



Research project report

‘UP AGAINST IT’

Understanding Fathers’ Repeat Appearance in Local Authority Care Proceedings

March, 2021

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Acknowledgements

We are very grateful for the support shown by the Nuffield Foundation and to members of our Research Advisory Group, Professor Margaret O'Brien, Professor June Thoburn, Sir Michael Rutter, HHJ Lesley Newton (Circuit Judge, Manchester), Maud Davies (Freemans Solicitors), Richard Green (formerly at Cafcass), Sukriti Sen (Essex Children's Services), Stephanie Brivio (Department for Education), Sophie Humphreys (PAUSE), Esther Dermott (Bristol University), Adrienne Burgess, (Fatherhood Institute), and Owen Thomas (Future Men). Our funder and advisory board have shared our enthusiasm for this innovative and challenging research and been encouraging, supportive and committed throughout.

We are grateful to Cafcass (Child and Family Court Advisory and Support Service) for partnering with us and allowing us to access their court administrative data for the project. We are also very grateful to the 20 local authorities who took part in our research by facilitating the survey, helping to approach participants for the qualitative longitudinal study, joining our learning network and providing representatives to take part in focus groups.

Finally, our special thanks are due to the 26 fathers who took part in the qualitative longitudinal study. These men generously allowed us to walk alongside them for many months and shared their experiences of family and parental life, child protection services, care proceedings and child removal.

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Executive summary

Background

The growth in cases of care proceedings has raised questions about parents' repeat involvement in the family justice system and what more could be done to prevent the same parents being involved in care proceedings more than once (recurrent care proceedings). There is some urgency to understand more about the high volume of recurrent care cases which, between 2007 and 2014, affected at least 43,500 mothers and 30,000 fathers. Studies by Broadhurst and Mason (2017, 2020) have generated a growing body of evidence about this vulnerable population of women, while in contrast, very little is known about fathers and the circumstances, extent and pattern of their repeat appearances in court and the subsequent outcome for their child. A key aim of this study has therefore been to bridge this gap in family justice knowledge about fathers and identify opportunities for policy and practice responses and development (Bedston, Philip, et al., 2019; Philip, Youansamouth, et al., 2020).

Key messages

- Fathers had a lower rate of entering care proceedings than mothers. In 80% of cases the father was known and named as party to the case. This means that there are substantial numbers of fathers visible in applications for care proceedings, who therefore need assessment and potentially, support.
- One in five cases (20%) of care proceedings involves a lone mother with no father recorded. This may be for a range of reasons, including estrangement or uncertainty over paternity, but when couples separate it can also lead to fathers' becoming further removed from any local authority or court process.
- Of the fathers who do return to court, three out of four (79%) do so with the same partner. This relationship continuity is contrary to notions of 'feckless' fathers who move from relationship to relationship. Our findings suggest a need to pay closer

Executive summary

attention to couples in the context of interventions to prevent first and repeat episodes of care proceedings.

- Compared with fathers with a single appearance in care proceedings, recurrent fathers were more likely to have been looked after as a child (22%), to have experienced multiple childhood adversities (48%), to be unemployed (69%), and to be not living with their youngest child (44%). These factors are relevant for services for fathers and couples who have lost, or who are at risk of losing children from their care.
- The majority of recurrent fathers had backgrounds characterised by trauma, economic, social and emotional adversity and repeated loss. Support is needed to help fathers address the underlying causes of their difficulties and address relationship problems, past and present.
- Recurrent fathers are vulnerable; they may pose risks arising from their vulnerabilities, but they should also be seen as at risk themselves.
- Recurrent fathers in our study had few and fragile social, material and emotional resources for practical and emotional coping, or for implementing sustainable changes into their lives. Emotional coping includes the need to manage emotions arising from child removal, predominantly loss, guilt and shame.
- Without resources and support to manage emotions and relationships differently, couple conflict and its impact on parenting may be a key factor in families becoming stuck in a cycle of recurrence.

Contents

Acknowledgements	ii
Executive summary	iii
1 Introduction	1
1.1 Rationale for the study	1
1.2 The broader policy and practice context	3
1.3 Organisational and Practice dilemmas on the frontline	7
1.4 Structure of the report	9
2 Research Design and Methods	11
2.1 Aims and objectives	11
2.2 Research questions	11
2.3 Research partners	12
2.4 Study Design	13
2.5 Defining Fatherhood and Recurrence	14
2.6 Legal and ethical considerations	16
2.7 Challenges and limitations of the project	18
3 Delineating the scale and trend of fathers and recurrent care proceedings at a macro-level	21
3.1 Introduction	21
3.2 Key points	22
3.3 National profile of mothers and fathers in care proceedings	23
3.4 National prevalence of recurrent mothers and fathers and who they return with	30
3.5 National profile of non-recurrent and recurrent mothers and fathers	31
3.6 Regional profile of mothers and fathers in care proceedings	38
3.7 Practice points	43

4	Understanding the experiences and circumstances of fathers in care proceedings at a meso-level	45
4.1	Introduction	45
4.2	Key points	46
4.3	Children previously in out-of-home care	47
4.4	Demographic and economic profile	47
4.5	Fathers' health status and issues	49
4.6	Family planning	50
4.7	Current living arrangements	52
4.8	Fathers' own parent's education	53
4.9	Fathers' own experiences of being looked after as a child	54
4.10	Fathers' adverse childhood experiences	54
4.11	Practitioners' view of the case: Child-welfare concerns	56
4.12	Practice Points	60
5	Relationships: understanding the lives and experiences of recurrent fathers	61
5.1	Introduction	61
5.2	Background of the Qualitative Longitudinal (QL) study	61
5.3	Characteristics of the 26 sample men in comparison with survey fathers	63
5.4	Recurrent fathers and relationships across the life course	68
5.5	Recurrent fathers' childhood relationships	68
5.6	Fathers' intimate partner relationships	74
5.7	Factors involved in relationship problems	81
5.8	Understanding intimate partner relationships across the life course	90
5.9	Summary	91
5.10	Practice points	92
6	Understanding the emotional impact of recurrence: living with loss, shame and guilt	93
6.1	Introduction	93
6.2	Key findings	94
6.3	Understanding painful emotions over time	95
6.4	Coping with loss	97
6.5	Internalising emotional pain	100
6.6	Anger as an expression of emotional pain	101
6.7	Keeping busy and 'fronting up'	102
6.8	Navigating shame and guilt	104
6.9	Living with shame	106
6.10	Deflecting or resisting shame	109

6.11 Living with guilt	112
6.12 Shame, guilt and domestic abuse	114
6.13 Practice points	119
7 Reclaiming fatherhood: Moves to rebuild father identity and relationships with children	121
7.1 Introduction	121
7.2 Key findings	121
7.3 Emerging from liminal fatherhood	123
7.4 Turning things round	125
7.5 Encountering children’s services and the courts	130
7.6 Facing the stipulation for substance use ‘cure’	132
7.7 Building recovery capital and reaching out to ‘lost’ children	135
7.8 Rebuilding a relationship with the child	140
7.9 Summary	148
7.10 Practice points	149
8 Discussion of key findings from the project	151
8.1 The significance of relationships across the life course	151
8.2 Early childhood relationships and emotional scaffolding	153
8.3 Couple relationships and being parents	156
8.4 The need for a gender sensitive approach to recurrence	160
8.5 Supporting recurrent fathers and couples	165
A Study design and methodology	171
A.1 Study design	171
A.2 Overall data management for the project	172
A.3 Stage 1: Delineating the population-level scale and trend of fathers and recurrent care proceedings	172
A.4 Stage 2: Understanding the experiences and circumstances of fathers’ in care proceedings	178
A.5 Stage 3: Lived experiences and individual dynamics of fathers’ recurrence	181
A.6 Methods used for the Learning Network focus groups	188
Bibliography	191

1 Introduction

This opening chapter considers, briefly, the policy and practice rationale for our ‘Up Against It’ project. The project examined the patterns and trends of fathers’ repeat appearance in the family courts with successive children and explored the rehabilitative challenges that such fathers pose and face. Our interest here is in public law, family court proceedings, but many fathers will have also been involved with the family court system in private law, separation and divorce proceedings. The project consisted of three strands, an analysis of population-level administrative data from Cafcass (Child and Family Court Advice and Support Service), a survey of fathers in pre-proceedings and care proceedings and a qualitative study following a group of recurrent fathers over time. The practice and service landscape during the life of the project provides an important context to our findings and the implications we draw for policy and practice. We briefly set out pertinent broader debates and concerns in relation to recurrent care proceedings. We then summarise the practice landscape from the perspective of the local authorities and voluntary organisations who participated in the study, based on focus group discussions. Lastly we set out the structure and intention of the remainder of the report.

1.1 Rationale for the study

When this project began in 2017, the number of care order applications had reached record levels of, mostly, year-on-year increases, although the increase has not been the same throughout England (Dickens, Masson, et al., 2019; Family Rights Group, 2018). This growth of care cases has been occurring in tandem with a heightened demand for services, evident not least, in increases in the numbers of child protection referrals, and child protection plans (Department for Education, 2020; National Audit Office, 2019). By 2016, the pattern of increased demand alongside successive funding cuts to child and family services was declared by the President of the Family Division Lord Justice Munby, to be reaching critical proportions (Munby, 2016). The ensuing ‘Care Crisis Review’ established as a direct response to these challenges, noted the widespread unease about

1 Introduction

the way that a lack of resources, coupled with poverty and deprivation were making it harder for both the system and families to cope (Family Rights Group, 2018).

The growth in care proceedings raised questions about parents' repeat involvement in public law aspects of the family justice system and what more could be done to prevent public law applications involving parents who had already had children removed from their care; what Broadhurst, Alrouh, et al. (2015) and Broadhurst and Mason (2014) first termed "*recurrent care proceedings*". The Ministry of Justice's (MoJ) Expert Working Group emphasised the urgency of understanding more about the high volume of recurrent care cases which had affected at least 43,500 mothers but also 30,000 fathers between 2007 and 2014 (Broadhurst, Alrouh, et al., 2015). The Broadhurst et al., studies have provided evidence to support the establishment of a number of grass roots initiatives, such as the PAUSE project, which had attracted major government investment. Such studies and practice applications have generated a growing body of evidence about this vulnerable population of women. In contrast to this, very little is known about fathers and the circumstances, extent and pattern of their repeat appearances in court and the subsequent loss of their children. A key aim of this study, therefore, has been to bridge this gap in family justice knowledge by addressing questions about fathers and their appearance(s) in care proceedings. The human and financial costs of high numbers of children being removed from birth parents, and the impact of such repeat removals requires a complementary body of knowledge on fathers in care proceedings (Brandon, Philip, and Clifton, 2017; Philip, Clifton, and Brandon, 2019).

Learning from an earlier study of fathers in child protection (Brandon, Philip, and Clifton, 2017), we have been mindful of the importance of considering gender differences in relation to how birth parents appear in care proceedings and to address questions of how men navigate fatherhood beyond child removal. In comparison with mothers, fathers' lives, post child protection and court proceedings, appear to reveal important differences and similarities in terms of collateral consequences and cumulative disadvantage (Broadhurst and Mason, 2017, 2020). Fathers' lives are often characterised by greater transience than mothers', or particular experiences of precarious work, and housing (Brandon, Philip, and Clifton, 2017). In addition, fathers may be more able than mothers to avoid scrutiny or identification by public agencies, making it potentially more difficult to fully and fairly assess fathers where there are serious child welfare concerns. In this way, our interest in this study has been to not only develop a more complete picture of recurrent care proceedings, but also to consider the rehabilitative challenges these fathers face themselves and pose, to social work, partner services and the family courts. This challenge includes discerning the circumstances, in

which fathers may, potentially, be an untapped resource for their children, in line with the suggestion in the Care Crisis Review that children on the edge of care might benefit from under-explored family and community support (Family Rights Group, 2018).

It was from within this broad family justice and services context of ‘complexity and challenge’ (Brandon, Belderson, et al., 2020) that we engaged with Cafcass and with 20 local authorities throughout England who partnered with us to implement this study. Throughout the project, these research partners have alerted us to the pressures on current practice in family courts and the broad spread of child and family services, and shared challenges, opportunities and dilemmas for working with fathers involved in recurrent care proceedings.

1.2 The broader policy and practice context

The impact of austerity

The damaging impact of politically imposed austerity on the lives of families and children who need social care services, and on those delivering services, including local authorities and their partner agencies and the family courts, has been highlighted in the Care Crisis Review (Family Rights Group, 2018). Masson, Dickens, et al. (2019) also point out that the impact is shown in the series of ‘Safeguarding Pressures’ reports published by the Association of Directors of Children’s Services (ADCS, 2010a,b, 2012, 2014, 2016, 2018). They note that the fifth report in this series, published in late 2016, highlights an increase in the prevalence and complexity of family problems, especially domestic violence, parental mental ill-health, drug and substance misuse, neglect, poverty, and homelessness. This and later ADCS reports emphasise the repeated reductions in resources, challenges in recruiting and retaining staff, and the high costs of commissioning and managing services provided by external agencies. Like the Care Crisis Review, the 2018 ADCS report warned that pressures to local authority services could no longer be held at bay.

An important aspect of the impact of austerity on families are the changes to the benefit system, in particular, reducing the value of benefits and making them more punitive and harder to access. There is growing evidence that the introduction of the single benefit payment system universal credit, is having more deleterious effects than benefits. An observational study, based on interviews with 52,000 benefit recipients between 2009 and 2018, showed that the implementation of universal credit is linked to increases in mental distress among an estimated 63,674 unemployed recipients. It found no evidence that the

system was associated with more people entering employment (Wickham, Bentley, et al., 2020). Alongside such concerns about an increasingly conditional and reduced welfare benefit system, are arguments critiquing prevailing models for child protection social work, either by highlighting the significance of socio-economic inequality (Bywaters, 2015), or by challenging an individualised and risk-focused approach (Featherstone, Gupta, et al., 2018; Saar-Heiman and Gupta, 2019).

Arguments about the limits of current child protection policy and practice, and the need to include and actively address structural and social inequality as part of supporting parents and protecting children, have also shaped the direction of family justice interests. Balancing the rights and needs of children alongside their parents; balancing the time scales of children with the time scales and processes needed for parental 'recovery'; recognising the entitlement of mothers and fathers to post-proceedings or post removal support are all pertinent debates that inform this study.

Holistic and 'whole family' approaches to family support

There has been evidence about the value to child wellbeing of holistic or 'whole family' approaches for over a decade (Morris, N. Hughes, et al., 2008). The aims are to improve child wellbeing with better attention paid to the needs of all family members, particularly parents, and to improve engagement with services, largely through therapeutic relationships. A recent review has found that a trusting and compassionate relationship between parent and professional is a key and even defining feature of the 'think family' approach (Woodman, Simon, et al., 2020). However, this review also concluded that whole family interventions rarely fully meet family-oriented criteria. In particular, they struggle to address both individual and inter-related need in multiple family members. Most whole family interventions, remain focused on the mother as the primary service user, and a key question explored by our study is how far whole family approaches really support more effective father engagement and better child wellbeing (Brandon, Philip, and Clifton, 2017; Scourfield, 2014; Woodman, Simon, et al., 2020).

There has also been increased interest and commitment to strengths, or relationship-based working, with approaches such as 'Signs of Safety' (Turnell, 2012; WWCCSC, 2018) and other localised models gathering momentum in recent years. Such approaches are, in principle, father-inclusive and local authorities participating in this study have offered and reflected on examples of the opportunities created for building better working relationships with fathers. However, there remain both structural, procedural and attitudinal barriers (for practitioners and parents) to involving fathers in

child protection services and care proceedings (Brandon, Philip, and Clifton, 2017; Osborn, 2014; Scourfield, Allely, et al., 2016).

In terms of the intensive support needed to support parents following the removal of children from their care, the research and policy landscape is also shifting. The vulnerabilities of recurrent mothers and the enduring 'collateral consequences' of child removal have been important findings from the research by Broadhurst and Mason (2017) and Broadhurst, Shaw, et al. (2015). Most recently, Broadhurst and Mason (2020) have drawn attention to women's enduring histories of disadvantage, as well as social and economic disadvantage in their adult lives. To date, most interventions aiming to reduce recurrence follow an individual-centred, mother-focused approach, commonly involving a holistic service through a trusted key-worker model. In addition and in relation to supporting birth parents whose children have been adopted, there is a growing interest in 'trauma informed' work, which aims to fully attend to the voices and experiences of parents who have lost children and to develop therapeutic and more co-constructed ways of supporting birth parents (Alper, McFarlane, and Obee, 2019; Walsh, Rudman, and R. Burton, 2019). Whilst such work is much needed and highly valuable, there is currently still a lack of whole family, couple-focused and father-inclusive services to address the challenges posed and faced by recurrent fathers (Bedston, Philip, et al., 2019). Another key aim of our study is to consider what such services could look like, and to what extent elements of existing support for mothers could be incorporated or adapted.

Cumulative harm and parental adversity

A third pertinent aspect of the policy and practice landscape that sets the context for our study is the interest in cumulative adversity; beginning in childhood and accumulating into adult and parental lives (K. Hughes, Bellis, et al., 2017). This can be related to a life course approach (Elder, 1998; Elder and Giele, 2009) for understanding how individual life trajectories are deeply shaped by relationships, ties and obligations, including intergenerationally. We have drawn on this approach as part of the theoretical framework for our project. In addition, some of the critical debate around child protection social work noted above includes the argument that a risk-focused perspective can pathologise individual parents and fail to understand or consider family and/or structural problems (Edwards, Gillies, and Horsley, 2015; Featherstone, Gupta, et al., 2018). Taking account of early life experiences and their far-reaching consequences in terms of impact on material, social and emotional resources or 'capital' (Tew, 2019) for individuals has generated policy and practice applications in a number of directions.

1 Introduction

One of these has been the development and uses of Adverse Childhood Experience (ACE) scores. Adverse childhood experiences form the basis of an influential framework which sets out ten traumatic childhood circumstances, five of which are forms of child abuse while five represent forms of family dysfunction (McLaughlin, 2016). Whilst the connection between childhood adversities and longer term outcomes across the life course is widely accepted, attempts to conceptualise and then operationalize childhood adversity are also giving rise to important critiques and new research (Asmussen, Fischer, et al., 2020; Lacey and Minnis, 2020; White, Edwards, et al., 2019). The use of ACEs as a screening tool for managing the delivery and design of child welfare services is seen to have advantages and significant limitations. Although the simplicity of the ACE screening tool may facilitate a range of practice applications, key criticisms include the dangers of over-simplifying, over-determining, or predicting, the effects of childhood adversities, and the need for more sophisticated understanding of how adversities combine and/or become cumulative (Lacey and Minnis, 2020).

Another area of policy and practice debate related to cumulative adversity, and specifically linked to care proceedings has been how to respond to parents' problems as part of protecting children (Cox, Barratt, et al., 2017). Research on mothers' experiences of recurrent care proceedings has strengthened the economic and moral arguments for working with parents post-proceedings, and for acknowledging the enduring, or indeed recurrent nature of problems such as poor mental health, substance misuse and abusive relationships (Broadhurst and Mason, 2020; Cox, Barratt, et al., 2017; Wise, 2020). Key issues arising relate to the interconnection, complexity and again cumulative impact of factors negatively affecting parents' ability to provide safe care for their children. This includes the need for understanding and interventions that can respond to the complexity of domestic violence and abuse (Ali, Dhingra, and McGarry, 2016; Ferguson, Featherstone, and Morris, 2019; Stanley and Humphreys, 2017). There are also important debates and dilemmas over how to balance the development needs and timescales of children, with the timescales for parental change, stability or 'recovery', whilst aiming to reduce the number of first and repeat care proceedings cases. Service developments and innovations such as the Family Drug and Alcohol Courts (FDAC) and programmes such as 'Pause' and 'New Beginnings' (Walsh, Rudman, and R. Burton, 2019) have contributed important knowledge and insights, and also collaborations between partner agencies and parents with lived experience. Key messages have been the need to recognise the enormity of rehabilitation challenges faced by recurrent parents, that holistic services built on trust-based helping relationships cannot be short term, and that alternative conceptual and treatment models that see recovery as 'non-linear' may have much to offer (**bosk' chronic' 2017**; Broadhurst and Mason, 2020).

Added to this, and forming an important point of entry for our research is the question of what is known about fathers involved in recurrent care proceedings, and what does current policy and practice provision have to offer them? The arguments we make in this report build on existing evidence of the continued need to engage more fully with fathers, and also with couples and whole families. Research on recurrent mothers makes the important argument that support for parents post-proceedings is neither mainstream nor mandated in policy (Broadhurst and Mason, 2020) and our study builds the case for such support to proactively include fathers and couples. Whilst there are some examples of innovative service development, the provision is highly localised and insecurely funded (Domoney, Fulton, et al., 2019; Walsh, Rudman, and R. Burton, 2019).

1.3 Organisational and Practice dilemmas on the frontline

Over the life of our project we invited representatives from all participating Local Authorities to annual Learning Network meetings in either the North or the South of England. The format for these meetings combined reflective focus group discussion of relevant practice challenges and opportunities for working with recurrent fathers, and sharing or 'sense-checking' emerging findings. In the second year we also invited representatives from voluntary organisations and/or partner agencies with a specific remit or interest in working with marginalised fathers. The intention here was to bring professionals together to focus on what services for recurrent fathers might look like. For a full description of the methods used for the focus groups see Appendix A. Issues raised that are pertinent to the context of the study are discussed here while points which resonate with our findings are returned to in the concluding chapter.

The national service provision for fathers is inconsistent

Services for fathers generally were seen as limited, localised, reliant on short-term funding and/or the presence of particularly committed individuals. In relation to recurrence, there was acknowledgement of the lack of post-removal services (in general) in terms of in-house provision, commissioning and external organisations. Alongside this, it was acknowledged that there is little systematic data or information about fathers in general, which has a bearing on wider policy and local practice (Goldman and Burgess, 2018). At both a national and local level there is arguably a need for building a clearer picture of which men are fathers and in what circumstances.

There is motivation to improve practice with fathers generally and recurrent fathers in particular

There was discussion of improving practice in the best interests of children and the indication of a wish to include fathers as a matter of principle. At the broadest level, the motivation to improve practice was perceived as being to directly support men's parenting and to address long-standing gender inequalities in parental childcare responsibilities. However, there was also consensus that this carries limited strategic weight within local authorities under huge economic and workload pressures. More specific motivations included: the high financial and human costs of public care; the additional health and welfare needs of some children born to recurrent parents; and the need for equity of service in terms of offering mothers and fathers opportunities for change/recovery, and holding them equally accountable for the safe care of their children.

There were examples, predominantly but not exclusively from voluntary organisations, of a rich variety of types of focused individual and group work with men around parenting, contact issues, perinatal services, relationships and abuse, advocacy, substance abuse, loss and counselling, dealing with adverse childhood experiences, connecting with emotions, and understanding brain development. The most effective projects (in surviving voluntary organisations) were those that had managed to develop their programmes and their relationships with men over a long period of time.

Gender does play a part in the policy and practice response to recurrence

There was acknowledgement of a broader, long-standing risk aversion to including fathers generally, and recurrent fathers in particular, which is often supported or overlaid with enduring cultural assumptions about gender and parenting; mothers remain the 'primary carer' and so the focus of services remain on mothers. Some practitioners gave examples of feeling they were fighting against social disapproval, or wider attitudes about gender, when they did try to support fathers, particularly as alternative carers for children. Such factors tended to be seen as obstacles and often as presenting dilemmas for the task of working more inclusively with recurrent fathers.

There was discussion of certain characteristics associated with recurrence, including substance misuse, learning difficulties, histories of childhood neglect/abuse, out-of-home care experience, poor mental health or offending behaviour. The consensus was that it is common for recurrent fathers to have several or all of these characteristics. Yet, there was also broad agreement that there can be differences in

how such characteristics or circumstances are responded to for mothers and for fathers. Examples considered included a different level of (public) empathy, different expectations in relation to accountability and capacity to change. The recent report on domestic abuse in private law cases (Hunter, M. Burton, and Trinder, 2020) that includes a reconsideration of the presumption of 'parental involvement' for fathers as well as mothers is perhaps another illustration of this, and of the particular challenges of working inclusively with fathers where there is DVA.

Overall then, the view from practitioners was that there is commitment to, and some improvement in, involving fathers in a timely way. However, there are also challenges and practice dilemmas around the shifting criteria, enabling or prohibitive factors that may trigger activity to find or engage with fathers at particular points in local authority processes.

1.4 Structure of the report

This chapter presents the rationale and context for our research; the next chapters cover the following:

- Chapter 2 describes the methods used for each strand of the project. An overview of our methodology with more detail is also provided in Appendix A.
- Chapter 3 reports the scale and pattern of recurrent fathers' involvement and appearance in care proceedings. This is based on administrative data from the Cafcass (Children and Family Court Advisory and Support Service) in England over an eight year observational window (2010/11 to 2017/18).
- Chapter 4 reports findings from the survey of fathers in care proceedings, which captures the characteristics and circumstances of fathers in pre-proceedings and care proceedings.
- Chapters 5–7 present the findings from the qualitative longitudinal study of 26 recurrent fathers:
 - Chapter 5 focuses on relationships in early life and adulthood, and demonstrates the importance of emotional regulation or 'scaffolding' for men as fathers and as partners.
 - Chapter 6 deals with the emotional impact of care proceedings and child removal, focusing on how fathers experience loss, guilt and shame.

1 Introduction

- Chapter 7 focuses on more positive aspects of the recurrent fathers' accounts, in terms of how regaining control or making changes to their lives may become possible. This chapter offers examples of how some recurrent fathers may be supported to reclaim a stake in fatherhood, either for children in the future, or for future children.
- Chapter 8 draws together key findings from the study overall, considers the main practice and policy dilemmas and implications, and presents a series of recommendations.

2 Research Design and Methods

2.1 Aims and objectives

A mixed methods research project was carried out between 2017 and 2019, focused on fathers and care proceedings under Section 31 of the Children Act 1989. The overall aim of the study was to build the much-needed knowledge base about fathers' appearance and re-appearance in the family court. The study had four main objectives:

- Provide the first national picture of the scale and pattern of fathers in first and subsequent Section 31 proceedings for England;
- Build a picture of the life circumstances of such fathers;
- Generate insights into the lives and coping strategies of recurrent fathers;
- Identify opportunities where policy and practice might make a difference.

2.2 Research questions

We established a set of eight research questions to frame the study, corresponding to the three main elements of the project. The research questions are ordered from macro to micro level, beginning with an exploration of population-level contexts and trends, moving to the medium-level of patterns of associations and/or causality and then to a richer understanding of individual-level dynamics.

Stage 1: Macro/population-level (Cafcass data extract)

1. What is the prevalence and profile of 'recurrent fathers' and 'recurrent couples' within care proceedings nationally?
2. How have the number of fathers and their profiles changed over time?

2 Research Design and Methods

3. How do regions vary in relation to the number of fathers, proportion of recurrence, and their profiles?
4. Are there differences in case legal outcomes for children between fathers' first and recurrent care proceedings?

Stage 2: Medium-level (survey of fathers in care proceedings)

5. What are the characteristics of fathers within first and repeat appearances in care proceedings (in terms of (social, cultural and economic characteristics, mental wellbeing, life aspiration, etc.)?)
6. How do fathers in care proceedings compare to the general demographic?

Stage 3: Micro/individual-level (qualitative longitudinal father study)

7. What are the life dynamics of vulnerable fathers and patterns of service interaction that sustain and/or disrupt repeat losses of their children to care?
8. What are men's strategies for managing grief and the stigma of loss in relation to intimate adult and father-child relationships?

2.3 Research partners

Twenty-two local authorities from across England were approached via separate e-mails sent to the relevant Directors of Children's Services and/or Principal Social Workers to ascertain interest and request agreement to take part in the research. There was a geographic spread of participating local authorities, including South East, South West, Central, North East and North West regions. There was also a mix of large and small authorities, unitary authorities, London Boroughs and County Councils.

Twenty local authorities agreed to take part, and 18 went on to become active research partners, over an 18-month period. The other two local authorities were unable to continue to commit to the research for various reasons, including Ofsted inspections and staffing issues.

In addition to local authorities, we also partnered with eight voluntary organisations (a mix of national and local) who helped with recruitment for the research and took part in the second round of learning network events.

2.4 Study Design

To investigate these research questions, the study comprised three main elements. Further details on the methods, research instruments analytical techniques used can be found in Appendix A.

Study Samples

The samples from each of the three levels are substantively, rather than methodologically nested. There was no means of checking whether men who participated in the survey were part of the Cafcass data although this should have been the case unless their court proceedings were after 2018 (our end point for the Cafcass analysis). The sample of recurrent fathers in the Qualitative longitudinal (QL) study (n=26) is not a subsample of the surveyed fathers (n=127) but the survey nonetheless provides a wider context in which the QL sample can be located. In addition, whilst the survey provides broader significant characteristics of recurrent fathers, the QL sample gives nuanced information and insight about recurrent fathers' life trajectories and lived experiences over time. A substantive and iterative approach was taken to building the survey and QL samples due, largely, to recruitment challenges. There was also a need to be responsive, flexible and sensitive to the circumstances of local authorities and the fathers themselves.

Stage 1 (Macro/population-level, Cafcass data extract) consisted of a statistical analysis and reporting of data extracted from routine administrative records held by Cafcass. Records concerned approximately 88,860 mothers and 73,140 fathers identified as being party to a sample of 90,120 Section 31 care proceedings under the Children Act 1989, between 2010/11 and 2017/18, which represented 95.6% of available records. Analysis of the data provided, for the first time, population profiles of fathers' recurrent appearances before the family court vis-à-vis existing evidence on mothers' recurrence.

Stage 2 (Medium-level, survey of fathers in care proceedings) consisted of an anonymous, survey across a geographical spread of 18 local authorities, using a two-part, multiple choice, paper-based questionnaire: one part completed by the father,

and the other completed by a father, and with the father's permission, the other part completed by the practitioner involved in the child's case. Upon completion, both parts of the survey were posted back to the research team, separately, and fathers received a £10 gift voucher. In total, we received 127 surveys completed by fathers, of these 106 the practitioner had completed their paired component. The design of the survey drew on our previous work as well as the work around the Adverse Childhood Experiences (ACEs) survey and Understanding Society, the largest nationally representative social survey in the UK. Analysis of the survey data provided fresh insights into the childhood experiences and life circumstances of fathers in S.31 care proceedings.

Stage 3 (Micro/individual-level, qualitative longitudinal father study) was a qualitative longitudinal study of 26 men's experiences of recurrent child loss through involvement with children's social care. The study involved in-depth interviews and regular monthly contacts with participating men (and couples) over a period of 6-12 months. The Qualitative longitudinal (QL) element provided rich insight into recurrent fathers' lives and relationships, and access to examples for practice of ways in which services could sustain, or potentially disrupt, repeat losses of children.

The Learning Network

In addition to the main study design, and as summarised in chapter one, we undertook focus groups with relevant practitioners in participating authorities and voluntary organisations over the life of the project. The specific questions used for the focus group discussions are detailed in the Supplementary Material. The focus groups were designed to prompt discussion about available services, the challenges and opportunities for working with recurrent fathers and couples, and to 'sense check' emerging findings.

2.5 Defining Fatherhood and Recurrence

For the purpose of our research we had to consider definitions of recurrence and of fatherhood.

Fatherhood

We aimed to take an inclusive approach to defining fatherhood to acknowledge the range of fathering roles and relationships men may experience over time. For the analysis of the Cafcass administrative data we defined a father as a man who was a party to the proceedings linked to at least one of the subject children as a biological father or stepfather. Similarly, for the survey, participants needed to be a biological father to at least one child in the current pre-proceedings or care proceedings. For the QL study, participants again needed to have been biological father to at least one child where they had experienced repeat instances of child protection, pre-proceedings or care proceedings.

Recurrence

Element 1: For the purposes of the Cafcass data extract, we considered a father (mother or couple) to be recurrent if we were able to identify more than one set of Section 31 care proceedings in which he was the respondent. Under this definition, we refer to the first recorded set of Section 31 care proceedings for a father (mother or couple) as the index set of proceedings. This is because it is possible that there may have been earlier proceedings, but we are unable to identify these due to limitations with the data sources. Any subsequent proceedings are described as first repeat, second repeat and so forth. Based on whether or not the child or children in a second set of proceedings have previously been brought to the attention of the family court, a father's (mother's or couple's) recurrence can be further described as recurrent with at least one new child, or recurrent with a previous child or children only. This definition corresponds to the original definition of recurrence coined by Broadhurst et al. (2017) in their study of recurrent mothers, which maximise the validity of comparison between our results and existing analyses of recurrent mothers.

Element 2: For the purpose of the survey, we defined recurrence by practitioner responses to the following questions: 'Has this man been involved in any previous proceedings' and 'what decision was made regarding this case' (PLO meeting or issue of formal care proceedings) and 'In your opinion, how likely is it for this case to move into full proceedings'? Thus, recurrence was defined both from the perspective of the father and the practitioner. From the practitioners' perspective, recurrence was recorded if the father had a previous record of care proceedings that is known to the practitioner who filled out the questionnaire. From the fathers' perspective, the record of recurrence is

defined based on their self-reported response to the survey question on whether they had previously had a child subject to care proceedings, and/or out of home care.

Elements 3: In the QL study, we defined recurrence as having had two or more experiences of any combination of pre-proceedings, care proceedings, or voluntary accommodation (S20) of children, rather than simply two or more instances of child removal through Section 31 care proceedings. This decision was taken in order to accommodate the range of contexts in which fathers experience the loss of children, and the range of outcomes of care proceedings for the children including Special Guardianship Order, Supervision Order, or being placed in their father's care. The wider definition was also employed to overcome the difficulties we might otherwise have encountered, in recruiting a sufficient number of men to the sample in the time available. All 26 fathers had experienced multiple or recurrent losses in their lives, arising both from local authority interventions, public law proceedings but also private law proceedings, bereavement, separation, divorce and estrangement.

2.6 Legal and ethical considerations

The project received ethical approval from the Research Ethics Committees at the University of East Anglia and Lancaster University, the Children and Family Court Advisory and Support Service, Her Majesty's Courts and Tribunals Service (HMCTS). We also obtained ethical clearance to conduct the survey in the local authorities from the Association of Directors of Children's Services (ADCS) Research Group and went through local governance procedures in some of the participating authorities.

In relation to data collection from fathers, participation was voluntary and all recruitment and consent material and research tools (the survey and interview schedules) were piloted and adapted. Careful preparatory and set up work was undertaken in each local authority to negotiate the fine details of the approach needed locally to administer the survey and recruit recurrent fathers for the QL study.

Informed consent for the survey

In order to gain consent the identified local authority or voluntary sector practitioner explained the survey and sought consent from fathers to take part. This involved using an information sheet and consent form provided by the research team (see Supplementary Material). The information sheet and consent form were handed to the

father before they were invited to participate in the survey. Staff briefings provided by the research team included ethical management of the survey and advice regarding the principles of voluntarism that were fundamental to all aspects of the study, including the recruitment of recurrent fathers and the process of seeking consent. As a token of thanks and to encourage completion of Part B, fathers were provided with a £10 store voucher; an amount which was calibrated against other survey studies in the UK.

Informed consent for the QL study

Consent was sought by a relevant local authority or voluntary sector practitioner from fathers to see if they would be interested in a telephone approach by a researcher to discuss involvement in the QL study. Informed consent to take part in the QL project differed from agreeing to a one-off interview. The longitudinal process was explained to participants who were informed that they could withdraw from the study at any point during the 6-12 month research journey without explanation. Since it was difficult for some participants to fully understand the implications of continuing contact over time, consent was revisited with participants at regular intervals, and was seen as a process, rather than a single event. We also revisited formal consent at the later stages of the study, to discuss with participants the potential archiving of their anonymised interview data. It is increasingly expected that research data be archived for reuse by future researchers, and as part of preparing for the final research interview, the nature and purpose of archiving was explained, and their explicit consent sought. The 26 recurrent fathers who took part in the QL study received a store voucher to the value of £20 at the beginning and end point of their involvement; again, there are established precedents for this as recognition of participants' time.

Managing the QL research relationship

We had clear protocols for managing the ongoing research relationship with participants and this included explaining (and reminding) the limits of confidentiality. As part of seeking informed consent, we discussed with each participant that the researcher would have to report to the relevant agency any information suggesting immediate risk to a child or other person. Our relationship protocol also included the issues of withdrawal from the study, managing our monthly text/phone contacts, and the ending of the research process. A copy can be found in Supplementary Material. Overall, the research team applied a high degree of reflexivity at all stages of the in-depth, longitudinal study by using supervision, team meetings and debriefs to question and address ethical issues as they arose.

In addition to considering and reflecting on the safety and welfare of the participant, researchers also remained astute to recognising their own personal safety and welfare during the intense qualitative longitudinal study. Accordingly, the research team was guided by the Social Research Association's Code of Practice for the Safety of Social Researchers and used regular communication, team meetings and monthly supervision with the Principle Investigators to discuss and reflect on the challenges and insights of this element of the research.

2.7 Challenges and limitations of the project

This is the first large scale attempt to investigate fathers first and repeat appearances in S31 proceedings and as such it provides some significant contributions for building the knowledge base on recurrence. As with all research, there were numerous challenges along the way and the research team and our research partners had to be responsive to these.

The two main areas where challenges and contingency planning arose were the administration of the survey and the recruitment of recurrent fathers for the QL study. Whilst careful and ongoing communication with participating local authorities took place, issues such as changes to staffing (including staff illness), organisational restructures, or external inspections caused complications and sometimes delays in implementing the research. We were conscious from the outset that participating authorities were experiencing high demand for services, in a high pressure, high stakes context (child protection, pre-proceedings and care proceedings), and that staff time would be at a premium. Some authorities also reported issues relating to father engagement including fathers' being 'absent' or unknown, fathers living a long way from their children, fathers in prison, or working relationships with fathers having broken down.

In response, the research team adapted to the presenting challenges, and attempted to work in as flexible way as possible with participating authorities. This included encouraging a more inclusive approach to deciding who the best suited practitioner might be to approach a father, and sending a dedicated researcher into a local authority in order to engage fathers and support the return of surveys. In four local authorities, we worked alongside practitioners from voluntary organisations – who were delivering early help or post-removal services, to increase the uptake in the survey and/or recruitment of recurrent fathers into the QL study. In addition, the overall timescale for returning surveys was extended by seven months.

We sustained productive working relationships with all 18 of the authorities who were able to actively participate in the research, and this was supported by the learning network events and focus group work that we undertook. In many cases feedback from authorities was that the challenges in implementing the research provided an important and sometimes revealing opportunity to reflect on practice with fathers. We are extremely grateful for the time, energy and persistence of key staff who worked with us to achieve the recruitment of the 127 completed father surveys and 26 recurrent fathers for the QL study.

Strengths and limitations of the study design

The strength of using the Cafcass court administrative records is that we can see population-level scale and patterns regarding proportions and trends, particularly for what is such a difficult to reach population. The limitations are around the depth of the insight we are able to generate from the information that is routinely recorded. However, the other elements of this study enabled us to overcome this limitation at a project-level.

The sample size of our survey means we were not able to conduct advanced statistical modelling which if implemented may result in findings that lack statistical power. To mitigate this potential risk, the analysis of the survey component of the project is accompanied by an appropriate power analysis to ensure that our analysis is robust.

Secondly, for both the survey and the QL study, it may well be the case that the sample constitutes less marginalised or less excluded fathers. This is because, in order to be identified and recruited, they were or had been at some point, engaged with some kind of welfare assessment or support service. It remains the case that the voices of the most marginalised or 'invisible' fathers are missing. It is also likely that at the time they were recruited, our participants were perceived as not the most 'dangerous' or high-risk fathers, despite the decision of the local authority to begin care proceedings. That said, a key strength of the QL study is that we could build a rich picture of fathers' past lives and how their lives had changed (or not) over time. This meant we could also see times when they would have been, or had been, seen by practitioners as much more 'absent' from, or problematic and risky to their children or partners.

In terms of the sample of recurrent fathers in particular, a lack of ethnic diversity is notable. All but one participant was White British. In part this was contributed to by limitations on our ability to provide translation or interpretation services for fathers with English as a second language. However, the larger sample of surveyed fathers also reflected this

2 Research Design and Methods

ethnic profile, which raises interesting issues for future research. In addition, we did not recruit any fathers who were very young (under 20) at the time of recurrent proceedings. Our youngest participant was 24 years old at the start of the study, although a number had been very young when they first became fathers (the youngest age of first-time fatherhood was 14).

Overall, this large-scale mixed methods project has generated important quantitative and qualitative findings about the fathers and recurrent care proceedings. The following chapters present and discuss these findings, drawing out their implications for practice.

3

Delineating the scale and trend of fathers and recurrent care proceedings at a macro-level

3.1 Introduction

In this chapter, we report the findings from Stage 1, the population-level component of the project. Specifically, in this chapter we address the following questions:

1. How have the number of fathers and mothers along with their profiles changed over time?
2. What is the prevalence 'recurrent fathers' and 'recurrent mothers' within care proceedings nationally? And who are they returning with?
3. How do recurrent fathers and mothers differ from their non-recurrent counterparts, as well as each other?
4. How do regions vary in relation to the profile of parents and the rate of recurrence?

To address all of these questions we made use of admin records held by Cafcass for the financial years ending 31st March from 2010/11 through to 2017/18. The detailed methodological underpinnings of the chapter are presented in Appendix A. Complete results are available in the Supplementary Material.

3.2 Key points

- Whilst number of care proceedings have increased over time, the gap between mothers and fathers being party to proceedings has remained consistent.
- Few gender differences were found in the sociodemographic traits documented by Cafcass (e.g. number of children in proceedings, age of youngest child, legal orders that conclude proceedings) between mothers and fathers in care proceedings. The main observation being that mothers are younger than fathers.
- Mothers had higher rates of returning to court than fathers. The lower rate of fathers' recurrence is in part due to the invisibility of fathers, particularly as they enter new relationships.
- Among mothers and fathers who enter recurrent care proceedings, a high proportion return with the same partner. Three out of four recurrent fathers return to the family court with the same partner, this suggests a need to pay closer attention to relationships and couplehood in the context of intervention and service development.
- Small regional differences were found regarding the rate of recurrence for both mothers and fathers.

3.3 National profile of mothers and fathers in care proceedings

Number entering care proceedings

As shown in Figure 3.1 below, there has been a consistent lower appearance of fathers over time. Between 2010/11 and 2017/18, we found on average 9,140 fathers, 11,110 mothers and 19,500 children entering per year (these absolute figures will vary from those reported elsewhere due to our sampling criteria). With numbers increasing from 7,060 to 10,780 for fathers, a rate of approximately 6% year-on-year. Over this eight-year period, the ratio of fathers to mothers, and children to mothers remained relatively consistent; average ratios of 0.80 fathers per mother and 1.78 children per mother each year. This means that over this period, we found no evidence of the 'gap' closing between mothers and fathers.

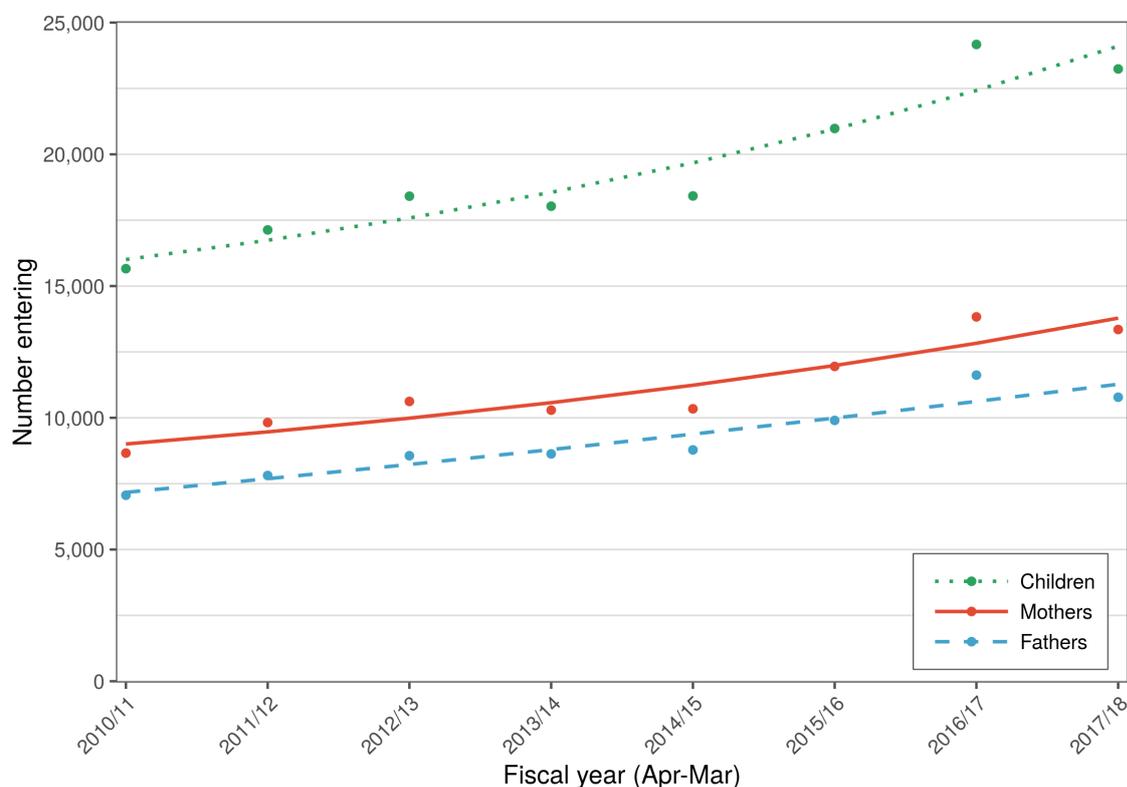


Figure 3.1: Number of children, mothers and fathers entering care proceedings per fiscal year. The exact absolute numbers will vary from those reported elsewhere due to our sampling criteria, however the trend is consistent with previous work.

Number per set of care proceedings

The previous section considered the total number of fathers, mothers and children entering per year. Numbers presented did not take into account whether several children or more than one father were listed on the case. In contrast Figure 3.2 does provide this differentiation at the case level, by showing the percentage of care proceedings broken down by the number of mothers and fathers who were parties in the case each fiscal year. From this, we found that, on average, 98% of care proceedings had one mother listed as a party, with only 1.8% of cases, having no mother added. These percentages are averaged across the window, but percentages were consistent when considered by year. For fathers, we found 27% of care proceedings each year had no father recorded as a party, while 67% had one father party and 6.6% had two or more. While there is slight variation across the eight-year period this was also found to be a relatively consistent trend. Therefore, findings indicate that birth fathers are more likely to be absent from cases, than birth mothers.

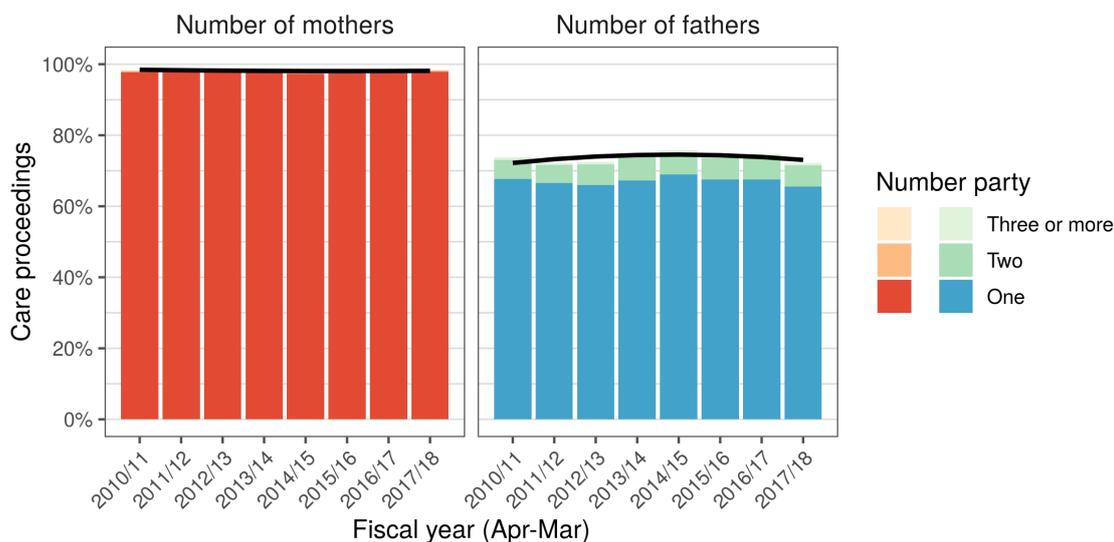


Figure 3.2: Number of mothers and fathers per set of care proceedings each fiscal year. Trend lines represent the binomial proportion of care proceedings with at least one mother and father party, respectively, as opposed to none.

