

WORKING WITH FATHERS AND OTHER MALE CARERS PROTOCOL

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Relevant Staff Groups:	All Trust staff who work with children, young people and their families, specifically: Health Visitors, School Nurses, CAMHS staff, Integrated Therapy Service staff, MIU staff, Dental Access Service staff, CASH staff

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DOCUMENT CONTROL

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Amendments	Update to emphasise the need for clarity and consistency between the aims and wording of the policy, and the equality and diversity information. Update of formatting and addition of consent paragraph		
Document objectives: To ensure that all service providers and professional groups within Somerset Partnership Children and Young People Services are aware of the value of working with fathers and male carers and are mindful of their specific needs during the delivery of healthcare services to children and families			
Intended recipients: All Trust staff who work with children, young people and their families, specifically: Health Visitors, School Nurses, CAMHS staff, Integrated Therapy Service staff, MIU staff, Dental Access Service staff, CASH staff.			
Committee/Group Consulted: Clinical Policy Review Group			
Monitoring arrangements and indicators: Via two yearly local <i>Safeguarding Knowledge and Skills Audit</i>			
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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	4
3	Duties and Responsibilities	5
4	Explanations of Terms used	6
5	Background	6
6	Vision	7
7	Rationale and Context	8
8	Practice Guidelines	8
9	Conclusions	10
10	Useful Links and Contacts	11
11	Equality Impact Assessment	12
12	Monitoring Compliance and Effectiveness	12
13	Counter Fraud	12
14	Relevant Care Quality Commission (CQC) Registration Standards	13
15	References, Acknowledgements and Associated documents	13

1. INTRODUCTION

- 1.1 Research shows that a father's*, (see definition at 4.1 below), behaviour, beliefs and aspirations can profoundly influence the health and wellbeing of both mother and child in positive and negative ways, (Healthy Child Programme, DoH, 2009). However health services have historically been female focused, have not been sensitive to fathers' needs and do not adequately connect with the context of fathers' lives.
- 1.2 Somerset Partnership staff must also be mindful of the needs of lesbian, gay, bisexual and transgender, (LGBT), people parenting children. This includes children raised by same-sex couples (same-sex parenting), children raised by single LGBT parents, and children raised by an opposite-sex couple where at least one partner is LGBT. Research has been generally consistent in showing that gay and lesbian parents**, (see definition 4.2 below), are as fit and capable as heterosexual parents, and their children are as psychologically healthy and well-adjusted as children reared by heterosexual parents, (Short et al, 2010).
- 1.3 Trust staff must ensure that the correct information is given to all parents and carers to enable them to make informed choices regarding the provision of assessments, support and appropriate services.

2. PURPOSE & SCOPE

- 2.1 The Department of Health 2009 Healthy Child Programme is clear about the role of health professionals working with fathers: "ensuring that contact with the family routinely involves and supports fathers, including non-resident fathers".
- 2.2 All services for families should "engage with both father and mother except where there is a clear risk to the child to do so", (see DCSF's Children's Plan, Box 1.1]), and work together to offer fathers an integrated and comprehensive range of services
- 2.3 Somerset Partnership Children and Young People's Services should be responsive to supporting fathers in their role as parents, in their relationships with their partner or ex-partner, and to promote the role of fathering. Practitioners should also be mindful of father's physical and emotional wellbeing and the impact of this on the family unit.
- 2.4 It can be a challenge to involve fathers and other males in services; fathers are not accustomed to using many of the services available; they may be unaware of their existence or think they are not for them; and may lack confidence in coming forward. This is especially true of groups of fathers who are vulnerable and excluded such as young, minority ethnic and non-resident fathers.

2.5 Barriers to fathers' involvement can include:

- services that are insensitive to fathers' needs, that do not adequately assess fathers or seek to strengthen father-child relationships
- an overtly female focus and culture amongst staff and service users, and a lack of confidence to explain to female service users why it is important to engage with fathers
- an underestimation of the significance of a father's involvement if he is not visible to the service, or not living with the child
- the lack of a positive male role model in childhood
- a lack of local facilities and venues where they can take their children that are welcoming to men, and available at times they can access.

3. DUTIES AND RESPONSIBILITIES

3.1 **The Trust** acknowledges that whilst this protocol is principally aimed at working with fathers in response to national and local guidance and reviews, it is also mindful of its obligations to ensure the needs of same sex partners are also considered and met at all times. In this respect this policy is also aimed at the same sex partners of mothers with whom the Trust is working and who will be accorded the same involvement, dignity and respect as opposite sex partners. The Trust acknowledges its statutory duties under the Equality Act 2010 and will ensure members of the Act's protected characteristics are not discriminated against at any time.

3.2 **The Trust Board** has a duty to ensure that it fulfils its statutory responsibilities to safeguard and promote the welfare of children.

