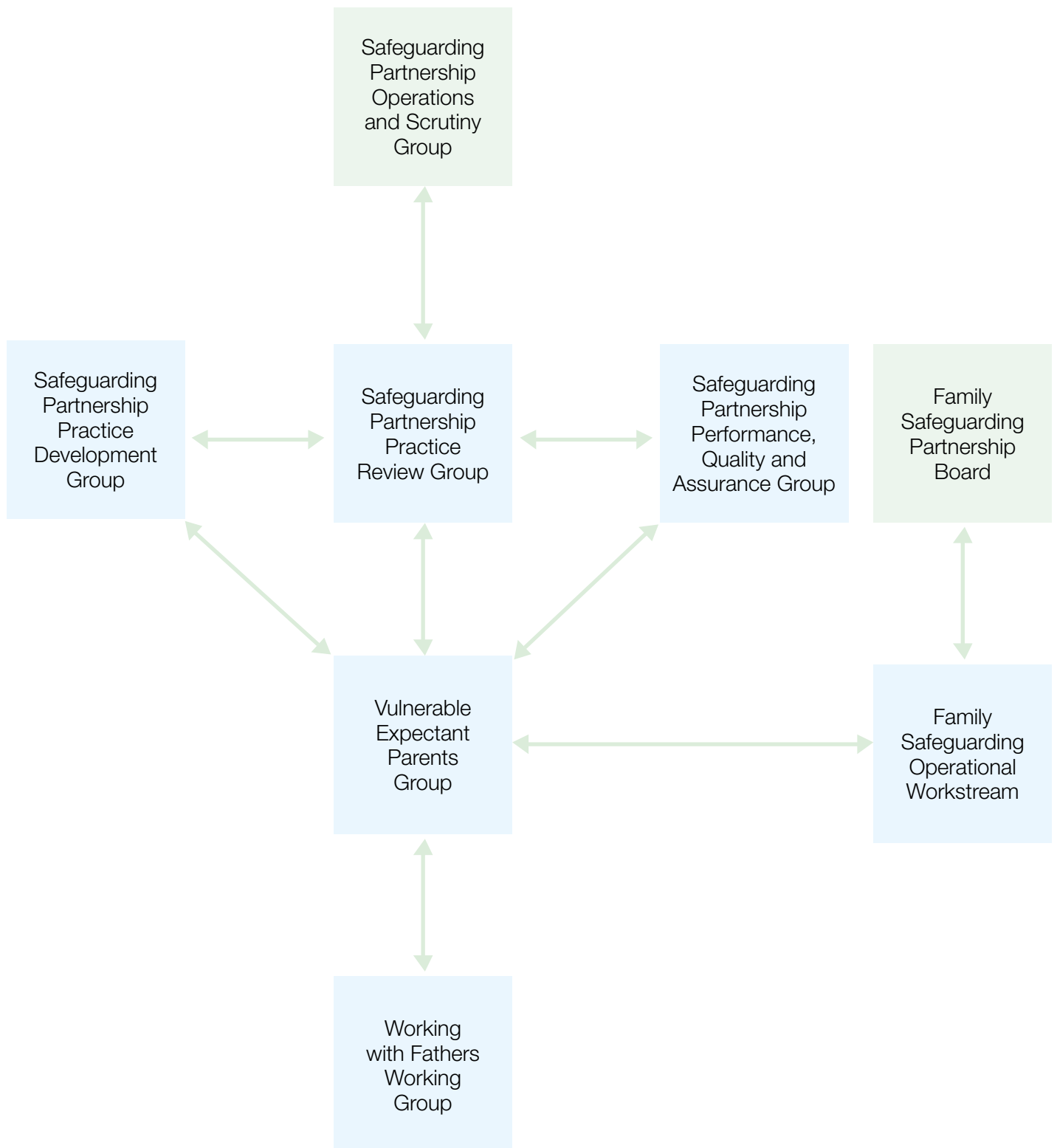
MindKind will support the fathers to provide consultation and feedback reports in the form of videos, recorded father's voices, attendance at Working with Fathers Subgroup to report findings, written reports and/or written presentations.

This will be a new platform to draw on the experiences of men accessing a range of universal, specialist and statutory services and will be able to show we have a mechanism that recognises their value, insights, and perspectives. A plan of core activity has been outlined that incorporates how active dialogue with fathers in this forum will help to shape service delivery and the training offer. The group will be asked to consult on the Strategy and attend the launch so the partnership can hear from experts by experience.



8. Governance

Leaders from within each agency will be accountable for ensuring their respective agencies are aware of the strategy, are appropriately resourced to actively implement it and are working intelligently with other agencies to effectively promote engaging with fathers at primary, secondary and tertiary levels.







Walsall Family Safeguarding
Working with Fathers
Strategy