Parent's age

The proportion of mothers and fathers entering care proceedings each year aged less than 30 years old was found to have significantly decreased over time. Figure 3.3 shows the annual percentage break down across 5-year age-intervals, with trend lines representing the proportion aged less than 30 years old. For mothers, 60% in 2010/11 were aged less than 30, compared to 46% in 2017/18. For fathers, we found 42% and 32% respectively. These changes represent a proportional year-on-year decrease of approximately 8% and 6% for mothers and fathers respectively. Parents in care proceedings appear, therefore, to be slightly older in the most recent cases than in previous years.

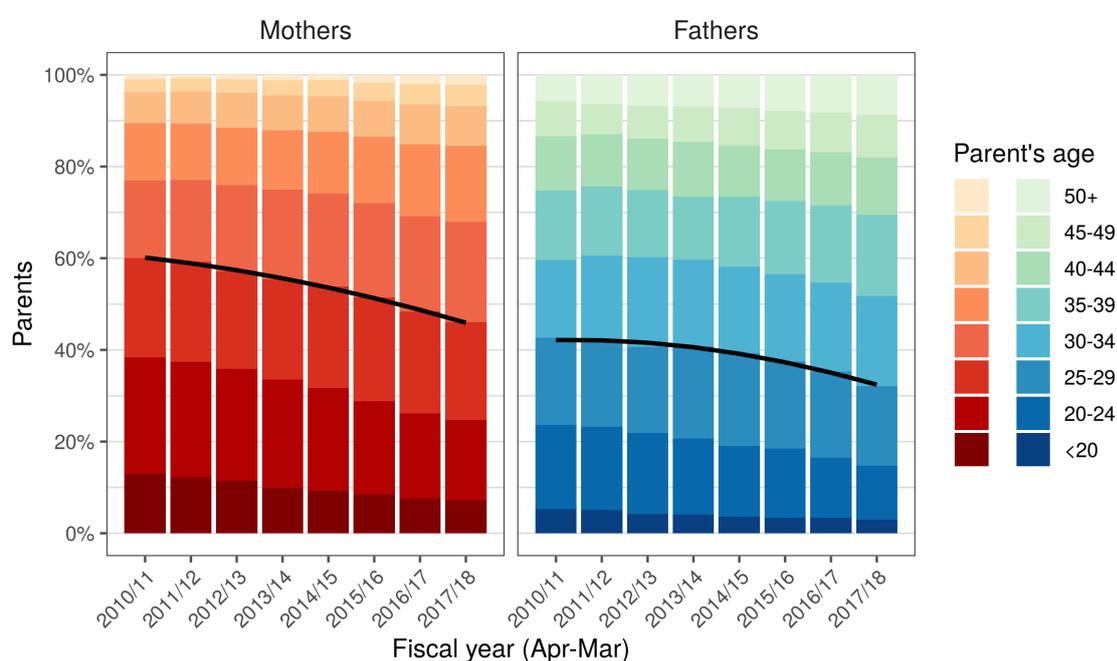


Figure 3.3: Age of mothers and fathers entering care proceedings each fiscal year. Trend lines represents the binomial proportion aged less than 30.

Age of mothers relative to fathers

The age-gap between mothers and fathers has remained relatively unchanged over time, with 79% of mothers being younger than the father. As shown in Figure 3.4, we found that, on average each year, 26% of mothers were between 0 and 2 years younger than the respective father, 20% 3-5 years younger, 17% 6-10 years younger, and 15% 11 or more years younger. This challenges broader assumptions that might be made that care proceedings typically consist of older fathers paired with much younger mothers, in fact, in only 15% of cases, was an age gap over 10 years evident.

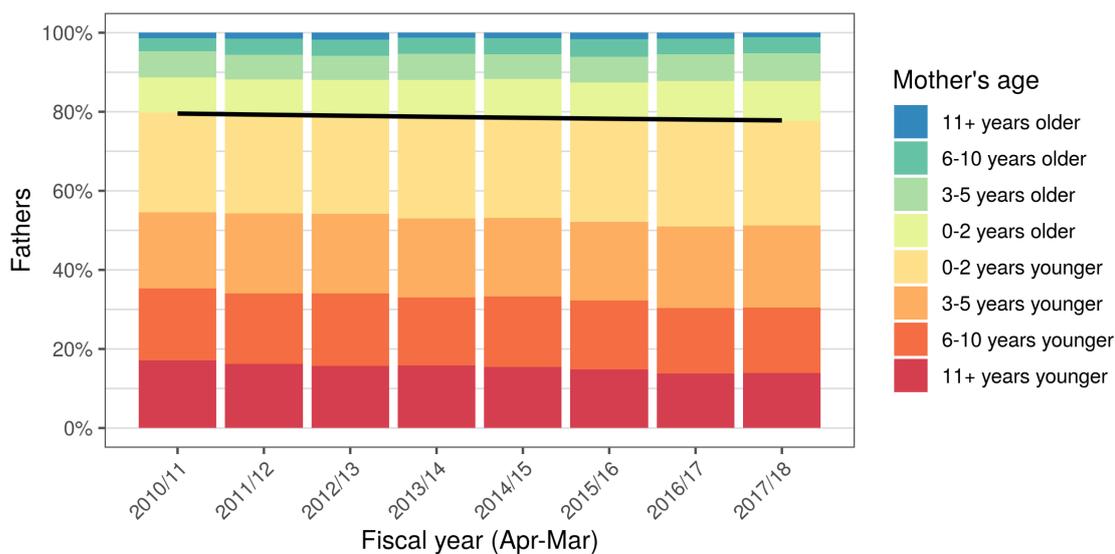


Figure 3.4: Age of mother, relative to father's age for fathers entering care proceedings each fiscal year. Trend line represents the proportion of mothers that are younger than the respective father.

Number of children per parent

A lot of proceedings concern one child, as shown in Figure 3.5. The number of children per parent entering care proceedings has changed very little over time, with on average, 61% of mothers, and 66% of fathers entering each year with just one child subject to proceedings. Regarding entering with larger numbers of children, 21% of mothers entered care proceedings with two children, 10% with three, and 8% with four or more. The breakdown for fathers was similar; 21%, 8%, and 5%, respectively. These results reflect the small proportion of care proceedings involving multiple fathers shown earlier.

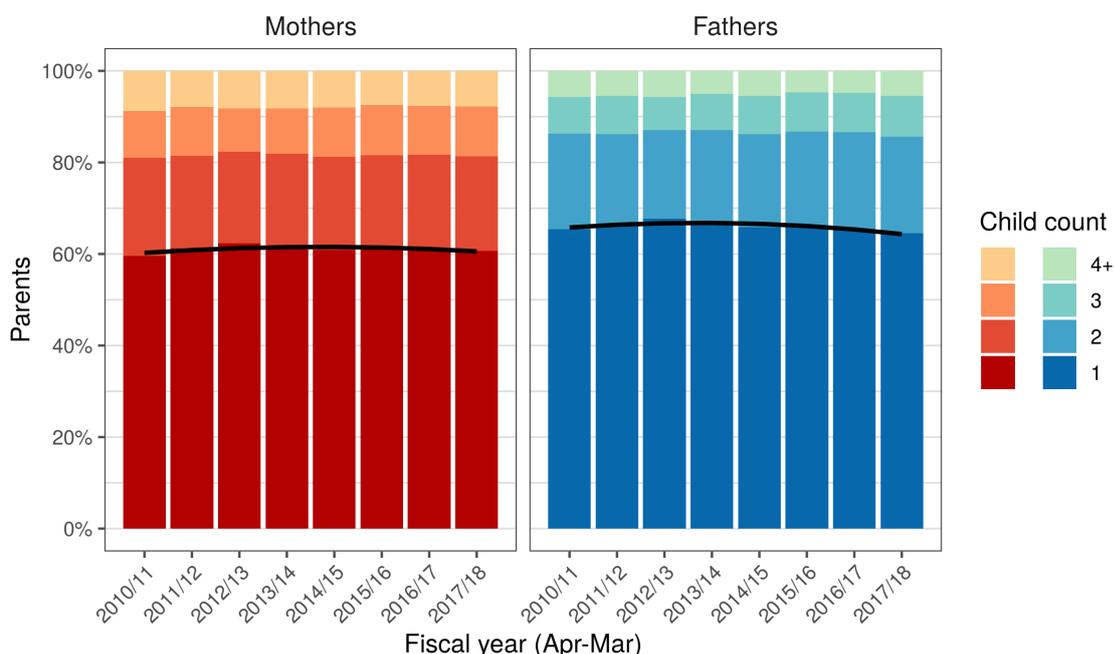


Figure 3.5: Number of children associated with a mother and father entering care proceedings each fiscal year. Trend lines represent the binomial proportion entering with one child only.

Age of parent's youngest child

The proportion of parents entering care proceedings each year with a child aged less than one year old has been significantly decreasing over time. This trend is true for both mothers and fathers, though the scale of the trend varies. A smaller proportion of fathers enter with a child aged less than one, compared to mothers, but this proportion is decreasing slightly quicker for fathers than mothers.

3 Delineating the scale and trend of fathers and recurrent care proceedings at a macro-level

Figure 3.6 shows the percentage breakdown of age-groups for the youngest child of the mothers and fathers entering each year. In 2010/11, 48% of mothers' youngest children were aged less than one year old, compared to 41% in 2017/18. While for fathers we found 42% and 31%, respectively. The trend line represents the proportion entering with a child aged less than one year old and is shown to be decreasing over time. The year-on-year rate of decrease is approximately 6% and 8% for mothers and fathers, respectively.

While representing a smaller proportion of parents, the trend for those entering with children aged less than four weeks was found to be similar for that of under ones as a whole.

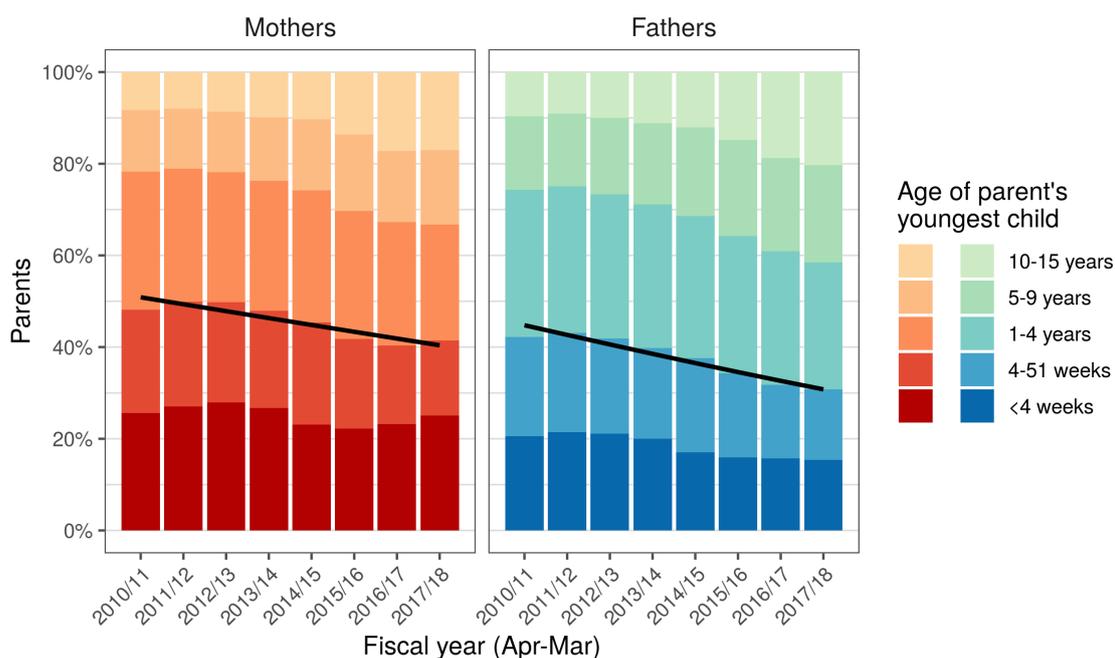


Figure 3.6: Age of youngest child for mothers and fathers entering care proceedings each fiscal year. Trend lines represent the binomial proportions aged less than one year old.

Legal outcome for parent's youngest child

Figure 3.7 shows the trends in legal outcomes for the youngest child of mothers and fathers entering care proceedings each fiscal year. Mothers and fathers entering care proceedings experience proportionally the same legal outcomes for their children, with the exception of Placement Orders / Adoption Orders (PO/AO). For PO/AO outcomes fathers experienced this, on average, 4% less than mothers. This can be largely explained by the patterns we saw earlier regarding the age of the youngest child, as

3.3 National profile of mothers and fathers in care proceedings

PO/AO is an outcome more associated with younger children than older, and a number of fathers are entering care proceedings with an older child as part of a previous relationship with the mother.

Over time, all legal orders have undergone changes in their level of usage. The greatest changes we found were: the increase in Child Arrangement Orders / Residence Orders / Special Guardianship Orders (CAO/RO/SGO) and the decrease in Placement Orders / Adoption Orders (PO/AO). CAO/RO/SGO outcomes have effectively doubled over the last eight years, while PO/AO outcomes have halved. We also found that the percentage of applications being dismissed or result in Order of No Order (Dismissed/ONO) has decreased from 10% in 2010/11 to 5% in 2017/18. There have also been increases in the use of Supervision Orders and Family Arrangement Orders (SO/FAO), and an overall small increase in the use of Care Orders / Secure Accommodation Orders (CO/SAO).

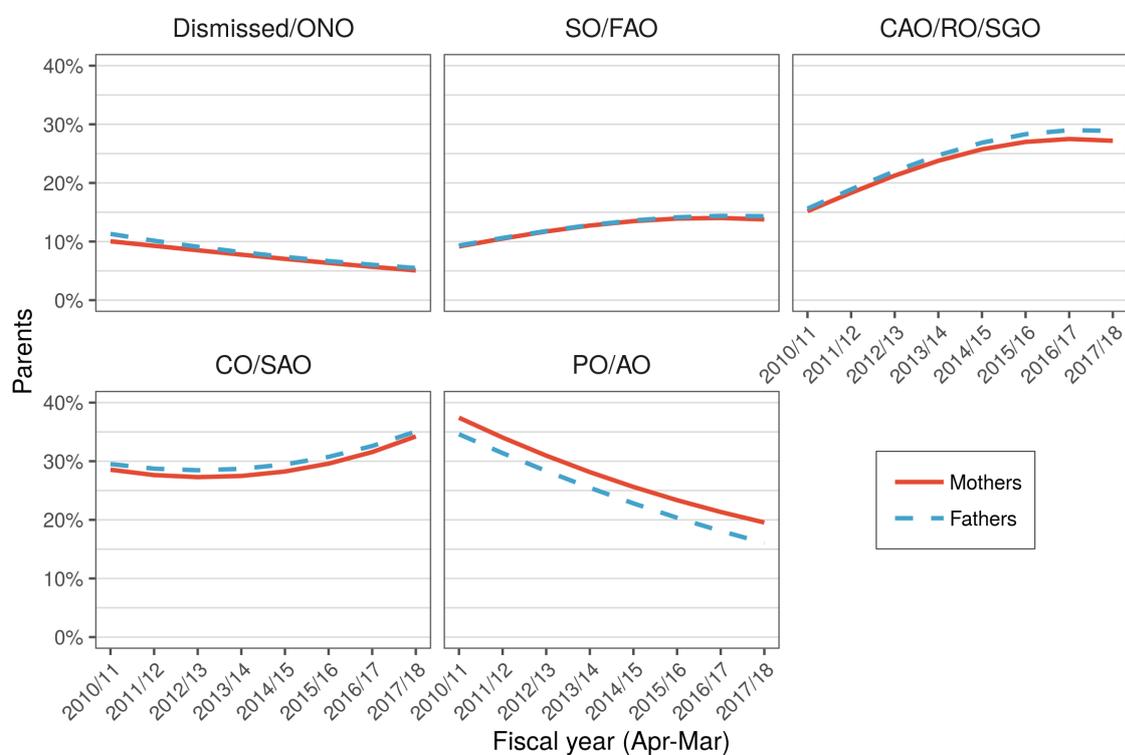


Figure 3.7: Trend lines of legal outcomes for the youngest child of mothers and fathers entering care proceedings each fiscal year.

3.4 National prevalence of recurrent mothers and fathers and who they return with

Mothers and fathers differ in their rate and pattern of recurrence. Fathers have a much lower rate of entering subsequent care proceedings than mothers: their rate is nearly half that of mothers. Fathers also have a very different pattern of who they return with, as they were far less likely to return with a new partner compared to mothers. A much larger proportion of recurrent mothers returned with a new partner, or as a lone parent, compared to fathers.

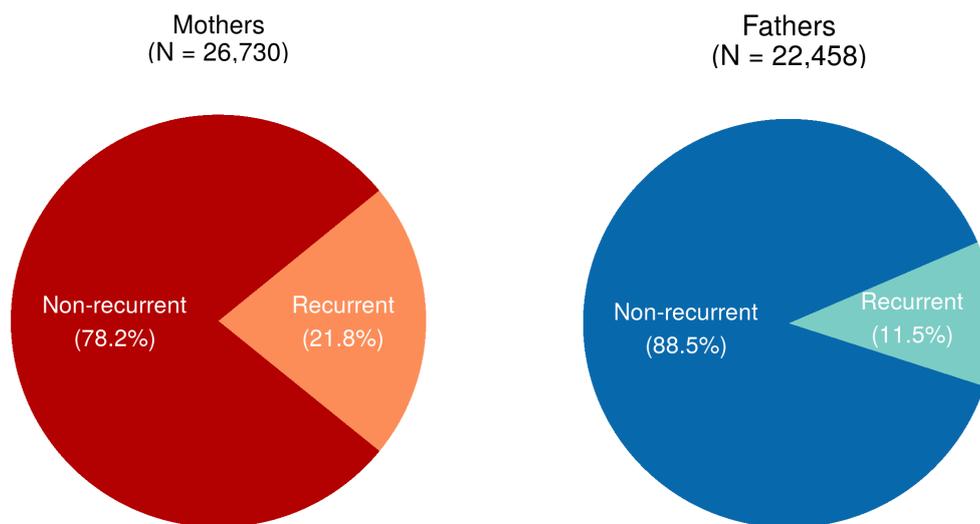


Figure 3.8: Percentage of mothers and fathers recurrent within five years of their index care proceedings.

Figure 3.8 and Figure 3.9 together capture the detail of differences in recurrence between mothers and fathers. We estimate that 115 fathers per 1,000 that enter care proceedings will have returned within five years of the start of their index case, while for mothers the rate is 218 per 1,000. Figure 3.9 shows that for recurrent fathers, we would expect 31.5% of those who returned, do so with the same partner and same child, 43.5% with same partner and new child, 12.7% with a new partner and new child, and 0.7% as a lone parent. Meanwhile, for mothers we found 27.1%, 29.5%, 13.3% and 19.1%, respectively.

The 'other' category consisted of a mixture of combinations of relationships but could be summarized as parents mainly returning with older siblings who were not subject to the index care proceedings. This could be either because the older sibling was known but there were no concerns regarding their care, or were somehow hidden or not known

3.5 National profile of non-recurrent and recurrent mothers and fathers

about at the time of the initial case concerning another sibling. This detail illustrates the complexity of recurrence.

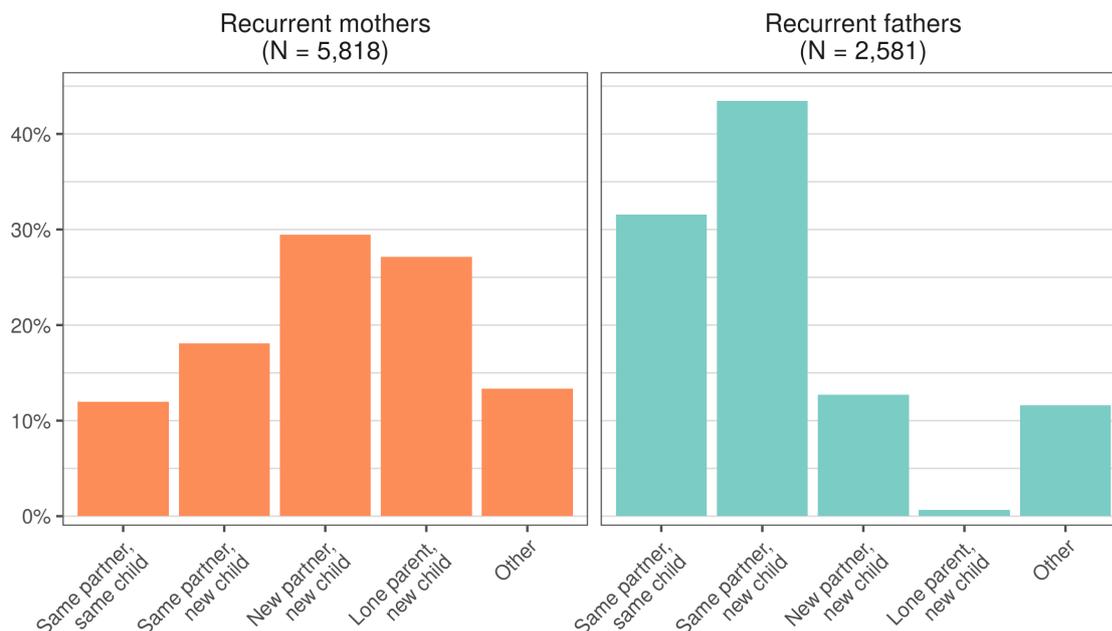


Figure 3.9: Percentage of what type of partner and child recurrent mothers and fathers return with.

3.5 National profile of non-recurrent and recurrent mothers and fathers

Little differences in the administrative demographics were found between fathers and mothers, in both the non-recurrent and recurrent groups. The main exception to this was that mothers and fathers tend to concentrate at distinct life-course stages. However, there were several differences between the non-recurrent and recurrent groups. As we discuss below, mothers tended to be younger than fathers, and recurrent parents tended to be younger than their non-recurrent counterparts. As recurrent parents tend to concentrate in an earlier stage of the adult life course, they also enter with younger children than non-recurrent parents. Apart from these differences, fathers and mothers who have returned to the court, initially appeared with a similar number of children, their youngest children were similarly aged, and the legal orders concluding their first case were also similarly distributed.

Parent's age at the start of index proceedings

As shown in Figure 3.10, when comparing the ages of non-recurrent and recurrent mothers, we found that recurrent mothers were significantly younger than non-recurrent mothers at their index case ($p < 0.001$), with 72% and 50% less than 30 years old, respectively. For fathers, we found a similarly and significant but smaller pattern ($p < 0.001$), with 47% and 34% less than 30 years old, respectively.

Regarding age-gaps between couples, both the non-recurrent and recurrent groups had similar sized age differences. Fathers from both groups were on average 3 years older than the respective mothers.

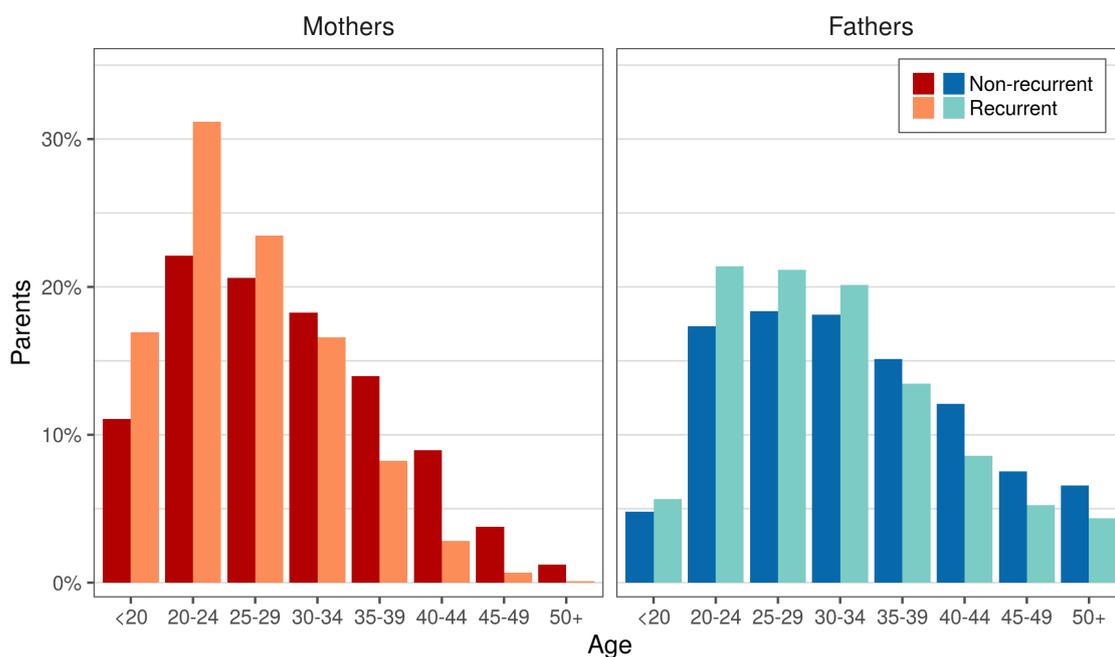


Figure 3.10: Age at the start of index proceedings for non-recurrent and recurrent mothers and fathers, respectively.

Number of children

Comparing across non-recurrent and recurrent groups, the number of children subject to the initial care proceedings for parents was very similar. Fathers in general were slightly more likely to appear with fewer children than mothers, regardless of recurrent status.

As shown in Figure 3.11, 66% of non-recurrent fathers had only one child subject to care proceedings, which was non-significantly different from the 64% we found for recurrent fathers ($p = 0.366$). For non-recurrent mothers, 58% were had only one child subject, and 62% for recurrent mothers ($p < 0.001$).

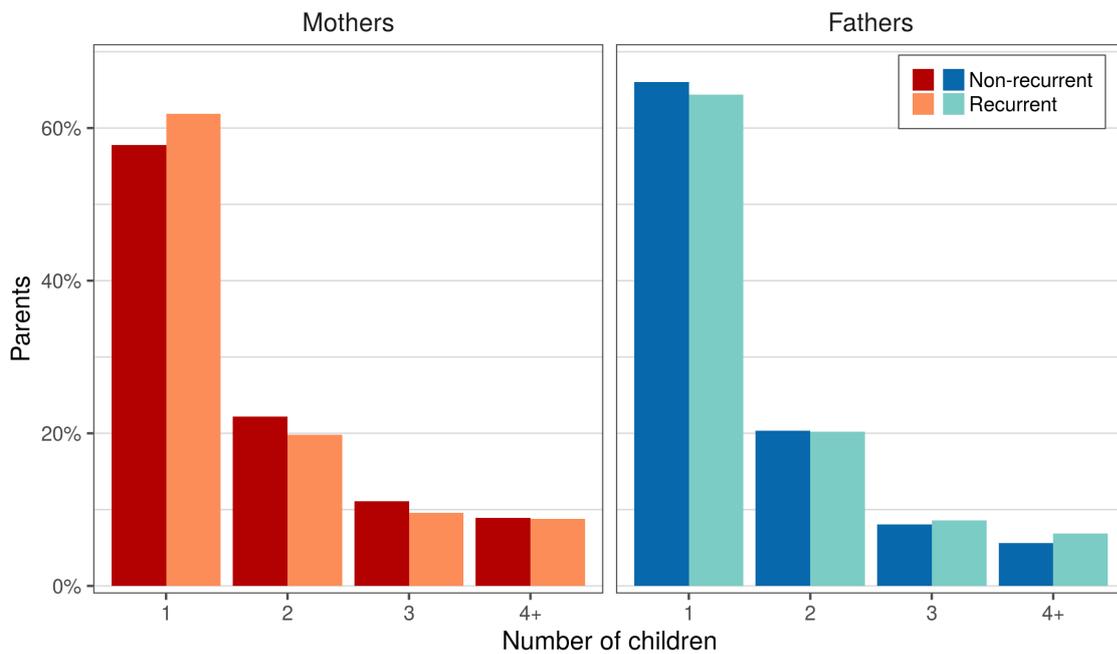


Figure 3.11: Number of parent's children subject to the index care proceedings for non-recurrent and recurrent mothers and fathers.

Age of parent's youngest child

Recurrent mothers and fathers were found to be more likely to have younger children subject to their index care proceedings compared to non-recurrent mothers and fathers.

As shown in Figure 3.12, 31% of recurrent mothers and 29% of recurrent fathers had a child aged less than four weeks subject to their initial care proceedings, compared with 22% for non-recurrent mothers and 18% for non-recurrent fathers. Across recurrent groups for both mothers and fathers, these differences compared to the respective non-recurrent groups were significant ($p < 0.001$ for both). Similarly, a large percentage of recurrent mothers and fathers entered with children aged between 4 and 51 weeks, compared to non-recurrent mothers and fathers (28% and 27% compared with 22% and 21%, respectively).

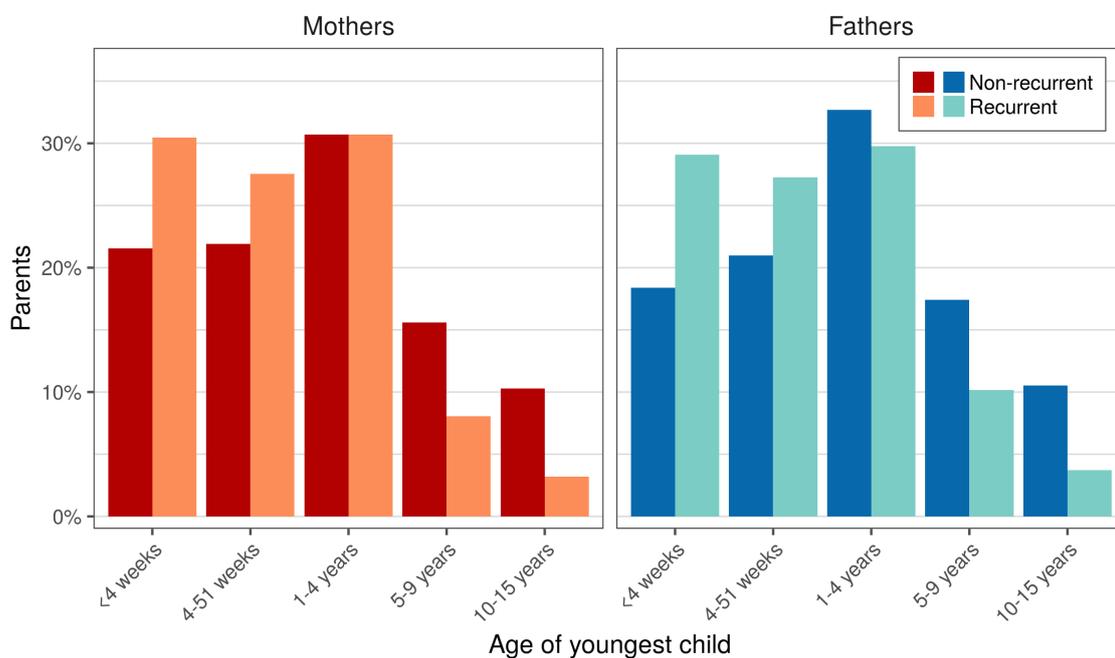


Figure 3.12: Age of youngest child subject to index care proceedings for non-recurrent and recurrent mothers and fathers.

Legal outcome for parent's youngest child

Legal outcomes at index care proceedings were significantly different between non-recurrent and recurrent parents. Differences between gender were considerably smaller, with the exception that the proportion of recurrent fathers whose youngest child was initially placed on either a Supervision Order or Family Arrangements Order (SO/FAO) was higher.

Figure 3.13 shows the percentage use of different legal orders across non-recurrent and recurrent mothers and fathers. Overall significant differences were found between non-recurrent and recurrent mothers ($p < 0.001$) as well as fathers ($p < 0.001$). There was a substantially larger use of Care Orders and Secure Accommodation Orders (CO/SAO) for non-recurrent parents compared to recurrent parents. Equally we found a substantial decrease in the use of Placement Orders or Adoption Orders (PO/AO) for non-recurrent parents respectively.

Comparing mothers with fathers we found much smaller differences (non-recurrent mothers vs fathers: $p = 0.058$; recurrent mothers vs fathers: $p = 0.002$), with one exception, which was that 14% of recurrent fathers had their youngest child initially placed under SO or FAO, compared with 8% for non-recurrent fathers, and 9.4% for recurrent mothers.

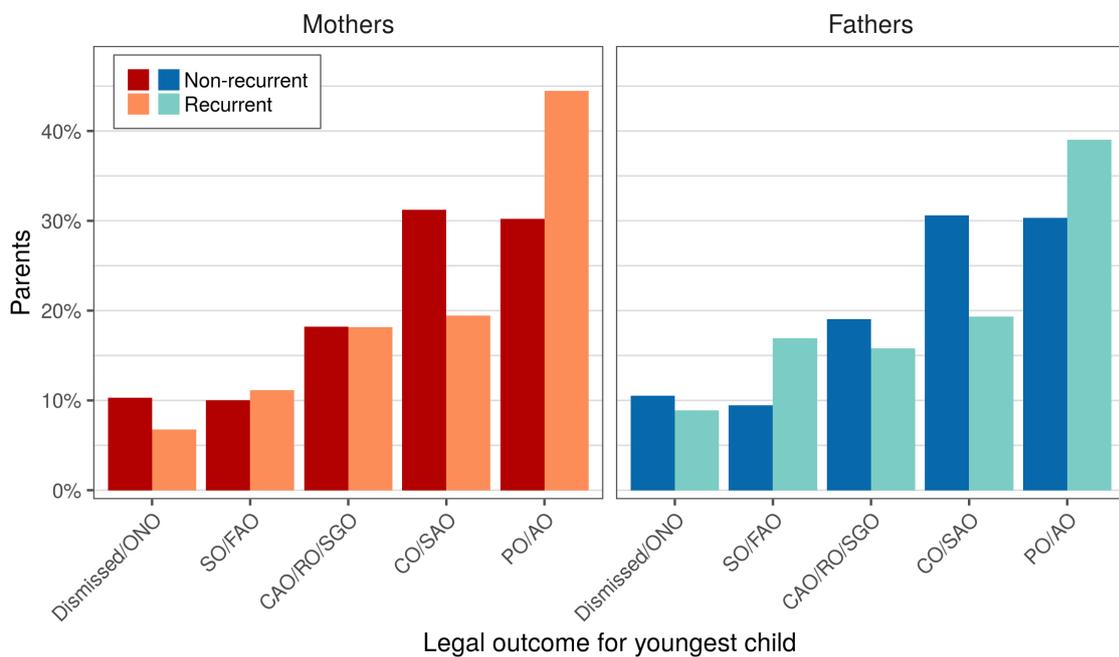


Figure 3.13: Legal outcome for youngest child subject to index care proceedings for non-recurrent and recurrent mothers and fathers.

Changes between proceedings for recurrent mothers and fathers

For those parents that are recurrent, two major results were found relating to changes between their index and subsequent proceedings. These were changes in age of the youngest child subject to their proceedings and the associated final legal order.

As shown in Figure 3.14, for both recurrent mothers and fathers, subsequent proceedings were significantly more likely to involve a child aged less than four weeks old, compared to their index proceedings ($p < 0.001$ for both). We found that subsequent proceedings were 1.8 times more likely to involve a child aged less than four weeks for recurrent mothers, whilst 1.4 for fathers, respectively. As established above, recurrent fathers are more likely to appear with the same child than recurrent mothers, hence we see that in the subsequent proceedings there are proportionally more older children. However, subsequent proceedings centring on a baby is still very much a feature for recurrent fathers (40%) as for recurrent mothers (57%), even if it is higher for mothers.

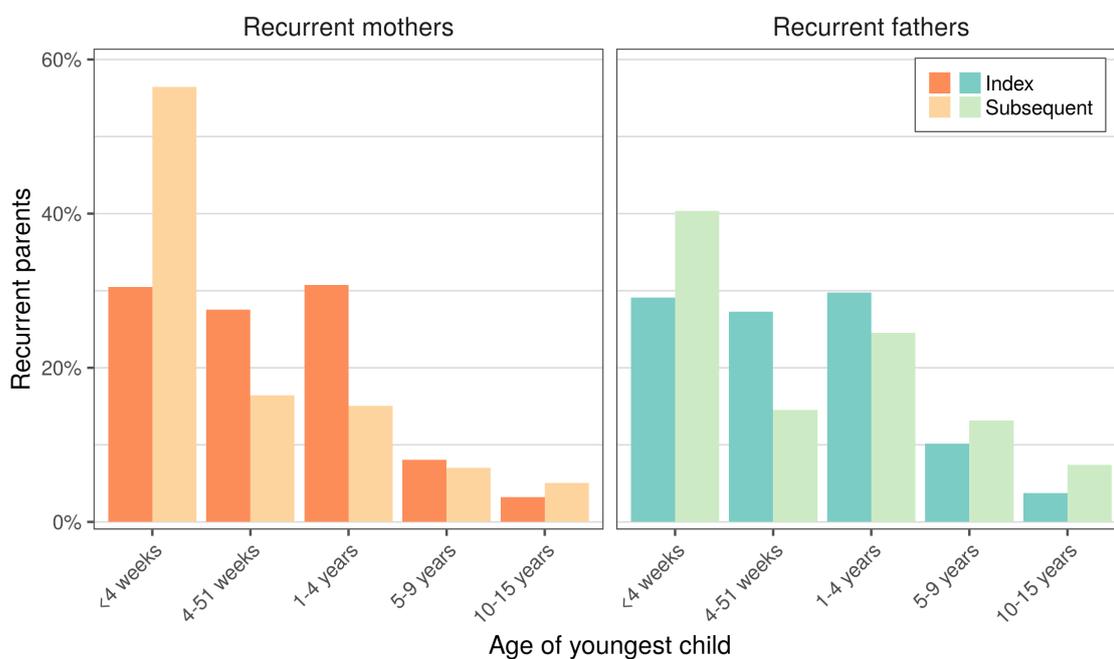


Figure 3.14: Age of youngest child at index and subsequent care proceedings for recurrent mothers and fathers.

As seen in Figure 3.15, we found that PO/AO was the most common legal outcome for the youngest child at index and recurrent proceedings for both recurrent mothers and fathers. This is perhaps unexpected given the high proportion children aged under 4 weeks. Beyond this, differences in legal outcomes were found to significantly vary for recurrent mothers ($p < 0.001$), though substantively the differences are only slight.

3.5 National profile of non-recurrent and recurrent mothers and fathers

Small changes were found for a child being subject to either SO/FAO (+1.0%), CO/SAO (-0.4%) and PO/AO (+0.1%). The legal outcomes also significantly varied across care proceedings for recurrent fathers ($p < 0.001$), but again the differences were small, though larger than those observed for recurrent mothers. The main differences being a decrease in SO/FAO (-4.4%) and an increase in CO/SAO (+3.9%) and for PO/AO (+1.2%) for recurrent fathers.

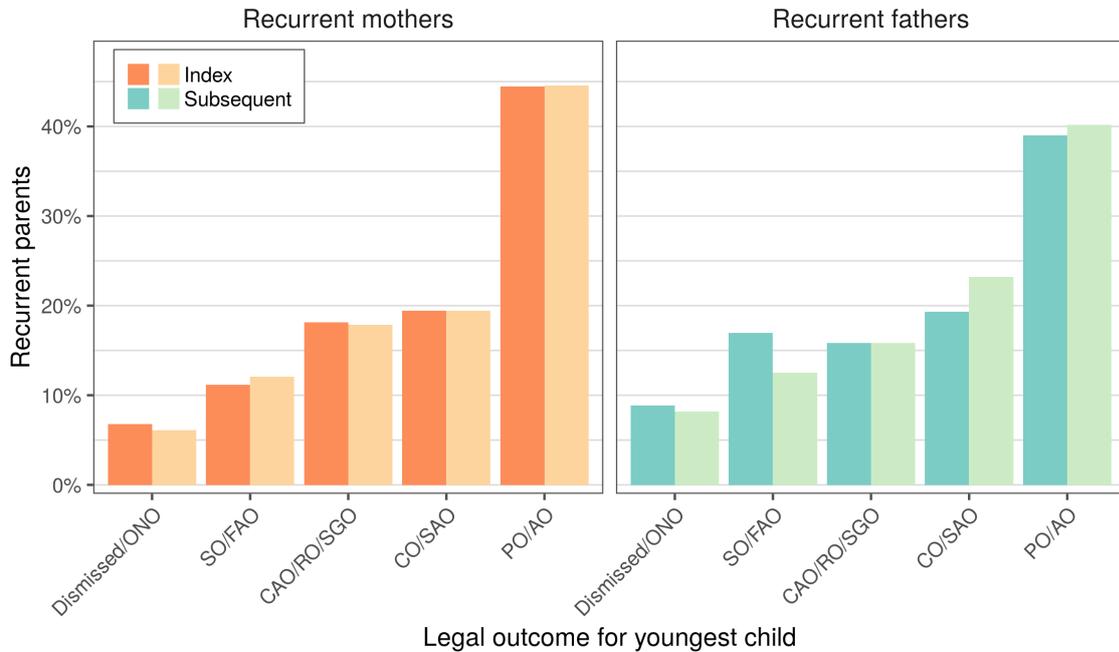


Figure 3.15: Legal outcome for the youngest child at index and subsequent care proceedings for recurrent mothers and fathers.

Regarding the legal outcome for the youngest child at the index and subsequent proceedings, these were found to significantly vary for recurrent mothers ($p < 0.001$), though substantively the differences are only slight. Small changes were found for a child being subject to either SO/FAO (+1.0%), CO/SAO (-0.4%) and PO/AO (+0.1%). The legal outcomes also significantly varied across care proceedings for recurrent fathers ($p < 0.001$), but again the differences were small, though larger than that observed for recurrent mothers. The main differences being a decrease in SO/FAO (-4.4%) and an increase in CO/SAO (+3.9%) and for PO/AO (+1.2%) for recurrent fathers.

3.6 Regional profile of mothers and fathers in care proceedings

In this section we have taken our national analysis and disaggregated to a regional level in order to identify similarities and differences in the profiles of mothers and fathers in care proceedings across the nine regions of England. To make comparisons across regions, the North West was chosen as the baseline region for which other regions would be compared against, on the basis that the NW has the highest recorded number of care proceedings.

Number entering

Much like the national picture shown in Section 3.5, all regions have experienced significant increases in demand over the period 2010/11 to 2017/18. However, the rate of that increase, and whether similar numbers of mothers and fathers entered care proceedings each year varied. Overall, the North West had both the highest demand and experienced the largest proportional increase over time in the number of children, mothers and fathers entering care proceedings, as shown in Figure 3.16. London was found to have the second highest demand (at 0.89 times that of the North West), followed by Yorkshire and the Humber and the South East (both 0.83 times the North West). Regions with the lowest demand were found to be the East Midlands and South West, at 0.48 and 0.49 times that of the North West, respectively.

In terms of increases over time, the North West, West Midlands, East Midlands, and London all experienced a linear increase of approximately 9% year-on-year. While Yorkshire and the Humber, North East, East of England and the South East exhibited a pattern of initially relatively small change followed by a recent up-tick. The South West was unique in that increases can be seen earlier on but has since plateaued.

Regarding the numbers of mothers and fathers entering, seven of the nine regions had approximately 14% fewer fathers entering per year than mothers. Whilst London and Yorkshire and the Humber were found to have 40% and 22%, 11% fewer fathers, respectively. This is potentially an important finding, with London looking markedly different; however more work is needed due to this possibly being an artefact of demographic differences in the underlying populations. Additionally, the North East was found to have a significantly larger proportion of children per mothers entering care proceedings than the North West (1.95 for the North East, compared to 1.77 for the North West). All other regions had compared similarly to the North West.

3.6 Regional profile of mothers and fathers in care proceedings

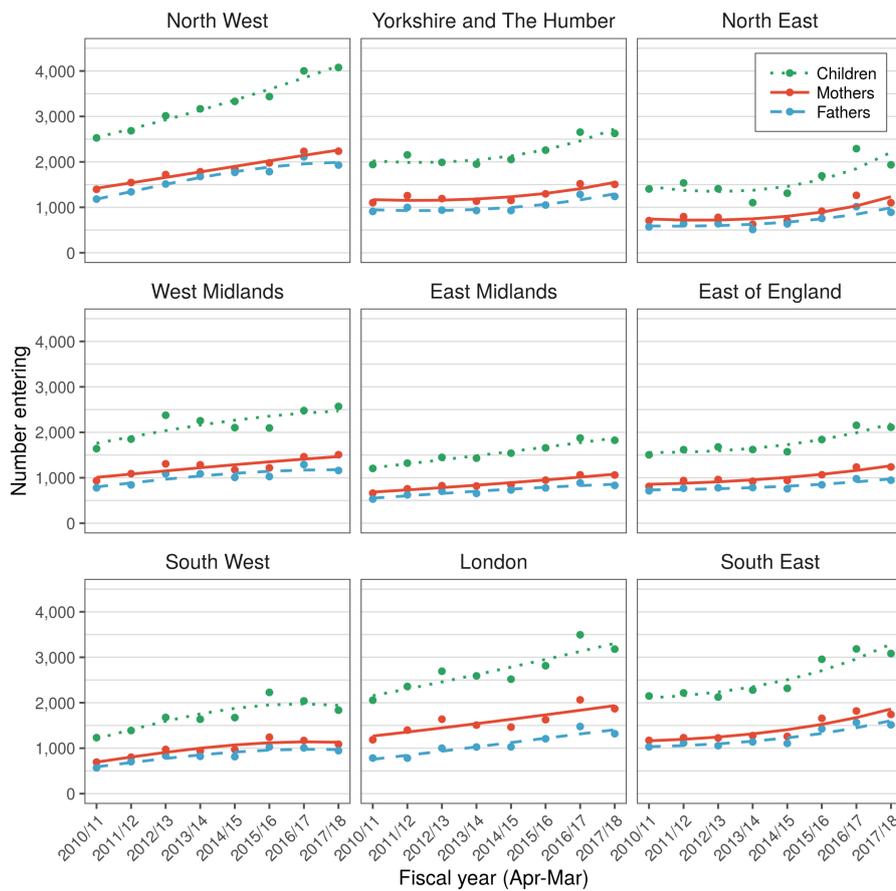


Figure 3.16: Number of children, mothers and fathers entering care proceedings per fiscal year within each region of England.

Parent's age

Shown in Figure 3.17 Yorkshire and the Humber, West Midlands, East Midlands, East of England all were found to have a significantly higher proportion of mothers aged under 30 entering care proceedings each year than that of the North West (approximately 63% decreasing to 48% over time). While the North East, South West, and South East all share effectively the same proportion of under 30s entering with the North West (59% to 46% over time), with London having significantly the lowest proportion of all the regions (52% to 35% over time), with London having significantly the lowest proportion of all the regions (52% to 35% over time).

The decreases in the proportion of under 30s over time, for both mothers and fathers, was shared by all regions, with only two exceptions. For the East of England and London we found slightly quicker decreases in the proportion for mothers. Additionally, West Midlands and South West had a slightly large gap between the proportion for mothers and that for fathers.

