West Dunbartonshire Health and Social Care Partnership

Practice Guide for Engaging and Working with Fathers

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This practice guide was created following the conclusion of a Learning Review in 2025, where there was evidence of gendered practice across agencies and fathers were not fully included in assessment or care planning for children.

Introduction

For the purpose of this guidance the term" father" is defined as any male with a child caretaking role whether a biological father or social father such as a stepfather or mother's partner. The father does not necessarily have to reside with the child.

There is a considerable body of evidence that fathers are often invisible in child protection and wellbeing assessments. Where they are included, they are often regarded by professionals as "the problem", if living with the child they are seen as the source of risk to the child or if they are absent from the child's life they are seen as not relevant to the assessment nor the child's safety and wellbeing.

The lack of attention to fathers is limiting in that excludes the potential of fathers to be nurturing parents to children and supportive partners to mothers. Where fathers are engaged by social work evidence shows that this increases the effectiveness of interventions and if welfare and protection processes include fathers this reduces the time the child is within the system (Burrus et al 2012)

The father's extended family may also be a source of protection, support and care for the child that is often discounted, especially if the father no longer lives with the child. The absence of a father, or lack of information about him, can also impact on a child's identity and sense of self

By not fully considering fathers in assessment, there cannot be full understanding of the child's world and therefore risk. Assessments should therefore include:

- A father with parental right and responsibilities whether they live with the child or not
- Fathers who continue to have contact with their children but do not reside with them

- Mother's past or current partners who have been part of the child's life
- The quality of the child/father relationship
- The nature and quality of relationship between the mother and the father
- The fathers experience of being parented and what he understands the role of a father to be

New referrals

Involvement with the families should start with the expectation that fathers have a role to play in any assessment, plan or intervention.

When a new referral is received, if the information regarding the child's father is not included, then the referrer should be contacted to ask what information they hold for the biological father and any other male partners in the household.

When contacting other agencies for the initial assessment, they should also be asked for what information they hold on the father both current and historical.

CareFirst (or alternative recording system) should be reviewed and the relationship detail of the child and male connected on CareFirst (or alternative recording system) if they have not already been.

A genogram for the child should be started and should include their biological father and any social fathers and their known extended family.

Assessment

Assessment of a father's parenting capacity is as important as the assessment of the child's mother. It is essential that practitioners gather the views of all fathers including those not living in the household, even where they are not currently part of the child's life.

Child's views should be central including what relationship they have and wish to have with their father, where it is safe to do so. Children still place value on fathers when that are not visible in their day-to-day life

Practitioners should speak to fathers separately and not gather information solely through the mother. Fathers report that they often feel overlooked and this can have an impact on building relationships and trust with services.

Fathers are more likely to engage with assessments when there is recognition of positive factors and practitioners listen to understand what the barriers may be which makes being a father more difficult, including his own experience and beliefs about fathers. Fathers may be vulnerable and may withdraw or become threatening as a form of defence, so practitioners will need to adopt a trauma informed approach and be persistent and adaptive in their efforts to engage with them.

A father being in prison should not be a barrier to involvement in assessment and practitioner should try to visit him if possible.

GPs are often the only source of support that fathers have engaged with and are therefore a crucial source of information. In interviews with fathers who had killed babies the majority identified that while they did not have a diagnosis that met the definition of mental illness, the majority had a history of ADHD, anxiety, depression, low self-esteem and anger management issues and the GP was the only agency that held the information about the father's mental health.

While assessments should always include fathers who hold parental rights and responsibilities, other males within the household should also be considered in terms of what risk they may pose or what strengths they can bring to supporting the child.

Practitioners need to be aware that mothers may not wish to share details of the child's father and must therefore be sensitive in their inquiries.

However, as noted above to understand the child's experience it is necessary to understand their history including of being parented. Practitioners should use professional curiosity to gain details of the father, mother's partners or any other significant male in the family support network. However, in doing so they should ensure that neither she nor the child are put at risk.

Father's who are perpetrators of domestic abuse should be held accountable for the harm caused to their child. It should never be

minimised as a way of building relationships with fathers. Team Managers (or equivalent) should ensure there is a safety plan for the child, mother and practitioners before practitioner engage with men known to be violent/abusive. There may be times when it is assessed that a father is considered too dangerous to work with. This must be agreed by a Team Manager and the reason for the decision clearly recorded on Care First (or alternative recording system) and a hazard noted. The hazard must be reviewed in line with case recording procedures.

