

# Involving dads from the start: Reflections on a fathers' support project in North Edinburgh, Scotland, and implications for effective early years' work

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The marginalisation of fathers from child protection processes and an ongoing reticence by many professionals to engage constructively and confidently with fathers and male carers are causes for concern. This deficit has serious consequences for children's development and well-being, and also for that of their mothers and fathers. It is imperative that those working with families through the early developmental years have a considered position with regard to engaging men in their parental role.

**O**n becoming 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. I envisaged a transformative therapeutic liaison would allow these men to play a parental role in their children's lives. I read Jonathan Scourfield's influential text on gender and child protection (2003) where he states that 'fathers can be a resource to their children'. Surely it was my job to harness this resource? It was only years later that I reconsidered Scourfield's statement reflecting on its implicit bias- replace the word 'fathers' with 'mothers' and the bias becomes apparent. As I gained experience, I realised that many of the difficulties in engaging fathers lay in professional systems and gendered approaches.

The complexity of this issue for antenatal and early years professionals is undeniable while a reflexive, even-handed approach is not supported by public policy narratives. Clapton (2013) succinctly describes how the aggregate of Scottish Government policy publications leaves a lot to be desired in its portrayal of fathers. Numerous publications are cited which repeatedly frame the healthy family unit as a mother with children, while images representing risk, neglect or abuse invariably portray a feckless father. So lazy stereotypes prevail which characterise family life and the domestic sphere as being the preserve of the mother while danger to children lies with fathers or other men lurking in the shadows. This gendered narrative is extremely powerful and stepping into public areas of most early years and health settings will provide explicit confirmation of gender roles in the images that adorn the walls. These impact on staff attitudes to fathers and on how welcome and comfortable men feel in these settings.

Images of families in official publications often portray the family as mother and children, excluding the father.

One of the first groups that I successfully facilitated was for fathers with infant children. The children were mostly enrolled within the local Children and Family Centre. I co-facilitated the programme with a female worker from the Centre and it was a powerful experience both for the participants and for us as facilitators. I particularly remember one dad having an epiphany after a role-playing activity where he played the part of a child and another participant played the role of a pushy, controlling parent. He was visibly shocked after the activity and described how he simultaneously recognised feelings from his own childhood and realised that he was parenting his own children in the same manner as he had been. It would be simplistic to think that he became a model parent after this moment of clarity, but I would suggest that he became more self-aware and thoughtful.

The other memory I have of this group is the reaction of my colleague to working with the men away from the Children and Family Centre. She described her astonishment at observing the fathers in a safe space with their children, or together talking about their children, and seeing 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 originally from the Centre where the fathers'

qualities were not recognised or apparent – yet the Centre is exactly where these fathers should have felt safe and where the staff ought to have engaged with the men in a positive frame of mind. My colleague's reflection underlined the reality that some statutory services can fail their male clients by adopting a fearful, defensive and suspicious approach. Holding negative assumptions about the men who cross their threshold leads to a defensive posture which reinforces the suspicion and so on. Family Centres can thus unwittingly create barriers to fathers' participation.

I was later involved in the pilot of an antenatal group programme, Dads Matter, designed by Mellow Parenting. This experience once again highlighted the 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 that they did not deal with men. Following this, we approached the health visitor team who also stated the difficulties they had in communicating with men; one health visitor told us that she was scared of the local men and preferred to deal with the mothers. The following case study is from the initial pilot. The names used are pseudonyms.

This 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 meant a far greater risk to the unborn child. Engagement had a significant impact on the father and the life

**Martin and Becky were a nineteen year old couple with a history of involvement with social workers 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.**

Martin was referred to the Dads Matter group by his child's social worker. At the time, there was a lot of uncertainty from the professionals involved 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. Martin was being referred due to previous allegations of domestic violence and the associated risk to the child and unborn baby. The referral form indicated that there were compulsory measures in place and Martin's restricted contact with his child was dictated by bail conditions.

The initial challenge 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 – a history of mental health problems, allegations of domestic violence, both with unborn children subject to child protection procedures. In terms of personality and interests, however, the two young men had little in common. Thankfully, the first 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 Dads Matter 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 participants to become

body-aware and experience what it feels like to be relaxed.

As the weeks went by, we were able 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 about 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 the 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 regularly 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 was the parent. Suffering anxiety and paranoia, he had been hiding in the shadows of professional intervention into his family life. A cycle had been set up which was simultaneously creating suspicion and concern amongst professionals and paranoia and marginalisation of the father.

The impact of engagement in the group was massive for Martin, Becky and their two children. A full assessment of issues underpinning the difficulties that led to the family's problems was carried out. 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 the baby was born, she was able to return home. The implications for practice are fundamental- 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 children's emotional development as well as to his partner's well-being. The reward for successfully engaging sympathetically with this young man was exponential. The need for children to be accommodated was reduced while parental mental, emotional and physical health were improved.

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 and can be found in summary in the briefing paper, 'Dad Matters' (Clapton 2013a). While the difficulties and barriers for midwives and health visitors and other early years community workers in engaging fathers are real and understandable, it is of vital importance that policies and practice guidelines are developed to ensure that engagement does happen. The marginalisation of the father should be of grave concern to the diligent early years practitioner who has the health and wellbeing of the child in mind.

## REFERENCES

- Clapton, G (2013) Where's Dad? <Available at> [www.fathersnetwork.org.uk/fathers-network-resources.php](http://www.fathersnetwork.org.uk/fathers-network-resources.php)
- Clapton, G. (2013a) Dad Matters. <Available at> [www.fathersnetwork.org.uk/fathers-network-resources.php](http://www.fathersnetwork.org.uk/fathers-network-resources.php)
- Scourfield, J. B. (2003) Gender and Child Protection. Basingstoke: Palgrave Macmillan.

## FURTHER READING

- Potter, C., Olley, R. (eds.) (2012) Engaging Fathers in the Early Years: A Practitioners' Guide. London: Continuum International Publishing Group.

## RECOMMENDATIONS

- A position statement outlining a commitment to involving fathers should be developed and implemented by teams and organisations working with families.
- A dedicated champion within each team should be appointed to monitor and support staff in achieving fathers' engagement.
- Training needs to be undertaken in engaging fathers.
- Targeted parenting programmes should be developed for fathers at the antenatal stage.
- Dedicated fathers' support workers are required in complex cases or where there are child protection issues after family breakdown.
- Public areas of early year settings require father-inclusive images of families and publicity materials and front desk staff should be well trained to ensure that they are welcoming to men.