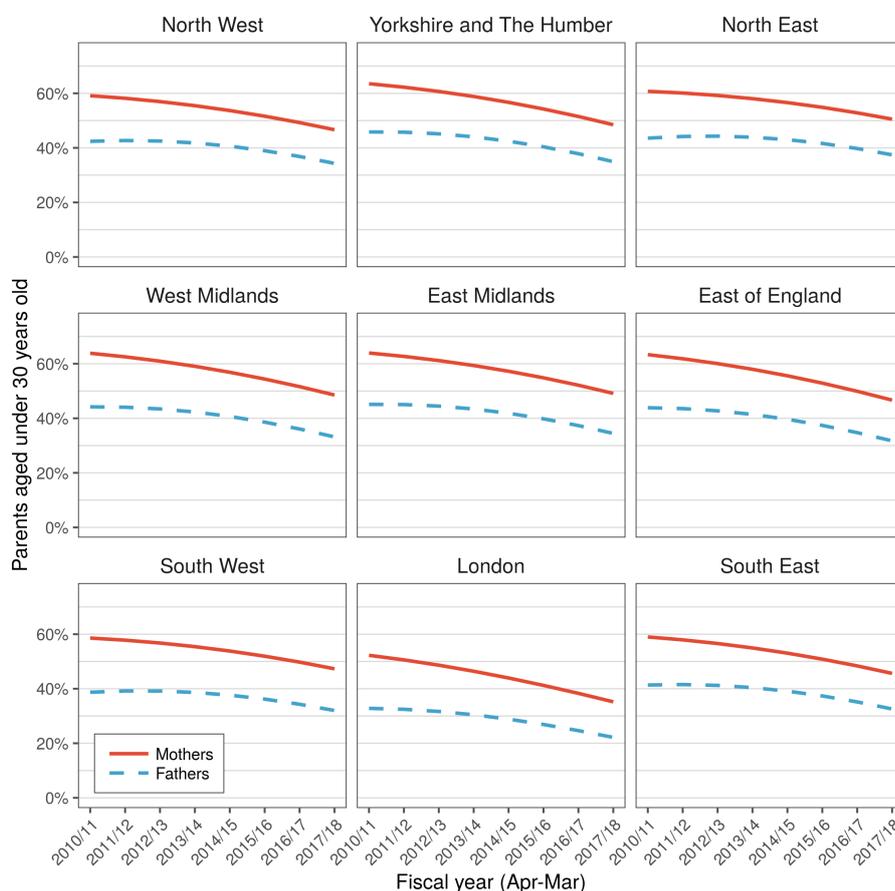


Figure 3.17: Regional trends for proportion of mothers and fathers entering care proceedings each fiscal year to be aged less than 30.

Age of parent's youngest child

Beyond the national pattern of a greater proportion of mothers entering with a child aged under one year old when compared to fathers, shown previously in Section 3.5, there were only non-significant gender differences between regions. Additionally, changes over time within regions applied equally to both mothers and fathers, as shown in Figure 3.18.

Some differences between regions were found. Yorkshire and the Humber was found to have a proportion of 1.2 times that of the North West for mothers and fathers. While the West Midlands, East Midlands, East of England and the South West all effectively having the same proportion as the North West. London and South East showed to 0.86 times the proportion of the North West.

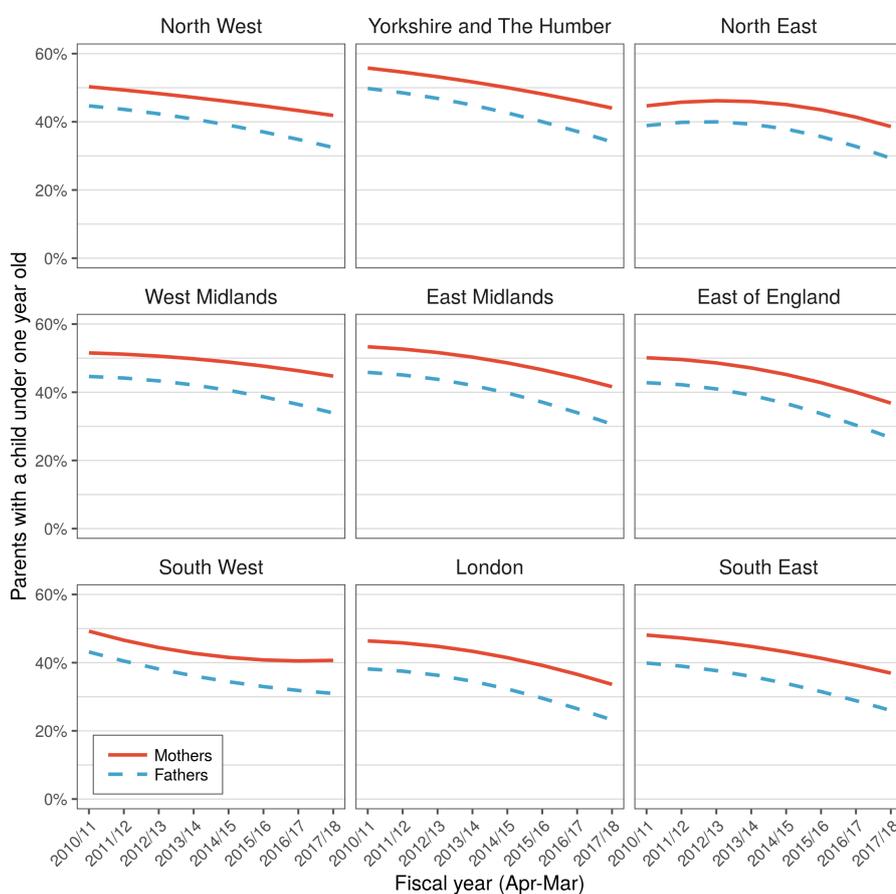


Figure 3.18: Regional trends for proportion of mothers and fathers entering care proceedings each fiscal year with a child under the one year old.

Rate of recurrence for mothers and fathers

Regional deviations from the national rate of recurrence were found to be very small, as shown in Figure 3.19. Only one region was found to have significantly higher rates of recurrence for mothers and fathers, though small in size (South West at +2 percentage points for mothers and +3 for fathers). The West Midlands also had a higher rate of recurrence but for mothers only (+2 percentage points).

London was the only region to have significantly lower rates for both mothers and fathers (-1 percentage point than the national average for both). The South East was also found to have a significantly lower rate but only for mothers (-2 percentage points). All other regional differences were non-significant compared to the national average.

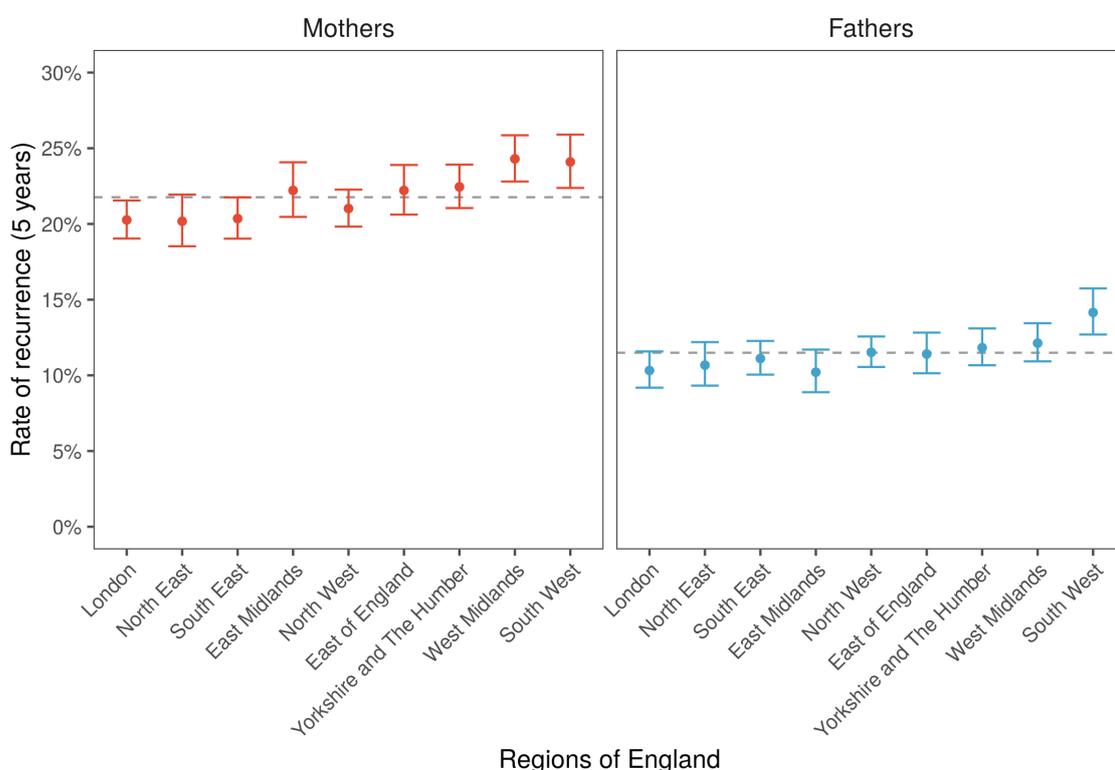


Figure 3.19: Regional rates of recurrence, after five years, for mothers and fathers. Dashed lines represent the national averages for each gender. Error bars represent 95% confidence intervals for each estimated rate.

3.7 Practice points

- National and regional volume: While it is a pivotal task to uncover the 20% of fathers who are unidentified, it is equally important to engage the majority of fathers who are already captured by the family court but may be insufficiently involved in the process of care proceedings.
- **Rate of recurrence:** Sensitively designed interventions could aim to reduce the number of recurrent care proceedings immediately following the conclusion of a case in the family court. There are two potential targets for this work: the missing or non-engaged fathers who may be a major factor in mothers' recurrent appearances in the family court, and the recurrent fathers who are visible but appear at a somewhat lower rate than the mothers. The lower rates of fathers' recurrence should not detract from the urgency of interventions aimed at these visible fathers. Finding the missing or non-engaged father poses a more difficult challenge. As we discuss later, the lower rate of fathers' recurrence maybe, in part, due to the invisibility of fathers within a local authority's administrative processes.
- **Who they return with:** The evidence of recurrent couples is a crucial finding. It explains recurrence for fathers, and for a sizeable proportion of mothers. This suggests a sizeable group of parents (fathers and mothers) who may not currently be served by the existing interventions for tackling repeat removals of children. As three out of four recurrent fathers return to the family court with the same partners, it is important to develop a more couple-focused response, which can both address individual needs whilst also working with the couple and co-parenting relationship. Whilst current mother-focused programmes are an important part of service development, our evidence suggests that more and/or different ways of working are needed to respond to the full picture of recurrence.
- **Recurrent and non-recurrent profiles:** There are differences between the groups of parents who we found to be 'non-recurrent' and 'recurrent'. However, within these groups, differences between mums and dads were small. Our comparison suggests that efforts to prevent parents' recurrent appearances in the family court could effectively target parents who are at an early stage in their life course. Despite similarities between mothers and fathers, it remains possible that their encounters with services are gendered.

4 Understanding the experiences and circumstances of fathers in care proceedings at a meso-level

4.1 Introduction

In this chapter, we report the findings from Stage 2, the survey component, of the project. Whilst the Cafcass dataset provides new population-level evidence on the demographic information of fathers' recurrence in S31 care proceedings, the survey data provides a more fine-grained picture of the fathers' experiences and circumstances. Specifically, in this chapter we cover the following aspects of fathers' lives: prevalence of father's children that have previously been in out-of-home care, demographic and economic profiles, health issues, family planning, current living arrangements, educational attainment of father's own parents, whether or not they were looked after, adverse childhood experiences and the child-welfare concerns relating to the current case.

A total of 127 fathers completed and returned the survey, 106 practitioners completed and returned the corresponding practitioner survey. The results presented here are based on the both the separate and paired analyses of the father and practitioner surveys. The detailed methodological underpinnings of the chapter are presented in Chapter 2 and Appendix A.

4.2 Key points

- The survey results showed more similarities than differences between recurrent and non-recurrent fathers. The factors that pertained significantly for recurrent fathers were: being looked after as a child, experience of multiple childhood adversities, being unemployed and not living with their youngest child.
- The majority of surveyed fathers were of White British ethnicity, were unemployed or doing insecure work, and receiving some form of welfare benefit, either themselves, or via a partner or someone else they were living with.
- Just under half reported longstanding physical and mental health issues, including stress and problems with emotional coping.
- In terms of family size, the survey suggested that a minority of recurrent fathers had three or more children, and the majority had one or two. A sizeable percentage of surveyed fathers said they wanted to have more children in the future (40%).
- Most fathers had some level of contact with children they did not live with (this could include children living elsewhere due to divorce/separation) Just under three quarters of all surveyed fathers were currently not living with their youngest child (73%). However, the majority appeared to have some level of contact with at least one/some of their children, with 64% reporting that they had contact at least once a week and 17% at least once a month. Only, 12% of the surveyed fathers had never had any contact with their youngest child.
- Recurrent fathers were more likely to have been looked after than non-recurrent fathers (22% and 6% respectively).
- The survey suggested that around half of recurrent fathers had experienced some form of abuse or neglect in childhood, either directly, or indirectly. In addition, parental separation was particularly prominent for non-recurrent and recurrent fathers alike.
- In terms of reported child welfare concerns, the findings from the surveys suggested that neglect and emotional abuse were prevalent, and physical and sexual abuse were factors in a minority of cases. The most common concerns relating directly to fathers were domestic abuse, substance misuse and poor mental health.

4.3 Children previously in out-of-home care

As shown in Figure 4.1, the majority of the fathers reported that they had experienced previous state intervention under S31 of the Children's Act 1989 regarding at least one of their children (61%). We found a high proportion of fathers had experienced at least one of their children living in out-of-home care under S20 as well as under S31 (48%). Few fathers experienced out-of-home care of the children under S20 only (7%) and under S31 only (13%).

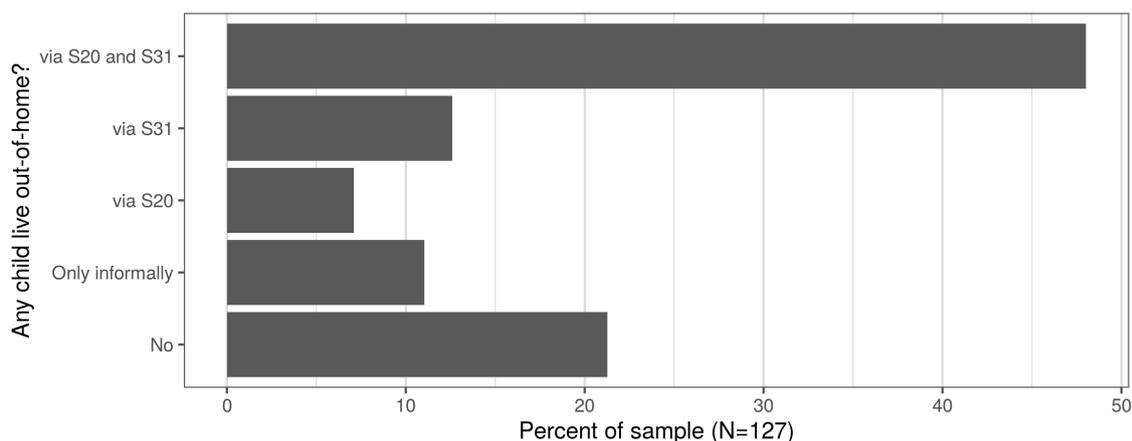


Figure 4.1: Percentage of fathers who have had a child live out of home and under what arrangement.

For the remainder of this chapter, we categorize fathers into two groups as follows:

1. 'Recurrent': at least one of their children has lived in out-of-home care under S31 (N=70; 61%).
2. 'Non-recurrent': all their children are living at home or have lived out-of-home either informally or under S20 (N=50; 39%).

4.4 Demographic and economic profile

The demographic profile of surveyed fathers suggest a certain level of homogeneity of fathers in care proceedings: 72% of the fathers were single or never married, 86% were White British (as oppose to self-identifying as an ethnic minority), 93% did not self-identify as religious or were not actively practising any religion, and 93% of the fathers reported English as their first language.

4 Understanding the experiences and circumstances of fathers in care proceedings at a meso-level

We found less homogeneity among the fathers in terms of educational attainment, highlighted in Figure 4.2. With 41% of the fathers having left school with some qualifications, 32% obtained further qualifications after leaving school, and 18% left school with no qualifications. A small fraction of the fathers obtained a university degree (2%), while a proportion of the fathers either did not go to school or did not know their formal educational attainment (5%).

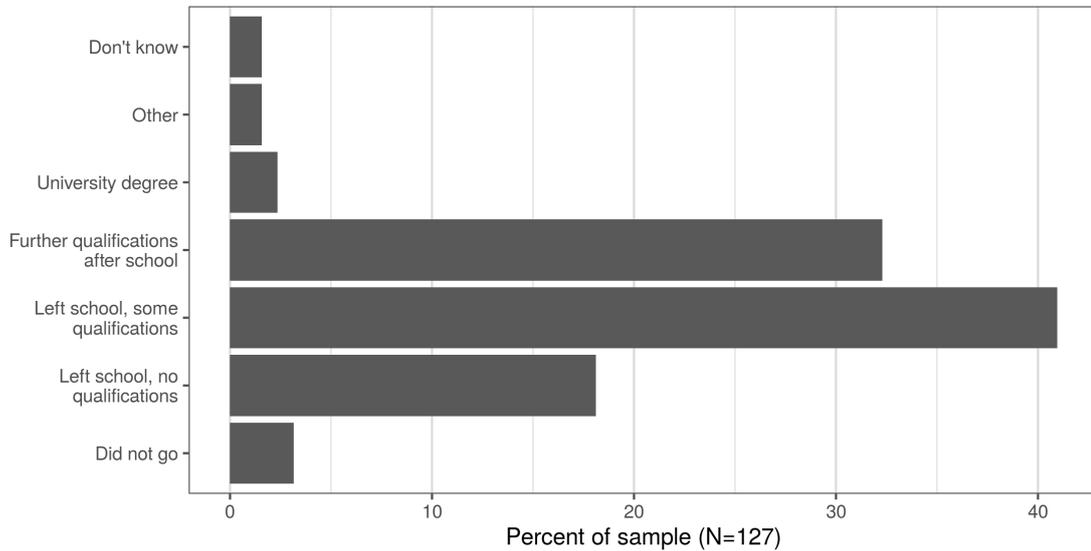


Figure 4.2: Educational attainment of fathers.

Figure 4.3 shows the current employment situation for fathers, over half of the fathers were either unemployed (43%) or were economically inactive due to long-term sickness or disability (13%). Thus, the prevalence of unemployment and economic inactivity among our sampled fathers in care proceedings is substantially higher than that in the general demographics of men in the UK. This highlights the economic adversities faced by fathers in care proceedings. Among the fathers who were employed at the time of the survey, 27% were in part-time or full-time employment and 13% were self-employed. Only 4% of the fathers were not seeking employment.

In line with the high prevalence of economic hardship among the fathers, we found high levels of benefits or income support payments (e.g. Universal Credit, Income Support, Tax Credit, Housing Benefit, Job Seeker's Allowance) being received by either the father or someone else living with them. For 50% of the fathers who were employed, someone in their household was in receipt of at least one type of benefit payment. Among fathers who were unemployed or economically inactive due to long-term sickness or disability, we found that in approximately 95% of cases someone from the fathers' household was recipient of one or more forms of benefit payment.

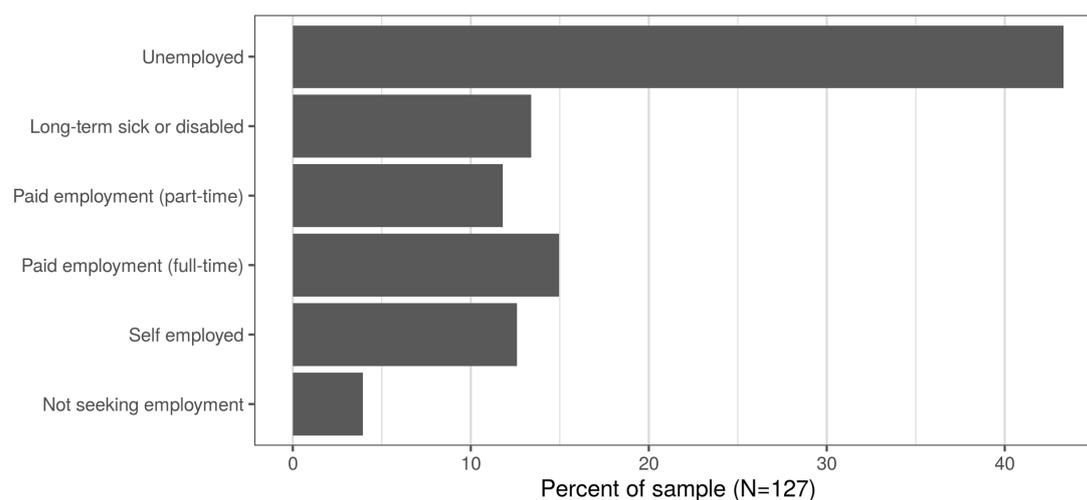


Figure 4.3: Current economic status of fathers.

We only found one significant difference in the demographic and economic profiles between non-recurrent and recurrent fathers. We found that non-recurrent fathers were significantly ($p = 0.03$) more likely to be employed (52%) compared to recurrent fathers (31%). All other demographic and economic descriptions including payments and benefits were found to differ non-significantly. Overall, these results underscore the observation that both non-recurrent and recurrent substantially overlap in their economic disadvantage.

However, despite the high prevalence of unemployment and economic hardship among the fathers in care proceedings, the fathers themselves viewed their financial situation rather positively with a sense of optimism for the future. When asked about how they were currently managing financially, 17% considered themselves as 'living comfortably', 36% thought they were 'doing alright', 34% reported that they were 'just about getting by', and only 13% found their financial situation 'difficult'. Looking ahead, 69% of the fathers stated that they expected to be better off than now in a year's time from the survey.

4.5 Fathers' health status and issues

The general health profile as reported by the fathers is positive; only 5% of the fathers reported that they were in a poor state of health. However, when asked more explicitly about long-standing physical and mental issues over the last 12 months, we found that 14% of the fathers stated they had physical health issues only, 20% had mental health issues only, and 16% reported having both mental and physical health issues. The

4 Understanding the experiences and circumstances of fathers in care proceedings at a meso-level

results suggest that despite their experiences of concrete health issues, the fathers' health awareness does not necessarily match with their actual experiences of health and illness. Therefore, interventions could be developed to raise the health awareness among fathers in care proceedings.

Additionally, the fathers were asked to report on their levels of emotional stress (feeling depressed, upset, anxious or angry) in the four weeks prior to the survey (i.e. in the lead up to their contact with services). They were also asked whether these feelings had interfered with their normal lives and as a result that "they had got less done (in their life)". From which 47% of the fathers indicated that their daily lives were not affected at all or only a little of the time, and for 28% of the fathers, their daily lives were affected for some of the time, and for remaining 25% of the fathers their daily lives were affected most or all of the time.

We did not find evidence of any significant differences between fathers who have had a child previously removed and those that have not regarding their health issues (for χ^2 test results see Supplementary Material, all $p > 0.05$). This means having had experienced care proceedings previously has not made the experience of a repeated set of care proceedings any less or more stressful for the fathers. As the care proceedings process is equally challenging and stressful for non-recurrent and recurrent fathers, both groups of fathers are in equal need of emotional and psychological support as they navigate the stressful process of family court proceedings.

4.6 Family planning

The experience of young fatherhood is common among the fathers in care proceedings. The fathers typically appear before local authorities and the family court with one and two children, and it is uncommon for the fathers to appear with a large number of children. These results shown in Figure 4.4 are consistent with our findings in Chapter 3. Specifically, we found that 27% of the fathers were aged under 20 years at the birth of their first child and 35% of the fathers were aged 20 to 24 years when their first child was born. Regarding the number of children, 30% of the fathers had only one child, 28% had two children, 32% had three or four children, and 10% had five or more children. Thus, the 'prolific father' stereotype only accounts for a small fraction of the fathers in our sample. Looking ahead, 40% of the fathers reported that they would like to have more children in the future. The intention to have more children was most prominent among fathers with only one or two children and among those who were currently living with their partner.

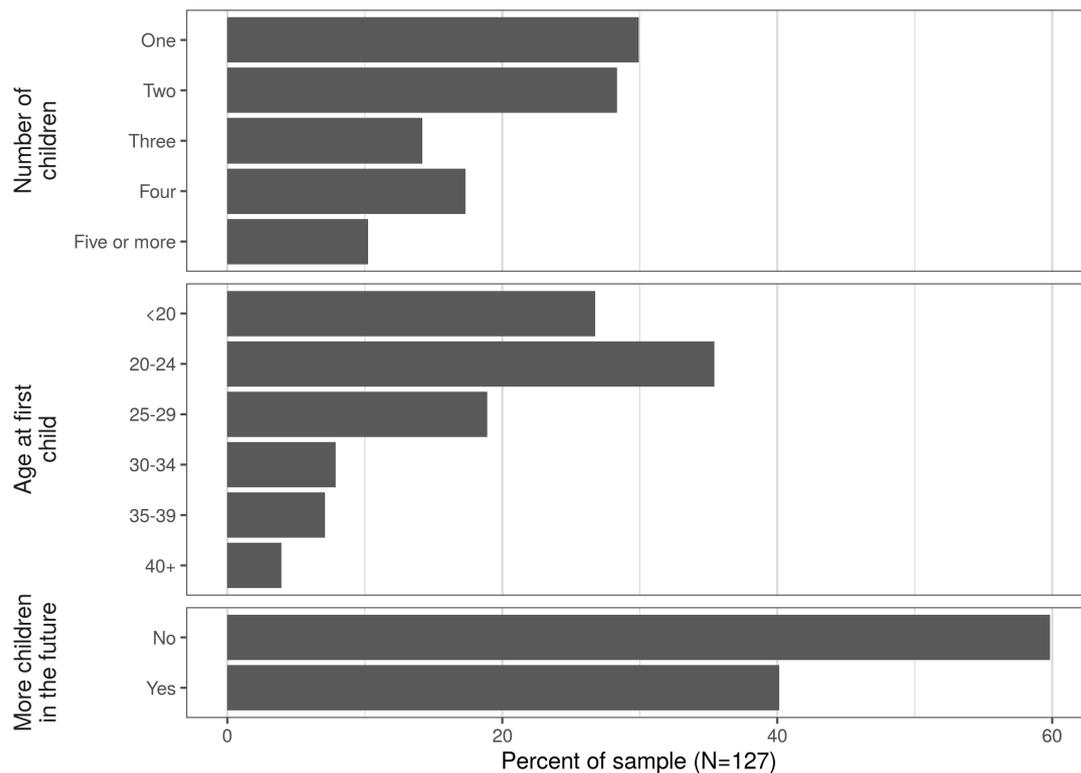


Figure 4.4: Family configuration and future fertility intentions of fathers.

Again, we did not find evidence of significant differences regarding the family configuration and future fertility intentions between non recurrent and recurrent fathers (all $p > 0.05$).

Regarding the pregnancy of their most recent child, 45% of the fathers reported a feeling of ambivalence, which appeared to centre on mixed feelings about whether they wanted a child or not, or the timing was not quite right. Under a third either had not known the mother was pregnant, did not want to have a baby, or felt that it was the wrong time to have a baby (30%). The remaining 25% wanted to have a baby and/or felt it was the right time. It is notable that only 25% appeared very clear that they were happy and wanted a child.

While no significant differences were found relating to how fathers felt about the pregnancy of their most recent child, we found a significant difference regarding the pregnancy of their youngest child ($p = 0.037$); recurrent fathers were less likely to respond that it was the right time (25%) than non-recurrent fathers (46%).

4.7 Current living arrangements

Figure 4.5 shows the results relating to the fathers' current living arrangements and proximity to extended family. We found that the majority of the fathers were either living with their partner (40%) or living alone (33%). Other arrangements such as living with parents, family, or other adults were less common (13%, 9%, and 6% respectively). A majority of the fathers reported that it was easy or very easy for them to visit family or relatives when they needed to (65%). However, a substantial remainder of the fathers found it difficult or very difficult or that they had no access to family or relatives (35%).

Just under three quarters of fathers were currently not living with their youngest child (73%). However, for these non-residential fathers, contact with children appeared to be quite regular, with 64% reporting that they saw their child at least once a week and 17% at least once a month. However, 7% of the fathers only saw their children one or a few times a year, and 12% never had any contact with their youngest child. This is important as most of the fathers in care proceedings are not absent but remain present in the lives of their children.

An important observation is that when comparing non-recurrent and recurrent fathers in the survey, non-recurrent fathers were more likely to be living with their youngest child than their recurrent counterparts – 82% of the non-recurrent fathers had lived with their youngest child, while only 56% of the recurrent fathers had lived with their youngest child. This difference was found to be significant ($p < 0.001$).

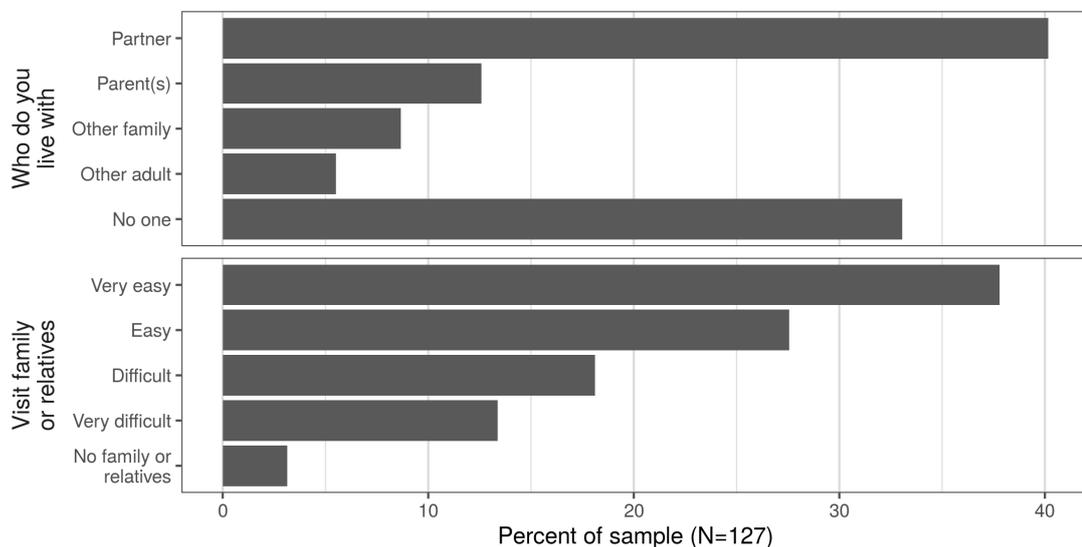


Figure 4.5: Fathers' current living arrangements and proximity to extended family.

4.8 Fathers' own parent's education

Looking into the fathers' own family background and childhood upbringing helps us understand whether the fathers in care proceedings themselves experienced adversities and disadvantages during childhood. This understanding is important for us to gauge whether there is an intergenerational selection of fathers into care and reproduction of inequalities through the care system. From Figure 4.6, we found that half of the fathers surveyed reported that they did not know the educational attainment of their own parents. Among the fathers who reported valid information on their parents' educational attainment, it is notable that only around a quarter of their own fathers left school without any qualifications and around a fifth for their own mothers.

There is little evidence that recurrent fathers come from a more disadvantaged family background than their non-recurrent counterparts, in terms of their parents' education ($p > 0.05$ for both). But the results need to be interpreted in light of the fact that around half of the fathers did not provide information on their parents' education.

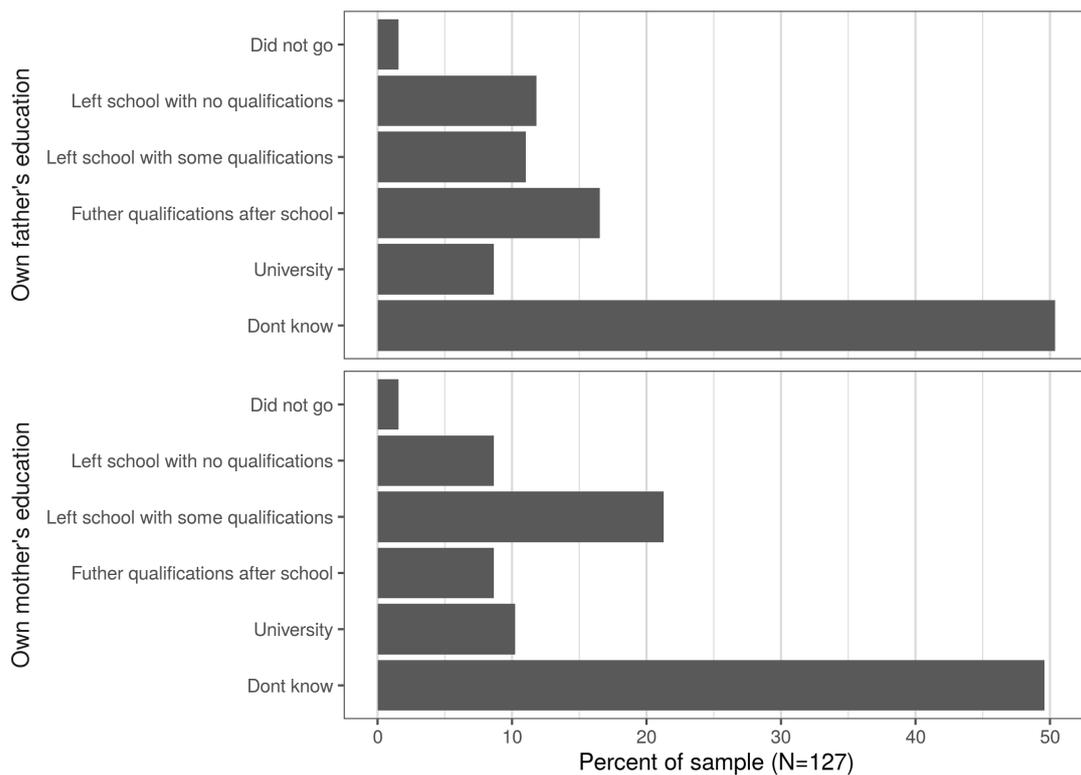


Figure 4.6: Fathers' own parents' educational attainment.

4.9 Fathers' own experiences of being looked after as a child

We found that 16% of the surveyed fathers in care proceedings were themselves also looked after as a child. This rate is much higher than a previously estimated risk of 3.5% for boys entering out of home care by the age of 18 (Mc Grath-Lone, Dearden, et al., 2016). This points to a potential mechanism of intergenerational transmission of re-entry into care, one which particularly applies to recurrent fathers as we found them significantly more likely to be looked after than non-recurrent fathers (22% and 6% respectively; $p = 0.018$).

4.10 Fathers' adverse childhood experiences

Of the ten adverse childhood experiences (ACE) included in the survey, 35% of the fathers had adverse experiences in four or more of the domains. The prevalence of each domain of adverse childhood experience is shown in Figure 4.7. The most common experiences were the separation or divorce of parents (54%), followed by being sworn at (35%) and abuse between father's own parents or other adults in their home (32%).

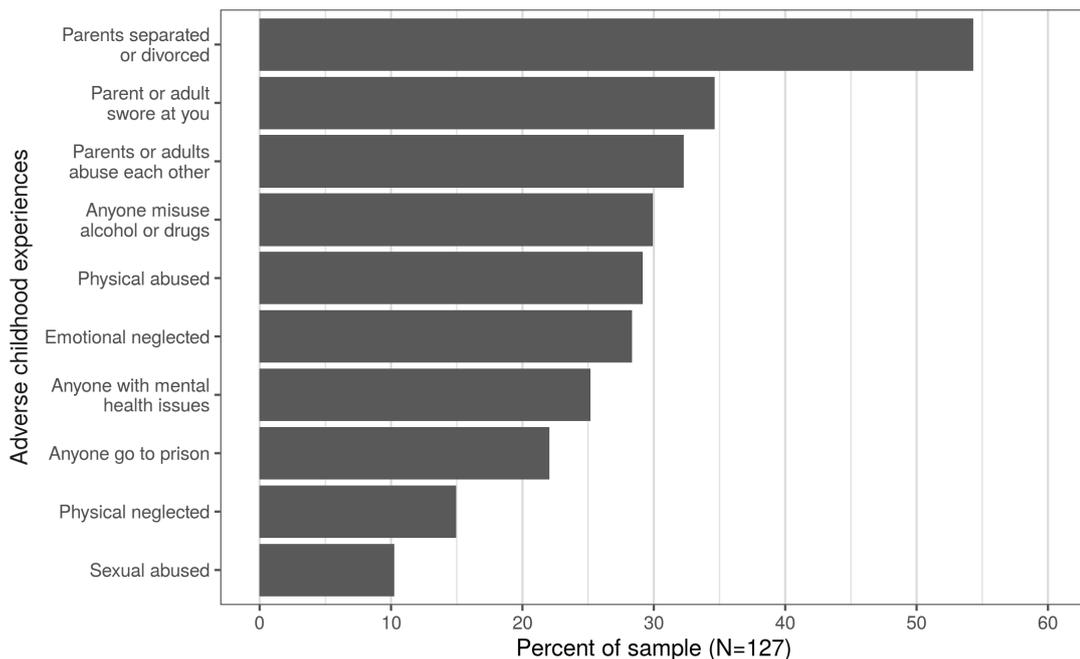


Figure 4.7: Percentage distribution of types of individual Adverse Childhood Experiences for fathers.

4.10 Fathers' adverse childhood experiences

Using the technique of latent class analysis (see Appendix A for further information), we group the fathers into three distinct profiles based on their experiences of the 10 ACE domains, as shown in Figure 4.8.

- Single issue fathers - 63% of the fathers' experiences were characterized by the presence of a single issue (typically the separation of their own parents) with low prevalence of any other issues.
- Family conflict and violence represented 20% of fathers whose experiences were characterized by the prevalence of multiple vulnerabilities. Fathers within this profile had typically experienced seven out of the ten adversities. The most prevalent adverse experiences were abuse between adults, a parent or adult swearing at them and being physical abused— issues that were considerably lower in the other two profiles.
- Drug misuse and mental health profile accounted for 17% of the surveyed fathers, who had also experienced multiple adversities. This group of fathers had typically experienced five out of the ten adversities, the most likely of which were parental separation, household alcohol and drug misuse and household mental health issues. Compared with fathers in the second profile, fathers falling in this third profile were much more likely to have lived with someone with mental health issues as a child, but they were less likely to have been directly abused or neglected.

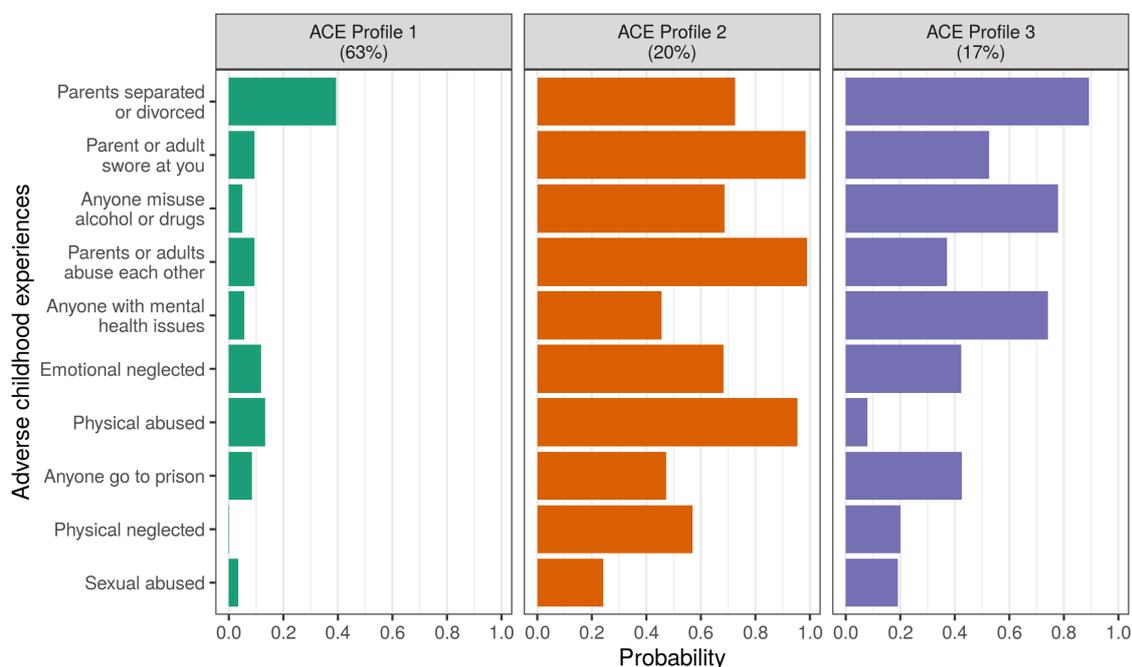


Figure 4.8: Three distinct profiles of adverse childhood experiences for fathers.

4 Understanding the experiences and circumstances of fathers in care proceedings at a meso-level

As shown in Figure 4.9, non-recurrent fathers and recurrent fathers seems to have considerably different profiles of adverse childhood experiences ($\chi^2 = 15.3$; $p < 0.001$). Among non-recurrent fathers, 84% were categorized as 'single issue fathers' with 10% and 6% assigned to profiles of 'family conflict and violence' and 'drug misuse and mental health', respectively. By contrast, among the recurrent fathers we have surveyed, they were less likely to be made of 'single issues' (51%) and more likely to have be associated with 'family conflict and violence' as well as 'drug misuse and mental health' (21% and 29% respectively).

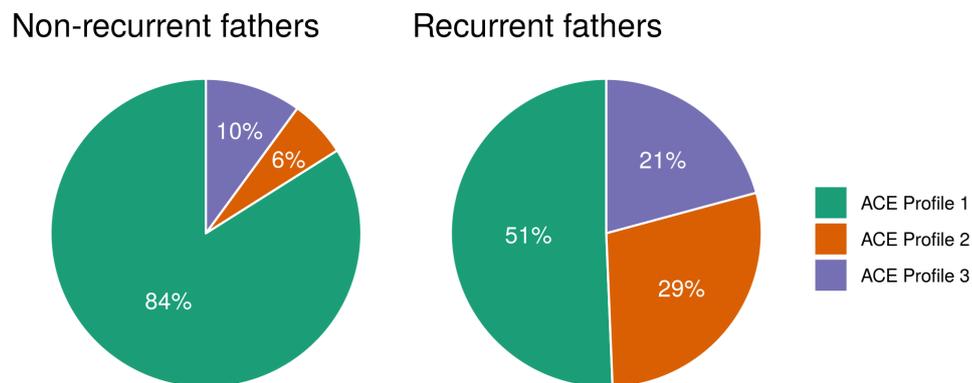


Figure 4.9: Percentage composition of recurrent and non-recurrent fathers regarding the ACE profiles.

4.11 Practitioners' view of the case: Child-welfare concerns

Our practitioner survey has allowed us to capture the practitioners' views on the issues related to the fathers in care proceedings. As shown in Figure 4.10, the prevalence rates for child-related concerns indicate that neglect of children is the most common concern identified by the practitioners, with the issue flagged up in 71% of the cases. Moreover, concerns over emotional abuse, physical abuse and sexual abuse were flagged up for 48%, 35% and 10% of the cases, respectively.

4.11 Practitioners' view of the case: Child-welfare concerns

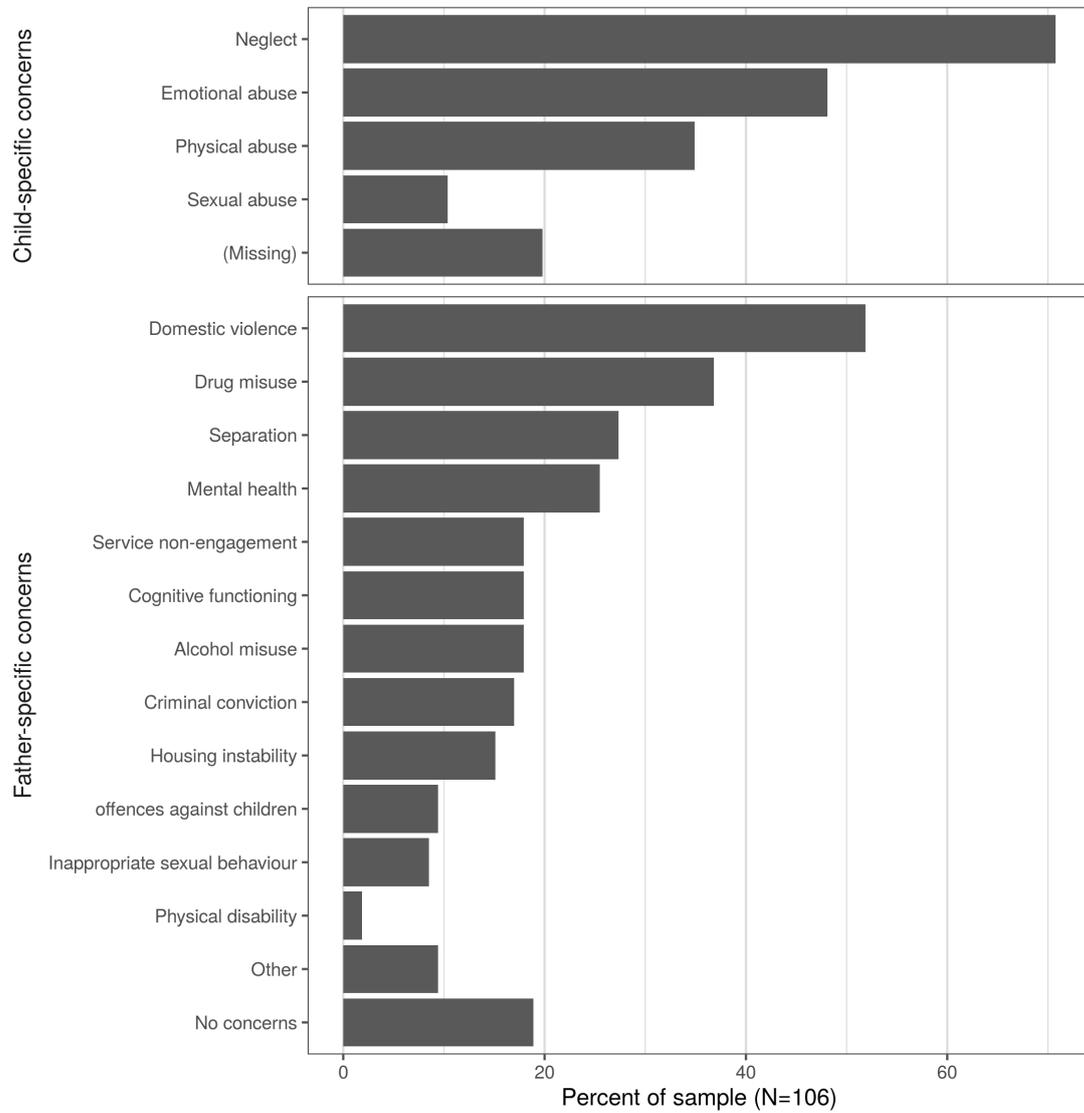


Figure 4.10: Child- and father-specific concerns relating to the father's current case.

4 Understanding the experiences and circumstances of fathers in care proceedings at a meso-level

The practitioners were also asked to identify issues related to the fathers underlying the current care proceedings process. Our results show that domestic violence was the most prevalent concern (flagged up in 52% of the cases), followed by drug misuse (37%), separation/relationship breakdown (27%), and mental health (26%).