3.3 **All Trust staff** must be aware of the differing needs of individual service users and provide services that meet these needs.

3.4 **All Children and Young People's Service staff** must read this Protocol and understand the varying needs of all parents, (including LGBT parents), ensuring that services are sensitive to the particular requirements of individuals and groups.

3.5 **All Trust Staff** must ensure they do not discriminate against any individual or group, in terms of their gender or any other social factor.

3.6 **The Trust Safeguarding Children Steering Group** will be responsible for monitoring the effectiveness of this protocol.

3.7 **The Trust Safeguarding Children Best Practice Group** will be responsible for reviewing this protocol and any local audits that are required to assess its on-going effectiveness.

4. EXPLANATIONS OF TERMS USED

4.1 **Father*** (see definition 1.1) For the purposes of this document the term 'father' must be used in its broadest sense to include all men – “father figures” – who live with or have significant contact with children and their mothers. The term is used to include biological fathers (whether resident or not) and non-biological fathers and father figures (e.g. adoptive fathers, foster fathers, stepfathers, grandfathers, male carers) who are significant in a child or young person's life. It also includes expectant fathers and fathers who do, and do not, have legal Parental Responsibility and in some cases may also include LGBT parents

4.2 **Parent**** (see definition 1.2) Section 576 of the Education Act 1996 defines 'parent' as

- all natural parents, whether they are married or not
- any person who, although not a natural parent, has parental responsibility for a child or young person
- any person who, although not a natural parent, has care of a child or young person (having care of a child or young person means that the child lives with and is looked after by that person, irrespective of what their relationship is).

Anyone who is recognised as a 'parent' has certain rights including:

- to receive information, for example pupil reports
- to participate in activities, for example vote in elections for parent governors
- to be asked to give consent, for example to the child taking part in school trips
- to be informed about meetings involving the child, for example a governors' meeting on the child's exclusion.

4.3 **Carer** A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help, (The Princess Royal Trust for Carers www.carers.org)

5. BACKGROUND

5.1 Fathers influence children's development through:

- their direct relationship with each child or young person
- the time, financial support and skills they bring, or do not bring, to the household
- the support they give, or do not give, to mothers; and their relationship with them
- their networks of family, friends, colleagues

5.2 Fathers may have had limited or no involvement with their own fathers but are often motivated to be better parents themselves

5.3 Children with highly involved fathers tend to have:

- higher educational achievement
- lower criminality and substance abuse
- fewer behavioural problems
- greater capacity for empathy
- non-traditional attitudes to childcare and learning
- higher self-esteem and life satisfaction, (Flouri, 2005; Pleck and Masciadrelli, 2004).

When fathers engage with services including healthcare services, they are more likely to:

- feel more confident as fathers
- understand more about child development
- spend more time with their children and young people and be more sensitive and positive with them
- be more supportive of their child or young person's education

5.4 Every Parent Matters, (DfES, 2007), includes research that illustrates the importance of the parental role on positive outcomes for children and demonstrates that, where fathers have early involvement in a child's life:

- there is a positive relationship to later educational achievement
- there is an association with good parent-child relationship in adolescence
- children in separated families are more protected from mental health problems.

5.5 Research and practice also demonstrate that fathers are often unaware how important their role is and frequently do not engage with local services including healthcare because they see that as a 'women's' domain.

5.6 Fathers should be focused on in child protection work. Understanding of the risks to children of fathers not being worked with by professionals has increased, (Ferguson, 2012). Studies of Serious Case Reviews where children have died or been seriously harmed have consistently highlighted a lack of attention to abusive men among the most common practice shortcomings, (Brandon et al, 2008).

5.7 The main challenge for health care providers is to demonstrate that fathers do have a critical role in supporting their children and families. Services need to provide responsive, 'male friendly' provision that values and respects fathers' unique contribution.

6. VISION

6.1 Our vision is that all Somerset Partnership Children and Young People's Services will enable **all** parents and carers including fathers to participate positively in the lives of their children.

7 RATIONALE AND CONTEXT

- 7.1 The Department of Health 2009 Healthy Child Programme is clear about the role of health professionals working with fathers: “ensuring that contact with the family routinely involves and supports fathers, including non-resident fathers”. However staff should also be aware that services for families should “engage with both father and mother, [and LGBT parents], except where there is a clear risk to the child to do so”, (see DCSF’s Children’s Plan, Box 1.1]), and work together to offer all parents and carers an integrated and comprehensive range of services.
- 7.2 Somerset Partnership Children and Young People’s Services should be responsive to supporting fathers, (and all parents and carers, including LGBT parents), in their role as parents, in their relationships with their partner or ex-partner, and to promote the role of fathering. Practitioners should also be mindful of fathers’ physical and emotional wellbeing and the impact of this on the family unit.
- 7.3 It can be a challenge to involve fathers and other males in services; fathers are not accustomed to using many of the services available; they may be unaware of their existence or think they are not for them; and may lack confidence in coming forward. This is especially true of groups of fathers who are vulnerable and excluded such as young, minority ethnic and non-resident fathers.
- 7.4 Barriers to fathers’ involvement can include:
- services that are insensitive to fathers’ needs, that do not adequately assess fathers or seek to strengthen father-child relationships;
 - an overtly female focus and culture amongst staff and service users, and a lack of confidence to explain to female service users why it is important to engage with fathers;
 - an underestimation of the significance of a father’s involvement if he is not visible to the service, or not living with the child.
 - the lack of a positive male role model in childhood
 - a lack of local facilities and venues where they can take their children that are welcoming to men, and available at times they can access.