When a new adult joins the household or has significant contact with the child, practitioners should include them in the assessment process.

Intervention

Research shows that the mothers are the focus of social work intervention with fathers only contacted where the situation is complex, the mother is absent or where she is assessed as unable to care for the child. This is a gendered approach that limits the resources available to support the child. This is unfair to mothers and can lead to a higher level of risk for both mothers and children.

Fathers may not appreciate the importance of their voice being heard and therefore practitioners will need to clearly communicate why we need to meet with them and the importance this has for their child. This may require persistence on behalf of practitioners and a lack of contact with services should not be viewed as a lack of interest in their child but as a barrier that practitioners should work to overcome by helping the father to understand the benefit his involvement may have for his child.

Fathers like facts (Clapton G. 2017), therefore presenting the father with evidence of risk by using Signs of Safety's *harm statements* which is explicit in articulating what is happening that has or is likely to harm the child and *danger statements* which names explicitly the harm that is likely to happen to the child if nothing in the family's situation changes, is likely to be an effective way to engage fathers safely and appropriately in protection and decision-making processes.

Fathers should be invited (where it is safe to do so) to all meetings from Team Around the Child, Child Protection Planning Meetings and Looked

After Reviews. Where they cannot or do not attend, the reasons why must be recorded. Practitioners must then take action to reduce any barriers to future attendance. Where it known that a father is unable to attend or he is not included in the meeting for reasons of safety, his views must be gathered and shared. He must also be informed of the outcome of the meeting as soon as practicable and his views recorded.

When fathers present as risk to their child and/or the child's mother, it is essential that we work with fathers to help them understand how their behaviour causes harm to their child and is a parenting choice. This may include indirect harm. To address the risk posed will require work with fathers to understand their insight into the impact of his behaviour on his child's safety and wellbeing. This may be more challenging for fathers to accept when either they do not have full time care of the child, or they are not the biological father.

Fathers should be encouraged to identify for themselves what action they can take to reduce risk or increase safety and who in their network can help them to do so.

If risks management plans only focus on preventing contact between the father and child, this does not effectively address risk that they pose as their absence may harm the child or increase risk to parters or ex partners. By not addressing risks posed, the father could harm other children/partners in the future.

Children Safeguarding Practice Review Panel (2021) states that "adopting an authoritative and empathic stance in which men are directly challenged and given opportunities to change is one of the most difficult issues for social workers and managers" Interventions are more likely to be successful where trust is established as without these men are more likely to be defensive or avoidant.

Appointments should be offered at times fathers can attend. Fathers experience social workers as difficult to contact, which makes it harder to build trust (Research in Practice, 2017)

Child's plans

Plans to support and protect children should set clear expectations for fathers and they should have specific actions assigned them to reduce harm that they are responsible and accountable for.

Plan should maximise the father's strengths and the positive contribution he can make to increasing safety and the child's wellbeing.

Fathers should be supported to access services to help them address any issues or barriers to effective parenting. This could include addiction or mental health services or housing and income maximisation as well as specific parenting supports.

The Plan should consider the inclusion of the father's extended family whether the child lives in the same household of the father or not.

Family Group Decision Making

All children and fathers have an extended family network, and the Family Group Decision Making Team are skilled in finding and engaging with them, even when they may not have been part of the child's life for some time. Therefore, a referral to FGDM should always be considered as part of the child's plan.

It may not be safe for a child to have contact with their father but having meaningful connection to the parental family will support the child's sense of identity and belonging.

Paternal networks can also be valuable in helping facilitate family time between fathers and their child.

Considerations for Reflective Supervision

- Be mindful and prepared to challenge own and other professional attitudes towards parenting and father's including unconscious bias.

- Consider how power and gender may be impacting on or influencing practice

- Research shows that practitioners may not readily share their fears and anxieties about working with fathers unless prompted to do.

- Develop a safety plan, strategies and approaches when working with violent or abusive fathers

- Be alert that abusive men can be controlling and manipulative and may try to control practitioners and child protection processes to further abuse mothers