As shown in Figure 4.11, our latent class analysis identified four profiles characterized by distinct combination of child- and father-specific concerns in relation to the fathers' current care proceedings case (only concerns with a prevalence rate of 10% or above were included for profiling):

- Profile 1 (35%): The concerns centred on issues related to the child, but not the father.
- Profile 2 (33%): child-related concerns centred on the issue of child neglect but not emotional or physical abuse; father related concerns centred on domestic violence, but not the other issues.
- Profile 3 (24%): There is high prevalence of child emotional abuse and there is also evidence for child neglect and physical abuse; father-related issues are mainly limited to domestic violence and separation (as opposed to drug misuse, alcohol misuse, housing instability and criminal record).
- Profile 4 (9%): The child-related concerns are similar to those identified in Profile 3, but the father-related concerns identified in this profile is more severe than those in Profile 3—with very high instance rates of housing instability, drug abuse, and history of a criminal record, in addition to domestic violence and separation.

The distinct profiles of concerns related to the fathers' current case suggest the need for tailored intervention programmes that target distinct combinations of challenges faced by the fathers to fulfil their fatherhood role. The profiles of concerns did not differ significantly between non-recurrent and recurrent fathers ($\chi^2 = 4.11$; $p = 0.399$).

4.11 Practitioners' view of the case: Child-welfare concerns

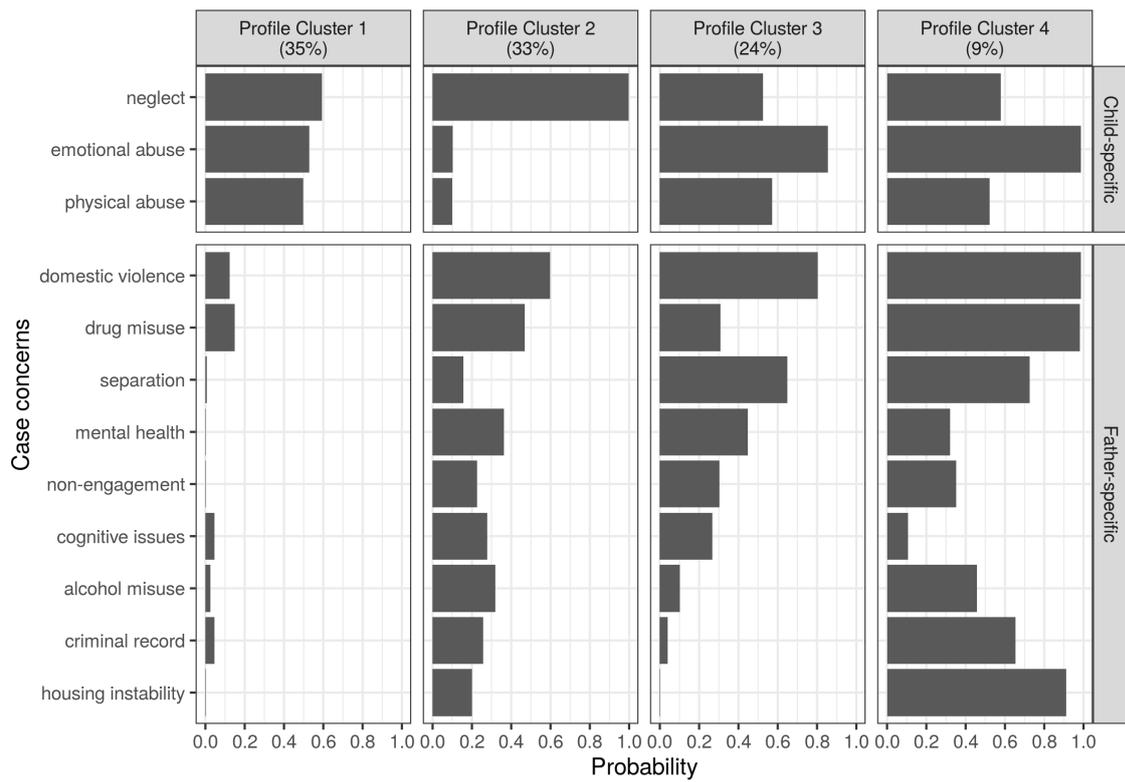


Figure 4.11: Four distinct profiles of child- and father-specific concerns.

4.12 Practice Points

- There is a need for more routine and systematic data collection and data sharing, on men and on men's lives as fathers. This is relevant for all health and welfare services, not just social work.
- The survey suggested more similarities than differences between recurrent and non-recurrent fathers, and this may be important to take into account when designing services for recurrent fathers.
- The indicative findings from our survey suggest that unemployment and in-work poverty is a key factor linked to fathers and families involved in care proceedings. Services that recognise and seek to address this are likely to be an important part of any response to recurrence.
- The survey also indicates fathers' connections to and/or contact with children and families. This suggests the importance of inclusive and whole family approaches to child welfare services, and the need to question assumptions about father 'absence'.
- The responses to questions on health and wellbeing suggest that services that both encourage help-seeking and support/promote men's health may also be particularly relevant to fathers involved in care proceedings.
- The responses to questions on connections with friends/ family suggest that services should seek to provide ongoing support for some fathers.
- The survey indicates there may be some association between childhood adversity and fathers' appearance on first and subsequent care proceedings, but this is not a straightforward or causal link.
- Services aimed at addressing fathers' parenting problems may need to recognise the interconnection between issues such as substance misuse, domestic violence and poor mental health. Our distinct profiles of father-related child welfare concerns indicate the need for tailored interventions that target distinct combinations of challenges faced and posed by fathers in care proceedings.
- The survey indicates that a sizeable number of fathers (40%) involved in care proceedings wanted to have more children in the future. This again points to the need for services to address and support men's parenting, for existing children in the future, and for future children.

5 Relationships: understanding the lives and experiences of recurrent fathers

5.1 Introduction

In the following three chapters we report and discuss findings from the rich qualitative longitudinal study of 26 recurrent fathers. We present findings and illustrative case examples against three key themes, resulting from our analysis and reduction of the qualitative data. The themes are: relationships across the life course, the emotional impact of recurrence, and attempts to reclaim fatherhood.

Central to all of these and woven across all the chapters, is a focus on fathers' relationships with children, and their experiences of trying to be fathers and do fathering in highly restricted, adverse circumstances. The findings explore what factors may contribute to such adversity, and what factors may enable some kind of recovery or reclaiming of fatherhood.

Here, in Chapter 5, we begin by offering an overview of the characteristics of our sample, and make some comparison with the larger group of fathers who took part in the survey, (outlined in Chapter 4) before turning to a more detailed discussion of the fathers' relationships and experiences through the life course, both in childhood and as an adult.

5.2 Background of the Qualitative Longitudinal (QL) study

Twenty-six recurrent fathers agreed to take part in the qualitative longitudinal (QL) study. Profiles for all 26 fathers are provided in Supplementary Material. A QL methodology (Neale, Henwood, and Holland, 2012; Thomson, 2007) was used in order to develop a prospective study of men's experiences of recurrent child care proceedings over a

12-month period. This involved 'walking alongside' participants through their lived experiences (Neale, Henwood, and Holland, 2012, p. 8). For our research, the QL method facilitated insights into trajectories, transitions and turning points, as fathers experienced and attempted to cope with recurrent loss of children, and the consequences of this on their lives as men. The QL method also involves thinking about time, in a theoretical and methodological sense; in terms of how lives are lived, narrated and imagined (M. Andrews, 2014). The QL methodology therefore provides a device to examine the temporal aspects of the process of living through and recovering from repeated loss.

All participants were interviewed in-depth twice, at the beginning (T1) and end (T2) of the study period, with monthly phone calls in between. For more detailed information about the methods used, see Appendix A. The aim was to follow recurrent fathers' lives over time, to build a picture of their relationships, health, material lives, encounters with services and agencies, coping strategies and attempts to recover from the collateral consequences of care proceedings and child removal. Of the 26 recurrent fathers who took part, three withdrew during the study period and a further four kept in touch for a full twelve months but did not then take part in a final interview. This means that we have complete or almost complete data for 23 fathers, and this forms the basis for the analysis and findings presented in this chapter.

As discussed in Chapter 2, for the QL study we defined recurrence as having had two or more experiences of any combination of pre-proceedings, care proceedings, or voluntary accommodation (S20) of children, rather than simply two or more instances of child removal. This decision was taken in order to accommodate the range of contexts in which fathers experience the loss of children, and the range of outcomes of care proceedings for the children including Special Guardianship Order, Supervision Order, or being placed in their father's care. The wider definition was also employed to overcome the difficulties encountered in recruiting a sufficient number of men to the sample in the time available. All 26 fathers had experienced multiple or recurrent losses in their lives, arising both from local authority interventions, public law proceedings but also private law proceedings, bereavement, separation, divorce and estrangement.

All of the recurrent fathers were identified via a practice agency or practitioner. Sometimes this was a local authority social worker, but other practitioners included family support workers, key workers or facilitators from other support services (both local authority and voluntary sector), adoption agency workers or fathers' workers. This means that our sample, arguably, constituted less marginalised or less excluded recurrent fathers, in that at some point, or on some level, they were engaged with a welfare, assessment or support service. It is also likely that at the time they were

5.3 Characteristics of the 26 sample men in comparison with survey fathers

recruited, they were perceived as not the most 'dangerous' or high-risk fathers, despite the decision of the local authority to begin care proceedings. Yet, as we built the picture of these recurrent fathers' past lives, we could also understand that at certain points in their lives (or histories) they may have been (or been viewed) by practitioners as much more problematic and risky to their children or partners. Some fathers acknowledged their own risks and vulnerabilities, others were angry and humiliated by past experiences of exclusion. This characteristic of the sample is notable, because it illustrates the sweep of time and of change that the study covers; offering insight into how some recurrent fathers can find ways to recover or rebuild relationships and others may remain more stigmatised and cut adrift.

5.3 Characteristics of the 26 sample men in comparison with survey fathers

Broadly speaking the qualitative sample corresponds with the survey findings on a number of characteristics such as age-range and age of entry into fatherhood, ethnicity, out-of-home care experience, relationships/contact with children and employment. Through our interviews and contacts with the 26 recurrent fathers over time however, the researchers were able to gain deeper understanding about their lives, enabling the team to grasp more fully the detail on family and partner relationships and health (both physical and mental).

Age

The age of fathers at T1 ranged from 23–51 (average age 34.5). In terms of the age at which they became fathers for the first time, the sample is in line with the survey findings. The majority of the 26 fathers were under 25 when they had their first child, with five of these being under 20. Four fathers were aged 25–29 and six fathers were in their thirties when they had their first child.

Ethnicity

In line with the survey, the majority of our recurrent fathers (24) were of White British ethnicity. One was Black African and one White-Other.

Out-of-home care experience

A minority of recurrent fathers (6) had experienced some form of out-of-home care as a child. Three were adopted as young children, one had been in residential care, one had been orphaned and cared for by relatives, and one spent some time in foster care.

Family size

The majority of the recurrent fathers (21) had had their birth children with either one (12) or two (9) mothers. Of the remaining five, two had children with three different mothers, one with four and two with five. Just under half the recurrent fathers were birth father to 1–2 children. Fourteen were birth father to 3+ children, and of these: five men had four children, two had five children, two had six children (in both cases two of these were adult children who had not been involved in any proceedings) and one father had 10 children (again, the eldest two are now adults and were not involved in any proceedings).

Relationships with partners

The majority of the recurrent fathers were in a couple relationship at the time of the first interview (T1). Of these, ten were in what we have (later) described as an ‘enduring’ relationship where they had lived together over time, experienced child protection and/or care proceedings together. This experience also included periods of separation (often at the request of the local authority) and reunification. Other fathers had more recently experienced separation from a partner, and/or had recently formed a new partnership. Eight fathers were single at T1 and two of these were ‘lone fathers’ caring full time for their child.

Relationships with children

Relationships with children were complex and dynamic, varying across households, sibling groups, and over time as a result of separation, re-partnering and ‘blending’ of families. In addition to being recurrent birth fathers, nine men also identified themselves (and/or had been recognised by the local authority) as stepfathers to other children at some point in their lives. Four fathers were living with at least one of their children at T1 and two of these were lone parents. The picture of contact with children was mixed and very dynamic, shaped not just by care proceedings or child protection but also by separation and divorce. The majority of recurrent fathers had some form of contact,

5.3 Characteristics of the 26 sample men in comparison with survey fathers

which was active, with at least one of their children over the study period. Often this was a mixture of, for example, supervised contact, family organised contact (with children living with relatives), informal contact (with independent older children) or letterbox contact with adopted children. Only three recurrent fathers were (and remained) in a situation where there was no contact of any kind, with any child, happening.

Relationships with family

Half of the recurrent fathers had experienced the loss or estrangement from one or both parents during their childhoods. Only three fathers described good or good enough relationships during childhood. The experience of ongoing but ambivalent or difficult family relationships, including feeling dependent on parents or relatives for practical and/or emotional support, was common.

Employment

The majority of recurrent fathers (17) were in receipt of some form of welfare benefits (most commonly relating to long terms sickness or disability). One father went to prison during the study period and one had no recourse to public funds and was reliant on local charities. Of those in work, all but one (who was self-employed) were in precarious and low paid employment, and all were working in construction, hospitality, cleaning or manufacturing sectors.

Housing

The majority of recurrent fathers (17) were living in council or social housing at T1, with four in private rented accommodation and five in temporary accommodation or 'sofa surfing'. Housing was often related to, or dependent on, being in a relationship, and over the study period some fathers moved, for example from living with a partner, to sofa surfing or back to family, and for a small minority, then into their own private rented accommodation. Social housing as a single man was very difficult to obtain, and where this happened for fathers, it was due to recognition of some sort of disability or mental health vulnerability, and usually due to advocacy from a related service.

Physical health

Six recurrent fathers had some kind of chronic physical health condition, for which they were taking often high levels of prescription pain medication. Of these, two fathers also had major dental work during the course of the study, one was diagnosed with a form of Hepatitis, and one was awaiting further surgery to his hip and knee.

Learning disability or other behavioural or cognitive difficulties

In total almost half of the recurrent fathers (12) had learning, cognitive or behavioural difficulties. Eight had a diagnosis of learning disability, including two who also had a diagnosis of dyslexia. Two fathers had a diagnosis of, and took medication for ADHD and two had a diagnosis of Asperger's Syndrome. The fathers with ADHD had also been diagnosed as being on the autistic spectrum.

Mental health

The majority of recurrent fathers (17) had some form of mental health problem, most commonly depression (and for a small number, suicidality). These fathers had struggled with their mental health for most of their lives, most often in relation to a traumatic or adverse childhood experience.

Substance use

The majority of recurrent fathers (16) had misused substances, most commonly cannabis and/or alcohol. For most, their problems with substances had begun in their adolescence and continued throughout their adult lives, with some going through periods of recovery and relapse. Three fathers reported having been addicted to Class A drugs such as crack cocaine or heroin. Of the fathers who had used cannabis, six were still doing so as a form of self-medication for depression, emotional regulation and/or pain relief.

Offending

Just over half of the recurrent fathers (16) had some sort of offending history; with a common feature being offences committed in their adolescence (two had spent time in a young offenders' institution). Some of these fathers had committed a single offence but others had longer histories of criminal activity. Six fathers had served a prison sentence at some point in the past for drug related crime, robbery, theft, or assault/GBH. One father was sent to prison for a sexual offence during the study period. Seven fathers had been either cautioned or charged with a domestic violence offence, but none had been imprisoned for violence against their partners. Three fathers had received community or suspended sentences, in two cases for a conviction of assault on a minor, and the other for car theft.

Risk of harm to children

The picture of risks posed to children's safety and their wider wellbeing associated with these 26 recurrent fathers is complex, dynamic and varied. The complexity arises through histories of past and recent experiences of child protection involvement and care proceedings, because crises occur, or reoccur, with different partners or families, and because the focus of concern is not always or exclusively on the father.

We can say that for five of the fathers, learning disability was the overriding safeguarding concern leading to the removal of children. This was seen as impacting on parents' capacity to provide safe physical and emotional care for their child.

Maltreatment and neglect also featured prominently. Neglect, often in connection with emotional abuse were factors linked to just under a third of the sample. Two recurrent fathers had been found to have physically harmed or posed a physical risk of harm to a child in their care. In relation to sexual abuse, for three further men risks of harm came from fathers who had committed sexual offences and /or experienced sexual abuse themselves in childhood. More detail about these events in the men's past and in relation to their parenting are discussed later.

Substance misuse, domestic violence concerns and poor mental health were the most prominent individual parenting difficulties, with half of the sample experiencing child protection and care proceedings due to these factors. In almost all cases, these factors appeared in combination rather than in isolation, and poor mental health and substance misuse appeared to have been long-standing or recurring problems for both fathers and mothers. There had been domestic violence concerns raised about fourteen of the

fathers, and these included the risk of domestic abuse due to past history, allegations and counter-allegations, and in one or two cases recognition of couple violence.

5.4 Recurrent fathers and relationships across the life course

Having outlined the demographic context and characteristics of the 26 recurrent fathers and offering a brief comparison with the men in our survey, this section now explores and emphasises the significance of relationships in shaping the experience of fatherhood. Our aim is to build the picture of the relational ‘scaffolding’ of these recurrent men’s identities and activity as fathers; to consider what resources they had to be fathers and do fathering. Firstly, we examine the care giving relationships in the men’s own childhoods, before turning attention to recurrent fathers’ intimate partner relationships.

Social relationships are the ‘bread and thread of life, they define existence and provide it with meaning’ (Laursen and Bukowski, 1997, p. 14). They are typically described as the strongest correlate of ‘subjective wellbeing’ (Argyle, 1999; Myers, 1999). With subjective wellbeing being defined as a person’s evaluation of his or her life (E. Diener and C. Diener, 1996); a term colloquially referred to as “happiness” (E. Diener and Seligman, 2002).

Close relationships provoke some of the most diverse and intense emotions (Burkitt, 1997). When positive, relationships arouse feelings of acceptance, pleasure, security, love, gratitude and pride; when relationships are negative we feel disappointment, distress, frustration, anger, humiliation, jealousy, grief, rejection and despair (Mikulincer and Shaver, 2005).

5.5 Recurrent fathers’ childhood relationships

Key findings

- Recurrent fathers described relationships characterised by maltreatment, primarily in relation to physical, sexual and emotional abuse arising from their immediate or wider familial network.
- Over half of the 26 recurrent fathers had experienced separation, abandonment and feelings of rejection from – either one or both of – their parents.
- Histories of family conflict, parental substance misuse and parental mental distress were also prevalent in men’s stories of their childhoods.

- Recurrent fathers' early lives were marked by further forms of instability and adversity, including frequent house moves and disrupted education.
- Grandparents often played a positive and stabilising role in recurrent fathers' lives, and the loss of such relationships was hugely significant.

Physical, sexual and emotional abuse

Eight men talked of experiencing direct physical abuse from a parent or sibling, and three of these men were also sexually abused by a male relative during childhood. Matthew's relationship with his biological father (whose name he could not bear to speak of) was characterised by physical, sexual and emotional abuse: "everyday my sperm donor was beating everybody up".

"... they come once to school because I went into school with black and blue legs when my mum had given me a pasting." (Travis)

However, there was no further action taken. In his teenage years, Travis was left primarily in the care of his older brother Gavin, who had previously been in and out of prison. Under Gavin's supervision, Travis was subjected to yet more severe violence.

Keith's biological father was extremely violent towards him from a very young age: "he put me in hospital about five times". When Keith was two years old, he was taken into care. He has been informed that he lived with five different foster families before being adopted at the age of seven. Sadly, Keith never felt that he fitted in with his adoptive family. He continued to experience physical chastisement at the hands of his adoptive father who "smacked [him] on the back of [his] legs". At the same time, Keith experienced a lack of emotional connection with his adoptive mother, which continues to impact on him as an adult: "there was no love. What you would want from your adoptive mother is love, show love, I am missing that now".

Separation, abandonment and rejection

Half the 26 recurrent fathers had experienced separation – from one or both of their parents through bereavement or parental separation. Two men (Abegunde and Travis) experienced their mothers' death, following which, their fathers either failed to provide adequate care or abandoned them. After the death of Abegunde's mother, at the age of four, his father sent him to live with his uncle and his uncle's wife. Travis' parents separated when he was six, following which he continued to live with his mother until her

5 Relationships: understanding the lives and experiences of recurrent fathers

death when he was 13 years old. After the profound loss of his primary caregiver, Travis found himself bounced between his older brother, his cousin and his father's care, until his father asked him to move out following arguments with his stepmother. At the age of 15, Travis found himself isolated from his family, living on his own.

Men's accounts detailed how early estrangements with their biological mother or father left them feeling abandoned, rejected and hurt. Feelings of abandonment and rejection were often compounded when the parent they were then living with met a new partner and their new relationship took precedence. Jonathan, Andy and Martin had no contact with either their biological mother or father for the majority of their childhoods. Jonathan's stepfather came into his life during babyhood until the age of 11, and when he died this was a significant loss for Jonathan. His mother formed a new relationship two years later, and Jonathan felt that his mother prioritised her new relationship over him:

“didn't like kids and he didn't know how to get on with kids. . . so I kind of got pushed aside by my mum; that hurt a lot.”He (Jonathan)

Fathers who felt abandoned or rejected, by one or both their parents, were often left feeling enraged and pained, emotions which they said led to further harmful behaviours. Joe had been subject to abandonment from his biological father. Joe witnessed domestic violence and abuse from his mother's partner while his mother herself was unavailable to him due to her mental health and numerous subsequent pregnancies. Joe's behaviour indicated his emotional pain (or indeed trauma), which manifested itself in anger, jealousy and substance misuse. Despite his teachers being aware of his alcohol issues, Joe found himself punished and excluded rather than receiving support for the underlying causes of his behaviours. From Joe's perspective, his teachers had given up on him, much like his parents.

Parental mental distress, family conflict and instability

Many of the fathers described living in households, where there were poor relationships (e.g. parent-parent, child-parent or sibling conflict), parental substance misuse and parental mental distress. Jeremy recalled repeated serious arguments between his parents from the age of 14. In common with many of the other fathers who experienced abuse and/or separation and abandonment, Jeremy said he started using “hard drugs” to cope with his feelings of distress.

Joe's mother's intermittent mental distress meant Joe took on the role of caring for his younger siblings and throughout his life has continued to be ready to respond when his mother's intimate relationships end:

“Every time she breaks up in a relationship ‘Joe, Joe, Joe, Joe’ I will maybe not necessarily be living there but for that first month I would have to be there because I would have to help look after my brothers because she wouldn’t be able to function. . . She doesn’t take breakups as kind heartedly as say other people.”
(Joe)

Difficult relationships with caregivers and wider family members – including physical, sexual and emotional abuse, abandonment, separation and household ‘dysfunction’ often triggered further adversities. A number of men (Matthew, Michael, Martin and Travis) described the physical consequences of difficult relationships, namely the impact on housing, and experiences of homelessness in childhood.

In common with Michael and Jonathan, who both felt pushed aside when their mothers formed new relationships – Martin felt abandoned when his father formed a new relationship, re-housed and there was no room for Martin. As a consequence he ended up in “a little horrible little flat in some horrible street on some horrible estate” when he was 16 years old. The poor relationship with his father, and absence of his mother, who he had not lived with since the age of two, left Martin lacking parental guidance, whilst at the same time feeling a sense of loneliness and emptiness. In order to overcome his poor relationship with his parents and social isolation, Martin began inviting friends to his flat and set out on what could be viewed as a ‘reckless’ trajectory of partying and crime. Martin fathered his first child within the same year and, in common with Michael, continued to father multiple children in a short period of time. Martin ended up father to six children by the age of 23.

Matthew’s parents separated when his biological father was sentenced for the sexual abuse perpetrated against him and a number of other family members. However, his parents’ separation and father’s imprisonment was not the end of the collateral consequences, which continue to haunt Matthew’s family. Following his parents’ separation and father’s incarceration, his mother moved around on countless occasions. Matthew described how his mother felt obliged to move when people found out that his father was a paedophile. Despite Matthew’s parents having separated and his father being imprisoned, the family could not settle due to the public shame of his father’s offence. Tew (2019) discusses how the incidence of trauma may incite public and private shame, as the family identity is spoiled, which in turn can result in wider social disconnections, even when a perpetrator is excluded from the family. Matthew’s case illustrates the reverberating impact of traumatic events on the lives and functioning of his whole family.

Protective and significant others

Although relationships between the majority of recurrent fathers and their own parents had been unstable as children, a number of men spoke of having important relationships with significant others. Of note is the presence of, almost always kind and consistent, grandparents who took on care of men and continued to 'be there'. However, relationships with grandparents can then become a profound, sometimes crushing loss, when they die. Examples of men who were crushed by the deaths of a grandparent are Michael, Jonathan, Jack, Danny, Joe, Martin and Brian. Several fathers spoke explicitly about the substantial impact on their mental health following the loss of a grandparent. Brian recalled self-harming as a child. When asked if there was any particular reason why he had begun to cut himself, he referred to significant family deaths as he explains below.

“...because you have like different things going on in your life at times don't you, you know like grandparents passing away and – Like you know big influences in your life. . .”
(Brian)

Whilst Brian, Martin, Jonathan, Jack and Michael spoke of the profound impact of a grandparent's death on their mental health, research has identified how in the aftermath of trauma – in this case bereavement – it may become increasingly difficult for families to hold together, resulting in a family becoming fractured (Tew, 2019). This argument is supported by Joe's recollection of the intense impact of his grandad's death on him personally, as well as his family dynamics.

“when my grandad died I felt a bit suicidal. . . he were the structural foundation of our family, as soon as he died our family has fallen to shit, pardon my French but it did, we have all grown apart, we all fall out. . . He was the glue that binded the group together.”
(Joe)

In addition to grandparents, other significant adults spoken about by men were teachers and mentors. Both Martin and Danny identified specific teachers who had encouraged or supported them who they now referred back to as a point of validation.

“I reckon he has kept me out of more trouble than I would have been in. . . He has shown me what was possible.”
(Martin)

Thinking about relationships from a life course perspective

The impact of adverse early childhood relationships, particularly those relationships characterised by maltreatment, reverberated throughout childhood, into adolescence and adulthood, as these fathers reflected back over their lives. Turbulent and abusive

early childhood experiences left men feeling confused, let down and impacted on their sense of confidence and self-esteem; from a young age, many of the men had learnt that they could not trust others to meet their needs or keep them safe. In turn, adverse relationships in childhood, between parents, siblings and extended family appeared to pre-dispose men to further adversities (e.g. unstable housing, educational difficulties, mental distress and substance misuse). Tracing the lives of these men, through hearing their stories from childhood and adolescence through to adulthood, exposed the reverberating, longer-term consequences of abusive, damaging or unreliable relationships.

Research on recurrent mothers has previously identified the link between adverse childhood experiences, and 'poor adult outcomes' (Broadhurst, Mason, et al., 2017, p. 61). When we compare reported findings concerning mothers with our sample of recurrent fathers, there is a similar picture of childhood relationships characterised by maltreatment and difficulties in adulthood. Our qualitative findings are in line with what we have learnt from our survey of fathers, in terms of their reported adverse childhood experiences. However, from the in-depth longitudinal study we have been able to gain more nuanced insight about the emotional, mental and practical impact of difficulties in childhood relationships and their cumulative effects. For instance, substance misuse beginning in childhood presented a strategy to lessen the emotional pain of feeling abused, abandoned or rejected. In addition, engagement in unstable drug use provided a pathway into being 'accepted' by peers, where vulnerable men found a sense of belonging; a feeling that had often been lacking. Bereavement and/or abandonment by parents often resulted in some men finding themselves 'out in the world' on their own, whilst still children. A lack of stability or parental guidance – in combination with feelings of isolation, loneliness and rejection appeared to have contributed to some men falling into a 'chaotic' lifestyle of drugs, drink and sex.

There were a number of situations or points in their younger lives where these men felt that they lacked support. They talked of struggling with their emotions in relation to abuse, bereavement, abandonment and wider household issues and bullying. Often, rather than receiving support to address the underlying causes, the men felt judged and faced further punishment for their behaviours. Whilst the fathers we talked to had different experiences in terms of the intensity, continuity or recurrence of these difficulties, and different trajectories of recovery or stability across their lives, the pattern of relationship problems and the lack of positive opportunities for direct help and support were notable.

5.6 Fathers' intimate partner relationships

This section turns to recurrent fathers' intimate partner relationships and how these shaped the experience of fatherhood, and of family or parental crises. Relationships with partners were of great emotional, psychological and practical significance to the men as individuals but even more so as fathers. The role of mothers in mediating father-involvement, and the significance of the co-parenting relationship (as distinct from the couple relationship) is increasingly recognised in the wider context of family life. Where families are in crisis and under the scrutiny of the local authority, expectations about how and when mothers and fathers act individually and/or together are complex and at times contradictory. As part of understanding the relationships this group of recurrent fathers had with their children, we therefore focus on the patterns and dynamics of relationships with intimate partners.

Key findings

- Recurrent fathers in our study appeared vulnerable in terms of the impact and needs arising from their life histories. Recurrent fathers may pose risks but can also be seen as at risk themselves.
- Counter to negative stereotypes of 'roving' or 'feckless' men, many recurrent fathers were in enduring relationships.
- Fathers and their partners often felt that services did not work with them as a couple.
- Of the recurrent fathers who had separated from the mother of their child(ren), several had previously been in long-term relationships.
- In cases where recurrent fathers had re-partnered, in some cases local authority concerns arose due to concerns related to the father's ex-partner, in other cases there were concerns regarding the father and/or his new partner.
- A minority of recurrent fathers were highly marginalised and 'cut adrift' from their children and families.

Partnership status

The 26 recurrent fathers fell into three broad groups in relation to their partnership status: enduring relationships; separated but re-partnered fathers; and single men.

Enduring relationships: There have long been negative public portrayals of fathers, anxieties and assumptions of father 'absence'. Stereotypical descriptions of 'feckless fathers' (in tandem with negative stereotypes of lone mothers) have depicted some men as having numerous children to multiple women. Descriptions of, what are alternatively termed, "serial dads" are associated with avoidance of responsibility, costs to taxpayers, violence, alcohol issues, unemployment and imprisonment (The Telegraph, 2015). An "absent father" ideology, in part, formed the context for the launch of the Child Support Act 1991. Escaping responsibility is often focused on evading financial responsibility for children. This rhetoric is not specific to England. In the U.S. those 'guilty' fathers, who do not fulfil their parental responsibilities, are pejoratively termed 'deadbeat dads' (Bradshaw, C. Skinner, et al., 1999). The negative discourse about fathers has formed part of a wider debate about the changing dynamics of families (Bradshaw, C. Skinner, et al., 1999), including the rise in lone mothers and non-resident fathers (Poole, Speight, et al., 2016).

In contrast to the portrayals of irresponsible, 'roving' men, over a third of the recurrent fathers in our study were in longstanding, what we term 'enduring' relationships. What we often observed were couples who had lost or were at risk of losing more than one child and had remained together through the child protection process. Either the man or the woman may have had past relationships – and one or both may have been a recurrent parent before they formed a relationship – but the couple had experienced a long period of children's social care involvement and public law proceedings together. The length of these relationships ranged from 4 to 25 years, in part dependent on the age of the couple (younger enduring couples tended to have been together for fewer years).

Name	Age	Length of relationship
Graham	51	25 years
Tony	47	6 years
Jonathan	45	18 years
Sam	41	16 years
Keith	40	18 years
Jeremy	38	5 years
Michael	36	13 years
Travis	34	14 years
Joe	24	4 years
Robert	24	2 years

Despite the enduring nature of their relationships, and the feeling that problems were 'theirs', often fathers and their partners (who were also, at times, present during interviews) felt that there was a lack of 'couple approach' through their involvement with local authorities and proceedings.

"We were working it out but every time we had meetings and stuff like our Court room meetings...they always made them separate. I am like "why have we got separate meetings and that if we are meant to be working as a couple?"...we are being told that we have to have separate yeah every things, I had contact with Bobby one day a week, Sandra had it three... But a big thing was and I am sure Sandra will tell you this herself, Social Services trying to divide and conquer you, that's what they do, at times when as a couple we should have been having meetings they made them separate every time."
(Brian)

"This is our family and it is all shared but I feel a bit like...having to have separate representation makes you feel like we are being pushed apart... the whole PLO process and the Court process we have had to have separate legal representatives, it would have been better for us if we had, if we shared it... because we don't feel like we are working together. We should be working together on that sort of thing."
(Sarah, Graham's wife)

Initiatives such as the 'Think Family' agenda promote the importance of a whole-family approach, based on a need to address the child and family as a whole system, founded on the belief that a change in one part of the family will impact on all other family members (Munro, 2011). A focus on whole families (Williams, 2019) and strengthening family ties (Farmer, 2017), emphasises the importance of promoting family relations. Practice initiatives such as Family Group Conferencing have spread across countries, founded on the principle of working in partnership with a wide family network. However,

in spite of recognition of the value of a whole family approach, fathers and their partners involved in the study spoke of how the system continues to focus on individuals, at the expense of taking into account the interrelated lives of family members.

We also use the term enduring relationships to describe those men who were in intermittent relationships with the same partner over a number of years. For these men, despite occasionally having had separations and/or short-term relationships with another woman, their partner status was primarily with (and continues to be with) the same woman – the mother to, at least one, shared biological child – over a number of years. Often fathers described how relationships deteriorated or fathers spent time away from their longstanding partner due to the involvement of children's social care. Fathers spoke of the additional tension and burden that local authority involvement placed on couple relationships and wider family dynamics.

"I think we have probably had more arguments since the start of the Section 31 than we have had in a long time." (Sarah, Graham's wife)

"Me and Kay it would have been seven years ago, we were working with children's services and we have had to umm, Kay had to attend and I had to attend something else and it put a lot of strain and pressure on the relationship, Kay ended up leaving me, I ended up a single parent you know to all the children." (Sam)

However, Sam and Kay were drawn back together and re-kindled their relationship approximately a year after separating. Jonathan and Megan, who have now been together on and off for over 18 years, separated and reunited twice during a long period of child protection and care proceedings, and two further times since having their youngest three children removed; they continue to struggle to know how to rebuild their lives and whether this can be done together or apart. Another couple - Sean and Fiona – also talked of the heavy strain care proceedings placed on their relationship. After nine years of being together they separated, not long after their children were removed. In the following extract, Sean explains how he feels Fiona blamed him for the removal of their children.

"We did try and stick together to see if it would work without the kids, it did work but then again it didn't... She blamed me because I had history with social services in my life when I was a kid." (Sean)

Separated and re-partnered fathers: Of the recurrent fathers who had separated from the mother of their child(ren), several had previously been in long-term relationships. Matthew was with the mother of his two children for over 8 years, Martin had been with the mother of 5 of his children intermittently over an 11-year period, and Brian had been

5 Relationships: understanding the lives and experiences of recurrent fathers

with the mother of his 3 children for “nearly 16 years”. These were not fathers who had ‘fecklessly got women pregnant’ and abandoned their children, but men who had sustained long-term relationships. Separated and re-partnered fathers accounted for just under a third of our sample. The reason for local authority involvement in these cases varied. Sometimes children’s services were involved due to concerns about a father’s ex-partner (i.e. the child(ren)’s mother). Brian had been in a relationship with his wife Debbie for almost 16 years, they had three children together and there had never been any involvement with children’s social care. However, after Brian separated from Debbie, concerns soon arose.

“That is how social services first got on the case, she had a nervous breakdown, the household, the house went into, the household ended up, well it had been that bad that she got done for neglect, they took the kids off her and sent them to live with me.” (Brian)

Sam who was at the beginning of the Public Law Outline (PLO) process when we met him, explained how concerns had also arisen in relations to his son’s mother, which subsequently resulted in him being drawn into children’s services.

“... so it only came to light really do you know about 18 month ago that she were involved with Children’s Services herself and she has been involved with them a long time and what has happened now is things have got that serious err, everything has gone to PLO I think it is where she has had to take legal advice you know, now it has also pulled me in with me being Harry’s father so now I have been told I have got to attend meetings and seek legal advice and so on and so on. I have asked her clearly in front of children’s services with other meetings I have had to attend for Harry with her umm if I could just have Harry, you know and keep him full time but she has not agreed to that. Now what a to do that is and everything what we are receiving, saying ‘could I get legal advice’ it just feels wrong to me, I have already been assessed before with children’s services, I have five daughters with me missus, me youngest only being six month old and you know for me to go through all this again.” (Sam)

Martin gave a similar account of how children’s social care became involved due to concerns about his previous partner’s parenting following their separation: “She started to beat them with belts”. Having been through care proceedings several years prior, Martin was able to reflect on how he found the care proceedings process highly stressful, even though the trigger was not about his parenting. His apprehensions were exacerbated by the fact that he was expected to travel “back and forth to courts” in a different county, whilst caring for two children who were both pre-school age, with a very limited (almost non-existent) social support network. Martin explains how the experience of care proceedings affected his mental health.

“It was a really big strain on me and I was just, I just cracked up so the health visitor at the time told me to go to the doctors and speak to them about anti-depressants and stuff like this... so I went and talked to the doctor I said ‘look I have got two kids at home, I don’t want anything that will interfere with me looking after them’ so they prescribed me some um some anti-depressants and after a week of taking them... They kicked in and knocked me clean out, I was unconscious.” (Martin)

In other cases, the local authority became involved with a family due to a father’s history. Although there has recently been a renewed interest in strengths-based approaches, such as Signs of Safety (Turnell and Murphy, 2017), which aims to move away from problematising families to focus on resilience factors and assets, many of the fathers felt that professionals formed unfair negative judgements based on historical concerns, overlooking the positive changes they had made in their lives. Mark expressed how “they have always judged me against my past”. During his most recent care proceedings (in 2015) he disagreed with a social worker who – referencing a psychiatric report written a decade ago – argued that because of Mark’s mental health he would not be able to cope with his son’s undiagnosed attention deficit hyperactivity disorder (ADHD). Mark challenged the local authority assessment. He argued that he was now in a stable marriage and had been successfully medicating for years. Besides mental health ‘issues’, other historical concerns commonly cited as concerns by social workers were previous children’s social care involvement, criminality, substance misuse and domestic abuse.

In some cases, local authority involvement arose due to concerns regarding both the father and his new partner.

“Unfortunately I ended up in a relationship with a girl called Sally... and there were domestic abuse going on you know from her side where I were, every time she went out and had a drink I were being assaulted really and umm in the end I think it was my birthday I assaulted her back... I lost custody of all my daughters back to my missus then, and then what I had to do were, you know work with children’s services, do everything they asked me to do.” (Sam)

Another father, Gregory had three children with his ex-partner Suzie, over 12 years, before they separated and he formed a new relationship with Carol. Following the separation, Children’s Services became involved over concerns about Suzie’s care for their three children. When he pressed for the children to live with him, Gregory faced allegations of domestic abuse from Suzie. He also had an offending history and a previous conviction for grievous bodily harm (not against Suzie). His conviction, combined with his new partner Carol’s previous history of being a domestic abuse victim, eventually led to the loss of their baby to adoptive parents.

Single men: There were eight fathers who were single during the research journey. Five of these men were particularly 'cut adrift'. Sean, Patrick, Shane, Danny and Matthew had all withdrawn, or felt marginalised from their children, ex-partners and/or families. This distancing occurred for different reasons and with different responses and coping strategies.

Shane has a moderate learning disability. His eldest child, Abbey, had been in foster care for six years. In 2016, they reconnected after she began asking about Shane and her social worker got in touch with him. Shane and Abbey had a supervised meeting and began writing to each other but after a few months, this broke down. Shane remained very unclear, and very hurt about what happened. He suspected that his daughter had changed her mind but had still not been informed of a reason. Meanwhile, he had not had any contact with his young son John since the first couple of months of his life. John lives with his maternal grandparents on a special guardianship order and Shane did not get on with his ex-parents-in-law. He was adamant that he could not deal with them and had no support to help him to think differently. Shane coped by throwing himself into work (as he has always done). He was working approximately 80-hours per week as a contract cleaner for two agencies. Work is Shane's main source of validation as a man and as a father to his children, despite his estrangement from them.

Sean was also estranged from his children. After Sean and his long-term partner Fiona split, she began a relationship with a mutual friend. However, Sean and Fiona, slept together once more, resulting in her falling pregnant. Their son became a family secret. Fiona stayed with her new partner, who the son still believes is his biological father. Only Sean, Fiona and her new partner knew the truth. Sean found this very difficult but did not feel that he had any control over the situation and has no contact with his son. His other two sons had been adopted and his daughter was in long-term foster care. Sean was particularly opposed to the placement of his stepdaughter. He voiced feeling, "I've got no rights – paedophiles have more rights than me". This was a reference to the fact that the daughter of the man who abused Fiona and fathered his eldest stepdaughter, was now caring for her. He had long periods of hearing nothing from the social worker about his biological daughter in long-term foster care and was ambivalent about chasing. Although he was motivated by trying to get his life back on track for his daughter, Sean was also frightened of failing and of being rejected. In common with Shane, Sean invested time in work to keep busy. He also spent time going to the gym, or just walking, to keep his mind distracted: "it's when I'm sitting around, that's when all my thoughts come rolling in".

All five of the men who were single saw future intimate partnerships as very difficult or unlikely. Sean voiced "I'm going to end up a lonely old man. . . people come and go in my life, that's how it's always been". Matthew, another single man, was also 'cut off' from his

ex-partner and two children, who he had no contact with. At the time of the final interview he was serving a prison sentence for having a sexual relationship with a fifteen-year-old girl. Although he longed for a loving relationship, Matthew questioned whether anybody would have him given that he was both a victim and offender of child sexual abuse. Matthew's yearning for a relationship had led him to 'jump into' new relationships quickly in the past. In their study of recurrent mothers, Broadhurst, Mason, et al. (2017, p. 65) identified how "a desire to create family appeared to predispose women to forming hasty, intimate partnerships". In comparison, Matthew's longing for an intimate relationship left him willing to go out with "the first woman who will have [him]". His desperation exposes a vulnerable side to Matthew, who gave money out to women who he had only met online, in the hope they would meet with him and give him a chance.

Of the other three single men, two had had children placed in their care as an outcome of care proceedings and one was being assessed to care for his daughter. Despite having received validation from local authorities about their parenting, Greg, Jack and Abegunde all had support needs that they felt were not being met. Greg has regular contact with his daughter, and at the start of the study period the plan was reunification. Greg's daughter had been sexually abused by Greg's own father and this had caused enormous family pain and shame. Greg expressed that there was no sense of support for him, particularly around his own emotional and mental wellbeing: "I don't sleep well, I don't eat a lot, I don't go out. In that respect it has had a big effect on me". Greg also acknowledged, that as a parent, he would need "a social network", whilst questioning "but where do you go for that? You know it is not in the shops, not on a shelf". A sense of loneliness was a common theme expressed by all three of these fathers. Jack, felt a tension between on the one hand conforming to masculinity (football, drinking and physical fitness), whilst on the other hand, subverting gender norms as a single father. He felt constrained and criticised for not keeping up with what his friends were doing, which left him feeling isolated and without a supportive social network.

5.7 Factors involved in relationship problems

Despite recognition of the fundamental importance of human relationships, there has been a long-standing tendency to focus on individual personal problems. From an individualistic perspective, issues such as mental 'illness' are believed to be located within a person. In part, the individualisation of mental health 'problems' arises from the dominance of a medical model, which focuses on a person's biology as the cause of the issue (Beresford, 2002). Similarly, substance misuse is often viewed as an individual issue, with discussions regarding the role of specific personality traits in the development

and maintenance of substance misuse (Castellanos-Ryan and Conrod, 2012), and conceptual models tending to characterise addiction as a failure of self-control (Foddy and Savulescu, 2010). However, insights from the recurrent fathers' stories revealed that social factors played a key role in relation to mental wellbeing. More specifically, the mental health of couples was interrelated. Often when the couple were both struggling due to experiencing difficult circumstances together, or the impact of one of the couple experiencing difficulties and the 'knock-on' impact on the other couple. In such cases, the additional strain of mental distress created conflict between couples. In other cases, fathers provided a key source of support to mothers who were mentally distressed.

Key findings

- The nature of men's relationships with their intimate partners was often damaged by substance misuse, mental health and domestic abuse.
- Men often described having ambivalent intimate relationships; contradictory emotions towards their partner, typically at polar ends of the scale.
- Men described behaviours that might have been deemed 'feckless' in their younger years, but over time they felt they had aged out of problematic behaviours.
- Despite showing signs of change, men's histories continued to haunt their present lives, with the ultimate consequence being the loss of their children.

Substance misuse

"Karen was into heroin as well, we both got onto heroin and then it was crack cocaine."
(Travis)

Often fathers were in relationships, where there had been, or still was, longstanding or recurring substance misuse by either one or both parents. Often where substance misuse was present, there appeared to be issues of co-dependency. The concept of co-dependency initially emerged from the recurring unstable drug use treatment movement but has been increasingly applied to more widely to relationship dynamics that may be damaging or inhibit change (Cowan, Bommersbach, and Curtis, 1995, p. 221). Co-dependence referred to 'co-alcoholics' or other drug dependencies, in the form of 'chemical dependency'. From the recurrent fathers' stories, it emerged that often where substance misuse was an issue, both parents were using illegal drugs. Jeremy's story illustrates how his chronic opiate use worsened when he met Stacey, who was also

using opiates. Greg and his partner Kate had a similar story, and Jonathan and his partner Megan have been addicted to cannabis throughout their 18-year relationship. However, finding out that the woman was pregnant, prompted some couples to attempt “to get clean” (Jeremy). Jeremy shared how he and his partner were desperate for their unborn child not to suffer withdrawal symptoms, which resulted in them reducing their methadone rapidly, from 75mls to zero in approximately four months in a desperate attempt to prevent their child from being affected. This led to them relapsing and attempting, but failing, to conceal this fact from the social workers out of fear of losing their baby. When the relapse was discovered, baby Lily was placed in foster care from hospital.

“... we decided we were going to come off our methadone scripts but we didn't listen to medical advice umm we decided we knew better and we came off far too quickly umm and, we found we were okay reducing on the script but then when we finally had no methadone that is when we relapsed because it was just, we couldn't handle it and we relapsed and we were too scared, it was six weeks before Lilly was born and we were too scared to follow the Care Plan basically.” (Jeremy)

In common with Jeremy, Travis explained how when Karen fell pregnant (their fourth child), they both agreed to stop using heroin and went on to a methadone programme. However, despite abstaining from taking illegal drugs their child was also taken into foster care from the hospital. The couple did continue to work with the local authority and care proceedings did result in a placement at home, with a Supervision Order.

“We both decided that's it, we have got to do it for our son because it was the best chance for us them not taking him off us... so when we had George in the hospital we thought everything were fine, we thought they were going to let us home with him.” (Travis)

Fathers also reflected on how substance misuse impacted negatively on couple dynamics. Matthew explained how he and his partner of almost nine years, were both living a lifestyle where:

“We just kept partying like all the time... getting smashed on drugs... we got into the routine where we were arguing all the time... it was a disaster, let's say a massive disaster.” (Matthew)

For some couples, arguments led to physical violence when one or both partners were using substances. In Martin's case the volatility of their relationship was pointed out as a key concern in assessments carried out by children's social care.

5 Relationships: understanding the lives and experiences of recurrent fathers

“Because she was on drugs, err we had a violent relationship, it was what was the word there, I am trying to use the words they used. . . It was a violent relationship.” (Martin)

Similarly, Travis recounted how the combined effects of drugs and alcohol contributed to a decline in his relationship with his long-term partner Karen.

“Back then it were volatile we was always fighting, you know it weren’t, it was a volatile relationship because we were always getting extremely drunk umm and basically we used to get cocaine and stuff like that.” (Travis)

However, alcohol and drugs were also used by fathers (and their partners) as a coping strategy; and for many had been since their teenage years. This could mean that long-term addictions were even harder to address and/or that a new crisis would result in a return to familiar habits. Two examples of using substances to cope are Travis and Joe.

“is what has provoked. . . me to start drinking again because I am just sat, this is it, this is my life, I sit here and watch TV, you know it’s.”The removal of my son and my partner leaving me (Travis)

“If you are depressed on a night out and you will be ‘I will have some of that’ it actually, well you can be thinking about it but, it barriers that bit, so you can enjoy your night with your friends and at that point through all that stuff I went through with Laura.” (Joe)

Mental health

Recurrent fathers’ stories accentuated the impact of (recurrent) child removal on both their own and their partner’s mental wellbeing. The men’s accounts also highlighted the interconnected nature of parental mental health. Often, as one partner’s mental health declined, there was a ‘knock-on’ impact on the wellbeing of the other. In some cases, because both parents were struggling with their mental health, it became more difficult to support each other. Travis talked of the combined impact of (recurrent) child removal and his long-term partner’s detention in a mental health hospital on his own mental wellbeing.