8 PRACTICE GUIDELINES

- 8.1 Somerset Partnership Children and Young People’s Services need to develop effective systems to gather information about **all** carers including fathers in the families they are in contact with.
- 8.2 Practitioners need to be aware that a variety of different people may be the child’s main carer – mother, father, grandparent, step parent, LGBT parent. Historically practitioners may have interacted and felt more comfortable with mothers and expected little involvement from other carers of children.

- 8.3 All staff should be encouraged to engage proactively with all parents irrespective of the degree of involvement they have in the care of their child.
- 8.4 It is important for practitioners to ascertain the degree of involvement each parent, (including fathers), requires. This should happen through a mutual discussion in order to reach a shared understanding of his perception of the parenting role and expectations of the services provided.
- 8.5 All parents including fathers should be routinely offered the support and opportunities they need to fulfil their parenting role effectively.
- 8.6 Practitioners need to engage proactively with all parents including fathers at initial and subsequent contacts. This may include inviting absent fathers, (or other parents), to be present at all contacts, at times convenient for them where possible.
- 8.7 This approach should be followed for all parents including fathers who have any significant contact with their child and therefore have an impact on the child's welfare. This includes biological fathers with or without parental responsibility, step parents and LGBT parents.
- 8.8 Where fathers or other parents with parental responsibility are absent the practitioner should enquire how information regarding the child will be shared.
- 8.9 Practitioners have a responsibility through their assessment process to identify the adults in the child's life who are performing a caring role.
- 8.10 Professional documentation should include space to record information about all parents including fathers and other male carers.
- 8.11 Practitioners should always be mindful of the risks of short term and transient adult relationships on the child's physical and emotional health and wellbeing. Specific child protection concerns should always be discussed with a member of the Safeguarding Children Team.
- 8.12 Specific areas where fathers and other male carers may require support include:
- preparation for fatherhood in the antenatal period and the opportunity to discuss the father's parenting role and positive impact this can have on a child's future health and emotional wellbeing
 - understanding the importance of breastfeeding and healthy eating
 - basic care needs and nurturing in the early years period
 - understanding safety issues in the home environment and in the wider community
 - confidence building: some male parents may lack confidence to parent successfully and/or have had no experience of positive male role models in childhood themselves

- taking responsibility for children’s day-to-day physical, social and emotional needs
- understanding children’s developmental needs; the value of play and how it can be used to help children develop socially, emotionally and intellectually
- understanding the specific needs their child may have if a disability or developmental difficulty is identified which may require specific intervention; for example the delivery of a therapy programme at home, school or nursery or adaptations to the home environment
- developing their skills and confidence to provide specific support for their child who has additional or complex needs
- advice and support with the management of work life balance
- identification of emotional health and wellbeing needs with signposting to appropriate services
- specific adult physical and sexual health issues e.g. testicular cancer and sexually transmitted disease,
- substance misuse and smoking cessation
- relationship issues
- signposting to other appropriate services e.g. Children Centre’s, CAB, outreach services, medical services.

9 CONCLUSIONS

- 9.1 It remains a challenge for professionals to involve some parent and step parent groups, (including fathers and other male carers), in health services. Traditionally practitioners have interacted and felt more comfortable with mothers and other female carers and have expected little involvement from other parents whether present and involved in a child’s day to day life or absent.
- 9.2 Services need to develop and adapt in line with current research and the evolving political agenda to become more focused on the needs of fathers and other male carers. Practitioners need to become much more proactive and aware of the individual and complex needs of all parenting groups including fathers and other male carers, the significant role they play in families and the long term benefits they can bring to the children they parent.
- 9.3 A robust assessment process is essential to identify the health care needs of all parents, both present and absent, and ensure the services offered are accessible and inclusive to their needs and those of their children and families.

10 USEFUL LINKS AND CONTACTS

10.1 The Fatherhood Institute

The Institute, (charity reg. no. 1075104), is the UK's fatherhood think-tank, whose vision is for a society that gives all children a strong and positive relationship with their father and any father-figures; supports both mothers and fathers as earners and carers; and prepares boys and girls for a future shared role in caring for children.