“I had not touched a beer for ages and because of all this losing my son and the missus being, losing my missus and she getting sectioned and my life just getting turned completely upside down that’s, it has kind of had, it has had an impact on me, it is like I am not sleeping at night and stuff, I sit there just staring at his cot.” (Travis)

Travis continued to explain how even when Karen was home, her mental distress contributed tension in their relationship.

In common with Travis, Brian described how his partner's mental health problems had a domino, or escalating effect, whereby she stopped taking her prescribed medication and their relationship deteriorated. Brian's partner had fallen pregnant whilst taking prescribed medication for her mental health. The couple were informed that there was a high likelihood that the child would have physical health needs, due to the medication she was taking. In response, she came off her medication, her mental health declined and with the worry of their unborn baby having additional needs, their relationship began to deteriorate.

“Bearing in mind within two weeks she is pregnant, they are telling us eighty percent chance of deformity in child with her meds, she stopped her meds simple and we clashed! We started clashing, we started bickering, we started arguing, escalations were happening, do you know what I mean, it weren't what we needed to be doing.” (Brian)

However, fathers and their partners also spoke of being a key source of support to one another, both emotionally and practically. Two illustrative couples' stories are Tony and Dawn, and Graham and Sarah.

“Me and Dawn are there for each other really, if she's down I lift her up, and she does that for me.” (Tony)

“Because when my dad died me and my mum found him and we were both in a state and I rang, Graham was working... I rang him up and said, because I was panicking and he just came home, took over everything, dealt with the undertakers and all the rest of it, did all the practical stuff, while me and me mum fell apart... I am actually a registered carer for him because of his Asperger's but I would say the way I have been recently, I would say he is probably more my carer than the other way round.” (Sarah, Graham's wife)

Although stress and mental distress was common for fathers and their partners, being able to empathise and understand each other's needs was key to supporting better quality relationships. Martin and Rachel had both lived through care proceedings and removals with ex-partners who were violent and abusive. Their common experiences gave them a platform to 'mentalise' the lasting impacts of abuse and of recurrence. Mentalisation refers to focusing on the mental state of oneself or others, particularly in understanding behaviours (Bateman and Fonagy, 2006). Mentalisation has also been linked to the concept of empathy. Whilst empathy is mediated by a specific neural mirror mechanism, that allows us to understand others' actions and emotions by internally

replicating them (Gallese, Keysers, and Rizzolatti, 2004), mentalisation develops this idea further to include an ability to reflect and adapt one's own behaviour in response (Bateman and Fonagy, 2006).

The process of being able to understand and respond appropriately to a partner's emotions was described as pivotal resilience factor for Martin and Rachel. Their ability to understand and support each other in identifying and achieving their needs and regulating their respective emotions, provided a turning point in their experiences of parenting. Professionals recognised the quality of their relationship and the children's services case for their child (their first as a couple) was closed shortly after her birth. After suffering from post-natal depression after giving birth to her previous two children to her violent ex-partner, Rachel spoke of how she had "coped better this time because I have got [Martin's] support". That is not to say that Rachel has not found parenting difficult:

"It is the stress with Ella with me because I don't get any sleep so that plays on my, everything, it just makes me mentally annoyed all the time because I can't get to sleep then I take it out on him." (Rachel, Martin's fiancée)

However, rather than the situation spiralling into conflict, Martin felt he could recognise that Rachel was struggling both physical and mentally. This enabled him to respond by stepping in to provide extra support: "... he sat up at night just to let me sleep". In addition, the process of mentalisation is two-way. Rachel also felt able to recognise and respond to Martin's needs and emotions.

"... when he has had a bad day at work he takes it out on me so then we decide that we will try not to be... I think it is because when you have smoked for as long as you did it, when you come off it you can get angry really easily because you don't have that to go back on you know when you don't smoke it anymore." (Rachel, Martin's fiancé)

Rather than the situation escalating into conflict, Rachel said she encourages Martin to manage his stress by using his positive coping strategies. One of which is riding his bike: "I just take my bike out to [the] woods and thrash through the woods".

Domestic violence and abuse

For many of the couples, relationship conflict was seen by professionals as detrimental or harmful to their children. Concerns raised about historic and/or current abusive or violent behaviour were commonly part of child protection, pre-proceedings and care proceedings for fathers and mothers in our study. Regardless of their own perceptions

about the strengths of their relationship and the support that one or both offered each other, a number of couples were instructed or advised to separate as part of children's services involvement. Sometimes this was to increase the chance of avoiding having a child removed, to minimise the risk of harm to a child or partner, or to pursue individual recovery or change. Out of these couples, some (like Kevin and Lorna) did permanently separate, some (Michael and Kath) stayed together, and others (Jonathan and Megan) split temporarily before re-establishing their relationship but subsequently faced grave consequences. In this way, a number of the stories we heard involved a form of 'couple jeopardy' in relation to how parents and professionals attempted to negotiate or manage intimate partner relationships and child welfare concerns.

Martin and Rachel were one such couple who were told to separate early on in their relationship.

"took me in, um the social workers hated the fact of that. . . they wouldn't let me see him or go to his and my kids weren't allowed to be alone with him, this is what they said because he didn't have his kids, so they used that against us and then. . . we started seeing each other [again] after a few months because it felt right and then I decided to leave and come back up here and then we were seeing each other and then my kids got removed through Court." Martin (Rachel)

All the cases where couples were advised to separate, involved concerns relating to couple conflict, whether domestic violence or abuse concerns were related to the present or a previous relationship. Two further case examples are Brian and Travis.

"... it is because they didn't want me and her even in a relationship. Bobby has not gone because we were shit parents, Bobby has gone because we were back together." (Brian)

"... then the social worker said 'are you back together?' I said 'well we are kind of' I said we have been speaking and stuff like that I said you know and then umm that's it they just said right well." (Travis)

Where couples had remained (or been allowed to remain) together, concerns over conflict and potential abuse often continued or re-emerged. Whilst there were a number of cases where the concerns were directly focused on the father (for example Jonathan, Kevin or Gregory), there were also examples (Tony and his first wife, Joe and Laura) of where couple conflict was much more complex.

"... it is like a tornado meets a volcano boomf that's it!" (Joe)

5 Relationships: understanding the lives and experiences of recurrent fathers

For instance, when Brian and Sandra were both struggling with their own mental health, the couple felt unable to support or regulate each other. Their relationship continued to deteriorate, to the extent that it turned violent on both their parts, however it was only Brian who was arrested. His arrest led to him being remanded and excluded from his local area until the case reached trial. Brian felt completely isolated and from this point on, talked about struggling to find a way back to his children, and to some credibility with social workers and other professionals.

“...it turns out on the Monday Sandra had said to the woman at [local women’s service] ‘look I am going to be honest with you, it was me who hit him, I just told you the opposite because I thought that I were going to get done, it is me that has hit him’. The following day that same woman sat in Court and said that I was such a danger I should be remanded off. I had an exclusion zone from my own area, I had no support network around me, nothing... I had to live in a Bail Hostel... It were rubbish, they were horrible, I had no-one to speak to, I had nowhere to turn, I couldn’t go and see my family members, I couldn’t do nothing, I was excluded from my life basically for about three months and then just as it was about to hit trial she finally said ‘oh yes she said that she hit you’... Then they dropped it...” (Brian)

Care proceedings for Brian and Sandra’s children resulted in three children being placed in foster care and the youngest with a maternal relative. The couple separated permanently and Brian worked with the local authority to build supervised contact with his children, but this has been hard won and Brian’s mental health and sense of isolation continues to be a challenge for him.

One further example of the complexities and also the gendered experience of couple conflict is illustrated by Travis and Karen. When we first met Travis he was “on a perpetrator course”. Whilst on the course he described being taught strategies for avoiding escalation, including leaving the house if he felt himself getting “wound up”. Travis recalled a recent event where he and Karen argued and so he “walked out the door [and] went to the cinema”. However, counterproductively when Travis left the house, Karen’s anxieties from her own childhood appear to have sparked. She felt he was rejecting her, leaving her on her own to look after their son, whilst he went out enjoying himself. She also became anxious that he might be with another woman. Travis talked about how Karen felt fearful and hurt.

“She sent me a message thinking I had been out cheating and stuff and that is what the argument was basically over just thinking I were cheating and it just got to me, it had been that much had been happening and I just ended up venting, I shouldn’t have vented, I regret venting...” (Travis)

The consequences of this incident for the couple were devastating in that their son George was removed and placed into foster care, and they were instructed to separate. By the end of the study period Travis's mental health had declined and he had returned to binge drinking. He had been able to work with a social worker to achieve phone contact with his older children (in foster care) and had begun having supervised contact with his youngest son George. However, the local authority's plan for George was adoption.

There were other collateral consequences (Bromfield, Gillingham, and Higgins, 2007) of domestic violence and abuse allegations and convictions. The consequences affected not just care proceedings, and fathers' relationships with their children, but also on their aspirations to change their lives. One example here is Brian. After his relationship ended and during care proceedings for his children, Brian attempted to regain some control over his life. Due to his offending history Brian felt he had very little experience to build a CV but wanted to improve his chances of securing stable employment in the future. He sought support through a charity, who put him in touch with a food bank where he began volunteering. When he began the role, Brian realised that he found the experience personally rewarding as he began forming new relationships.

“... they helped me get on for volunteering with the food bank and stuff. I thought yeah fair dos I am not getting paid but your CV builds. Do you know what I mean and they gave me three hours twice a week, three hours to forget about what I was, forget about me and my problems, you are seeing people that are literally in the worst position you can have even in worse positions than me. Folks used to come over and give me a hug and stuff like that...” (Brian)

However, Brian recalled that when the local authority found out, they advised the food bank of their ongoing concerns over allegations of domestic abuse made against him. Brian felt that this was an unfair and shaming intrusion onto his life.

“Family Support Worker messed that up you know. She phoned and she went ‘you do know that he is in the middle of a domestic violence thing, that’s vulnerable people and you shouldn’t have him around vulnerable people’ so they called me and said ‘listen because of this you can’t volunteer’ I’m like ‘wowzers man I can’t even volunteer for homeless without them sticking their nose in’.” (Brian)

5.8 Understanding intimate partner relationships across the life course

The intimate partner relationship groups we have presented are not ‘fixed’ categories and our longitudinal study gave fathers an opportunity to reflect on past and current relationships as they had played out over time. For instance, when we meet Sam and Martin, both men fall into our category of enduring relationships, if we had met them some years earlier, they were both raising (at least some of) their children as single fathers, through either the mother of the children leaving the family home or private proceedings.

Broadhurst, Mason, et al. (2017, p. 94) report that recurrent mothers stated that simply ‘growing up’ led to different and better life choices and conceptualise this observation in relation to maturation and ‘ageing out’ of problematic behaviours. Whilst not all the men in the study were young or in ‘young’ relationships when we met them, many of the fathers had entered into relationships at a relatively young age. Many of the couples met in their teenage years or early twenties and fell pregnant not long after meeting. Examples include Graham and Sarah, and Brian and his first partner Debbie.

“It was quite early, it was, we had only lived together about four weeks when I got pregnant.”
(Sarah)

As discussed above, the majority of fathers in our study became either biological or stepfathers under the age of 25, with a minority under the age of 20.

“... my eldest is Betsy, she is eighteen now, I had her when I was at High School... I were just turned sixteen.”
(Martin)

In relation to behaviours corresponding with stereotypical depictions of ‘serial’ or feckless fathers, some men in our study felt they could be seen this way at certain stages of their lives. For example, Michael and Martin, now in their mid-thirties, acknowledged having had serial, casual relationships resulting in fathering multiple children when they were younger. By the age of 23, Martin had 6 children. Similarly, Michael fathered “four kids in five years” by the age of 25. However, Danny is perhaps the only, young (aged 23 when we meet him) and highly marginalised father, who fits with the negative stereotypes most closely at the present time. Danny had fathered three children in three consecutive years, with two mothers via short and volatile relationships. His first child Alesha had been adopted and there were concurrent care proceedings for his other two children, with both in foster care. Danny had a diagnosis of ADHD and was seen by professionals as volatile and disengaged. We return to Danny’s case later, but it is notable that comparing him

with older fathers who have been through similar experiences can illuminate the ongoing emotional and practical consequences of early or unstable fatherhood.

Despite some older recurrent fathers having shown change across their life courses, there were grave and ongoing costs for their former behaviours and relationships. These men had been found wanting in their younger years and continued to feel judged through their histories, which could mark or spoil their identities. The ultimate price they paid was losing care of their children.

Father	Number of children at Time 1		
	Living with father	'Removed' through care proceedings	
Michael	0	3 out of 4 removed (never any contact with 4th child)	
Martin	1	7 out of 10 removed (+ 2 with ex-partners)	
Danny	0	3 out of 3 removed	
Brian	0	3 removed (+ 1 left home)	
Travis	0	5 out of 5 removed (including 1 non-biological)	

5.9 Summary

Despite their adverse childhood experiences and counter to negative stereotypes of feckless fathers a notable number of recurrent fathers in our study experienced enduring relationships. However, intimate partner relationships were fraught with difficulty and a combination of mental distress, emotional turmoil and substance misuse exacerbated often couple conflict and professional concerns. Despite the longevity of many relationships, men and their partners often felt that services did not work with them as a couple. The separate treatment of men and women, and the strain of professional involvement added tensions to the dynamics of couple relationships. Struggling with childhood trauma, compounded by the removal of children, and continuing lack of support, men and their partners often continued to use or turned to substances to alleviate their mental distress.

A further pertinent observation is the relevance of emotional regulation, containment and mentalisation to understanding recurrence. The challenge for fathers and their partners

was often the ability to recognise behaviours and emotions and respond accordingly. This appeared in some cases to be what was needed to enable couples to find a turning point and do better or differently in maintaining care of their child(ren). Without resources and support to manage emotions and relationships differently, couple conflict and its impact on parenting may be a key factor in families becoming stuck in a cycle of recurrence.

5.10 Practice points

- Need to think about whole families from a whole systems perspective, at every point of intervention (including post-proceedings), and not just in relation to specific initiatives. Our study links father engagement directly to working with couples.
- In light of our findings from both the QL and Cafcass administrative data analysis regarding the significance of long term or enduring couple relationships, there is a need to reframe the narrative about fathers, and to challenge stereotypes of fecklessness.
- Need to provide support for fathers even if they are seen as success stories. Fathers who have children placed with them as a result of care proceedings may need emotional, social and practical support, which may be hard to access in the community.
- Fathers need support to address the underlying causes of their difficulties and to take account of relationship problems in early life and/or childhood trauma.
- Fathers and couples need resources and support to manage emotions and relationships differently. Without this, couple conflict and its impact on parenting may be a key factor in families becoming stuck in a cycle of recurrence.
- Related to this, support which enables couples to develop mentalisation skills may be highly valuable, both for couple dynamics but also for interacting with professionals.
- There is a clear need for bespoke and longer-term support for men when children are removed to mitigate harmful coping strategies, which further exclude them from being seen as suitable fathers in the future or from reclaiming fatherhood.
- Further consideration needs to be given to where the past belongs and how to fully and fairly assess recurrent fathers' histories. There is a need to take relevant contextual factors into account, along with positive changes made in their lives, or new/different relational or material circumstances.

6 Understanding the emotional impact of recurrence: living with loss, shame and guilt

6.1 Introduction

“We were in tears nearly all day especially after they turned around and said ‘Yes Foster to Adopt’ that was it we just both died so . . .” (Chris)

“I had a nervous breakdown and I used to self-harm and I had no hope, I had no what do you call it err ‘help’, I had no help at all.” (Keith)

As we have discussed, the 26 recurrent fathers we interviewed and kept in contact with included men of different ages and life stages, who had had varying amounts of time to process or adjust to the pain of child removal. This chapter considers how fathers in the study experienced and tried to manage painful emotions, including the loss of their children and question of ‘culpability’. We explore how this can be linked to men’s sense of moral identity and to self-efficacy or agency and argue that this is highly pertinent for understanding how child removal affects parents’ ability to imagine a future and see change as possible. Our analysis also considers gender difference between recurrent fathers’ and mothers’ experiences and needs (based on the published literature on mothers) in terms of processing pain and distress and retaining a morally viable parental identity. The discussion highlights the urgency and need for help for fathers at the close of care proceedings.

Research that focuses on fathers’ experiences of painful emotions such as loss, grief, guilt and shame remains limited, but Clifton (2012), Clapton (2019) and Baum and Negbi (2013) have demonstrated the relevance of understanding fathers’ perspectives and developing strengths based or restorative practice with fathers. In the following discussion we also draw on the work of Gibson (2015, 2020) on guilt and shame in social work practice, and on the concept of ‘disenfranchised grief’ (Doka, 1989) which

has been applied to mothers' experiences of child removal (Broadhurst and Mason, 2017, 2020).

6.2 Key findings

- The emotional pain and distress experienced by recurrent fathers is significant and long-lasting. Recurrent fathers, like recurrent mothers, experienced 'disenfranchised grief' (Doka, 1989).
- These painful emotions are not static; they overlap, ebb and flow, subside and intensify in different contexts and over time.
- Overall, the theme of fathers with unresolved childhood trauma that blights their capacity for emotional regulation, nurturing relationships and family functioning was notable.
- Recurrent fathers' experiences of managing painful emotions such as loss, guilt and shame directly involved their sense of self-worth or moral identity as a man and as a father.
- For some fathers who had experienced several sets of care proceedings, there seemed to have been an incremental emotional closing down, that was not only damaging to their mental health but also to their relationships with professionals.
- Two further patterns noted were of internalising behaviours linked to mental health problems, most commonly depression; and the external manifestation of emotional pain as anger.
- Some recurrent fathers coped with shame by living in much reduced social circumstances, which they saw as a way of managing the risk of being re-shamed or exposed.
- A minority of recurrent fathers actively resisted shame. Some used a form of bravado or 'fronting up', and for others the act of fighting for their children until the bitter end was a means of defending moral and paternal identity.
- Successfully navigating a way to bearable guilt seems to be a key part of how some recurrent fathers can retain a stake in fatherhood.
- Recurrent fathers living with bearable guilt often seemed to have more capacity to imagine change in their lives, even if the steps towards achieving this were tentative.

6.3 Understanding painful emotions over time

“They tell you not to hold on to the past, and then what’s the first thing they do in court? They go by the past.”
(Jonathan)

In relation to understanding the emotional impact of recurrent loss, our study included fathers who were going through care proceedings, or where these had recently concluded, and those for whom this experience was much further in the past. In addition, we question where the past belongs, or who gets to lay claim to it and for what purpose. This was a significant issue for the way that relationships between fathers and social workers could be built or undermined.

“Well they read your case ‘oh bloody hell he sounds like a bad’un’ they come to your house and if you fit the bill in any way shape or form you know. . .” (Brian)

By considering fathers at different life stages we are also able to explore how the emotional (and material) consequences of actions and events, both within and outside of their control, may play out over time. An important aspect of such consequences was the extent to which men had been able to reclaim or sustain a sense of self-worth or moral identity as a man and as a father.

An illustrative case example here is Martin. Martin (aged 35 when we met him) was unusual in our sample, in terms of having the highest number of children (10), with five mothers, and having such a range of fathering experiences involving both public and private law proceedings. It could be said that he most closely fits certain stereotypes about recurrent fathers. Martin had experienced care proceedings and child removals through his relationships with two women over a period of around ten years. In his own childhood, Martin had struggled with his parents’ separation, his father’s remarriages, and his mother being absent from his life, had experienced severe bullying, disrupted education and early entry into using alcohol and cannabis as an emotional coping mechanism. He had experienced long periods of depression and long-term cannabis addiction. He became a father for the first time at 16 and had three children with three mothers by the age of 22. He then remained in a long but volatile relationship with partner Tara for ten years, whilst also forming a sporadic two-year partnership with Mel. Martin had five children with Tara, and two with Mel.

As a father, Martin experienced being a lone parent to two of his children, losing contact and reconnecting with one of his daughters from a much earlier relationship, having children placed with his own parents under a Special Guardianship Order (SGO), losing children to adoption, and being successful in keeping his youngest child with his current

partner Rachel. At the time of the final interview (T2), Martin and Rachel (who also had children placed with a relative under an SGO) were settled but struggling financially. They had one of Martin's teenage daughters living with them full time and continued to see Martin's three daughters who live with his parents. Martin was also trying to contact the social worker for his son Aiden, still in foster care to attempt to have him home. Rachel had ongoing contact with her two daughters, and Martin heard from ex-partner Mel with updates about their two adopted sons. Martin had a strained relationship with his own parents because of the SGO caring responsibilities they have for his children.

Martin was reflective about the longer-term consequences for his children and for him as a father. He could acknowledge his own process of change in terms of maturity, successfully tackling his cannabis addiction and mental health, and demonstrating to children's services that he and Rachel could safely care for their baby. Yet Martin remained troubled with sadness and guilt when he thought about his life as a father:

"I am a failure really because I feel a failure because I have got so many kids and I have failed so many, just because I am good with a few doesn't mean it makes up for the rest." (Martin)

"With my dad I know him, he is cross with me and I know he is being honest. . . That I have got that many kids, he is lumbered with some, that betrayal is there. . . A financial burden on them, the way my kids behave, they are pushing his health to a bit too far. . . it feels like my fault." (Martin)

What Martin's case powerfully illustrates is not only the amount of changes and transitions to his 'paternal career' but also how he attempts to sustain or reclaim relationships with children, and to manage relationships with ex-partners and wider family over time, with more, or less, success. Martin's own parents are a key factor in enabling him to retain his identity and role, albeit limited, as a father, but as Martin himself acknowledges, this has come at a cost. Martin is also an unusual case in that he and Rachel were given a chance by professionals; they were able to work with social workers and maternity services in a way that appeared not to be shaming and in which they did not feel entirely judged by their past. Being able to hear Martin's story and his reflections, as he enters his late thirties offers insights into both the recovery challenges and opportunities for recurrent fathers, and illustrates the painful emotions associated with children lost and those reclaimed.

Whilst their experiences of emotional pain were most explicitly expressed in relation to the process and outcomes of care proceedings, there were two further notable patterns for this group of men. One was the presence of unresolved or unacknowledged loss and/or harm they had experienced, often in their early years or in adolescence. Extreme examples were of sexual or physical abuse (Michael, Tony, Matthew, Mark and Keith),

but also included bereavement, parental separation, bullying and loneliness (Jonathan, Danny, Will, Kevin, Travis). The second pattern was the experience of sudden and/or rapid painful change, which often appeared to escalate a man's emotional as well as material vulnerability and provided little time to process events or adjust to their impact (Brian, Gregory, Sean).

“I went through a stage between eighteen and twenty-four where I was trying to commit suicide near enough every weekend. With overdoses, cutting myself. . . It is because of my brother raped me when I was a child and I were, every time I spoke about it instead of getting better it made me worse so I let it go. . .”
(Tony)

“I was six weeks old, I have got a summary of my medical records for that, it says, he put me in hospital when I was six weeks old. I had two broken arms and two broken legs which is why I suffer with the chronic pain that I do in my legs and my back and my arms now nearly thirty-one years later, it is mad to think isn't it?”
(Mark)

For fathers in our study, it appeared that the ongoing direct and indirect impact of either, or indeed both, of these patterns of traumatic events was significant in their history of intimate and fathering relationships, and in their experience of child removal. What stood out was the degree of variation in how and whether fathers had sought help, how their experiences had been responded to when agencies were involved, and in the context of child protection services or care proceedings, to perceive their past trauma as posing a risk of harm to themselves or others, including children. Overall, the theme of fathers with unresolved childhood trauma that blights their capacity for emotional regulation, nurturing relationships and family functioning was notable.

6.4 Coping with loss

Research on birth mothers who have experienced care proceedings and child removal highlights the intense and long-lasting emotional pain and psychosocial distress involved (Broadhurst and Mason, 2017, 2020; Morriss, 2018). Loss is seen as one of the collateral consequences of recurrence (Broadhurst and Mason, 2017). Arguments have also been made for the recognition of recurrent mothers' loss as legitimate, and the associated problems with unacknowledged or 'disenfranchised' grief (Doka 1989). In this way, it can be said that research on recurrent mothers has argued for greater public empathy for mothers experiencing the removal of children from their care. The fathers in our study were also living with and attempting to manage painful emotions around the loss of children, often with very limited or fragile support networks.

6 Understanding the emotional impact of recurrence: living with loss, shame and guilt

An assumption sometimes made about recurrent fathers is their emotional as well as physical 'absence' or lack of involvement with children. However, our study challenges this and accounts of painful and powerful emotions were prevalent, along with stories of coping mechanisms that did not necessarily serve fathers' well. The majority of fathers had been living with their children (and the children's mothers) when they were removed, and whilst we cannot comment on how direct care was actually shared, fathers' accounts suggest that the loss of emotional connection as well as the routines associated with parenting were keenly felt.

"It's weekends I can't deal with. It is like you get up Saturday morning now, I have always done it, I put a film on Sky until the kids get up and then when they are all up, that's it off. So Saturday I am sitting there watching, I am thinking I want that lot to come downstairs." (Graham)

All 26 fathers had experienced painful emotions in relation to the loss of a fathering role or identity in a range of contexts, and for most, at multiple time points in their lives. All, by definition, had experienced care proceedings but there had been a range of outcomes including Adoption, Long-Term Foster Care, Special Guardianship Order, and for two fathers a child being eventually placed in their care. In addition, many fathers had experienced separation or divorce, and some had been through private law proceedings, for example to seek a Child Arrangements Order (CAO).

Fathers talked about both the immediate and the ongoing pain and sense of loss. Mark and Michael, both now in their thirties, could recall the intensity of feeling at the time of losing their children to adoption, in both cases over ten years ago. Their reflections here also illustrate how attempts to manage the pain have been counter-productive not only in their personal relationships but also in their subsequent encounters with professionals.

"Well the impact of it is I am absolutely devastated, blown to bits, had my heart ripped to pieces a thousand times, I would say also that's where my sense of not having a lot of emotion comes from because I have been through it and I just put that wall up. I guess it is a coping mechanism in that sense because obviously I don't allow people to see that, because if I do it shows that I have a weakness." (Mark)

"I mean there was a grieving process and then the grieving turned into anger it is as simple as that. It caused problems with the relationship that I had at the time, the people involved in it or around us at the time. It was horrible." (Michael)

Other fathers, including Sean, Brian, Jonathan and Graham, who had children in long-term foster care also recalled their feelings of grief and pain, both at the time "they were taken" and since.

“When they were taken it is like grieving, it’s the grieving process because I’m, even though my kids are not dead, it, there is a sadness. It’s like I had to grieve over something that was taken away from me and I had a bond and it’s just fizzled out and I can’t get that bond back.” (Sean)

“I get upset man, I get upset. Don’t be surprised when someone is upset you know, don’t be surprised, we are talking about people’s children.” (Brian)

Sometimes fathers reflected on their emotional connection to their children, even children who were removed as a new-born babies.

“Yeah, like it is weird because William was taken pretty much straight from the hospital, I think we got to spend about five or ten minutes with him and then they took him so we didn’t get too attached but it was too late for that. We were attached within the nine months.” (Michael)

For some fathers who had experienced several sets of care proceedings, there seemed to have been an incremental emotional closing down, and this seemed not only damaging to their mental health but also to their relationships with professionals. Danny’s case illustrates this.

CASE STUDY: D

Danny, *one of the youngest fathers in the sample*, had experienced the adoption of his first child Alesha much more recently. He became a father for the first time at 22, with his partner Cathie (who had already lost a previous child to care). He and Cathie separated and then reunited, and their second child, Bryony, was removed at birth. Whilst they were separated, Danny also had a brief relationship with Shelley (who had also had a previous child removed) and this led to concurrent proceedings for their baby Ellis, and for Bryony. Danny has a diagnosis of ADHD and autism and found it very difficult to regulate or articulate his emotions, a factor contributing to the concerns over his capacity to care for his children. After being actively involved in an early parenting assessment programme with Cathie and Alesha, Danny became more and more frustrated with and excluded from local authority services and the court process. Danny describes his feelings about Alesha when he recalls her birth, about the bond he felt with her, and about the first letter he received from her adoptive parents:

“It did make me cry especially to see the size of her, she weighed like a bag of sugar. . . Yeah she was a tiny baby with tubes all up her nose

everything, horrible. I had a proper bond with her. . . That letter was hard, hard to read! Especially when you can actually get into it as well, when it actually really sinks in and then that's when you actually start crying. Because I've cried quite a few times because of that." (Danny)

Danny's case is revealing on many levels. He was able to express some of his sense of love and loss, and also to try and explain why he feels that loss more intensely with his first child Alesha. During the concurrent proceedings that followed for Bryony and Ellis, Danny's mental health deteriorated, he was angry and aggressive to workers trying to involve him, and then he took an overdose. He seemed to recognise that his detachment from the process was not playing well for him, and that it might look as if he didn't care. After some months, he did engage with an assertive outreach project (run by a voluntary organisation) for parents who have experienced child removal and had begun to build a trusting relationship with his keyworker. However, funding for the service had been cut and it was unclear how he would continue receiving the support he had come to value. This keyworker was present at one of Danny's interviews and she spoke about the work around emotional regulation that they were doing together to help Danny get through each day well enough and to have and make plans.

6.5 Internalising emotional pain

Two further patterns are notable across the group of fathers in terms of how painful emotions manifested themselves. One is in terms of internalising behaviours, with the majority of fathers (15) having a history of and/or ongoing mental health problems, most commonly depression. Fathers often spoke about their long-term use of anti-depressants, sleeping tablets and of combining these with using cannabis or alcohol as a form of self-medication.

"The depression comes and goes in my life that sort of thing and that is err basically, I call it my sidekick really, one minute I am up and the next minute I am down – It has basically been happening ever since my dad passed away so yeah that is a long time ago now." (Sean)

Five of the fathers talked in their interviews about having suicidal thoughts (Jonathan, Tony, Keith, Jack and Danny) and/or about having attempted to take their own lives. For Tony and Keith this had happened some years in the past, and was linked with childhood trauma, abuse and loss. Jonathan, Jack and Danny described more recent suicidal

feelings, associated with relationship breakdown and child removal. The following quotes offer important insight and also reflection from both fathers about their actions and emotions; Jack (who was caring for his six-year-old daughter Bella) in particular goes on to make pertinent points about men and depression.

“I had only just really woken up, I was sort of a bit tired but I felt normal but fifteen, twenty minutes later I was scraping the barrel, my mood just plummeted and - I have took tablets in the past trying to end things but not on that feeling that I had that morning. I have never experienced feeling that low umm – then, after I took the tablets, I went in my wallet to find I can't remember what I was looking for but I saw the picture of my kids and thought what the hell am I doing? So I phoned up NHS direct and told them.”
(Jonathan)

“i think now looking back at it i know how stupid and selfish it really was and the reason i did it was a little pathetic really you know, relationships break up every day and just trying to get away from the feelings that you had for someone it is not going to go away if you kill yourself because i leave a lot of people around that rely on me, i.e. bella!...”

...i think they need to be a bit more aware of sort of depression and stuff in men because, i look back it now and yeah i was but i didn't show it, but you know watching your baby being taken at six days old to the next time you see her is in a contact centre where again everything is written down, you are watched, you are monitored, you kiss your baby, they wonder why! and of course i was very sort of angry, very upset and i think again for men they could probably do a bit more around saying to them 'right maybe we could find someone for you to talk to?' and you know just see the signs a little bit more. sometimes they just sort of brush things under the carpet which is not really helpful do you think?”
(Jack)

6.6 Anger as an expression of emotional pain

Another pattern across the sample was that pain and loss often manifested itself externally as anger, which tended to further isolate men from their partners, children, families and from local authority or other services. Where fathers talked about anger it appeared to be associated with pain or frustration rather than with aggression, although some were very conscious of the impact of anger on others. Generally, fathers in our study showed some awareness of the association between masculinity and aggression, dominance and violence. They also demonstrated some recognition of the contradictions and damage this could cause, or had caused, for them, their families and

communities. For many, change meant finding new ways of being men as well as fathers and partners.

We discuss the fathers' accounts of domestic abuse and violence further below, but here the focus is on anger as an expression of emotional pain. What was also notable was that some of the fathers in our study, either through their engagement with some sort of support service, or through their own reflections and attempts to regulate themselves, seemed to articulate a sense of change – that they were learning to control anger. Clearly such change had often been 'imposed' by local authority services and the court, and it is beyond the scope of our study to evaluate the extent or longevity of the fathers' emotional regulation. Nonetheless, anger as an expression of pain was prominent, as was evidence of the problems associated with it. Brian's comment is notable, as his references to 'fight or flight' had come from the 'Caring Dads' course he was attending.

"I was, basically had like really bad down days umm I was taking like anger out on people that I shouldn't have been, I was always like really stressed out, aggravated, umm didn't know where I was half the time. (Chris, aged 30 at T1) If I get emotional it comes out as anger, it always comes out as anger."
(Graham)

"I find myself in situations which are fight or flight and I don't want to fight I want to flight, I want to go, I want to learn how to defuse a situation rather than get hyped up myself and inflame it, that's like been the whole thing for me sometimes, I present bad."
(Brian)

6.7 Keeping busy and 'fronting up'

Fathers in our study experienced times when feelings of loss or grief could be threatening or overwhelming. There were a number of examples of coping strategies used or attempts made to manage painful feelings. Common strategies were distraction, "keeping busy" or "keeping my mind occupied" by working, watching films/TV or playing computer games. It seemed that for the fathers able to find or keep paid work, including Sean, Shane, Mark and Chris, that the physical and mental distraction this offered, along with the basic function of 'passing time' was really important. The kinds of (precarious or gig economy) work fathers in our study were doing, such as construction, factory work, hospitality or contract cleaning meant that they had opportunities for moving around, and for working long shifts.

"I was vulnerable and I sorted myself out to find something to keep me occupied. I done six weeks on the streets because of my stepdad refusing to

have me at the house, but then when the funfair come to town I see my opportunity to sort myself out. I got a job, yeah it weren't a stable job but I managed to heal my wounds when I was travelling around and it weren't running away from my problems it was more like gaining control of my own problems with life." (Sean)

"I would rather work the whole entire time than have time off because being at work keeps me busy, I'm doing something positive as well, it keeps me occupied but then when I sit at home thinking, staring at four walls I am just like, what do I do?" (Mark)

Self-medicating with cannabis and/or alcohol was also common as a form of emotional coping, or as some fathers acknowledged as an attempt to mask or conceal the pain. Others, such as Chris, describe wanting to retreat from the world.

"I was drinking a lot, I was hiding my trouble, that is what my [adoptive] dad would say, the flat was a pig sty, really bad, I was drinking a lot, I was hiding it." (Keith)

"I think I didn't deal with my emotions at the time I just used drugs to block out the feelings and stuff." (Jeremy)

Mark in particular had become skilled at concealing his feelings from the world, and for him this kind of fronting up was a strategy he had used for many years. Mark's reflections are insightful as he goes on to discuss his reputation for serial relationships; a pertinent issue in relation to perceptions of recurrent fathers more generally.

"Everyone says 'oh I'm cocky' no I'm not cocky I just don't let you see that I'm weak. Obviously because of the experiences I have been through within my life, where I have let my guard down bad things have happened. People say that I am an emotionless person, no I do have emotions but no-one ever, very, very rarely will see them.

From other people's perspective, they just see me go from one relationship to another to another to another, to be fair I get it, that is how it looks on the outside, I was with Tracy, then I was with Gayle, now I am with Rose. Do you see what I am saying? There hasn't been a break at all. . . Do you know what, it is a fear to be on my own. It is fear, I am not going to lie." (Mark)

Yet even within the safety net of a trusted relationship, Mark found that he could not always keep the accumulated painful or threatening emotions at bay.

6.8 Navigating shame and guilt

“I’ll snap on the outside in a really short time but on the inside it stays and really hurts.”
(Graham)

Sometimes described as the ‘the self-conscious emotions’ (Tracy, Robins, and Tangney, 2007) feelings of guilt and shame were common across the sample, along with loss and grief. There is a substantial body of largely psychological research literature on the concepts of shame and guilt, and the distinctions between them (Scheff, 2003; Tangney and Dearing, 2003; Tracy, Robins, and Tangney, 2007). Both are associated with ‘accounting’ for events or circumstances, attributing adversity or failure internally (to ourselves), externally to others or forces beyond our control, or to some combination of the two. It is this internal attribution of failure, or of culpability, which leads to the experience of guilt and/or shame. Whilst both painful emotions are linked to our sense of moral identity; of being a good, or good enough person, it is argued that shame is the emotion that is most long lasting and destructive of our sense of self-worth (Tangney and Dearing, 2003).

The conceptual distinction is that whilst guilt involves acknowledgement of wrong actions, it does not necessarily threaten our internal sense of worth; judgement of the action is distinct from judgement of the person. However, shame is more deeply internalised, and the pain or threat comes from a more extreme self-censure and feeling of being a bad or unworthy person. The more applied research argument has been that individuals may be more guilt-prone or shame-prone and that this has implications for their own identities and capabilities, their relationships with others and for contexts in which they are required to be accountable. Gibson (2020) also highlights the related concept of humiliation, which whilst relatively under-explored theoretically can be highly relevant in practice. Humiliation is also threatening to an individual’s sense of self, not least because, like shame, it involves an individual feeling publicly degraded. However, humiliation involves the outward resistance or rejection of having done anything morally wrong; as Gibson explains: “experiences of humiliation are usually linked to a belief that treatment by the ‘other’ is unfair or hostile and is typically associated with feeling anger at others and a desire for revenge” (Gibson, 2015, p. 3).

Research evidence also suggests correlations between shame-proneness and individual and social problems, including substance misuse, poor mental and emotional health, poor emotional regulation, anti-social behaviour (Tangney and Dearing, 2003). Both (Gibson, 2015) and (Clifton, 2012) have examined how local authority and family court processes are a pertinent context for understanding guilt and shame and at how

shame is particularly relevant for working with parents under intense scrutiny. In addition, Tew (2019, p. 463) makes an important argument about ways in which trauma, shame and stigma have an impact not just on individuals, but also on the functioning of the wider family and relational systems. Gibson's analysis of child protection social work argues that practitioners need to work with parents in a way that allows them to accept guilt without shame (or worse, humiliation), requiring things like empathy, careful relationship building and facilitating a network of support around a parent/family (Gibson, 2015). His suggestion is that guilt (associated with deeds, not our whole selves) is what can allow individuals a way to accept culpability in a way that is not annihilating and in turn, be more likely to be able to make changes or repair relationships.

One further link to research on guilt and shame, is to consider the wider social and political contexts in which accountability, both individual and collective, are constructed and experienced. From the Thatcher era of removing the 'nanny state', through New Labour's move towards 'conditional welfare' and followed by more recent Coalition and Conservative drives to further reduce public spending, it can be argued that accountability and responsibility for life chances have been increasingly seen to lie with individuals (Featherstone, Gupta, et al., 2018). Authors such as Featherstone et al., but also (Gillies, Edwards, and Nicola, 2017) argue that this represents an attempt to 'responsibilise' individuals and to ignore social and economic inequalities that render some parents and some families more vulnerable to adversity and to scrutiny. Added to this, Salter (2016) argues that in contexts, such as child protection, where an individual is told they must change, there is arguably an assumption that they can. This may be an unreasonable, impossible or even unethical expectation, if social context, structural conditions and available resources are taken into account. Both of these wider arguments also feed into an enduring public and professional debate about welfare services, in terms of whether individuals or groups are considered 'deserving or undeserving' of support (Sims-Schouten, A. Skinner, and Rivett, 2019).

For the fathers in our study, questions of culpability and threats to their moral and paternal identity were intense. To have experienced more than one episode of high stakes local authority and legal intervention into family life, brought a painful awareness of the risk of negative judgement and shaming at every turn. Their experiences of guilt or shame were linked to questions they asked of themselves, but also to questions asked (or potentially asked) of them by others, by professionals, by family members, partners, peers, or employers. Fathers felt they were up against questions around their worth as men and as parents, their part in the circumstances leading to local authority involvement, their commitment to change or reform and their deservingness of help and support. Through their involvement in child protection services and care proceedings

fathers in our study were grappling with their own internalised pain, but also with attempts to negotiate guilt and shame with the local authority and with their families.

In our study, fathers' attempts to demonstrate or deflect accountability, remorse, commitment or cooperation to professionals was not straightforward. Across the sample there were fathers who felt deeply shamed or indeed humiliated by their life experiences and their encounters with the local authority and family court. There were others who actively deflected or resisted shame, and those who had accepted guilt whilst retaining some sense of self-worth. But what we also see is that guilt and shame are dynamic emotions and not mutually exclusive. Many of the fathers in the study experienced both guilt and shame either during care proceedings or in the time since. In what follows we present examples of these different experiences and ways of managing shame and guilt as they played out over time for fathers in our study.

6.9 Living with shame

When we analysed fathers' stories for experiences that engendered feelings of shame, these included traumatic events from their past, harmful or abusive events they had been directly involved in, and experiences with local authority, the courts or criminal justice system. For some fathers, shameful events from their childhoods or adolescence haunted and marked their lives as they grew older. Examples were suffering abuse, bullying, offending behaviour, and family estrangement or rejection. Unsurprisingly, the three men (Matthew, Michael and Tony) who had been sexually abused as children provided the most powerful examples of the blighting and long-lasting impact of shame on both them as individuals but also on their relationships and on their families. Michael and Matthew provide particularly complex examples, through their experiences of being victims of sexual abuse and having then been criminalised for their own sexual behaviour. Both men found it painful to articulate and cope with the consequences of their experiences and actions, to retain some sense a morally viable self, and some kind of ongoing place within their families. What appears to be a crucial protective factor for each man, has been the continued support, care and validation, from at least one immediate family member.

Matthew, aged 28 at T1, who has a diagnosis of mild learning difficulty, was convicted and imprisoned for having a sexual relationship with a girl of fifteen. Children's Services were already involved with his partner and their two young children and Matthew became excluded and isolated from the child protection process, his immediate family and local community. Matthew never disputed his culpability and had voluntarily told the Police

about the relationship. Prison exacerbated his isolation and although Matthew received help for his addictions and mental health and did have the support of his mother and step-father, he felt scared about both the short and long-term consequences of his conviction. Matthew felt ashamed of himself but also that he had shamed his family and jeopardised his future relationship with his children.

“I handed myself in the Police Station because I needed help. . . I know that many people and if it goes in the paper then it is going to go everywhere. . . I know as well, when they [his children] grow up I have a lot of explaining to do, I will tell them that.” (Matthew)

Michael was sexually abused by a male relative and this included being groomed to have sexual activity with a younger family member (who was sexually exploited by the same man). The subsequent investigation saw no conviction for the abuser but Michael was placed on the sex offender’s register from the age of 12 until his late twenties when a psychological assessment undertaken as part of a child protection process deemed him to pose no sexual threat to children. Throughout his teens and twenties, Michael had lived a highly unstable life, abusing substances, suffering serious mental health problems and forming unsafe relationships (that led to the removal of two of his children and the loss of contact with two others). He experienced physical and verbal attacks and intimidation due to his past being exposed, and eventually moved back to his hometown to be closer to his mother and siblings.

“I have been through it and I have taken beatings for my past, I have been outcast for my past, had my kids taken off me because of my past, you know you walk around with your head in shame most of the time.” (Michael)

In his late twenties, Michael formed a relationship with Kath and the couple experienced several years of local authority involvement, resulting in the removal of their son and Michael’s stepdaughter, to live with a maternal aunt (under an SGO). This placed huge strain on the family network, but over a period of two years, relationships have been re-negotiated and the children now spend time with Michael and Kath. Michael is arguably more settled than he ever has been although he still suffers with crippling low self-esteem and depression.

“She [Michael’s mother-in-law] is so hard on us and she doesn’t need to be, I can be hard on myself I don’t need someone else doing it for me.” (Michael)

Michael has chronic health problems (for which he takes high levels of prescription drugs) and continues to self-medicate and manage his emotions using cannabis. He is hyper-vigilant to shaming, and operates in a very small geographic and social community. Michael expresses genuine gratitude for the contact he has established with

his children, but his self-worth is minimal, he is fatalistic, and sees no real possibilities for making changes in his own life.

“I keep saying ‘I am just proud of what I have got’ it is still better than what I have ever had.” (Michael)

“I mean Kieron is still my son and at the end of the day it is the most contact I have had with any of my children so I have to take it with some kind of gratitude.” (Michael)

“I think I have left it too late. I have no qualifications, I have no experience of anything and unless I am doing an odd job for a family member then I don’t really see myself doing anything. Social Services have just taken everything out of me the last fifteen years that’s the trouble, if it hasn’t been them it has been other people.” (Michael)

One further example of living with shame is Kevin. At Time 1, Kevin aged 33, had recently emerged from a year of detox and recovery after many years of serious substance misuse and offending. He and ex-partner Lorna lost two children to adoption, and then their third child was placed at home on a Supervision Order on condition that the couple separate and address their substance use and mental health independently. Kevin came to realise the devastation, as he saw it, that his behaviour had caused his children. He had persisted with his attempts to remain sober and was committed to starting a new contact arrangement with his youngest child. He was doing what (little) he could to repair what was wrong, and like Michael seemed prepared to be grateful for what contact he could have with his daughter. However, he still appeared to be fighting off the feeling that he was unworthy and again like Michael, was living a highly diminished life, suggesting he remained shame-prone.

“I have come a long way and I am really happy just getting contact every three weeks. . . I even told people, I am just happy that this time, I have done myself some good by doing a detox and you are actually going to sit down and listen to me and give me that chance. So I helped myself, they helped me and then I helped myself again by seeing my daughter.” (Kevin)

“Last time they mostly just thought, I was just a pain in the backside, and I would have thought exactly the same as well, ‘these kids don’t need him right now, they don’t need to be around him right now or ever’.” (Kevin)

For fathers such as Matthew, Michael and Kevin, all in a situation where they were now reflecting back on past events and actions, the burden of shame was often hard to bear. To some extent, all were living in much reduced social circumstances, or keeping themselves to themselves, which they saw as a way of managing the risk of being

re-shamed or exposed. In addition to the debilitating effect of shame on their personal and father identity, these men also struggled with the sense of having let parents and other family members down.

6.10 Deflecting or resisting shame

Whilst some fathers appeared to be shame-prone and living with highly diminished and fragile fathering (and family) relationships, others had developed strategies for resisting shame. Two particular examples here are Robert and Danny, who actively and consistently attempted to deflect feelings of blame and shame for their circumstances. Robert and Danny were both in their early twenties and had diagnoses of learning difficulty, ADHD and/or autism, and so may have different cognitive capacities for self-reflection, mentalisation, processing of experience and emotional regulation. Robert and Danny's experiences of local authority intervention and care proceedings come closest to humiliation; both appeared to struggle to understand what was happening and to know how to respond or behave in meetings or interactions with professionals. Masculine as well as father identity was often at stake for these young men, and both were quick to anger and seemed to have learned strategies of fronting up to situations where they felt insecure or threatened. Robert describes his deteriorating relationship with workers at an early parenting assessment service, and Danny talks about meetings with social workers.

“They treat me like a child. . . so they get a child back.” (Robert)

“No they didn't give me, they just didn't give me a chance so, that's why I just told them 'I don't give a fuck anymore, do what you fucking want' so they did. . . If they talk to people nicely – if they talk to you like a piece of crap then I talk to them back like it.” (Danny)

Robert and Danny's strategies for dealing with difficult social interactions as a man, had arguably contributed to problems in their peer and intimate relationships, to getting involved in fights and offending behaviour, and their involvement with children's services. They were unusual, or fortunate, in that they lived in a local authority where post-removal and early intervention/outreach services were offered to them, but neither were in an emotional place where they could begin to see change as possible. Danny was building trust with an outreach worker, but this was fragile and the service under threat. Robert was rejecting and retreating from the voluntary organisation for adults with learning disabilities that had stuck with him for several years. These cases illustrate

the challenges for fathers and for practitioners where humiliation is the predominant emotion, and the deflection of blame the predominant strategy.

CASE STUDY: MARK

One further and notable example of resisting shame is Mark:

“I am not going to be known as the dad that didn’t care, never!” (Mark)

Mark stood out because of his apparent success in maintaining a sense of morally viable paternal identity against the odds. Mark suffered physical abuse from his father and was adopted as a young child. He has a diagnosis of ADHD. He had a good bond with his adoptive mum, and as an adult, he re-established contact with his birth mum and siblings. He became a father at 14 and has always kept a relationship with this daughter. Mark’s teens and early twenties were dominated by poor mental health, risky and offending behaviours and a short prison sentence. He had a son who was adopted during this time, and a daughter who he never had any contact with. He moved to another part of the country to be with new partner Tracy (who had a young daughter and was pregnant from another relationship). The couple were together for around five years and had a son, Billy. Children’s Services were involved from the outset, due to Mark’s history, and the family were in and out of child protection services. Mark was accused and later convicted of assaulting Tracy’s eldest daughter Jade, something he has always contested, and proceedings were initiated. Jade went to live with her maternal grandmother and Mark’s son and stepson were placed separately in foster care and eventually adopted. Mark challenged the adoption order. Mark moved back to his previous hometown to rebuild his life and went on to have another son with partner Gayle. Gayle’s daughter had been removed from her care and a child protection plan was made for the couple’s unborn son Jed. Mark and Gayle separated before Jed was born and whilst Jed remained at home with Gayle, she refused to allow Mark contact. Mark went through private law proceedings to obtain PR and a child arrangements order. Mark and Gayle’s relationship eventually improved, and Mark now has unsupervised weekly contact with Jed.

“I am making the best of a bad situation in the sense of all the crap that I went through before. I am lot wiser and I’m a lot smarter in how I make my decisions and in which direction I’m pointing to go in because I have already been through it all the way to the worst point.” (Mark)

For a number of reasons, Mark's moral and father identity has been under threat for most of his adult life, yet he appears more 'resilient' than other fathers. As shown in a previous example, Mark had developed strategies throughout his life, for managing painful emotions, hiding any vulnerability and protecting what information he shares with others. As he says himself, he presents as 'cocky' and as his life unfolds he engages in a long series of battles with local authorities and the family court. For Mark, fighting was crucial for his moral and paternal identity. As the opening quote indicates, challenging the local authority at every turn is what enabled him to resist being shamed as a father who didn't care. His position as a father is hugely important to him, and where he has lost children, he feels he can say he fought for them to the end. He also laid claim to a viable father identity through his continued relationships with his eldest and youngest child. Mark has become very experienced and knowledgeable about how local authority and legal systems work and uses this strategically to his advantage; at times avoiding engagement with professionals and at others pre-empting it.

"I rung them up I came and said 'I am this child's dad I am not going to lie to you. I am not going to sit here and pussyfoot around you, I ain't got nothing to hide at the end of the day, yeah I have got a coloured past, I said 'I'll tell you all about it, and here's all my paperwork'." (Mark)

In many ways Mark has successfully resisted the spoiling of his identity and has achieved a more stable life; he currently has a council flat, a job, a relationship, and relationships with two of his children. Yet, this accomplishment has been hard won and has to be defended; in part by strategically shifting and out of sight of the authorities, and sharing or concealing information about himself and his relationships. In ways that perhaps make him challenging to practitioners, Mark actively resists shame and asserts himself as a father, and as someone with control over his own life.

"Based on my own life experiences and the fact that I have been through being adopted, having children adopted, all the way to finally, whereby through my own accord and what I've learnt through those experiences, come out of the other side. I was actually smelling the roses but with a wider knowledge and knowing that finally, not that I have beat the system, but I have worked the system to my advantage to get what I want." (Mark)

6.11 Living with guilt

Whilst many fathers in our study were living with and/or defending against shame, there were also example of where fathers had been able to accept culpability and guilt without losing all sense of self-worth (or indeed worth to their families). Again, it is clear that this is a complex and hard won process, but fathers living with guilt often seemed to have more capacity to imagine change in their lives, even if the steps towards achieving this were tentative. Guilt and shame are also not straightforwardly distinct emotions, and fathers' experienced shifts between them, as part of trying to come to terms with events, actions and consequences. Added to this, there is the effect of time and life stage. Those who have taken on guilt but managed to minimise or recover from shame may nonetheless continue to live with the consequences. The older fathers or those for whom more time has passed since the loss of their children may come to have more or different insight into this experience and may know that the burden remains heavy, or can return intensely at different points in time.

"I am still her father whatever, until she can stand on her own two feet and I don't want her thinking bad of me thinking 'oh he don't care about me' because I am sure that is what she is thinking." (Shane)

Chris, Jeremy, Shane and Jonathan are examples of fathers who had accepted, and to different degrees reconciled, guilt for actions or events that were harmful and had contributed to the loss of their children. Jeremy had a serious drug addiction, Shane had felt unable to give up work to help care for his partner and child, and Jonathan had been emotionally abusive to his family. In different ways, they all demonstrated the difficulty in owning responsibility and finding ways to incorporate guilt into their sense of moral and father identity without it destroying them. In the following case example we discuss Chris in more detail.

CASE STUDY: CHRIS

Chris had a conviction for assault of a minor. Chris was adopted at the age of four and had become estranged from his adoptive family in his late teens. He trained in catering and always had work as a chef and/or kitchen staff; he felt that achieved independence and had a means to earn and progress in his life. At the time of the assault, Chris was in an unhappy relationship with Debbie, the mother of his first child. Children's Services were involved with the family due to Debbie's history of poor mental health and abusive relationships, and Chris was not seen as

protective. Chris described the assault as the result of the teenager 'being clever' and refusing to move as he walked back from a stressful late shift at work. Chris punched the teenager, the incident was captured on a mobile phone and Chris was charged and convicted, receiving a community sentence. During this time, Chris and Debbie separated, Debbie took the children to visit an ex-partner with a conviction for sexual offences and care proceedings ensued for Chris's daughter Katie, and his stepson. Both children were placed in foster care.

Chris then began a relationship with Daisy (a recurrent mum and care leaver) and care proceedings were initiated for their unborn baby Roxy. A psychological assessment found Chris to be a 'medium risk' to children and the recording of the assault was used as part of the proceedings. Roxy was moved to a foster-to-adopt placement and an Adoption Order has now been made. Chris talked about the assault in some detail, and whilst he wanted to contextualise it, he was aware that the evidence was there and indisputable. He found the psychological assessment more painful and condemning. He had sought mental health support but could not afford private counselling; he had also undertaken a 'Caring Dads' programme during his relationship with Daisy.

Chris talks about regret and about past violence:

"That goes through my head every day and I know full on well that I shouldn't have done it umm but what is done is done, I can't take back what I did but I can learn from it and not do it again. . . ." (Chris)

"I did used to lash out a lot at school, mainly towards the people who were bullying me, so I have always known that there's sort of an angry side to me but I have always tried to keep it under wraps because I don't like it." (Chris)

He is pragmatic about living with the consequences of his conviction:

"What I do is I just cover myself, basically I just refuse to be left unsupervised with a child under the age of sixteen umm because that way I can't get told 'oh well you shouldn't have done that you know, it's part of the Court Order'. I have to look at the worst case scenario and then go 'right well if I cover myself that scenario can't happen' so, and I even explained that to my Probation Officer when I last saw him he went 'that is actually a good way of looking at it'." (Chris)

Supportive work colleagues (and work itself), a small network of friends and a positive relationship with his probation officer appear to help him guard against shame.

6.12 Shame, guilt and domestic abuse

“I am not proud of my actions... it was the way I was brought up... it all got classed as DV in the end and that was quite hard to say especially in front of, well the girls had seen my temper, but to sit there and say that did actually feel quite hard.”
(Jonathan)

Understanding guilt and shame in relation to violence and abuse, to partners, children or others is particularly challenging. The prevalence of domestic violence and abuse, and the prevalence of men’s involvement in violent and coercive behaviour continues to be a huge and emotive social problem, and its pertinence to child protection and care proceedings makes it central to many child welfare policy and practice debates. Some of this debate has been around the need to recognise and respond to the complexity of domestic violence and abuse, which in part has meant thinking critically about the prevailing binary model of victim and perpetrator (Ali, Dhingra, and McGarry, 2016). Alongside theoretical work in relation to an expanding typology of DVA (Johnson, 2010), arguments concerning the over-responsibilisation of mothers (Featherstone and Peckover, 2007) and the exclusion and failure to hold fathers’ accountable (Brandon, Philip, and Clifton, 2019; Scourfield, 2014) have contributed to the broader policy context.

There are a growing number of interventions that work with whole families, and/or with couples, though the stakes are incredibly high for children, parents and professionals (Domoney, Fulton, et al., 2019; Stanley and Humphreys, 2017). Programmes such as ‘Caring Dads’, or ‘For Baby’s Sake’ arguably take a strengths based (or non-deficit) approach to changing fathers’ abusive behaviour and aim to harness the motivation to change through men’s role and identity as fathers. However, the topic of whether violent and abusive men can change, and whether abusive partners can be safe or good enough fathers is highly political, emotive and contested (Harrison, 2008; Thiara and Humphreys, 2017). In what follows, we focus our discussion on abusive behaviour to partners whilst not discounting the impact this had on children.

In relation to the QL study of recurrent fathers, one notable point is the range of experiences and contexts of violence and abuse across the sample. Fathers had been found to have committed violence and abuse (a minority had a conviction or caution), some had been acknowledged by agencies as having been in mutually abusive or unsafe relationships and a minority talked about having suffered abusive behaviour from partners. There were also examples of allegations and counter-allegations of abuse between partners, concerns or allegations of abusive behaviour levelled at fathers by

social workers, together with a range of responses by fathers, including attempts to change. Also important to note is that the fathers who took part were, or had been, to some degree, engaged with some kind of service or agency; these were arguably not the most isolated fathers, nor those considered by professionals working with them to be the most high risk men. This is not to gloss over the abusive and harmful behaviour fathers had committed, but simply to draw attention to the nature (and perhaps limitation) of our recruitment process and sample.

Over half the fathers had experiences of violence or intimidation in their childhoods or adolescence, through family or peer relationships, and some acknowledged that this had had a normalising or desensitising effect. It was apparent that some fathers, including Gregory and Jonathan, had a certain ambivalence around aggressive behaviour; this seemed to be in part linked to their identity as men, and/or to having had 'notoriety' or status related to violence.

“The only thing that has never, as daft as it sounds, the only thing that has never let me down in my entire life is my fists. The only thing that, if I am in trouble they save me, if I have been in pain they have saved me, if I needed help they have been there, no matter what I wanted from life my fists have never not provided - whereas parents. . .”
(Gregory)

In terms of shame and guilt, fathers who had been violent or abusive to their partners faced particular challenges. If they were to take on culpability and guilt, in a way that was not shaming, they needed to have their account and their remorse accepted by others; most often social workers, but also other professionals, partners and wider family. In order to explain their behaviour, it was common to refer to the past, but that brought the risk of being seen to be avoiding personal responsibility. Explaining incidents in terms of events leading up to them, or the behaviour of their partners could also be challenged in terms of blaming others or evading responsibility. The terms contextualising and minimising are pertinent here, in terms of how accounts of harmful or abusive behaviour are received and evaluated by professionals. This process of negotiation between trying to account for behaviour and having that account heard and accepted in a way that was not felt by fathers to be judgemental or annihilating of them as a person was high stakes and full of pitfalls. Practitioners want to avoid condoning or colluding with abusive behaviour and fathers want to avoid being condemned or totally excluded. In the following case examples, we offer some insights from two fathers, Jonathan and Tony, who both appeared to take ownership of guilt for abusive behaviour, though with differing results.

CASE STUDY: JONATHAN

Jonathan had experienced many years of local authority involvement in his life. Both he and his partner Megan were seen as co-dependent with a longstanding cannabis addiction. Jonathan was also seen as emotionally abusive and had been arrested and/or cautioned for domestic abuse on several occasions but was never convicted. At various points the couple had either been told to separate, or had attempted to, but had always reunited. This had led ultimately to the removal of their younger children into foster care. In his account, Jonathan locates the root of his anger in the past, with the death of his dad. He acknowledged that this anger brought him both trouble and a certain status, and that his use of cannabis was an attempt to manage his uncontrolled emotions. Jonathan described a painful process of realisation, of the 'true' nature and destructive impact of his behaviour on his family, which enables him to claim a form of redemption or at least attempts to change.

"It was always my temper. . . I didn't actually realise the behaviour I was coming out with was as offensive as what it was. Umm I was manipulating umm oh, manipulation, controlling, but yeah at the time it was like 'am I really acting like that?' That was what Megan told the police sitting in the interview room and I was like 'have I really turned into that'."

(Jonathan)

Over time, Jonathan was helped to find ways to cope with the impact of his behaviour, and arguably take on guilt rather than shame. He speaks of 'the old me' and trying not to be that person anymore. He speaks about a fathers' group he attended, which involved Solihull parenting training which he claimed had given him some insight into managing his painful emotions differently.

"I don't know what happened but that was when I was at Solihull there was like meditation or the breathing exercises, I slowly calmed down inside umm and then all of a sudden it was like well people have noticed a change in me."

(Jonathan)

Jonathan employs a similar way of accounting for his cannabis addiction, referring to his ongoing struggle with his 'demon'.

"Yeah my demon, if I follow him I put bad things in my life. I am fighting with him. . . and that is a real battle umm yeah it is like having somebody else inside your head telling you what to do."

(Jonathan)

Processes of addressing guilt and imagining change are clearly not straightforward or linear, and Jonathan is an example of this. Over the past four years Jonathan seems to have found a way to have taken some ownership for his abusive behaviour and his addiction in a way that has not left him excluded, shamed or written off by the local authority or local drugs services. He has demonstrated enough insight and change in his behaviour to be seen as 'committed' by professionals but his relationships with practitioners and with his children in foster care are fragile. He and Megan have still not fully separated, but since the conclusion of care proceedings their relationship is no longer the focus of concern; they don't live together but remain co-dependent and their relationship is intimately linked to their addiction. Jonathan's guilt is part of his account of being a committed father as in terms of both his abusive behaviour and his addiction, he holds to a narrative of wanting to change for his kids. However, his progress is not linear, and is interrupted; he achieves periods of being clean, and then relapses. He talks about wanting direction and support but also recognises his tendency to reject authority. At this point, what seems important for him, not least as a guard against shame, is his efforts to keep trying: "I'm not going to quit trying to quit".

CASE STUDY: TONY

Tony, aged 47 at T1, was sexually abused by a family member as a child and has struggled with poor mental health, self-harm and substance misuse for all of his adult life. He had been physically abusive to his ex-wife, and this became a central factor when he began a relationship in another local authority with partner Dawn. Dawn's eldest child was in foster care and there were proceedings relating to her then youngest child. Tony had cautions and had a community sentence for an assault on his ex-wife and when he and Dawn got together social workers quickly saw him as a risk. Tony felt shamed and excluded by the local authority and felt that his attempt to be open about his past had been met with negative judgement and assumption. His account of the abusive relationship seems to combine elements of mutual responsibility (their heavy drinking) and his eventual acceptance of guilt, and later, remorse.

"We were like drinking a bottle of Vodka at home every day between us and like I was getting more and more depressed and more and more violent and she was getting the same. After one evening where we both had a bit of a blow out on each other, I knew what I had done

wrong, so because she wouldn't do it, I told neighbour to ring Police and told them what I had done so then I went outside and waited for them." (Tony)

"I saw the look on her face and that is what made me stop because if I hadn't have stopped I probably would have gone, I probably would have hit her properly instead of just grabbing her by the arm, even that was bad enough." (Tony)

"I said 'Yeah it was my fault' I have actually apologised to [ex-wife] because we got talking again just before I went into rehab and I apologised to her for everything I had done, I said 'I am sorry I didn't mean to do what I did, it was out of order, will you ever forgive me?' She said 'I will forgive you but I will never forget it'." (Tony)

Once he felt he was being judged by his past relationship and this key incident with the Police, Tony became increasingly defensive and relationships with professionals deteriorated. The couple did separate on the instruction of the local authority, and Tony moved back to his hometown. He withdrew back into heavy drinking and did not find out about Dawn's pregnancy with his son until after his birth. The couple then reunited and decided to get married and re-engage with the local authority to try and show their commitment to their child. However, care proceedings were initiated, and their son Dean was eventually adopted. Tony felt huge grief, and bitterness related not only to the loss of his son, but to how he felt he had been treated with regard to his past abusive behaviour. For Tony, despite acknowledging guilt, he felt denied of the chance to prove himself as a partner and as a father, and this he experienced as unfair and humiliating.

"The social worker said 'because you are a bloke you will never change' and since that day I have done everything that I can to change. She split us up because of that and then we found out that she were pregnant with Dean and then I just didn't get any, couldn't get anywhere near him." (Tony)

"I want to get up and do stuff but it is just like 'what's the point?' I just feel like I'm, I know it is like I have got a thing on a bracelet saying 'Dad' I said I don't even feel like one, because it is not like I am given the chance to prove it." (Tony)

6.13 Practice points

Our analysis of the emotional impact of child protection and child removal on fathers has highlighted the relevance of grief, pain, shame, guilt and humiliation. These emotions are not static; they overlap, ebb and flow, subside and intensify in different contexts and over time. Successfully navigating a way to bearable guilt seems to be a key part of how recurrent fathers can retain a stake in fatherhood. Without this, some fathers may become stuck in a position of isolation from which there is no return.

- Overall, the pattern of recurrent fathers with unresolved childhood trauma that blights their capacity for emotional regulation, nurturing relationships and family functioning was notable. There is an urgent need for services to acknowledge and engage with this.
- In relation to local authority processes, guarding against shame was common for recurrent fathers, and relationships with practitioners could stand or fall on this.
- Building working relationships with recurrent fathers needs to involve key aspects of negotiating or mediating; minimising a defensive response; offering a climb down or face saving position and guarding against humiliation and shame.
- Professionals need to be conscious of the damaging effects of shame and humiliation. To hold the balance between moving someone towards accepting guilt without annihilating their sense of moral worth and capacity for change is a central challenge for working with fathers (and mothers) who have experienced child removal.
- Some recurrent fathers become experienced and knowledgeable about local authority and legal processes and may deploy this strategically as part of coping with repeat involvement. There is a need to exercise greater professional curiosity about the strategies parents use to get by (and about the emotions behind these), to try and avoid a deepening cycle of conflict and opposition.
- However, also crucial to note is that some fathers had been able to find helpful or non-destructive ways of coping with painful emotions.

7 Reclaiming fatherhood: Moves to rebuild father identity and relationships with children

“Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past.”

Karl Marx

Eighteenth Brumaire of Louis Bonaparte (1852)

7.1 Introduction

Having highlighted the serious challenges faced by a minority of recurrent fathers in our study, we now turn to the question of how recurrent fathers may come to see positive change (or recovery) as possible, and to the generative potential of fatherhood. If, as Lee (2008, p. 212) suggests, being a father is now less a result of biology or legal status and more to do with establishing a relationship with your child, what, if anything are recurrent loss men doing to re-establish or sustain their claim to be fathers to their children? Some fathers in the study were not apparently (or at that time) engaged in this reclaiming activity. Others, however, to varying degrees and with more or less commitment, confidence, skill and success appeared to be working to reclaim fatherhood identity in respect of one or more of their children.

7.2 Key findings

- Some recurrent fathers appeared to be in a state of waiting; a painful indeterminate, or liminal state in which they felt that they had a continuing connection with lost

7 Reclaiming fatherhood: Moves to rebuild father identity and relationships with children

children but also felt side-lined and unable to express that connection by being active fathers.

- However, the majority of recurrent fathers in the study were making some attempt to reclaim their sense of being active fathers to some, or all of their children, though with varying degrees of confidence, capacity and success.
- Fathers who were making some progress in reclaiming their fatherhood identity appeared to be building and drawing upon 'recovery capital', that is, various kinds of personal, relational, social and economic resources.
- Key factors associated with reclaiming fatherhood were some level of stabilisation or basic life security; positive change in relationships with partners/mothers; responding to an opportunity to reconnect with a child.
- Recurrent fathers highlighted ways in which the court's authority was used constructively but also in ways that tended to marginalise fathers. For example, it was helpful that the childcare crisis forced some men with serious substance abuse issues to address its impact on the child's wellbeing.
- However, the experiences of fathers in our study illustrate the tensions between more linear, abstinence models of recovery and harm reduction approaches that aim to support recovery, whilst still safeguarding children.
- In order to be available for their children, reclaiming fathers had seen the need to look after themselves better, addressing issues of dependence, relationship problems, and considering afresh the meaning life had for them. However, the process of change was often tentative, interrupted and hard won.
- Whether consciously or not, reclaiming fathers appeared to be absorbed in activity seemingly designed to prove to themselves, their children, partners and others that they were now reliable and credible parents. This credibility could be built on to gradually extend to other children.
- Some fathers worried that their child might reject their advances because of past parental failures and saw that they needed to find some way to say sorry; some fathers were able to anticipate and respond to their child's emotional needs.
- In their campaign to build restored credibility as fathers, some sought to use intermediaries (such as foster carers, other family members or residential social workers) to help negotiate with social workers.

7.3 Emerging from liminal fatherhood

The starting point here is the consideration of what we call 'liminal fathering'. We draw on the psychosocial understanding of the term liminality as applied to fathers by Marsiglio, Roy, and Fox (2005), to describe an in between or indeterminate state; of being on a threshold, or being neither one thing, nor another. We apply this term to the situation of recurrent fathers in our study, as they described a painful uncertainty and ambiguity about their fatherhood identity as a consequence of care proceedings. A number of fathers had lost all contact with previous children; others were awaiting the outcome of care proceedings when we met them; others were hoping for or mourning lost opportunities to reclaim or rebuild a relationship with a child. In different ways or to different degrees, recurrent fathers were waiting. Fathers often described feeling like they were fathers in name only; or that whilst they loved and missed their children, they had no concrete sense of being fathers or doing fathering.

"I just feel like I'm - I have got a thing on a bracelet saying 'Dad' I said I don't even feel like one, because it is not like I am given the chance to prove it."
(Tony)

Most participants in the study who experienced this liminal state, were still mentally and emotionally connected to their lost children and held them in mind (Clapton, 2019). Whilst some fathers struggled to resist liminal fathering, others appeared reluctantly resigned to it, though this is not to discount how painful the waiting was. Other waiting fathers were still maintaining some tenuous contact with children who were either in care or looked after by others. In what follows we describe factors that fathers presented to us as enabling them to make changes in their lives and in some cases move towards more active fatherhood. We also explore the various forms of 'recovery capital' (Tew, 2019) that fathers built more or less successfully to support future fathering identity. We examine the ways in which fathers who do attempt to reclaim father identity undertake the process. To do so it seems that they must build credibility, find ways of explaining past failings to their children, take practical action, rebuild the relationship with their child and attempt to maximise the contact they have with their child to allow for more fathering to take place. We noticed how they sometimes use intermediaries to support reclaiming fatherhood and to provide evidence of their success at parenting in case of scepticism from social workers, children's services, ex-partners or the courts. The case examples we use demonstrate how some recurrent fathers could be roused from a state of liminal fathering by the renewed possibility of a relationship with their child or of retaining or reclaiming a stake in fatherhood.

Those emerging from liminal fatherhood had been previously engaged in a mainly interior process, holding their child in mind often or constantly.

“If anyone has children, who doesn’t think about them all the time?” (Will)

Will talks about remembering them “. . . all day long. . .”; he remembers them. . . “when they were small”; he thinks about them in the present and hopes. . . “they don’t hate me”.

Liminal fathers may hope against hope that their relationship with their child was not necessarily lost for ever and there may be opportunity to re-establish it. Fathers who appear to be doing very little as parents may, in fact, still be deeply concerned and involved in ways that are not immediately visible to social workers and others. Although the child is often in mind the father may not speak freely about him or her. Such is the stigma of being a bad father (having lost his child to care) that, for example, Will “avoids judgement by other people” by not mentioning his children’s existence to people other than close friends. This concealment activity is something noted in research on recurrent mothers (Broadhurst and Mason, 2017, 2020).

Despite in many cases being preoccupied with their absent children, fathers may take no action to press their claims to be a father. This could be for a number of reasons: feelings of shame and guilt regarding their past relationship with the child or the belief that the child would be better off without them. Following his breakup with his children’s mother and subsequent care proceedings, Will’s contact with his children in foster care was overshadowed by ongoing conflict with his ex-partner and the obvious distress of the children at contact sessions. Feeling there was no way forward, he decided to withdraw:

“It couldn’t go on and I couldn’t let my kids see me blow up, . . . no one was listening to me, I wasn’t getting any help. . . I decided it was best to cut off contact with my kids for the sake of their own mental health and unfortunately mine as well. . .” (Will)

Will had since been waiting for his children to contact him when he would “re-initiate contact or whatever when they are ready, when they are asking for me. . .” But hope of reunion which was unfulfilled was dangerous:

“The only way to survive is no hope. . . In this particular circumstance [seeing daughter again]. . . If you get your hopes up you crash.” (Will)

Some fathers speak of feeling excluded, side-lined or ignored by children’s services and have no hope of re-establishing a link. Shane and Sean both felt this way and for some years had resigned themselves to waiting, with a similar ambivalence to hope described

by Will above. Martin and his current partner were resigned to playing no active role in Martin's son's life placing the responsibility for that on social workers but accepting the social worker's argument that contact could disrupt the child's home:

“His placement is settled and that will be it, you can't argue with it.” (Martin)

Sometimes fathers may feel that their children are strangers and feel anxious at the prospect of attempting to (re-)enter their lives, as Matthew illustrates:

“I were able to see them, I would be better. . . I would be scared. . . Because I have not seen them for that long. . .” (Matthew)

7.4 Turning things round

Given the unfavourable personal circumstances, crises and challenges which recurrent fathers in our study faced, the question arises as to how some fathers have managed to retain or rebuild their identity as fathers. We argue that, even in the face of adversity, our participants were able to exercise some agency in their lives albeit within contexts in which choice was heavily constrained by personal, social and economic factors beyond their control. Whilst accepting the notion that these recurrent fathers had 'agency', we were cautious about accepting their post hoc accounts of the causes of their change at face value. The value of our longitudinal design was that where changes were underway during the study period, we could compare what participants said at the time and their later self-appraisal.

Analysis of fathers' stories suggests that processes of change are complex and highly individual. It is beyond the scope of this study to attempt to fully codify and account for change processes, but nonetheless we have seen examples in the narratives of events and important biographical moments signalling the possibility of transformational change. We noted any turning point, “an alteration or deflection in a long-term pathway or trajectory that was initiated at an earlier point in time” (Sampson and Laub, 2005, p. 16) or critical moment (Thomson, Bell, et al., 2002) which may have occurred. We are concerned here not just with an event or change of circumstances in itself but how the participant changes direction in response. A turning point may occur in response to some inner realisation or some external event. And although a turning point may arrive at a particular moment, pressure for change in a father's life may have been building up gradually.

Longing for basic security

Faced with extreme adversity, a longing for some basic security and stability as a key to a possible future life seem to be a point of departure for some fathers. Danny's main aspiration during his third experience of care proceedings, was to become stable enough to be able to make some future plans. Keith resolved to leave a life of street homelessness and deteriorating mental health by seeking help from the Samaritans. Kevin, after realising in prison the extent and effect of his alcohol addiction, sought help with his drinking and his homelessness. Sean, frustrated by his continuing dependence in adult life on his mother's accommodation, resolved to find a job that would allow him to live independently.

(Re)discovering a desire for fatherhood

For some, the possibility of resumed contact with their child came as a result of their own initiative. For others, the arrival of a new social worker for the child or the child's own desire to meet them constituted a turning point, leading to attempts to reclaim fatherhood identity.

Martin, after losing contact with all his previous children either to care or ex-partners determined to exclude him, succumbed to depression and resumed cannabis use. But having seen his teenage daughter Becky on Facebook, Martin took the initiative to contact her, reigniting his desire to reinstate their face to face contact. At around the same time, Martin's new partner became pregnant. Although previously assessed as posing a high risk to his children, children's services' later assessment of the couple was more positive and the baby remained in their care. After the new child was born, Becky visited for weekends and eventually came to live with Martin and his partner.

“She just came, she moved in, she wanted to move in, so I said
‘yeah’.”
(Martin)

The experience of restored fathering with Becky, together with the formation of a new romantic partnership, seemed to be important factors in repairing Martin's confidence as a father. The couple's baby was initially on a child protection plan which was downgraded to a child in need plan before the case was closed.

Will had reluctantly pulled back from having any contact with his daughter Tegan when she went into care. The atmosphere of continuing conflict between Will and Tegan's mother seemed to poison Will's meetings with Tegan. Her distress and his own made contacts painful. Some nine years passed with Will having no contact with his daughter.

Will said that he contacted social workers at various times in the intervening years to ask after Tegan. He felt the social workers fended off his enquiries and that he was not entitled to press them further. Then, Tegan's latest social worker contacted him. Tegan who was in long-term foster care wished to meet him. Will was excited but anxious about how the meeting would go. The social worker acted as intermediary and contact supervisor. The first meeting "went wonderful, [but I would] take one step at a time" (Will).

Will felt for the first time able to talk about his children to friends and contacts. A pattern of contacts has been initiated, one of them involving Will's mother. For Will, this has begun to restore Tegan to a place within his wider family. Will was heartened by Tegan's foster carers' warmth towards him and trust of him. Will now speaks of himself as a father, a description which he had resisted before. He is now exploring the possibility of restoring contact with his son who was adopted from care.

Changes in circumstances that offer recurrent fathers a way back to some level of parenting (whether by chance, initiated by the child or by a new social worker or a previous partner) may bring his reclaiming of fatherhood into full flow. Here Sam describes how the unexpected intervention of the judge in a care hearing galvanised his pursuit of active fathering:

"... up until I was in Court with Harry they denied me access... they denied it totally... we got into Court and on my very first day in Court, the Judge turned round and said 'I promote father child relationships' like that, 'I support it' I am thinking yeah this sounds good this. She turned round, and straight out 'we are adjourning' because I think it was like two or three weeks' by the time that time has finished you had better have a plan and at least him had one visit with his child and access'. That is how I got my access to Harry, the Judge gave it to me, Social Services were still trying to deny it." (Sam)

Sam went on to have supervised contact with Harry, and was pressing to be considered, with his long-term partner Kay, as carers for him. At the end of the study period, care proceedings were ongoing, and Sam was frustrated at what he felt to be slow progress.

Jeremy had been in two previous intimate relationships in which he had been a social father to his partner's child. He described never really investing deeply in the partnerships or in the fatherhood role. This changed when he formed a relationship with Stacey. The couple both had long-standing substance use issues which led to the loss of Stacey's children by a previous relationship to special guardianship. Jeremy was stirred for the first time by the possibility of being a father following Stacey becoming pregnant although the pregnancy was not planned. In the context of his new relationship, Jeremy discovered a powerful emergent desire to be a father. This desire and his unprecedented commitment to his new partner motivated them to commit fully to a rehabilitation programme during

the subsequent care proceedings. The couple were subsequently able to set up home with the care of their new daughter Lilly.

However, the possibility of resumed contact with a previous lost child did not always unequivocally inspire our participants to reclaim their fatherhood. Sean provides an example of a liminal father apparently offered the chance to reinstate his relationship with a child but remaining ambivalent and fearful about active fatherhood. His daughter Alannah is *'always on his mind'*. But, seeming to blame social workers for lack of communication, he did not push for contact with her and for the first five years after she was placed in foster care, he travelled the country with a fun fair. He remained apprehensive about the prospect of contact, and fearful of rejection or of disappointing Alannah. Further down the line, his sense of fatherhood was further compromised by a row with his ex-partner over the paternity of his youngest child. Sean is the boy's birth father, but this information is secret. To conceal it, a new birth certificate has been issued with birth mother's new partner's name on it. This, Sean found "heart-breaking". By the end of the study period, Sean felt proud of progress made in rebuilding his life, gaining a secure job with plenty of overtime, and being able to rent a room in a shared house. Despite this, success at work did not appear to have boosted Sean's confidence. He talked down his capacity to change and plan for the future; "I'm the same old person". Another conflictual encounter with a social worker offered a chance to bring about renewed contact with Alannah, and Sean was on the brink of change; he had written a card and send a gift, which the social worker told him had been passed on. However, he felt socially and emotionally isolated, was still mistrustful of the social worker, and fearful of disappointing Alannah.

"Knowing she's in the Care system and there's lack of communication there, it is like 'do I come, do I go, what do I do?' I would rather have my daughter just say look 'oh my dad is there, I know he is there, he has got a nice little house, you know, a nice family' so she can be welcomed in and 'you can pay for my driving lessons' that's the way I see it." (Sean)

Reconfiguring intimate partner relationships

Another factor that appeared to create opportunity and/or motivation for reclaiming fatherhood was greater stability or safety in intimate partner relationships. Examples include entering into new more secure and satisfying relationships; consolidating existing ones; electing to break off relationships which had been destructive; managing relationships with past partners more successfully:

- **Jeremy**, in his thirties, discovered his powerful desire to be a father in the context finding a partner to whom he is deeply committed.
- **Martin** after 6 years of transition churn and several changes of partner, found a more stable partnership. With increased relationship capital at his disposal, he was better placed to respond positively when his daughter Becky initiated contact with him. His partnership allowed contact to increase and eventually for Becky to come to live with him.
- **Gregory's** three-year relationship with Carol has provided the backdrop to their attempts to repair relationships with each of their lost children and change the circumstances of their lives so that any future child they have has a chance of remaining within the family.

Feeling a renewed connection with their child could cast a different light on fathers' relationships with partners, friends and family. Some reclaiming fathers, however, felt that they need to put their own intimate relationship needs on hold while trying to sort out their future relationship with their child.

As a result of his longstanding alcoholism, Kevin described being scarcely aware of the separate personhood of the mother of his children or the devastating effect of his repeated domestic abuse on her and the emotional abuse this constituted for his children. Having worked to become alcohol free, he accepted separation from his children's mother as the condition of their youngest child continuing remaining with her. Recognising that his recovery was in the early stages, he did not yet trust himself to embark on another intimate relationship. These decisions formed the background for the start of regular supervised contact sessions between him and his youngest child.

Jack, having split from his partner during care proceedings for their unborn child, spoke of learning to stop losing his temper, listen and engage with social workers. He describes managing to overcome the overwhelming pain of having his daughter removed at birth, going through a lengthy assessment process (which included a very supportive relationship with his daughter's foster carer) and eventually having his daughter placed with him.

Some fathers wished for the sake of their relationship with the child to avoid conflicts (or even contact) with the mother of their child and were working hard not to give vent to grievances against their ex partners. Because of his ex-partner's unreliability Will would "rather Tegan didn't see her [mother]". But he was conscious of the need not to "slag her mother off, because... when people slag off parents of the children don't know how to

deal with it". So, he was resolved to stress positive memories and keep his opinions to himself.

Finally, being unresolved concerning intimate relationships appears to coexist with a faltering sense of fatherhood identity. Sean's unsuccessful attempt at forming a new relationship, underlining a sense he expressed of life's insecurity and impermanence and his own inability to change, appeared to be a facet of his ambivalence about reclaiming his contact with his daughter Alannah. Commenting on the relationship that came to nothing he said:

"People come and go in my life, that's how it's always been." (Sean)

7.5 Encountering children's services and the courts

Our findings suggested that the emergence from liminal fathering, the rediscovering of fathering identity and the reconfiguring of intimate relationships were influenced at every stage by the quality of the encounter recurrent fathers experienced with social workers and the courts. Participants described a highly interactive process in which their own actions were closely related to their experience of authority. Here we discuss what fathers said about this encounter, their ambivalent feelings about authority, factors which influenced their willingness to engage in therapy of one kind or another and implicit practice principles applied to fathers in the child welfare legal process.

Accepting or rejecting engagement with services

Some participants acknowledged the need for accountability provided by social work involvement and the family court, in their struggles to retain a stake in their child's future. For example, Jeremy had been stung into action to address his substance use by the humiliating experience within the previous year of losing his partner Tracey's children to a special guardianship order. Later when he and Tracey were expecting their own child, he acknowledged the child protection plan and the subsequent triggering of care proceedings as "a kick up the arse" which he needed to redouble his efforts and persuade his partner to join him in addressing concerns about drug use. There was, however, a downside to this motivating effect. Fear of social workers removing the couple's new child at birth inspired Jeremy and Tracey to suddenly desist from using street opiates against the advice of substance abuse professionals who recommended a gradual tapering accompanied by a methadone program. This in turn prompted Jeremy

to overpromise to social workers and the court regarding their drug recovery and abstinence. When they relapsed and attempted to conceal the fact, they were seen as acting in bad faith by the social workers, damaging social workers' commitment to their child returning to their care. Only during the later court process when Jeremy saw the court as containing the situation for both himself and the social workers, was he and his partner able to achieve a more honest, though still cautious, relationship with social workers.

Participants' accounts also suggested that their willingness to accept assistance with some issues associated with their children's welfare was very much influenced by whether they felt neglected or coerced to undertake assistance:

- **Jeremy** had little faith in existing programmes addressing substance misuse which he saw as being under the control of children's services and more concerned with monitoring and assessing his progress than with helping him with the problem as he identified it. He felt he had to identify his own preferred route to change to which he could fully commit. He started attending a 'Narcotics Anonymous' group and fully committed to the programme including being allocated his own mentor.
- **Jonathan** agreed to seek help from a drug project, social workers and others but remained ambivalent about the help he was receiving.
- **Jack** formed a close relationship with his child's highly experienced foster carer. Since the foster carer was not a social worker and was able to spend time with him and his child demonstrating how to look after a child as well as attending to him as a person in his own right, he relaxed, listened and learned. According to Jack, part of that learning was learning to be more open and trusting with people.
- **Sean** had been in a stand-off with his child's social worker about contact with his daughter. Sean "feels ignored". Instead of addressing the issue directly with the social worker whom he "doesn't want to chase", he considered making a legal challenge for contact. Then he considered doing something violent and "getting on the news" to highlight the issue but thinks better of it: "I'm a sensible person". However, he did go to the children's services office deliberately to make a scene and met his daughter's social worker who succeeded in calming him. She suggested he write a card to his daughter which he did, enclosing a small gift. The social worker promised regular updates. Sean was still untrusting, and it was not clear whether this was sufficient to help Sean move towards re-establishing contact.

Some fathers were aggrieved, or ambivalent about being required to undertake particular training or assessment. Patrick, Brian, and Joe who all admitted being abusive to their partners, were required to attend a 'Caring Dads' course. Initially unwilling, all three men became invested in the programme and took some insight or validation from it.

"For the first time I had people who were in a professional position actually giving good reports about me."
(Brian)

"I loved the Caring Dads, that was really good. . . Well I thought I was in the worst position in the world right from the beginning. . . but, so there is always someone worse than you, in a worse position than yourself and it opened my eyes to that."
(Joe)

Kevin, by contrast, after being released from prison and realising the detrimental effect of his alcohol addiction on his ex-partner, his children and himself, fully accepted help with his problem drinking, homelessness and the negotiated separation from his children's mother, working towards regular face-to-face contact with his youngest child.

7.6 Facing the stipulation for substance use 'cure'

Parental substance misuse is a common risk factor considered by the court in care proceedings. The accounts of participants reflect a common shared understanding between children social workers, children's guardians and courts as to how significant parental dependence on substances should be addressed and the time scale for so doing.

Jeremy's and his partner Stacey's situation is a case in point. Both parents had been dependent on non-prescribed opiates for years. They had lost Stacey's children to a special guardianship order only the previous year because of evidence that their drug use had cause significant harm to her children. During the period of the study, Jeremy and Stacey were involved in a further care proceeding regarding the child of their relationship, Lily. As mentioned previously, the couple, fearing Lily's removal at birth because of their continuing drug use, had attempted to summarily stop using non-prescribed opiates. For some weeks, they had succeeded in maintaining their abstention from drugs. When they relapsed, they misled social workers about the true situation. News of their relapse triggered care proceedings. Within the care proceedings, it was accepted that their enrolment on a methadone programme with tapering doses with the aim of achieving abstinence within months should not debar them from consideration as carers for their newborn child. The court agreed to an

extension of the usual six-month timetable to allow for the completion of the methadone programme. The expectation however was clear, however. At the end of the programme they should be abstinent from drugs altogether. And, in the meantime, any further relapse would lead to the making of a care order with the probability of Lily being subject to a placement order and adopted.

The practice assumption behind this court process is that it is credible and necessary to adopt a linear approach to parents' addictive issues. That is, it is a realistic expectation of parents who have been seriously addicted to drugs or alcohol to desist without relapse or default and completely recover from their addiction. Further, because of the limited timescale for care proceedings, the expectation is that parents should achieve this aim within six months or, exceptionally a little longer under the court's supervision. In Jeremy and Stacey's case, at the end of the study, it appeared that the methadone programme had been adhered to. Lily had returned to the couple from foster care, although it was not clear what would happen subsequently if the couple relapsed again. The threat of removal may merely have been postponed.

Researchers on drug dependence challenge the linear model on the grounds that substance abuse issues such as those exhibited by Jeremy and Stacey should be regarded in the same way as a chronic illness requiring ongoing management with the expectation that there will be relapsed from time to time (Adlin Bosk, Van Alst, and Van Scoyoc, 2017). The expectation of a linear "cure" is unrealistic and in most cases likely to make the problem more difficult to resolve or manage. Instead, it is argued, that children social workers and courts should routinely examine the possible benefits of a harm reduction approach in which the aim is to help families develop sources of resilience (Velleman and Templeton, 2016).

Jonathan was a participant committed to change. However, he repeatedly struggled during the study period with his divided self, his inner demon pressing him to use cannabis. Jonathan had a pattern of being clean from cannabis for many weeks, but then relapsing. He acknowledged that his recovery is fragile and certainly not final. For that reason, he does not dare to plan for the future. The lack of recognition of the chronic nature of his struggle makes the issue worse for him as he attempts to reclaim father identity.

"I could set myself up again to fail. . . and I could put loads of things in place 'this is what I want to do in five, ten, fifteen years' time' but then if I can't break away from my mind-set, my demon, it is still going to be the same in five, ten, fifteen years' time. . ."

(Jonathan)

In the absence of approaches other than the linear model, it is likely that fathers with a substance abuse problem will continue seeking to hide their true situation from social workers. As in Jeremy's case, this is likely to undermine mutual trust between social workers and service users. It also isolates fathers with real difficulties from sources of help.

Kevin's is an apparently contrary case. After realising in prison the extent and effect of his alcohol addiction, sought help with his drinking and homelessness but resumes drinking after discharge. Then,

“does detox. . . and I have been clean ever since.” (Kevin)

His recovery had lasted one year at the end of his involvement in the study so it may be early to say whether his previous pattern of relapse will occur.

Being required to separate from a partner

Another practice issue which arises in child protection plans and care proceedings is the requirement for couples to live apart where one of them is asking the court for their child to live with them. As illustrated in Chapter 5 there were some cases in the study where participants had experienced this request from the court or from children's services.

In Kevin's case, it appeared that following a long history of domestic violence towards his partner in combination with his alcohol addiction, requiring him and his partner not to reunite, provided a helpful boundary enabling Kevin's youngest child to remain cared for by her mother. It seemed that the requirement worked in this instance because Kevin and his ex-partner were offered help (as individuals) and both acknowledged the damage their relationship had done to all concerned. Kevin was not pressing to return to his ex-partner. Furthermore, whilst addressing his alcohol addiction, he had achieved some insight into his behaviour including that the relationship with his children's mother had never been mutually helpful and that he had never been truly committed within the partnership.

In other situations of enforced separation, the requirement seems more questionable. In a previous set of care proceedings, Jeremy and Stacey were required to live apart even though they were deeply committed to each other. It is unclear whether an option was considered to do work with them together on shared or individual problems. In any case, as described by Jeremy, the requirement was regarded as a diktat to be undermined and disobeyed. Once again, discovery by Children Services of the requirement being disregarded by fathers leads to distrust and alienation between the social worker and service user.

7.7 Building recovery capital and reaching out to 'lost' children

Here, we draw on Tew (2019, p. 466) in which he argues the significance for individuals and families who have undergone traumatic experiences of the building of various varieties of "recovery capital" which are "social and relational assets..." Including "personal capital... relationship capital... identity capital... social capital..." and "economic capital".

It appeared from fathers' accounts that whilst certain events may trigger the desire or motivation to reclaim fatherhood, actual changes in fathering relationships are only likely to become reality when participants have access to wider circles of support. Here we set out examples of the ways in which our participants attempted to perceive change opportunities, build support and/or the resources available to them.

Personal capital: 'Working on Myself'

In our study, it was significant that, in one way or another, men's perspectives regarding the challenges they were facing could be changed by a realisation of their importance to their child. This appeared to subtly affect life priorities and to engender a certain motivation to 'work on themselves'. Several of the men attempting to reclaim fatherhood noted the changes of attitude they needed to make to build credibility as fathers. It is also notable that fathers in our study spoke of being instructed or advised to work on themselves by social workers or judges, often as part of rationale for separating from a child's mother.

Sometimes motivation to change came from acknowledging ways in which they had let their children down in the past (because of their use of substances or for other reasons such as partner conflict, domestic abuse or child neglect). Some thought that their best hope was that the gravity of their failures in other people's assessment of them would recede with time. Gregory was the clearest example of this. He had served a prison sentence for a serious offence against a person (not child related) and allegations in a civil court of domestic abuse against a previous partner. He was trying to live down these deficits by proving that there had been no recurrence of such behaviour over time.

For some (e.g. Kevin and Jeremy, and Greg), personal change meant seeking counselling, although waiting times, lack of appropriate services and financial cost were all prohibitive to achieving this. For others, such as Will and Gregory although acknowledging mental health issues chose to bracket or postpone seeking therapy.

Their reasons for this appeared to be that the demands of contact with their children was more immediately pressing, but they were also cautious about the effect on their contact that could follow taking the lid off these issues.

Sometimes participants spoke of gaining more insight into their own feelings in the process of attempting to reclaim their fatherhood identity. Jonathan was beginning to learn to calm himself. He was in greater control of angry feelings and his greater calmness was reflected back to him by others he met. Jack, free of a destructive relationship, learned to stop losing his temper, to listen, self-calm and entertain the possibility of change. As already mentioned, Jeremy had realised the negative effects on children of parental drug use whilst Kevin achieved a similar realisation during his prison stay in respect of his alcohol addiction. This sense of achieving greater insight was not universal, however. For example, Sean, although pleased to be promoted at work and achieve his own independent accommodation, still saw himself as "the same old person" struggling to embrace change and enhance his identity as a father.

Another aspect of working on themselves was fathers' recognition that it was more important than previously that they generally look after themselves in order to be there for their children. Will, who had multiple mental health issues, spoke of the need to keep himself as positive as possible in view of his newly restored contact with his daughter. Although there were no dramatic changes in his health, he was determined to look after himself better than he had before:

"I have to be there for my family. . . It would be selfish to remove myself from my family. . . I want to be there for when my daughter decides" (Will)

Brian gained energy and motivation in his attempt to address difficult issues by sharing what he was doing with his children:

"I want to get these courses though because at the end of the day I tell my kids I go on these courses, I tell them and they are proud, they realise that here are look if dad is making any mistakes he is doing his best to change it, he is doing something about it, he is not just sat ideally carrying on as usual, do you know what I mean? When I did Caring Dads they were over the moon, they were over the moon." (Brian)

Jonathan seem to be creating social, identity and economic capital as he reconnected with his community via his engagement with local drugs and alcohol services. He describes going to the pub and also a club with other members of his NA (Narcotics Anonymous) group and being able to do this without drinking alcohol. He describes working cooperatively with other people on allotments. He also joined the creative writing group run by the drugs service he was engaged with, and some of his poems

were included in a booklet. Spiritual capital is an often-overlooked resource for service users requiring 'spiritual competence' in social workers to identify (Gardner, 2011; Hodge, 2018), Jonathan appeared to be building spiritual capital as he explored the meaning of life and the possibility of faith:

"Surely I need to have some sort of spiritual thing to know about a higher power. . . My higher power has been my demon for the last thirty-three or thirty-four years so."
(Jonathan)

Jeremy too invested in the idea of a higher power during his engagement with NA. Kevin, from a Catholic background but previously non-observant, took to wearing a rosary around his neck to experience a sense of protection in his daily life. Abegunde derived great practical and emotional support throughout the crisis in his relationship and from his membership of a church. It was helpful in negotiating his continued relationship with his ex-partner that they shared Christian faith and values.