The Institute:

- collates and publishes international research on fathers, fatherhood and different approaches to engaging with fathers by public services and employers;
- helps shape national and local policies to ensure a father-inclusive approach to family policy;
- injects research evidence on fathers and fatherhood into national debates about parenting and parental roles;
- lobbies for changes in law, policy and practice to dismantle barriers to fathers' care of infants and children;
- is the UK's leading provider of training, consultancy and publications on father-inclusive practice, for public and third sector agencies and employers;

The Fatherhood Institute is available to help you meet the challenges and make the most of the opportunities presented by father inclusiveness. It offers a variety of consultancy and training options and a range of publications, more details on which can be found on their website:

Strategic training and consultancy:

<http://www.fatherhoodinstitute.org/index.php?id=0&cID=687>

Practitioner training:

<http://www.fatherhoodinstitute.org/index.php?id=0&cID=686>

Workers' helpline:

<http://www.fatherhoodinstitute.org/index.php?id=0&cID=320>

Publications:

<http://www.fatherhoodinstitute.org/index.php?id=0&fID=4>

You can also contact them on 0845 634 1328, or at

enquiries@fatherhoodinstitute.org

10.2 Children North East Fatherhood Centre and Fathers Plus

This is an online knowledge bank to enable workers, managers and carers to share information and work together to include men in all services.

www.fathers-plus.co.uk and www.includingmen.com

10.3 **Dads UK**

This is a news and information site dedicated to giving a voice and support to all people interested in fathers' rights. This includes partners, grandparents, uncles, aunts and anyone who has some kind of involvement with the father. Dads UK support the growing demands of fathers in today's society.

www.dads-uk.co.uk

10.4 **The BabyFather Initiative**

This initiative is run by Barnados and the BabyFather Alliance and aims to encourage responsible parenting amongst black males in the UK, in particular those who are separated from their children.

www.barnardos.org.uk/babyfather

11 **EQUALITY IMPACT ASSESSMENT**

11.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

12 **MONITORING COMPLIANCE AND EFFECTIVENESS**

12.1 **Process for Monitoring Compliance**

Monitoring of this guidance will be carried out by the Named Nurse every other year through the Children and Young People's Service local *Safeguarding Knowledge and Skills Audit* which assesses a number of key safeguarding processes within the Trust. Any shortfalls identified by this audit will be reported to the Safeguarding Children Best Practice group and the Safeguarding Children Steering Group. An action plan will be produced to address any issues reported.

Further qualitative reporting will be carried out via *Service Documentation Audits* and through review of cases by members of the Trust Safeguarding Children Team at Child Protection Clinical Supervision sessions. Lessons from audit will be disseminated to teams by the Named Nurse and incorporated into Trust Child Protection training where applicable.

13 **COUNTER FRAUD**

13.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

14 RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document are as follows:

Section	Outcome
Information and involvement	1 Respecting and involving people who use services
Personalised care, treatment and support	4 Care and welfare of people who use services
	6 Cooperating with other providers
Safeguarding and safety	7 Safeguarding people who use services from abuse
Suitability of staffing	12 Requirements relating to workers
	13 Staffing
Quality and management	16 Assessing and monitoring the quality of service provision

Relevant National Requirements

Department of Health, Health Child Programme (DoH 2009)

15 REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

15.1 References

Department of Health, (2000). The Framework for the Assessment of Children in Need and their Families

Department of Health, (2009). Healthy Child Programme

Department of Health 2004). The National Service Framework for Children, Young People & Maternity Service

Department of Health, (2007). Maternity Matters

Department of Education, (2010). The Children's Plan

Flouri, E., & Buchanan, A. (2004). Early father's and mother's involvement and child's later educational outcomes. *British Journal of Educational Psychology*, 74 (2), 141-153.

NICE, (2006). Routine postnatal care of women and their babies

Pleck, J. H., & Masciadrelli, B. P. (2004). Paternal involvement by U.S. residential fathers. In M. E. Lamb (Ed.) *The role of the father in child development*, 4th ed. (pp. 222-271). New York: John Wiley.

Short, Elizabeth, Riggs, Damien, Amaryll Perlesz, Brown, Rhonda, Kane, Graeme, (2010). Lesbian, Gay, Bisexual and Transgender (LGBT) Parented Families – A Literature Review prepared for The Australian Psychological Society

The Children Act (1989)

The Children Act (2004)

The Childcare Act (2006)

The Education Act (1986)

The Equality Act (2006)

15.2 **Cross reference to other procedural documents**

Data Protection and Confidentiality Policy

Development & Management of Procedural Documents

Managing Historic Allegations of Child Abuse and Neglect Policy

Records Keeping and Records Management Policy

Safeguarding - Child Protection Policy

All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).