However, Jonathan's case also highlights the difficulties that some fathers may face when attempting to embrace change and the possibility of reclaiming fatherhood. Having tried to address drug dependence in one area, Jonathan became aware of his dependence on smoking. When he is stressed he has to continue to resist the temptation to reunite with his ex-partner. She wants him back, and he feels responsible for her (and her cannabis addiction), and their pattern of separating and reuniting could be seen as another form of relapse. Jonathan is also forced to face his own ambivalence regarding accepting help. He acknowledged he needs to trust people more but also struggled with being let down and remained highly sensitive to shame. He attended his NA group which he regarded as necessary but struggled to deal (and sometimes empathise) with others' painful stories. He appears to look to authorities such as social workers to keep him in line but also resents it the intrusion. While he was clean from drugs, he had to face day-to-day realities without cannabis available to anaesthetise him. In addition, the improvements in contacts with his children which might follow his recovery from addiction, do not come immediately. He has to wait patiently for improvements in contact with youngest son Leon and struggles to do so.

Other examples of building social or economic capital can be observed in the fathers who found and took new opportunities for paid work, including Mark, Martin, Shane and Sean. Martin having restored relationship with daughter and baby in new settled partnership began to work as self-employed gardener which combined his love of being outdoors (also noted as an emotional coping strategy for him) with the ability to earn money. Mark also spoke of earning money through doing gardening and maintenance work (cash-in-hand) as part of rebuilding his life in a new area, after the conclusion of care proceedings.

For both Shane and Sean, the value of employment was not just economic but also linked to validation and status, in terms of feeling productive and in some senses 'normal'.

"I have always learnt to believe in team work like... we are all here for the same reason, no one is better than anybody else... I look at myself in the mirror I think I am as good as the next person you know I might have a little stutter here or whatever but I can do a job as good as the next person."
(Shane)

"Best thing is I'm making money but got no time to spend it."
(Sean)

Building social capital as credible fathers

All of the men show that they are conscious of the need to build up their credibility as fathers especially with social workers and others who may have the power to open or close gates of contact with their child or the possibility of their becoming their child's carer. To some degree and with different levels of conscious intention, some recurrent fathers appeared to be building a sense of competence and reliability with one child as a precursor to opening up contact with another child.

The most seemingly deliberate example of building credibility is Gregory. Gregory had regular contacts with his sons which had increased in frequency to weekly. His two teenage boys are in different situations. His oldest son is in a children's home. He is the young person who will first face choices about his future when he leaves care. His next son is in foster care and is a year or two younger. He also has a six-year-old child being looked after by his ex-partner who will not allow him any contact at the moment. The process of reclaiming fatherhood seems to be a gradual, but strategic, one in which he targets the low hanging fruit first. His son who leaves residential care, according to his plan, will come to live with him. He intended to demonstrate his ability to parent that child. This would create momentum towards his next child wanting to increase contact and plan to move back with him a little later. Gregory hoped thereby to demonstrate his claims to be a good carer. This could enable him to argue informally or in court to re-establish contact with his six-year-old. It might also be a building block towards social workers allowing him and his partner to keep any new child born into their relationship.

Gregory seemed to be attempting several things in his rebuilding of relationships with his teenage sons. He was arguing that his situation had changed; that his resources were greater; that risks previously thought serious were now containable; that he had developed insight. He was seeking to prove and substantiate his fatherhood competence to himself, to his children, to social workers, perhaps to a court and to others including

his ex-partner. He appeared to be building a redemption narrative in which he argued the ways in which he had put a problematic past behind him. To some extent, it can also be said that he is attempting to neutralise past failures. Brian too appeared conscious that his demonstration that he could be a successful parent to a previous child strengthened his claim to a more active role as father to another child:

“... that could swing things to getting it my way because I am actually proving that I can be a dad.” (Brian)

Brian acknowledged the loss of past fathering opportunities and reset his current fathering ambition to build trust over time allowing his son to decide how close their relationship becomes:

“I have got to accept the fact that, that little boy ain't never going to live with me until he is a grown man, if he decides, so what I have now got to do is make sure that between now and him being a fully grown man he understands he has got a dad who loves him and that is there for him even though he can't be, the same as like I am like with the others.” (Brian)

Jeremy, having with his partner, successfully had their baby daughter returned to their care at the end of care proceedings, was now considering how, in time, to achieve the return of his partner's children who are on special guardianship orders to maternal grandparents.

Abegunde's baby daughter was living with him following a Residence order, but he was experiencing economic hardship and was reliant on the support of local charities, as he had no recourse to public funds. Despite this and having proved himself to social workers and gained their support, Abegunde was becoming increasingly concerned to restore contact with his older child who had previously been placed with maternal grandfather on a Special Guardianship Order without his knowledge.

Tyler (the weakest example of the phenomenon) declares unconvincingly that all his three daughters will in time, come back to him. One was adopted; another, whom he never looked after is with an ex-partner who is blocking contact and the eldest who he did look after, is in long term care. He is concentrating on maintaining his relationship with his eldest daughter (now aged around 7) in the reasonable hope that she will revert to him when she leaves care.

7.8 Rebuilding a relationship with the child

Some fathers were exercised about their role in the child's past, and as discussed in Chapter 6, issues of culpability, guilt and shame were potent across the sample. Fathers conscious of having failed their child in various ways, were expecting difficult questions to emerge from their meetings and had thought about what they might and should say in reply (Lamb, Humphreys, and Hegarty, 2018).

“...when they grow up I have a lot of explaining to do, I will tell them that... Like my parenting wasn't always up to standard...” (Matthew)

“But I am still her father whatever, until she can stand on her own two feet and I don't want her thinking bad of me thinking 'oh he don't care about me either' because I am sure that is what she is thinking.” (Shane)

Some were concerned that the child might reject them if they were too frank. They were also worried about distressing the child. Travis was conscious of the risks to his relationship with his children but elected to tackle it head on:

“Where obviously I knew that I had done something wrong because I had got into drugs and everything just was going wrong you know, my life was just turning upside down and so I apologised. I said 'I am sorry for what's gone on' and my eldest, I spoke to my eldest first and she just burst out crying and walked away from the phone and then my youngest daughter err she did same, she explained to me about school and stuff like that, asked what I had been up to and then at the end of the conversation I apologised, I waited until the end, I didn't want to do it at the beginning in case they walked off and err the same again and then when it come to my son I said sorry to my son but my son were more hardy with it, he just, he went 'right alright dad no worries' you know he goes 'I love you, I hope to see you soon' and stuff.” (Travis)

Travis's decision to apologise to his children for his past behaviour seemed to be an important step to rebuilding his relationship with them:

“All the kids, since they have been taken, because I never smacked the kids or anything like that, all my kids have been saying 'we want to come and see you, we want to see you dad.'” (Travis)

In spite of the considerable range of contact frequencies, all the fathers were concerned to build or maintain a close relationship, often referred to as “a bond” with their child. Fathers who had been separated from their child and were building up new contact arrangements with them (Kevin, Gregory, and Will) did not want to overwhelm their child with their interest in them or press for more contact than they thought the child could

cope with. Kevin who had no contact with his daughter during the first year of her life, by the end of the study period had fortnightly supervised contact with her but wanted to “take things at the child’s pace”. Such fathers spoke of needing to develop a realistic understanding of who their child was and listen to what their child wanted.

For example, Will, recently back in contact with his daughter after nine years, was intrigued by his daughter’s range of interests, her developing personality and that she did not want any gifts from him: “just to meet you”. He “doesn’t want to force the discussion [about other family members]. Let her ask the questions. . .” She is “a . . . very inquisitive child anyway”. So, part of building a bond was acknowledging what he did not know about his child and allowing time and space for an understanding to unfold. A qualitative Australian study of children and young people’s feelings and attitudes towards domestically abusive fathers (Lamb, Humphreys, and Hegarty, 2018, p. 166) suggests that these fathers’ worries about what their children may think of them were well placed. Most young people in the Australian study were looking to their previously abusive fathers to make amends. This meant fathers must have focussed on their previous bad behaviour; said sorry and faced the penalties and owned up to the damage they had caused. Apologies were only acceptable if accompanied by a commitment to change their approach and conduct. Apologies accompanied by special pleading and attempts to justify previous bad behaviour were not seen by the children as real apologies. Then it was possible that a rebuilding trust phase might follow. Many children wanted to know what steps their father had taken to address their previous behaviour. The young people’s evaluation of the desirability of re-established contact, its nature and timing was fundamental. Most but not all young people were open to the possibility of some future contact. If these conditions were met, fathers would need to need to work consistently to prove their commitment to their children. But some young people were sceptical that their fathers could ever rise to these challenges. Most reclaiming fathers in the present study had some sense of the need for reparation but may not have appreciated all the possible implications identified in the Australian study.

The role of contact in building recovery capital

The most common way in which reclaiming fathers showed commitment to their child was by being assiduous and reliable over contact arrangements and/or pursuing changes to contact arrangements. There was a great deal of variety in the circumstances of contact between fathers and their children: age of child; the aim and nature of contact; approaches taken by fathers; relationships between fathers and mothers; location and timing of contact and so on. But contact, in some form, was

7 Reclaiming fatherhood: Moves to rebuild father identity and relationships with children

always a critical factor in whether or not a man was able to reclaim some degree of fathering activity and in effect build some recovery capital for himself and his family. In this way, attempts to reclaim fatherhood could also involve making changes to work routines, attempting to marshal practical help with travel arrangements, building relationships with contact supervisors, or trying to manage the emotional impact of having (or not having) time with their children.

The opportunities contact provided for recurrent fathers to exercise an active parental role and display this to others is arguably important in consolidating father identity and building the father-child relationship. When Will is “back in Dad mode”, speaking after a recent contact with his daughter, he talks of feeling more able to embrace the reality of being a father:

“When they are around me I’m a dad. When they’re not around me I’m not a dad.”
(Will)

In cases where children were in foster or residential care, fathers were obliged to negotiate contact with their child’s social worker. This tended to be a difficult process, sometimes marked by a yearning for their child, sensitivity to feeling judged or shamed, impatience and often frustration with social workers as gatekeepers of contact.

“If I could have a wish, Friday to Monday please with my baby... That is all I want to be able to do... it is just not the same in the Children’s Centre... I will be able to walk around streets with my boy instead of just sat in a Centre, I can’t wait... I want to see as much of the little boy as I can, as he starts nursery and he is walking and stuff you know then all the essentials of hearing him speak for the first time, crawl for the first time, walk, won’t have been missed memories.”
(Joe)

Will had heard that his daughter wished to meet him again after a long break but setting up a meeting took many months to achieve with information hard to come by. Social workers came and went and some were sceptical about Will meeting his daughter. He was all too aware of his own powerlessness:

“Social Services have got so many strange controlling ways to demoralise someone and that is what it has done.”
(Will)

Finally, a social worker was appointed who followed through his daughter’s request and Will slowly came to the view that this social worker could be trusted.

For Brian, trying to obtain contact with his children had been a highly conflictual process. Brian had his contact suspended due to allegations of domestic abuse from his

ex-partner. He grew increasingly frustrated and angry and described his escalating challenge to the suspension, ending in a confrontation at the social work team's office.

“...because Debbie said ‘Brian is this that and the other’ they banned me from seeing them, just ‘right you are not seeing them’ and I think it were about six or seven weeks before I am on their door saying ‘right I am here now I am seeing them you know’ because there are only so many times when I am going to knock nicely and say ‘please let me in’ - after so long I am going to hit the door in and say ‘I’m in’ you know, oh it does my head in!” (Brian)

Brian's contact is also supervised by a contact worker: “I weren't even allowed to even see him on my own”. It was initially “in an access centre” although contact has now progress to “an hour and a half every two weeks... it is MacDonald's at the minute”. He contrasts the contact he is offered with that of his ex-partner whom he believes gets preferential treatment as a mother.

“The only supervision she has is her own Mum and obviously they [his ex-partner's parents] don't want to supervise me because I broke their daughter's heart.” (Brian)

Arguing for parity over arrangements sparks further conflict with social workers, whilst also adding strength to Brian's sense of embattled commitment to his children. For Brian, and other fathers such as Mark, Jonathan or Sean, fighting with social workers may be seen as an attempt to claim some viable moral position as fathers in highly constrained circumstances.

“Well at every turn I were having access denied or, every last thing that I have got from Social Services, every last thing I have had to fight tooth and nail for and I mean tooth and nail.” (Brian)

Moreover, head-on conflicts with social workers regarding contact could seriously set back fatherhood aspirations. For example, Tyler's hopes of his daughter's return, were dashed by a conflict with the contact supervisor triggered by his mother's demands for unsupervised contact and witnessed by the child. As a result, the outcome of care proceedings for Tyler's daughter was long-term foster care and his own supervised contact has been reduced to twice a year.

Other fathers appeared to play a longer game or were more able to be patient and persistent in pursuing limited contact over years before the level of contact increased. Those with children in foster care or with relatives on special guardianship orders, showed some hope that their children would choose to return to them eventually, voting with their feet if the relationship and emotional bond had been rebuilt. These fathers appeared to be holding in tension the lost time now, being careful not to push too hard

and too early for an enhanced role in their children's lives and the need to respect their child's choices. Having said that, they also wanted to reach an understanding with their child that they would be welcome to leave their current carers and return to live with their father. Brian was calculating that that tipping point could be when their child reaches 16, whilst Martin is cautiously optimistic that his twelve-year-old daughter currently living with his parents, will ask to move back to live with him.

“... see now, she [his daughter] told me at contact she said straight out ‘dad I know for a fact when I am sixteen they can’t do nothing’. I said ‘what do you mean?’ She said ‘when I am sixteen they can’t make me live at my Nan’s house’... They can’t force her to live anywhere after sixteen years old that is why my son lives with his girlfriend and not at his Nan’s because they could not put an Order on him... He was sixteen when he went free and they are like ‘we can’t do nothing’ so my daughter said to me ‘you are not really listening to us dad, next year I can come and live with you’ and I am thinking If she turns up at my door I am not turning her away.” (Brian)

“I am not pushing it but if it happens it happens, I will be grateful for it.” (Martin)

Travis and Gregory are also examples of fathers playing a long game. Travis talked about his determination to stick with a gradually increasing contact plan set out by the local authority, and Gregory sought to improve both the amount and quality of time spent with his two (separately placed) sons.

“I was indirect contact where I was sending letters and presents and stuff like that... I had not spoken to them- I didn’t have direct contact with them for three years but it is now progressing to phone, I got a phone call about four week ago umm and I managed to speak to them and say sorry for everything that has gone on and stuff like that and then if the next phone call goes well it gets promoted to actually seeing them.” (Travis)

In Gregory's case, the focus had been on negotiating the detail of contact arrangements, arguing for more time per session, seeing his two sons together, convincing contact supervisors that he could be trusted. Over time this resulted in more congenial surroundings, outings, less intrusive supervision all of which allowed Gregory to do more fathering tasks and to rebuild his relationship with his sons. Gregory was one of a minority of fathers in the sample who appeared to be maximising their contact with one child with wider strategic intent. As discussed above, Gregory sought to overcome social workers concerns about him, based upon his previous serious conviction for non-domestic violence. He hoped that building a relationship with his sons would lead to them electing to return home to him from care. More broadly he seemed to be engaged in building his resources, identity and social capital, as well as evidence of his reformed

life and parental competence with which to resist any future intrusion into his paternal and family life.

Fathers such as Gregory, Tyler, Martin and also Joe hoped that eventually contact would lead to their child returning to their care. They expressed the wish for more contact, and at times showed perhaps unrealistic ideas or dreams of being reunited with children. Here, Joe (one of the younger fathers, who was unemployed, had no secure housing and erratic mental health) describes detailed plans for his son Harley's hoped for overnight stays. He explains how he will settle his debts and rent his own flat and how he will make the flat safe for his son:

“... then Harley will have his own room when it comes to the weekends...
I can't wait to hold him, hold him in my arms, to sleep next to him in bed...
Tuck him in there, I have got one of those, I have already got one of those
things that you tie onto your bed, like a little barrier.” (Joe)

For recurrent fathers seeking to reclaim fatherhood through building contact, much depends upon their convincing social workers not just of the practical viability of their home situations, or their competence as parents, but also their moral viability as fathers.

Using intermediaries to build relationship and social capital for reclaiming fatherhood

A minority of fathers attempting to reclaim fatherhood sought to circumvent social workers or stay out of their way. But most realised without much enthusiasm that they needed to engage and negotiate with social workers. Whilst for one father (Abegunde) relationships with social workers were entirely positive, most had experienced these as challenging. Such negotiations, as discussed in the previous section were fraught with difficulty and risks of feeling shamed or humiliated, or of being excluded from assessments or decision-making processes. Emotional regulation and the interpretation of fathers' expressed emotions were key factor here, and fathers were often conscious of the high stakes involved.

Gregory worried about being seen as aggressive because he's “not best with words”. He was scared to ask what was happening for fear that social workers would think him aggressive. When expressing his views, he “tends to rant”. Danny and Robert also experienced highly conflicted relationships with social workers, which in their cases led to their increased marginalisation from child protection processes. Will previously distrusted

social workers. He had felt that social workers dragged their feet or were indifferent to his involvement and contact with his daughter Kerry.

“Social Services is sporadic letting me have stuff and letting me know what is going on, very sporadic, it all depends on the Social Worker and whatever is going on in the system... a new Social Worker comes in... with good intentions but then... they initiate something and then all of a sudden they disappear.”
(Will)

Fathers' ambivalence about dealings with social workers was demonstrated in the study, by the use some made of intermediaries who could affirm them and vouch for them if relationships with the social worker deteriorated. Examples went beyond the minority of fathers who had a formal advocate, and included contact supervisors, foster carers and residential carers with whom the fathers had developed some rapport. These intermediaries appeared to also strengthen a father's sense of validation and paternal identity. However, fathers' ability or opportunity to ensure their intermediaries involvement was often limited and/or a source of frustration.

Brian and Graham provide examples here. Brian became exasperated that social workers listened too much to people who were hostile to him (his ex-partner's mother and a previous social worker with whom he had a poor relationship) and not to those who actually saw him with his children. Graham had built trust with a family support worker who had known the family over some time but felt frustrated that she was not included in what he saw as key meetings or decision-making.

“... why didn't they go and speak to the people who do my supervision, who supervise my access? ... speak to Carrie, speak to the Contact Officers, let's see how it's been going?... because all the other ones say that I show guides and boundaries, I show love, I show everything that I need to show. (Brian) Yeah, I think she [the family support worker] does actually understand more than anyone else does, but she doesn't come to some of the meetings.”
(Graham)

Gregory also claimed it was difficult to negotiate with his elder sons' social worker about contact. Their working patterns did not suit his ways of communicating. He did not write letters or emails and social workers were never there when he phoned. They were “a pain in the arse to get hold of”. He was also frankly reluctant to talk to them at all. So, he sought to bypass them. He found that residential social workers were happy to arrange contact and “always ring me on my partner once or twice a month” to update him. He was also cautiously exploring the possibility of his grandmother's ongoing relationship with his ex-partner, providing a way of negotiating resuming contact with his youngest child. Gregory saw this as an alternative to what was likely to be a highly conflictual

and expensive private law case to try to enforce his right to contact: “Nan does it softly, softly”.

Martin and his partner Rachel (a recurrent mother), undergoing a pre-birth assessment in relation to their unborn child Evie, had a notably positive experience with an intermediary. The couple were petrified that Evie would be removed at birth as both parents had experienced repeat removals and social workers had wanted them to separate. However, when Rachel was allocated a doula (a birthing companion), things changed dramatically. Martin and Rachel both felt reassured and quickly built trust with her. They saw her as a witness on their behalf, as someone who could vouch for them and help them understand what went on in meetings.

“They could not twist anything, they could not say things, anything because she were sat there.” (Martin)

“We had a doula sat here through every single meeting with him, with me, and they couldn’t say anything that they weren’t supposed to, they couldn’t mix things and write things down - cos you don’t see what they are writing.” (Rachel)

Martin and Rachel’s relationship with the Doula did appear, over time, to rebuild their trust in the social workers. Working relationships did improve and the couple were able to keep baby Evie in their care; both parents felt that the Doula was central to this outcome.

Jack’s case also offers a positive example of building relationship capital through an intermediary; this time involving foster carers. When his contact with his daughter had started again after nine years, the trust in him demonstrated by his daughter’s foster carers was a massive thing. To him it demonstrated that “there is more emphasis on encouraging contact...” and “I’m classed as a low risk”. Jack was initially angry and humiliated by the removal of his baby into foster care at birth but went on to slowly build trust with social workers and be assessed as a carer for his daughter Bella. A turning point for Jack came when he had the opportunity to have his contact with Bella supervised by her foster carers. Jack found that the relationship he then built with the foster mother was affirming of his father identity, confidence and competence as a parent.

“I was actually a guinea pig for the Social Services because they trialed something they had never done before and they sent me to where the Foster Carers lived, so I went out to their house and we were able to go just to the local High Street or wherever, me and the Foster mum, who I still have some contact with today, she were fantastic the whole way through... I was a bit of a sponge because she was a former midwife, she had had four children of

her own and as I said if I don't go in and learn something then I have missed a beat here." (Jack)

7.9 Summary

Although we argue that our participants possess agency, the context within which they were able to exercise this was far from ideal, imposing often significant limits upon what they could achieve as fathers. Where there was evidence of positive change, there was no one temporal pattern that fitted all cases; recovery, change and growth is not a linear process. Whilst for some fathers, the motivation for change seemed related to a dramatic moment or turning point, for others, change was the result of slow-moving, cumulative but also interrupted internal and external processes. Moreover, the insights gained from walking alongside recurrent father over time also highlighted how untidy the change process can be. We saw apparent false starts; ambivalent attempts to change; pauses; interruptions; relapses; participants overpromising to try to prevent statutory intervention; failure to change and trying again, and so on. And of course, the trajectories of our participants as fathers as they continue in their lives remain uncertain.

Those participants who were most active in trying to reclaim their father identity were most likely to have been inspired to action by some external event. Particularly powerful was the desire of a child to have contact with them or another opportunity to reconnect with a child such as being invited to take part in care proceedings; a crisis in the child's care arrangements or the arrival of a new children's social worker with a different approach. A second important factor for participants seemed to be stabilised intimate relationships.

Once mobilised, it was possible to identify a number of common actions and strategies that reclaiming fathers pursued. Many of our participants who had been seen as risks to previous children were anxious that they had a hill to climb to establish their credibility to resume contact with or care for their children and that social workers would need evidence of positive change. But reclaiming fathers were also conscious of the need to be honest with children they felt they had harmed or let down. Whether adopting a conscious strategy or not, some fathers' main claim to redemption was that they could now demonstrate that they were acting as responsible parent to another child and so could lay claim to a morally viable, as well as competent father identity.

Most of the participants we spoke to who were actively engaged in rebuilding their sense of fatherhood were highly cautious about their relationship with social workers. Some fathers attempted to get their message across through intermediaries. Patience and

persistence is required from social workers to engage such fathers and build up trust. The opportunities presented for fathers and for social workers, by the arrival, or facilitation of intermediaries should not be overlooked. Children's social workers and courts need to consider the whether the linear model of recovery from problematic substance use is realistic and achievable and consider harm reduction and resilience building plans as possible alternatives.

A final point to emphasise is that parents do not just recover naturally from the loss of children. Studies of recurrent mothers have shown the need for wraparound and longer-term, therapeutic services tailored to enable recovery from what is a major trauma. Fathers too require those kinds of services. Most fathers in our study who had begun to turn things around had support and help from someone from their network or a professional. Where fathers move towards turning things around, a number of positive factors seem to develop concurrently. Whilst recovery capital can be built through improved intimate, family and fathering relationships, constructive social contacts, employment, health, or even spirituality, such processes are hard won. Rebuilding lives and retaining a stake in fatherhood, for children now or in the future, takes time and constitutes an enormous challenge for a population of often highly marginalised men.

7.10 Practice points

- Don't assume fathers don't care. Social workers should not assume that absent fathers do not care about their children.
- Recurrent loss fathers can be sparked into reclaimed fatherhood. Building trusting relationships with fathers may take time and persistence.
- In cases of problematic substance use, children's social workers and courts should consider harm reduction and resilience building alternatives to the standard linear approach to child protection.
- See the possibility or existence of contact with their child(ren) as a key factor in enabling recurrent loss men to reclaim their fatherhood identity.
- Be sensitive to worries the father may have about new contact arrangements acting as a facilitator and joint problem solver. Helping fathers, where appropriate, to consider their children's possible perspectives on past harms that he may have caused them; to make straightforward apologies; to demonstrate how he has changed and his commitment to rebuild trust, putting his child's wishes and feelings at the centre of his considerations.

7 Reclaiming fatherhood: Moves to rebuild father identity and relationships with children

- Look for signs that a recurrent loss father is trying to demonstrate his fathering competence with another child. Be open to the possibility that this father is showing renewed parental potential.
- It is perhaps inevitable that recurrent loss fathers will feel resentment when their parenting is under criticised before or during care proceedings and they feel compelled to make changes on pain of losing their child if they fail to comply. However, this resentment may be tempered by demonstrations of care for them as individuals and allowing them as much choice and control as possible in the ways in which parental deficits can be addressed.
- Look for fathers' engagement with supporting staff and intermediaries. Fathers may be reluctant to engage with or actively avoid social workers and set piece meetings but engage with other people who may help, advise and advocate for them. These include contact supervisors, residential social worker and foster carers. Make use of such contacts to get a clearer assessment picture of what the father has to offer. Use those contacts to draw the father into planning for the child.
- Take an interest in fathers' material, social and emotional lives outside the immediate issues of childcare, looking for ways to support and encourage them to build recovery capital.

8 Discussion of key findings from the project

In this chapter we draw together the three strands of our project; the population-level analysis of Cafcass court data, the national survey of fathers in pre-proceedings and care proceedings, and the qualitative longitudinal study of recurrent fathers. We identify overlapping and prominent issues emerging from the project as a whole and links with the wider research, policy and practice landscape. As part of this discussion we return to the practitioner focus groups, conducted as part of our learning network activity. We conclude with a summary of implications for developing practice with recurrent fathers and couples.

Our project is the first to generate specific knowledge about fathers and their repeat experiences of the family court and of child removal. It complements earlier published research on mothers and recurrence and enables some early comparisons of the profiles and needs of recurrent mothers and fathers. Our project provides a picture of recurrent fathers, from the population level through to lived experience over time.

8.1 The significance of relationships across the life course

Throughout our research on fathers and recurrence we have taken a theoretical approach that highlights the significance of relationships and family ties, and how these interact with life course stages and transitions. The theoretical importance of a relational approach has long been emphasized in the study of human growth and development (Elder and Giele, 2009), yet it has been less applied in social work research. From a life course perspective, the concept of 'linked lives' argues that individuals' life-course trajectories do not evolve on their own, but are fundamentally shaped by relationships, ties, obligations and exchanges with others such as parents, partners and children. We have used this relational lens (Bedston, Philip, et al., 2019) across all three elements of our project and argue its value for understanding the patterns, dynamics and experience of recurrent care proceedings and repeat loss of children. Using this approach, we have been able

to show how, or with whom fathers (and mothers) return to the English family courts, and to demonstrate the prevalence of recurrent couples and families. In our survey we looked at fathers' relationship status and circumstances in relation to partners, children and their own wider family. In the qualitative study we explored, in depth, the dynamics and complexities of relationships for recurrent fathers over the course of their lives, and as they moved through life transitions of different size and scale, and with different personal and social consequences.

What our research demonstrates is the significance and impact of relationships and 'linked lives' for improving practice in response to recurrence. This is the case in terms of explaining patterns and trends and in terms of understanding experience and trajectories into and out of recurrence. If recurrence is a relational problem, then the implication is that the response must also engage fully with, and attend to relationships, in all their complexity. Whilst there is a prevailing, or renewed interest in relationship based social work, it is arguably the case that this has yet to be realised in the context of supporting parents, and particularly fathers, in first and repeat care proceedings. Our findings suggest that working with recurrent fathers requires professional curiosity and time to understand their relational histories. It also requires a willingness and confidence to hold the combination of risks, resources that most present, and the rehabilitative challenges they are up against. These findings are relevant not only to social workers, but to other statutory and voluntary sector practitioners.

As discussed, over the life of our project we engaged with participating local authorities and voluntary organisations through learning network meetings, to share and discuss emerging findings and reflect on the opportunities and challenges for working with recurrent fathers. In the broader practice landscape of 'whole family' approaches and 'think family', our findings nonetheless point to a need for more inclusive practice with fathers and with couples, both during and following the conclusion of care proceedings. With some exceptions, practitioners in our focus groups tended to stress the inclusion of fathers in more generic ways of working such as Family Group Conferences and strengths-based approaches, or felt that these had the potential for building better relationships with fathers. However, it was also acknowledged that local authority services and systems still tend to focus on individuals, and on mothers in particular, whilst fathers are often considered either an optional extra or an additional (and unwelcome) risk.

“Our traditional method of keeping children and women safe is to make mum responsible for the family... so we make her responsible for his actions.”
(Social work manager)

Maternal gatekeeping is frequently presented as an ongoing, and to some degree inevitable or accepted barrier to professionals' engagement with fathers. Strategies in child protection social work in particular tend to rely on negotiating some working relationship with mothers, which may be prioritised over engaging with fathers, particularly where a couple are separated, or where the local authority encourages or indeed requires separation (Featherstone et al 2016, Ferguson and Morris, 2018). Such strategies constitute one way in which fathers can be marginalised, overlooked and/or be enabled to opt out of accountability for the safe care of their children (Featherstone and Peckover, 2007; Philip, Clifton, and Brandon, 2019). Our research therefore highlights another high stakes practice context in which the ethos of whole family working appears in tension with anxieties or risk aversion to actually bringing (and keeping) fathers into the process.

8.2 Early childhood relationships and emotional scaffolding

By adopting a life course and longitudinal approach to understanding recurrence our analysis has included a focus on the early lives of recurrent fathers. This is also in keeping with existing research on mothers' experiences of recurrent care proceedings (Broadhurst and Mason, 2020). **Our survey is the first attempt to look at the significance of childhood adversities for fathers in care proceedings, including experiencing out of home care. It also offers some indicative comparisons between recurrent and non-recurrent fathers. Our analysis does suggest an association between childhood adversity and fathers' appearance in first and subsequent care proceedings, but that this does not constitute a straightforward causal link.** Our findings add to ongoing policy and practice debates about the merits and limitations of Adverse Childhood Experience (ACE) scores as a measuring tool in public health and particularly child welfare settings. An ACE approach has become common place but also controversial, particularly in relation to its application as a predictive technique. Criticisms include arguments that ACEs are poorly defined, pseudo-scientific, not attuned to wider socio-economic circumstances and liable to overly deterministic interpretations (White, Edwards, et al., 2019). Recent evaluative reviews conclude that whilst the simplicity of the model makes it widely accessible and applicable, more critical and fine-grained approaches to the conceptualization, implementation and application of ACE scoring is urgently needed (Asmussen, Fischer, et al., 2020; Lacey and Minnis, 2020).

In relation to fathers' own care histories, we found that an important minority of surveyed fathers (16%) had been in local authority care as a child. In addition, we found that

recurrent fathers were significantly more likely to have been in care than non-recurrent fathers. Whilst our sample size of 127 is a limitation, these findings are an important starting point for exploring the relationship between care history and subsequent family court involvement. As discussed in chapter 4, our analysis of responses to the 10 ACE questions indicated that the majority of fathers (63%) had experienced 'single issue' adversity, primarily parental separation. The remainder of surveyed fathers (37%) had one of two 'multiple issue' profiles, one characterised by direct physical abuse and/or abuse between parents, and the other characterised by parental/family mental health issues and/or parental/family substance misuse. We did find a statistically significant difference between recurrent and non-recurrent fathers, with recurrent fathers more likely to fit one of the multiple issue profiles (51%). But it is also significant that just under half the recurrent fathers did not experience such multiple and serious adversities. Interestingly, the smaller sample of recurrent fathers in the qualitative study showed high levels of childhood adversity with the majority having experienced maltreatment, primarily in relation to physical, sexual and emotional abuse arising from their immediate or wider familial network. **Another key message from our research is that recurrent fathers are vulnerable; they often pose risks arising from their vulnerabilities, but they should also be seen as at risk themselves.**

The topic of intergenerationality of appearance in care proceedings and being looked after is important and contentious, and our study offers some cautious evidence that intergenerational transmission may play a part. From our focus group discussions, practitioners also reflected a cautious approach and were conscious of the risk of over determining the impact of early child experience. One overall theme was the importance of strengthening support on pregnancy and parenthood as part of leaving care services and engaging with young adults as potential (or actual) parents. A second was the acknowledgement that histories of local authority care and/or repeat removals could leave parents:

“Systematically tired and cynical of engaging in assessment work...the function of their behaviour is to be defensive and keep themselves out of view and it becomes a self-fulfilling prophecy.” (Social work manager)

Practitioners recognised that part of this potential cycle of fearful suspicion from parents comes from feeling only and always judged by their past. This arguably represents a key practice dilemma, in terms of the need to include chronologies and histories as part of building an informed analysis, without parents' feeling set up to fail. This was powerfully illustrated in our qualitative findings, where recurrent fathers frequently felt that their identities as men and as fathers were forever marked.

The methods used in our qualitative longitudinal (QL) study generated further insights into recurrent fathers' life histories, their past and current experiences of local authority interventions and the family court (as they unfolded in real time), their reflections on the past, and attempts to imagine the future. **Overall, the theme of fathers with unresolved childhood trauma that appears to blight their capacity for emotional regulation, nurturing relationships and family functioning was notable.** As discussed in chapter 5, recurrent fathers' accounts of their early lives revealed certain themes, which again link to policy and practice debates already active in relation to recurrent mothers. The majority of fathers in the QL study had experienced childhood neglect, abuse, parental separation, estrangement from caregivers, parental mental ill health, domestic abuse or substance misuse. Their early lives were also marked by further forms of instability including frequent house moves, bullying at school and disrupted education. Fathers who felt abandoned or rejected, by one or both their parents, were often left feeling enraged, hurt, humiliated and/or scared; emotions which they said often led to further harmful behaviours. Stories of adolescence characterised by falling in with the wrong crowd (leading to offending and/or more aggressive behaviour), developing drug or alcohol dependence, and episodes of poor mental health were also notable. **By their own accounts, many of these recurrent fathers felt that they then entered couple relationships and became fathers with either few emotional resources, or with emotional coping strategies that ill prepared them for intimacy and parenthood.**

Our findings on fathers' early life experience speak to existing research on developmental trauma and on the importance of early caregiving relationships and emotional regulation and resilience. This field of research has been increasingly explored and utilised in relation to developing services for mothers who have children adopted and/or who have experienced recurrent care proceedings (Alper, McFarlane, and Obee, 2019; Cox, Barratt, et al., 2017), but again, there is little complementary research on fathers (Clapton, 2019). One central idea that we have explored in our research is that children who are not provided with the opportunity to recognise or understand their feelings – known as “emotional scaffolding” – find it difficult to regulate their emotions (Hoffman et al., 2006, p.271). As we explored in chapters 5 and 6, the concept of emotional scaffolding is useful and applicable for the fathers in our study, not least because it emphasises the importance of the resources needed to manage, express, regulate and respond to emotions both in themselves and in others. Similarly, a growing body of research on developmental trauma disorder (DTD) proposes that people exposed to interpersonal trauma can have long-term affect dysregulation. This can involve having fearful, enraged or avoidant emotional reactions to minor stimuli or misinterpreting situations as threatening, retriggering a sense of ‘hyperarousal’ and

helplessness, 'which causes them to be constantly on guard, frightened and over reactive' (Van der Kolk et al., 2009, p.11; Enlow et al, 2012). Such affects can permeate relationships leading to an undermining of trust in others to make them feel safe, or initially idealistic expectations of others that are impossible to be realised. Individuals who have experienced childhood trauma may tend to perceive that others will not protect them and organise their relationships to either expect or prevent victimisation or abandonment.

Whilst perspectives that focus on individual emotional and cognitive development are relevant to understanding the depth and reach of early childhood experience, we also seek to emphasise two further themes present throughout our findings: that attempts to explain and respond to recurrence cannot be reductive or deterministic, and that relationships flourish or suffer in the wider social and socio-economic conditions in which people live (Featherstone, Gupta, et al., 2018; Saar-Heiman and Gupta, 2019). It is notable from the growing research literature (Alper, McFarlane, and Obee, 2019; Morriss, 2018; Quick and Scott, 2019) and from our focus group discussions with practitioners that incorporating trauma-informed approaches is increasingly seen as a key element to supporting mothers who have experienced the repeat removal of their children, and we suggest that it is equally relevant to developing much needed services for fathers. However, as with mothers, also central to developing practice with recurrent fathers, is careful consideration of where the past belongs, in terms of how childhood experience and subsequent events, actions or decisions are responded to by agencies. Whilst there is a need to gain a richer picture of recurrent fathers' lives and histories, in order to make full and fair assessments, there is an equally pressing need to take relevant contextual factors into account, along with positive changes made in their lives, or new/different relational or material circumstances.

8.3 Couple relationships and being parents

One of the key findings from our research is that fathers who appear in recurrent care proceedings, and so are 'visible' to the local authority and the family court, tend to do so with the same partner. Our population level analysis showed that 75% of recurrent fathers returned to the court with the same partner and that recurrent couples make up a significant proportion of cases. The complex yet often enduring nature of partnerships and also co-parenting relationships was reflected in the survey and explored in detail through the QL study, and overall, our findings demonstrate the need to actively question certain negative stereotypes about fathers involved in care proceedings as 'roving' or 'absent'.

In particular the QL study was able to show men's relationship histories and dynamics, revealing ways in which connections, ties and affective bonds between adults, and with children operated across households, geographic distance and time. Divorce, separation, non-resident parenthood and 'second-family-hood' were features of recurrent fathers' lives in addition to the material, personal and relationship challenges which brought them into child protection services and the family court. The study contained many stories of relationships with ex-partners and ongoing parenting or co-parenting relationships. Whilst couple conflict and conflict between ex-partners was prevalent, it is important to also note continuity or at least the dynamics of fathers' involvement with birth and stepchildren, not in out of home care, over time. We make these points not least to highlight the importance of challenging assumptions about recurrent fathers' non-involvement and the need to be curious about their lives and relationships beyond the immediate circumstances of any given case.

Across our research we have demonstrated the significance of couple relationships; the ways in which these were experienced by recurrent fathers, and the ways in which fathers felt that professionals did or did not respond to them as a couple. In the QL study the majority of fathers had experienced repeat episodes of child protection planning and/or care proceedings with a long-term partner, or with the same partner over time (for instance where couples had separated and reunited). Focusing on relationship histories also generated insights about fathers' perspectives on local authority strategies for case working and once again a tendency to work primarily with mothers. A commonly cited barrier to father-inclusion is non-residence, but our study illustrates other barriers to fully and fairly involving fathers even where couples live together. As we discussed in chapter 5, one key way in which recurrent fathers and their partners experienced a sense of not being worked with together, was in terms of the approach taken to the problems affecting their couple and parenting relationship. Issues such as poor mental health, substance misuse and domestic violence were common across the cases in our study, and all had a hugely damaging and destabilising effect on parenting; often resulting in the permanent removal of children. Yet, what was also illustrated was the limitations of interventions that tend towards an individualised understanding of these, and/or that relied on the separation of the couple. Insights from the QL study in particular showed the complex ways in which the mental health and functioning of couples was interconnected and experienced together rather than being an issue located within one individual. Similarly, couples' histories of using and misusing substances, and of couple conflict were often shaped by social (and material) factors and forms of co-dependence, which were not necessarily acknowledged or responded to by local authority processes.

Drawing together the findings from our population level data, of a significant number of 'recurrent couples' and the insights from the qualitative study, our

research highlights the enduring or indeed recurring nature of problems affecting parenting and family functioning. In part this demonstrates the enormity of the recovery challenge for recurrent parents (Alper, McFarlane, and Obee, 2019; Broadhurst and Mason, 2020) but it also raises questions about how best to understand and intervene to reduce repeat appearances before the family court.

As discussed in chapter 7, improving practice with recurrent fathers and couples can also be related to interagency approaches with drug and alcohol, or domestic violence services. Specifically, we highlighted a tension between linear and non-linear models of change or recovery from addiction problems; or between abstinence and harm reduction approaches. A harm reduction approach argues that addiction should be seen more like a chronic condition requiring ongoing management with periods of relapse (Adlin Bosk, Van Alst, and Van Scoyoc, 2017). In addition, in the context of child protection and care proceedings, the priority of children's timescales can mean that parents' timescales for realistic or sustainable change often cannot be accommodated (Velleman and Templeton, 2016). The development of the Family Drug and Alcohol Courts (FDAC) and of post-proceedings services for recurrent mothers, are perhaps examples of where innovative approaches to recovery can be seen. Yet, FDAC arguably still relies on abstinence rather than 'harm reduction', and the vast majority of post-proceedings support programmes to date do not work with couples (nor with fathers).

Clearly the most challenging and contentious factor impacting on couple relationships for fathers in our research was couple conflict, domestic violence and abuse (DVA). Findings from the survey and from the qualitative study reflect the wider picture of the prevalence of domestic abuse as a factor in child protection and care proceedings cases. However, what our study also shows, particularly from following recurrent fathers' life histories over time, is the complexity and range of contexts in which they experienced violent or abusive behaviour. Fathers gave accounts of committing and being the victim of violent or abusive behaviour (across their life course), of volatile, of mutually damaging partnerships, of allegations and counter-allegations. In the policy and practice context there is growing acknowledgement of the need to recognise and respond to this complexity, which in part has meant thinking critically about the prevailing binary model of victim and perpetrator (Ali, Dhingra, and McGarry, 2016). However, there arguably remains a gap between theoretical work on, for example, how to define and understand DVA (Johnson, 2008) and the development of innovative interventions and services.

Our qualitative findings showed that it was rare for fathers and their partners to be offered support or opportunities to address concerns about domestic abuse as a couple, and instead the tendency was to encourage or direct separation and offer or signpost services individually. This should be noted alongside the fact that our qualitative sample

consisted of recurrent fathers who were not, at the time of recruitment, considered by professionals to be the most high risk. Our study included fathers who had positive experiences of the Caring Dads programme, or another support service, and/or had managed to rebuild parenting relationships and credibility with professionals following an exposure or allegation of abuse. However, it was also clear that the consequences of having any kind of record of concern around abusive behaviour were far-reaching and constituted a key way in which recurrent fathers felt they would be forever judged by their past.

There are a growing number of interventions that work with whole families, and/or with couples, though the stakes are incredibly high for children, parents and professionals (Domoney, Fulton, et al., 2019; Stanley and Humphreys, 2017). Established programmes such as Caring Dads, or new ones like 'For Baby's Sake' arguably take a strengths based (or non-deficit) approach to changing fathers' abusive behaviour, and aim to harness the motivation to change through men's role and identity as fathers. However, the topic of whether violent and abusive men can change, and whether abusive partners can be safe or good enough fathers remains highly political, emotive and contested (Harrison, 2008; Thiara and Humphreys, 2017). From our focus group work, it was clear that practitioners also recognised the limitations of approaches to DVA that may over-responsibilise mothers (Featherstone and Peckover, 2007) and fail to hold fathers' accountable (Scourfield, 2014). However, the reality was that service provision in relation to fathers and couples is incredibly varied and unstable, and so even where a couple-approach is promoted, there may not be local services able to implement this.

Overall, our research links the more general challenge of father engagement directly to working with couples. Whilst there may be policy and local authority support for whole family and strengths based approaches, the findings from our practitioner focus groups indicated that they do not necessarily enable proactive work with recurrent fathers, or couples, or that they can be gender blind. There was some consensus from the focus group discussions that the principles of inclusive working with fathers has to be sustainably resourced, and that the enduring cultural model of fathers as secondary carers still has to be actively acknowledged and questioned. **We suggest that strategic, systems-level commitment to working inclusively with fathers and whole families is needed, at every point of intervention** (including post-proceedings), and not just in relation to specific initiatives, or contexts (Tew, 2019).

8.4 The need for a gender sensitive approach to recurrence

In addition to contributing much needed knowledge about fathers in first and recurrent care proceedings, our research also offers some comparisons between recurrent fathers and mothers. Findings from the population level study showed a gender difference in terms of how, or with whom, fathers and mothers reappear before the family court. The majority of fathers reappear before the court with the same partner, rather than a new one, and a sizeable number of mothers return with no father recorded or made party. We also found gender similarity, in that younger fathers and mothers in initial care proceedings have a greater likelihood of becoming recurrent, and also the younger the child in the initial proceedings, the more likely both fathers and mothers are to return. Taken together these findings suggest that at a general level fathers and mothers who experience repeat care proceedings and/or repeat child removal are more similar than different. Common factors include having had multiple childhood adversities, being looked after as a child, being socio-economically disadvantaged, entering parenthood at an earlier age, and experiencing problems with mental health, substance misuse or domestic violence. However, where gender difference are noticeable and pertinent are in terms of how these characteristics and challenges were experienced by fathers and mothers, and how they were responded to by professionals, agencies and others. What much of our qualitative analysis involved therefore was exploring where and how gender difference makes a difference.

From the qualitative study, in addition to analysing the relationships and life dynamics of recurrent fathers, we also focused on their emotional lives and on the emotional impact of their encounters with local authorities and the family court (as presented in chapter 6). Current research on mothers' experiences of repeat care proceedings has highlighted the concept of 'disenfranchised grief' (Doka 1989) and provided powerful evidence of the profound and far-reaching consequences of the loss of children on women's maternal, and moral identity (Broadhurst and Mason, 2017, 2020). Our work builds on this, to not only argue that fathers also experience disenfranchised grief, but to show how fathers experienced and tried to manage painful emotions, including questions of 'culpability'. In particular we focused on what have been described as the 'self-conscious' emotions of guilt, shame and humiliation, alongside grief and loss, to understand how fathers attempted to deal with emotional pain and to defend a sense of moral identity as fathers and as men (Tracy, Robins, and Tangney, 2007). Our work is one of the few attempts to specifically address fathers' experience of painful emotions, but Baum and Negbi (2013), Clapton (2019), and Clifton (2012) have also demonstrated the relevance of this for developing strengths based or restorative practice with fathers.

8.4 *The need for a gender sensitive approach to recurrence*

In addition, the work of Gibson (2015, 2020) on guilt and shame in social work practice, is highly applicable and important for working with recurrent fathers and mothers.

Whilst we are suggesting then that the impact of profoundly painful emotions is as relevant for fathers as it is for mothers, we also drew out some patterns or aspects of emotional experience that may be more particular to fathers. Once again, the opportunity to trace recurrent fathers' life histories, hear their accounts and reflections on their emotional lives over time, generated important insights for developing practice. In the previous section, and in chapter 5, we emphasised the significance of 'emotional scaffolding' laid down in early care-giving relationships, and the importance of emotional resources and competence for building and sustaining safe relationships. Combining this with our analysis of how recurrent fathers in our qualitative study coped with painful emotions such as loss, guilt and shame, **we suggest that emotional expression, regulation and management may constitute a particular area where fathers needed, and often lacked, support.**

For the group of recurrent fathers in the qualitative study, two broad patterns of how painful emotions manifested themselves were internalising behaviours linked to mental health problems, most commonly depression; and the external manifestation of emotional pain as anger. The prominence of longstanding mental health problems for these fathers, often, as we have discussed, linked to painful or traumatic events in their earlier lives, was also notable, and linked to problems in their intimate/couple relationships. The manifestation of emotional pain as anger was almost always acknowledged by the fathers as not serving them well; damaging not just their family relationships but also their relationships and credibility with professionals. There was also a notable dilemma for fathers in that in the face of feeling marginalised, overlooked or shamed they might feel anger was justified, whilst also knowing that it risked compounding negative perceptions of them.

Fathers' perceptions of how their emotions might be (mis)understood and/or used against them was also discussed in the focus groups with practitioners, in the broader context of the challenges of child protection social work. Practitioners reflected on ways in which emotions such as anger or fear may be interpreted and responded to differently by professionals, and there was agreement that this can constitute a form of gender difference. It was acknowledged, that recurrent fathers and mothers are highly suspicious or fearful of engagement with services, but that fathers may be more likely to be seen as aggressive, defensive or wilfully avoidant, and indeed have more opportunities to avoid engagement given the cultural and procedural focus on mothers.

8 Discussion of key findings from the project

“Practitioners go ‘don’t go, don’t do an alarm visit for that family, dad is really aggressive’... so people are a bit reluctant to try and engage the father then.”
(Social Worker)

The practice dilemma for professionals then, is how to balance an empathic response to human pain, whilst also holding fathers accountable for abusive or disproportionate behaviour; how to have the confidence to de-escalate anger in men or to create space for him to not simply be seen as too difficult to work with. Here, the work of (Gibson, 2015, 2020) is again useful, and so too is that of Quick and Scott (2019). Quick and Scott’s work focuses on the emotional processes experienced by parents in child protection, and at how practitioners respond to intense parental anger. Like Gibson, these researchers also highlight the damaging effects of shame and humiliation, but also argue that parental anger should not be seen only as pathological or non-compliant. The tendency to do this in local authority processes risks generating an “interactive cycle of deepening conflict” between parents and workers (Quick and Scott, 2019, p. 485). In the face of intense threats to parental and moral identity, Quick and Scott suggest that anger could be understood as a potential source of resilience or agency for parents, to resist stigma and begin to imagine change. Our research with recurrent fathers illustrates how trying to use anger to guard against shame was common, and that, relationships with practitioners could stand or fall on this. A minority of recurrent fathers actively resisted shame. Some used a form of bravado or fronting up, and for others the act of fighting for their children until the bitter end was a means of defending moral and paternal identity. As we have shown, a minority of recurrent fathers’ lives had become blighted by shame and they remained isolated or withdrawn, and often marginalised in their family lives and in their wider communities. But it is also notable that some fathers were able to find, often over many years, more constructive ways to process and live with the painful emotions associated with the loss of children. We have suggested that for some recurrent fathers, navigating a way to bearable guilt is a central to how they may retain or reclaim a stake in fatherhood. In chapter 7 we set out how fathers who had achieved this seemed to have more capacity to imagine change in their lives, even if the steps towards achieving this were tentative.

From our analysis of the emotional impact of recurrence for fathers we have revealed certain aspects of men’s emotional experiences and coping strategies that constitute a form of gender difference, or which require a gender sensitive approach. This is not to position recurrent fathers and mothers’ emotional distress as in opposition or competition, but to encourage practice approaches that pay close attention to their particular experiences and needs. The broader tendency of risk aversion to working with fathers also needs to be addressed. We suggest that building working relationships with recurrent fathers needs to involve key aspects of negotiating or mediating; minimising a

defensive response; offering a climb down or face-saving position and guarding against humiliation and shame. **To hold the balance between moving someone towards accepting guilt without annihilating their sense of moral worth and capacity for change is a central challenge for working with fathers (and mothers) who have experienced child removal.**

More broadly then, our research also adds to ongoing arguments about the gendering of parenthood and of family and child welfare services that form part of the policy and practice landscape for working with recurrent fathers. As we have highlighted throughout, enduring cultural models of parenting where mothers are primary and/or 'natural' carers for children continue to underpin the idea that fathers are not the core business of child welfare services (Zanoni, Warburton, et al., 2013). Despite considerable social change in how mothers and fathers organise earning and caring, parenting remains a gendered experience and so again, sensitivity to gender difference remains a crucial part of addressing gender inequality (Philip, Clifton, and Brandon, 2019). From our focus group discussions with practitioners it was acknowledged that the distribution, design, and the routes into services have gendered dimensions, which do affect the access that men have to appropriate opportunities for change. In terms of interventions open to recurrent fathers, the picture was one of limited and again gendered options. Practitioners noted that services available to recurrent fathers are predominantly perpetrator programmes and/or accessible only via the criminal justice system. Whilst being held accountable for violent and abusive behaviour was seen as crucial, such services were not felt to always be appropriate for recurrent fathers or might not address other significant vulnerabilities for example mental health, past trauma or lack of stable housing. In addition, most perpetrator programmes do not directly address fathering, and most parenting programmes are not available to fathers without a child in their care.

“We have nothing that transcends across to fathers around their own needs, be it employment or education, or – we almost have got an expectation that they will sort it out themselves really.”
(Social Worker)

Further examples of how local authority systems and processes may be gendered relate to how recurrent fathers are identified and how, and where information about them is gathered and shared, in order to involve them. It remains the case that there is little systematic data or information about fathers in general, which has a bearing on wider policy and local practice across all public services. In part the patterns and trends of fathers' appearance in first and subsequent care proceedings can be seen as a reflection of how different agencies do, or do not record or collect information about fathers; systems are arguably better at identifying and re-identifying mothers than fathers.

Added to this, other factors constrain or impact how and when recurrent fathers may be engaged. One of these is how fatherhood as a legal status is attributed, via parental responsibility (PR) and how this is understood and used by local authorities, courts, fathers and mothers. From our focus groups, there was evidence of variation in how parental responsibility constitutes a gatekeeping or filtering mechanism for local authority involvement of fathers. It was also felt that there can be reluctance from some family courts to include or consider men such as stepfathers, mothers' partners, or father figures. Linked to this are issues of the timing and nature of fathers' inclusion in care planning for children when there are serious safeguarding concerns. Here, there was acknowledgement of the potential for delay and the need for more, or enough, time to undertake the work and relationship building needed to involve fathers. There were different approaches to where and how time could be invested in identifying and engaging fathers; either frontloading into early help interventions or intensifying activity during pre-proceedings and/or care proceedings. There was recognition that engaging and supporting, particularly highly marginalised fathers takes time, but that time is always at a premium and it can be easy for fathers to become seen as 'optional' in that context.

“I mean that is the reality on the ground, we work with mum first and if mum is improving then there is a tendency that we don't look at dads to involve him as well. . . there is the general notion of more pushes to the mum and if everything fails then we look at other options involving dads.” (Social Worker)

Overall, then we argue for a gender sensitive approach to understanding and responding to the problem of recurrence. Whilst parents who appear in repeat care proceedings may share certain characteristics, their experiences of parenting and parenting problems are gendered, as are the service arenas into which they fall. In addition to the broader picture of limited provision for fathers generally, the options for working with recurrent fathers, either through generic or bespoke support services are even more restricted. As we have discussed, particular areas that we feel would benefit from a more gender sensitive approach are addressing fathers' emotional capacities and resources, and the dynamics of their relationships with partners and children over time. Findings, including from the practitioner focus groups also suggest that **gendered responses to recurrent fathers and mothers can produce potential inequities in relation to public and professional empathy, and expectations in relation to accountability, capacity and opportunities for change.**

8.5 Supporting recurrent fathers and couples

This final section of our discussion turns to the important question of what support for recurrent fathers might look like. This question, as we explored in chapter 7, is largely about change; about how change can be imagined and understood by fathers, their partners, children, other family members and any professionals they encounter. Across all elements of our project we have focused on relationships but also on time, on understanding change over time, and how change involves and requires time. At the population level, our analysis examined recurrence in terms of the likelihood of a parent returning to court, over time (our observational period was five years). It can be argued that whilst there is particular anxiety about the numbers of parents returning, this is also about parents who reappear before the court quickly. Our survey, and the qualitative longitudinal study mapped fathers' life circumstances over time, including their reflections on the past, and their hopes (and fears) for the future. Our survey indicated that 40% of the fathers wanted to have more children in the future, and this view was also reflected in the qualitative study. **The enormous recovery challenges faced by the majority of recurrent fathers (and mothers) and the ongoing need and aspiration for family and parenting relationships, demonstrates the importance of holistic, longer term support for men when children are removed. Without the resources to mitigate harmful coping strategies or recurring crises, men facing such challenges are not likely to be good enough parents for future children. They are also likely to be further excluded reclaiming fatherhood with existing children over time.**

The majority of recurrent fathers in the qualitative study were, in different ways and with different degrees of confidence and success, making attempts to stabilise their lives and retain or reclaim some stake in fatherhood. In chapter 7 we explored this process and want to draw particular attention to the generative potential of fatherhood; the motivation and validation for positive or restorative change that may come from being a father (King, Flemming and Dukuly, 2019). Our analysis showed firstly that fathers did have some level of agency; they were, as we also showed in chapter 5, often trying to be fathers and do fathering across a whole range of situations, not just in relation to children involved with the local authority. In this way, we again highlight the need to challenge assumptions of father absence and to build the fullest picture of fathers' whole lives. However, they were also living with significant limits on what they could achieve as fathers, and often had few resources with which to rebuild or sustain relationships with children they did not (or could not) live with. Importantly, whilst there was evidence of positive change, there was no one temporal pattern that fitted all cases; recovery, change and growth for these recurrent fathers was not a linear process. Moreover, the

insights gained from walking alongside recurrent fathers over time also highlighted how untidy the change process can be. We saw apparent false starts; ambivalent attempts to change; pauses; interruptions; relapses; overpromising to try to prevent statutory intervention; failure to change and trying again, and so on. Our findings suggest that some recurrent fathers can be sparked into efforts to rebuilding fatherhood, either through external events, or some more internal process, but always in relation to some source of validation or what Tew (2019) describes as recovery capital. We argue that Tew's model of recovery capital, consisting of different types of resource; including personal, relationship, identity, social and economic, is significant and directly useful for both understanding and supporting fathers who have experienced repeat loss of children. The idea of recovery capital also complements models of working that are relationship or whole-family focused, and recognises the importance of incorporating the social and economic contexts in which families live (Featherstone, Gupta, et al., 2018). For the recurrent fathers in our study, efforts to move from a more liminal or waiting state (Clapton, 2019) towards steps to rebuild fathering relationships, were often tentative or gradual. Re-establishing contact or care of one child sometimes led to a father seeking to reconnect with other children or were presented as evidence that a new baby should not be removed. In large part such processes were about rebuilding credibility and competence in the eyes of professionals (and indeed with children, and with mothers). Also important to note is that reclaiming a father identity, and even 'doing' fathering is not always or only about direct contact. We suggest that for some recurrent fathers, the generative potential of fatherhood, and the options for contributing to children's lives can appropriately and positively explored in terms of meeting children's identity and family history needs, future financial support, providing stories, explanations or apologies as part of a restorative process (Lamb, Humphreys, and Hegarty, 2018). **A key message from our research is about recognising the range of ways in which fathers permanently separated from their children can be supported to provide better outcomes for those children.**

In terms of the existing practice landscape, as has been noted, services for fathers generally were seen by practitioners as predominantly localised, reliant on short-term funding and/or the presence of particularly committed individuals. In the context of care proceedings and beyond, the situation was seen to be even more limited, for mothers too, but particularly for fathers. Across the focus groups there was acknowledgement of lack of options from in-house provision, commissioning and external organisations, and a certain disconnect between children's social care and other provisions, where parental consent is needed for a referral for services once children have been removed.

“Mothers and fathers will fall through the gap once proceedings finish. There is nothing until you are pregnant with your next child. . . and at the point when you have concluded proceedings trying to get their engagement and consent [to refer to them to other services] can be difficult.” (Head of Service)

Whilst the arguments and evidence for post-removal or post-proceedings services for parents, in both economic and moral terms is building (Cox, Barratt, et al., 2017; McPherson, L. Andrews, et al., 2018), at the present time service development for recurrent fathers, and for couples is limited. It was notable from our focus group work with local authorities and voluntary organisations that services for mothers who have lost children to care are increasingly drawing on therapeutic or trauma-informed ways of working (Alper, McFarlane, and Obee, 2019; Morriss, 2018; Quick and Scott, 2019). Such approaches are rooted in an ethos of co-production with parents and involve holistic and time-intensive services and relationship building. In terms of what a service for recurrent fathers might look like, certain common elements were identified, along with recognition of resource gaps for men.

Our research highlights certain factors that need to be taken into account in terms of service development for recurrent fathers. At the broadest level, the evidence of recurrent couples and families, as part of the population of parents retuning to the family court seems compelling, and services need to be able to accommodate and respond to this. In part this relates to engaging with wider research and practice evidence that sees problems such as mental health, substance misuse and also domestic violence as warranting a meaningful ‘whole family’ or couple approach. In addition, approaches that focus on ‘harm reduction’ and non-linear recovery would seem to be pertinent. Whilst there may be an going climate of risk aversion in relation to working with fathers generally, and even more so in the emotive and politicised context of addressing domestic violence and abuse, the argument for more nuanced ‘high support and high challenge’ models for working with men and with couples is significant (Ferguson, Featherstone and Morris, 2019; Domoney et al, 2019, Zanoni et al 2014). Models or programmes that involve a generative and/or restorative approach in order to attend to the challenge of holding men accountable whilst still engaging them “as agents of change” (Ferguson et al, 2019, p11) are of particular importance. Linked to this, our research findings support the case for adopting a more ‘social model’ to child protection work with fathers (Featherstone, Gupta, et al., 2018) and for challenging the structural and cultural norms and expectations that can simultaneously enable fathers to ‘opt out’ and to be seen as ‘optional’.

More specifically, there seems a notably different response to mothers and fathers struggling with complex and multiple challenges in their lives. The idea of ‘chaotic’ life

changes for recurrent mothers has become a focus for professional intervention, yet comparatively little attention has been given to fathers caught up in a similar process. Similarly to mothers, fathers' experiences of instability and cumulative problems arguably contain both the risk of descent into chaos but also potential openness to change and should be seen as prompts to professionals to offer appropriate interventions. These might include counselling arising from adverse childhood experiences; grief work; substance use assistance, addressing domestic violence as an abuser and/ or as a victim. Just as there is already an emphasis on 'slowing down' or taking a 'pause' in order to process past pain and imagine a better future, for mothers, our study indicates that a similar ethos may be equally relevant for fathers.

In addition, we have argued for greater attention to be paid to the emotional impact of recurrence on fathers and the emotional coping strategies that may be in play. In part this involves a greater willingness, or confidence to respond to recurrent fathers as vulnerable and not just as 'risky'. This is relevant not just to practice settings but to a wider public empathy response that also informs policy making. By drawing on the growing body of research that examines the role of stigmatising emotions of shame and humiliation in social work practice, we have also highlighted the particular resonance of this for working with recurrent fathers. We have presented this challenge in terms of the need to, again, balance accountability with support; to enable fathers to move towards 'bearable guilt' without annihilating their sense of self-worth and moral identity as fathers and as men.

To conclude, we offer some implications for policy and practice regarding working to support fathers on the edge of, during and beyond care proceedings. One overarching policy implication is the importance of helping fathers (and their families) to have economic and material stability in order for them to be able to develop and sustain personal, relational and emotional resources, coping strategies, recovery and growth. Attention also needs to be paid to the potential differences in public and professional empathy towards recurrent fathers, and the corresponding difference in opportunities for accountability and rehabilitation. We also suggest that strategic, systems-level commitment to working with whole families is needed, at every point of intervention (including post-proceedings), and not just in relation to specific contexts such as recurrence. More specifically, we highlight the following as valuable directions for service development:

- A focus on emotion work, on emotional regulation and emotional healing, or processing of past pain.
- Non-shaming, high challenge and high support approaches that engage fathers as 'agents of change'.

8.5 Supporting recurrent fathers and couples

- An expansive and creative approach to supporting fathers to contribute positively and safely to children's lives, particularly where there can be no direct contact.
- Some element of men-only space, and/or men-to-men peer support, as a way to both challenge behaviour and facilitate change.

The findings from the three elements of our research and our sense-checking discussions with practitioners, have generated, for the first time, specific insights for understanding and responding to fathers involved in repeat care proceedings. In terms of developing services for recurrent fathers and couples, a number of key themes have been presented and discussed. Overall, while we recognise that there is much to be learnt from existing services for recurrent mothers, there is also a need to explore bespoke services, or adaptations of programmes that might be more responsive to particular needs or circumstances of recurrent fathers. Such a process is part of what we have described a gender sensitive approach. Developing gender-sensitive services that meet the challenge of holding fathers accountable for their children's lives whilst also supporting them to contribute in the best way they can are urgently needed. Such services require sustainable resourcing (not least in terms of time) and need to be part of a more strategic and integrated commitment father inclusion in children's social care and family justice. Without this, highly marginalised fathers, their families, and the practitioners trying to support them are likely to remain up against it.

A Study design and methodology

A.1 Study design

In line with the research questions and their distinct levels of focus (Creswell, 2014), we took advantage of the complementary strengths of quantitative and qualitative approaches to conduct a three-stage, multi-level, mixed methods research design (Figure A.1). The methodological framework was designed such that the stages interlocked with one another which served to maximise the substantive and methodological integration between distinctive data sources and analytical methods. The results from each stage provided the empirical basis for further exploration and informed the design and execution of the ensuing stage from the top down. At the same time, each ensuing stage provided in-depth and more fine-grained illustrations and reflections on the patterns, trends and relationships identified in the previous stage. In addition to the practitioner focus groups, which were used to ‘sense check’ and further explore findings from Stages 1-3.

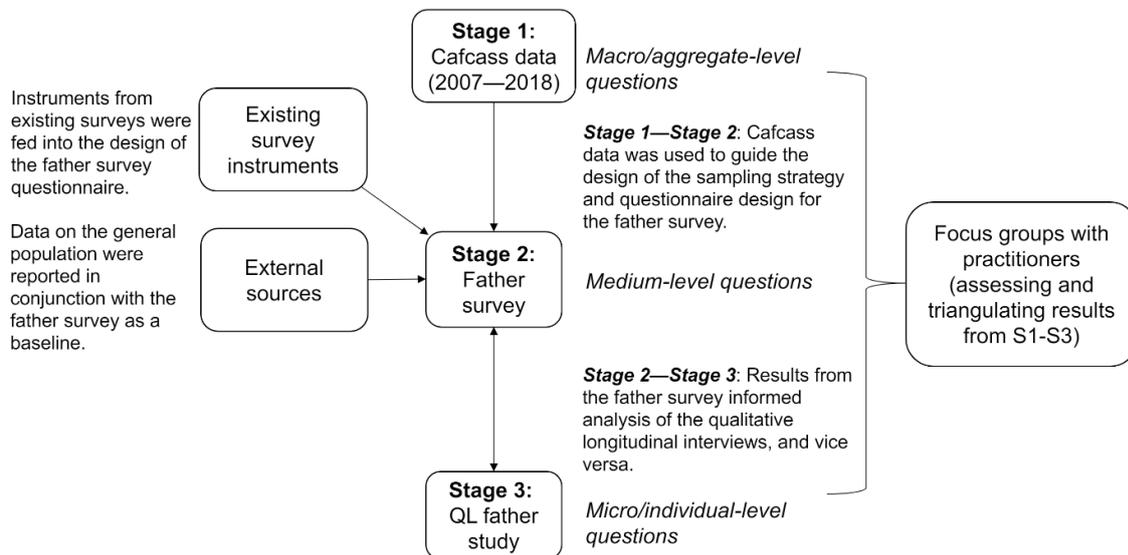


Figure A.1: The three-stage mixed methods research design of this study.

A.2 Overall data management for the project

As summarised in Chapter 2, the project received full ethical clearance from the research ethics committees at both Universities, from Cafcass, The ADCS and through local governance processes in participating local authorities. All researchers were also required to update Disclosure and Barring Service (DBS) clearance via their respective universities. The team at both universities already had considerable experience of handling and managing highly sensitive large scale data from both partner organisations and sensitive individual level data from participants. Both the University of East Anglia and Lancaster University required that all research activity is compliant with the Data Protection Act 2018 and General Data Protection Regulation. Identifying details and any hard copy materials were stored separately so that links to the anonymised data cannot be made. Secure arrangements were set up for sharing and managing data between the two universities.

Hard copies of completed questionnaires were stored in a secure filing cabinet, in an office at Lancaster University and were destroyed after the responses were recorded onto an encrypted electronic system. Only the project members had access to the hardcopy and electronic versions of the data. To protect the anonymity of the survey respondents, no names were collected nor exact date of birth, only the year and month, additionally the local authority involved was encoded as a study ID.

The research team are also obliged to adhere to standards of excellence in the secure management of data and also transparency in the research process through the sharing and archiving of final datasets (see ESRC guidelines <http://www.data-archive.ac.uk/>). The final anonymised survey data will be lodged with the UK Data Archive, while anonymised interview transcripts and meta data from the QL study will eventually be lodged in the 'Timescapes' archive at Leeds University.

A.3 Stage 1: Delineating the population-level scale and trend of fathers and recurrent care proceedings

Data source

In order to address Research Questions (1) through (4) we made use of administrative records held by the Children and Family Court Advisory and Support Service (Cafcass) in England. The data that were extracted covered all concluded public family law

proceedings in England, initiated under S31 of the Children Act 1989, (commonly referred to as: 'care proceedings') between years ending March 31st 2010/11 through to 2017/18.

Available information

Cafcass capture a large amount of information on adults, children, cases and the court process in public law. Substantial pre-processing of the source data was required to produce the research data extract used for Strand 1. The major steps included: (1) harmonising data stored across a legacy admin system and their current system, (2) cleaning of names and gender (3) de-duplication of individuals, (4) deriving key measures, (5) pseudonymisation of the extract as a whole and (6) secure transfer into the secure data centre at Lancaster University.

The data extracted and the measures derived included case and application characteristics (type of order applied for, date of application, hearing dates), outcomes of applications for children (date and type of outcome) and characteristics of the families involved (age, gender, who is parent to what child).

Harmonising the data structure

While tables across the legacy and current admin systems were more or less equivalent, the relational structures between tables as well as column names were not. In order to produce a research extract which maximised potential length of observation, (relational-)information present in one system but not the other was dropped, with a focus on making sure all connections between individuals and their applications, cases and outcomes was maintained. The final table structure of the research extract is shown in Figure [A.2](#).

Cleaning of names and gender

Cafcass collect data for the purposes of case management, not research, with limited logic checks on data entry. Caseworkers might therefore, for example, enter full name and title in the 'first name' field or enter phone numbers next to a local authority name. Therefore local authority names were cleaned and de-duplicated, with the 2016 Office for National Statistics (ONS) codes being appended. Person name fields were cleaned via regular expressions to keep only words. This resulted in 11.0% of people having their recorded first name modified in some way, and 6.6% having last names modified.

A person's gender is not a required field, and initially 0.4% of people had missing values which was reduced to 0.06% after cleaning. To do so, we first obtained the top 100 baby names for boys and girls from 1996 to 2016 from the ONS. A lookup table was derived

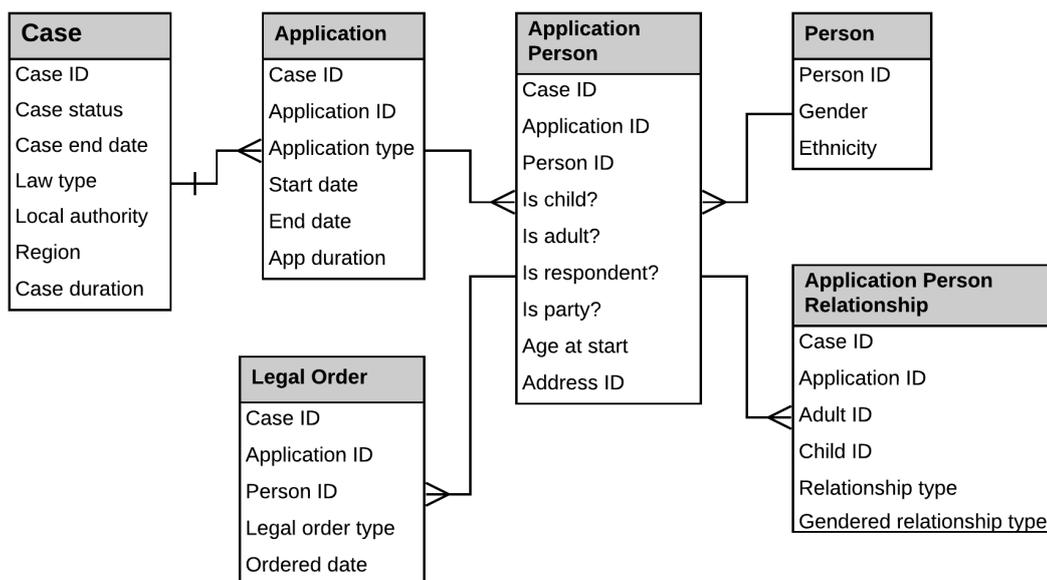


Figure A.2: Entity relationship diagram of resreach data extract.

allocating names to a specific gender, such that if between 1996 and 2016, at least 99% of children born with a particular name were of the same gender, then that name was assigned to that gender. We then used this classification to infer missing genders.

De-duplication of individuals

As part of the preparation, a de-duplication exercise was performed on the individuals in the data. This involved blocking individuals according to gender and the Soundex code for their first name. Comparisons were made between all individuals within blocks based on the Jaro-Winkler distances between first name, last name, and date of birth. Based on the comparison distances, probabilities were calculated using an implementation of EpiLink, an open source data linkage software package. Next, in order to determine if comparisons were a match, a cut-off was identified as being the minimum probability for which at least two fields matched identically, and one had a distance of greater than or equal to 0.95. Table A.1 lists the rules and the associated probability.

Table A.1: Rules used to select a cut-off for probabilities corresponding to a match during de-duplication of individuals within the Cafcass England data.

Rule	Jaro-Winkler distance between			EpiLink Prob
	First names	Last names	DoBs	
Near-match on first name	≥ 0.95	$== 1$	$== 1$	0.984
Near-match on last name	$== 1$	≥ 0.95	$== 1$	0.983
Near-match on date of birth	$== 1$	$== 1$	≥ 0.95	0.984

Thus all probabilities of 0.983 and above were categorised as a match. This resulted in 13,300 of 729,500 individuals (1.8%) being identified as a duplicate record.

Derived measures

Prior to pseudonymisation, several measures were derived, the aim was not to be exhaustive but to be proportionate and provide the core measures needed for our research questions:

- A person's age at start of an application.
- Case duration: time from first event (application, hearing, legal order) to final legal order.
- Application duration: from date submitted to date completed.
- Final legal order for an individual: with the exception of certain legal outcomes such as the court making certain request for reports and appointments, all legal orders (and the equivalent discharging of) are sufficient to close a case. However, just because a legal order is made, or a previous one is discharged, does not mean this is the final decision for the child, so for each child on a case the final order had to be derived.

Pseudonymisation

At the final step of pre-processing, the extract as a whole was pseudonymised to reduce the risk of re-identification. This entailed the following:

- Replacing all IDs associated with cases, applications, legal outputs, people and addresses with randomly generated study IDs.
- Removing direct identifiers (e.g. name, address, and contact details), while keeping demographics (e.g. gender, age, and ethnicity) were kept.
- Flooring all dates to the first day of the week: Monday.

A Study design and methodology

- Flooring age to the nearest year with an exception for those aged under 2 whose ages were floored to the nearest week but was still represented on the scale of years.

Data transfer

The research database was then securely transferred via Egress, as stipulated by Cafcass, to Lancaster University where it was securely stored onto a hardened database server running within the on-site, physically-secure data centre managed by the Information Systems Services department at LU. Access of the server was only made available to one person of the team.

Studying birth parents and their children

Sample selection

Adults are made party to care proceedings if they can prove parental responsibility (PR) for a child (e.g. birth certificate), or have successfully applied to the court for party status. Because the vast majority of adults recorded in Cafcass records as a party are birth parents (93%), we simply focused on these for our analysis. Data regarding fathers who are not birth fathers is at this point, insufficiently recorded, hence we were unable to broaden our categories.

Due to the nature of the research questions and the quality of the data, we applied inclusion criteria to identify a set of reliably recorded cases suitable for analysis. This gave us a final sample of 90,112 care proceedings which represented 95.5% of available records (Table A.2). To analyse parents within these selected cases two criteria were imposed (gender is recorded and adult is party to the case) which gave us a final sample of 161,991 parents, 92.9% of all those recorded as parents.

Table A.2: Case sampling criteria.

Case sampling criteria	Count	% change
S31 case started between 2010/04/01 and 2018/03/31	94,316	100.0
+ has at least one adult party	94,038	99.7
+ has at least one child subject	94,037	99.7
+ has Local Authority recorded	94,023	99.7
+ at least one child age between -1 and 15	93,343	99.0
+ at least one parent-child relationship recorded	91,155	96.6
+ no child has multiple mothers or multiple fathers	90,716	96.2
+ case closed	90,112	95.5

Statistical analyses

National and regional trends

National and regional trends regarding the profiles of both mothers and fathers were made for each financial year ending March 31st, from 2010/11 through to 2017/18. Trends were analysed relating to number of parents each year as well as the ages of those involved, number of children and legal outcome. Each characteristic was visualised over time separately for mothers and fathers. Trends of a summary measure for each characteristic were modelled in a GLM framework allowing for a quadratic changes over time. Model summaries are provided in the Supplementary Material.

Comparison of non-recurrent and recurrent mothers and fathers

To determine if a parent was recurrent within the observational window that the admin data provides, we identified a subgroup of parents who had at least five years of follow-up from the start of their index care proceedings. The five year cutoff was picked in order to maximize availability of information recorded within the case, sample size, and length of follow up. If they entered a subsequent set of care proceedings within the following five years of their index, they were identified as 'recurrent', and those who did not were identified as 'non-recurrent'. Effectively, this meant the sample of parents for this element of the study was those who entered in 2010/11, 2011/12 and 2012/13, with follow-up being capped within 2015/16, 2016/17, 2017/18, respectively. This gave a sample size of 26,730 mothers and 22,460 fathers.

Separating mothers and fathers into non-recurrent and recurrent groups meant that seven comparisons could be made. As shown in Figure A.3, four pair-wise comparisons between those at their index proceedings, two comparisons between index and subsequent proceedings for those identified as recurrent, and one final comparison between recurrent mothers and fathers within their subsequent proceedings.

Across the seven pair-wise comparisons shown in Figure COMPARE, statistical comparisons were made using the available descriptors (i.e. age at proceedings, number of children, age and legal outcome of youngest child), with significance being determined at the 1% level via chi-squared testing. Complete profiles across all descriptors and their test results are available in the Supplementary Material.

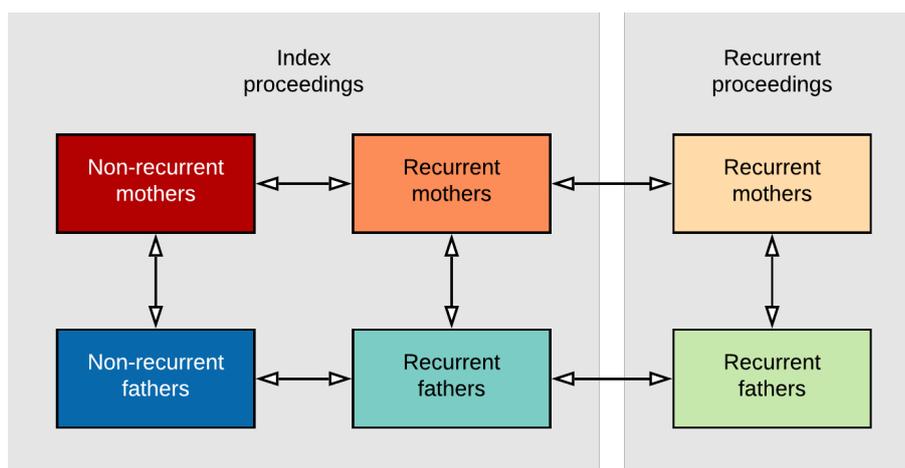


Figure A.3: Comparisons made between the non-recurrent and recurrent mothers and fathers across their index and subsequent proceedings.

A.4 Stage 2: Understanding the experiences and circumstances of fathers' in care proceedings

Whilst stage one of the project captured the aggregate patterns of fathers in recurrent proceedings, the Cafcass dataset contained only limited information on fathers' backgrounds, family and social relations, physical and mental health and wellbeing, childhood experiences and future aspirations. These are important for a thorough understanding of fathers' recurrence in care proceedings and the attendant consequences. In order to bridge the gap between the aggregate population level patterns and the intricacies of individual lived experiences, we developed and implemented an innovative survey by accessing fathers involved in pre-proceedings and care proceedings.

The survey enabled greater understanding of fathers in first and recurrent care proceedings and information on fathers' personal, family and economic circumstances, and the local authority concerns and intentions in relation to his child's case. Although the over-arching focus of the project was on recurrent fathers, it was important to also sample fathers in first proceedings as a reference group to understand which fathers experienced repeated involvement in family courts, and whether and how first occurrence and recurrence may influence fathers in similar or different ways. The medium level element of the project aimed to:

- Understand the characteristics and consequences of fathers' recurrence through a newly designed father survey;

- Supplement the basic measures contained in the macro population-level Cafcass data; and
- Produce data that could be analysed on its own, and in comparison with secondary data on the general population.

Survey design

The design of the father survey drew on multiple sources, as follows:

- Reference to the population level information from Cafcass;
- The Nuffield-funded mixed-methods project on recurrent mothers (Broadhurst, Mason, et al., [2017](#));
- The Nuffield-funded qualitative longitudinal study of fathers' experiences of child protection services (Brandon, Philip, and Clifton, [2017](#));
- The adverse childhood experiences survey (Felitti, Anda, et al., [1998](#));
- The largest nationally representative social survey in the U.K., 'Understanding Society' (USoc), which contains a range of measures on family relations, parenthood, care provision and child and youth development.

The use of existing survey instruments that are cognitively tested and piloted helped ensure the validity and reliability of the survey and reduced the time and economic resources required for survey instrument development (Boynton and Greenhalgh, [2004](#)). The survey went through several iterations and was adapted in the light of comments from the survey advisor Professor Esther Dermott, the research team and our advisory board. It was also piloted with former participant men from the 'Counting Fathers In' study (Brandon et al., 2017). The survey consisted of two parts; one aimed at the father and a shorter part aimed at a practitioner with knowledge of the case and the father. An example of the father survey (Part A) and practitioner survey (Part B) can be found in the Supplementary Material.

Survey recruitment, briefing and administration

Of the 20 local authorities taking part in the research, 18 went on to become active in completing and returning surveys over an eighteen-month period.

A Study design and methodology

Face-to-face set up meetings were arranged to explain the research process and co-produce supporting documentation (including information sheets for fathers and practitioners, see Supplementary Material). All participating local authorities were provided with an accessible project summary and an agency protocol (see Supplementary Material), which set out the agreed arrangements between the combined research teams from the University of East Anglia and Lancaster University, and the local authority sites where the research would take place. From the outset, each local authority identified a named senior person who acted as the first point of contact for the research team. These were relevant individuals with capacity to support the research team with logistics and knowledge to signpost to other key practitioners to administer the survey as required. To maximise the survey participation rate and diversity of coverage, the research team were flexible in allowing local authorities to decide who would be best placed to approach fathers to take part in the study, depending on how case work was organised in each authority and which person had the most constructive relationship with a father.

The research team also conducted briefings for staff involved in identifying fathers and completing surveys (as well as recruiting recurrent fathers for the QL study). The briefings provided opportunities to discuss all aspects of the recruitment process and the materials being used for the survey. Each local authority was allocated a dedicated researcher for the duration of the study, who responded to all queries and concerns.

Taking into consideration fathers' potentially limited access to a computer and the internet, the survey was administered in paper-and-pencil format. With the father's signed agreement, Part A was filled out by a professional involved with the family (e.g. a Social Worker, Social Work Student, Social Work Assistant, Contact Worker, Advanced Practitioner or Team Manager) who had access to information about the father and the child's case. The professional also provided the father with Part B to complete independently, but where assistance was requested this was offered by the professional. In response to the challenges local authority staff had in recruiting fathers to complete the survey, we approached relevant voluntary organisations to help, and also offered dedicated researchers to meet with consenting fathers and complete the survey with them.

Surveys were returned to the research team using pre-paid envelopes via a tracked special delivery service. Although, the two survey parts were administered separately, the survey was matched on return to us, using a unique survey identification number. Between May 2018 and September 2019, we received 127 surveys in which a father had completed their component. However, only 106 surveys had the practitioner component, and could be analysed as matched pairs.

Survey data analysis

We have analysed the father and practitioner survey separately and in a paired manner. A combination of descriptive and modelling techniques was used for the analysis. The distinctive paired analysis of the father–practitioner surveys not only allowed us to triangulate the information from multiple perspectives, it also provided a unique opportunity for us to compare how a care proceedings case is viewed (differently) from the fathers' and practitioners' perspectives.

Notably, given the relatively small sample size of the survey, we have conducted a full power analysis and ensured that all our analyses have sufficient statistical power. Where possible, instead of applying listwise deletion of any missing responses, we applied single imputation for the missing responses. Plausible values were generated via classification and regression trees (cart) using all other variables. The level of missingness in our survey was low across most of the measures. Analysis consisted of chi-squared testing on this imputed data set to compare the main characteristics of non-recurrent and recurrent fathers in care proceedings. While we present select findings in Chapter 4, the full results are presented in the Supplementary Material.

While it is useful to analyse single indicators (e.g. fathers' residential arrangements, adverse childhood experiences in a given domain, and their fertility aspirations) separately, we also note the importance of identifying the underlying connections between different aspects of the fathers' experiences and circumstances. To do this, we utilised the data reduction technique of latent class analysis to have identified distinct profiles of fathers according to their adverse childhood experiences and distinct issues reported by practitioners concerning the father in question. The diagnostic statistics for the latent class analyses are presented in the Supplementary Material.

A.5 Stage 3: Lived experiences and individual dynamics of fathers' recurrence

The aim of the third stage of the study was to uncover experiences and patterns of men's lives and journeys through recurrent child care proceedings. A Qualitative Longitudinal (QL) methodology was chosen because it enables a really rich picture of lives and relationships over time, rather than as a 'snapshot'. It also provides particular opportunities to examine change, transitions and turning points (Neale, Henwood, and Holland, 2012) in people's lives. This methodology is powerful and pertinent for

understanding recurrence and how change could become possible for recurrent fathers.

The two in-depth interviews with recurrent fathers

Each participating recurrent father had a dedicated researcher who stayed with them for the duration of the study. Taking part involved two in-depth face-to-face interviews at the start and end of the study period – which we refer to as Time 1 (T1) and Time 2 (T2) – and regular ongoing contacts by text and phone call. The interviews were guided by a semi-structured schedule, in keeping with a qualitative, inductive approach. The schedule involved looking back at men's life course histories, relationships, fathering experiences, feelings and perceptions regarding care proceedings and any services accessed or offered. The life-history element of the interviews involved creating a 'timeline' as a valuable tool to uncover the layering and subtlety of lived experiences. The timeline method was particularly useful for exploring sensitive topics and used as a visual tool where participants had literacy or language limitations (Sheridan et al., 2011, p.554). In constructing the timeline and through ongoing contacts with men, participants were encouraged to talk about and reflect on their anticipated futures. A genogram was also drawn with men to understand past and present relationships.

The T2 interviews marked the end of the research relationship. In addition to continuing to 'catch up' with what had been happening in his life, each man was asked to reflect back on any changes and whether earlier expectations had been fulfilled, and about any hopes or fears for the future (Shirani and Henwood, 2011). The final T2 interviews took place between 6-12 months after the first T1 interview. These T2 interviews also provided opportunities to reflect in a summative way on the experience of taking part in the study, how this impacted on their lives and the process of narrating 'lives in the making' (Neale and Davies, 2015).

The 'keeping in touch' with participating fathers

As well as the two in-depth interviews each participant was contacted regularly (approximately monthly) by their dedicated researcher and invited to 'catch up' and reflect on any changes either in their personal lives or in their encounters with agencies or services. These contacts varied from Short Message Service (SMS) texts, telephone conversations and in some cases mid-point, face-to-face meetings in order to maintain relationships and obtain sufficiently rich data. In the majority of cases, text messages were used to arrange a convenient time to phone. It was notable that participants were

for the most part reliable in terms of keeping the same phone number, responding to texts, being available for phone calls, and in some cases initiating contact.

These regular contacts generated insights both about the 'present' for that participant, but also enabled a cumulative view of reflections, perceptions and strategies for managing the collateral consequences of their experiences over a year (Broadhurst and Mason, 2017). A key benefit of QL research is the ability to explore issues for participants as they play out in real time. As time passed and the data grew, the ongoing contacts with men were also used iteratively to sense check emerging themes from our early analysis of the T1 interviews across the sample.

Our sample of recurrent fathers

Twenty-six recurrent fathers were recruited into the QL study. Participants were recruited from a geographical spread of rural and urban areas across England. Three participants were recurrent fathers who had previously taken part in Brandon et al's 2017 QL study of fathers' experiences of child protection services. These men were allocated the same dedicated researcher as in the previous study and this resulted in the building of a research relationship which has now spanned over four years. Overall, our recruitment and consent strategies meant that our sample arguably, constituted less marginalised or less excluded recurrent fathers. The fathers who did take part, were all men who at some point, or on some level, were engaged with a welfare, assessment or support service.

The 26 men were both resident and non-resident birth fathers, and many were also, or had been, step-fathers. The majority were in some kind of couple relationship, often with a long term partner, and in a small number of cases partners were present during research interviews. We adopted a flexible and responsive approach to couples and partners were included as much or as little as they wished to be. There were also three instances where children or other family members were present during an interview, and again, this was accommodated by the researcher. Our primary intention was always to support recurrent fathers' participation in the study in a sensitive and inclusive way.

We had hoped to allow a 12 month study period for all participants but the recruitment challenges, staggered start points meant that this was not always possible. The minimum study period was 6 months and the maximum, for most participants was 12 months. The attrition rate was low (as was the case in Brandon et al's 2017 QL study of fathers in child protection) and whilst there were periods where it was harder to get in touch with some fathers, the majority did complete a T2 interview. Of the 26 recurrent fathers who took

part, three withdrew during the study period and a further four kept in touch but did not then take part in a final interview. The reasons for withdrawal were not always clear, but likely included feeling overwhelmed by events, experiencing a decline on mental health or an increase in the intensity of local authority intervention and/or care proceedings. This means that we have complete or almost complete data for 23 fathers, and their data forms the basis for the analysis and findings presented in Chapters 5-8.

Recruitment

Initially we attempted to recruit men at the point of referral to the Public Law Outline (PLO) process. However, this proved challenging, due to the PLO stage of local authority involvement presenting an especially sensitive and difficult time for families. We therefore widened our recruitment window to any step or biological father who was experiencing, or had experienced, recurrent loss through involvement in children's social care. We defined recurrence as having had two or more experiences of any combination of pre-proceedings, care proceedings, or voluntary accommodation (S20) of children, rather than simply two or more instances of child removal. In addition to overcoming the difficulties in recruitment we first encountered, this decision was taken in order to accommodate the range of contexts in which fathers experience the loss of children, and the range of outcomes of care proceedings for the children including Special Guardianship Order, Supervision Order, or being placed in their father's care. All 26 recurrent fathers had experienced multiple or recurrent losses in their lives, arising both from local authority interventions, public law proceedings but also private law proceedings, bereavement, separation, divorce and estrangement. At the point of recruitment, some men were at PLO or proceedings stage, other men had previously experienced recurrent care proceedings but the case had already been closed to children's social care.

Those recurrent fathers who were contacted but declined to take part, or those who dropped out, tended to 'in the thick' of proceedings or had just lost or were about to lose a child to care, or were overwhelmed by balancing local authority involvement with work and family life. That said, we did have other participants who were about to or had just lost a child through child care proceedings, and who voiced the benefit of being able to talk through their experiences with a researcher. Some authorities exercised a gatekeeping role in determining whether it was appropriate to approach a recurrent father – for instance if it was felt that mental health, safety concerns, or the timing or stage of care proceedings was a serious issue.

Obtaining staged informed consent

An initial approach was made to a potential participant by an identified relevant professional. In some cases this was a social worker, but other practitioners included assistant psychologists, key workers from other support services, adoption agency workers, mothers' workers or fathers' workers (statutory and third sector). A short leaflet explaining the QL study was used, along with a 'permission form' (see Supplementary Material) to seek consent for the father's name and contact telephone number to be shared with a researcher. If this was given then the researcher would telephone the father to explain the purpose and nature research and seek the next stage of consent, to take part in the first interview. The use of the permission form worked well, and once initial phone contact was made, the majority of men agreed to take part and most continued for the duration of the study.

At the time of the first interview, the nature of the keeping in touch aspect of the study was discussed again, and written consent to take part in the QL study was obtained. Consent to continue taking part was then confirmed at each 'keeping in touch' contact. As part of preparing for the second and final interview, the researcher discussed again the future uses of the research, including the potential archiving of anonymised interview transcripts. Written consent was sought for the archiving process. In this way, consent was treated as an ongoing process throughout the QL study, rather than as a one off event.

Managing the QL research relationship

The relationship between the researcher and participating recurrent fathers evolved over time and is integral to a qualitative longitudinal methodology (Neale, Henwood, and Holland, 2012). The ongoing and unfolding nature of the research means that the research relationship is different to a one-off interview, and as part of the process of securing ethical approval for the study developed a protocol for managing the research relationship (see Supplementary Material). This protocol established the process for managing the early stages of the research relationship, including negotiating how to stay in touch, ongoing contact and managing the boundaries of the relationship. We also set out what would happen if we lost touch with a participant, and how to approach the ending of study.

A key aspect of this relationship work, was to find ways to inform and remind participants of the nature and limits of the researcher's role. Whilst being friendly and interested, the researchers were not social workers, psychologists, counsellors, friends or advocates for

the participant. In the event, several men did directly comment on the value of being listened to, and we acknowledge that an ongoing research relationship can be experienced as liberating or 'quasi-therapeutic' (Newton, 2017), and indeed as a form of 'intervention'. However, our experience has also been that participants were well able to recognise the limits of the research relationship, and that these could be explicitly reinforced in an honest and fair way, for instance through references to the project, and our role as researchers in our communication with men.

As a research team we discussed and strove to find ways to respond fairly, professionally and honestly with men. Core ethical values of respect, responsiveness, courtesy and kindness were enacted and reflected upon at all times. Whilst there were inevitably ethical dilemmas during the study, including being asked directly for help, or requests to continue keeping in touch after the study, we were able to find mutually respectful ethical ways to respond to these. Often this involved signposting, offering further time to listen or encourage, or simply reminding of the limits of what we could do as researchers.

QL data analysis

Since the QL study generated a high volume of data of multiple types, the organisation and management of data was key to data analysis. It was essential to organise and manage the data as soon as possible in order not to become overwhelmed. Accordingly, data were digitised, summarised and indexed using Microsoft Word and NVivo 11 software by following the 'Frameworks' approach to data management, retrieval and analysis (NatCen, 2014; Ritchie et al., 2014). Data were organised in the following three ways:

- Chronologically by time wave
- By each man's 'case'
- By key themes.

The research team undertook this analysis with a combination of inductive and deductive approaches. As a qualitative study focused on generating insights from the 'ground', we paid close attention to the words and accounts given by participants to enable themes to emerge. Alongside this, we also analysed our data by applying themes corresponding to the two QL research questions previously outlined and existing literature on men involved in child protection and care proceedings. Rather than having a separate data collection period, the research team continually analysed and discussed data as it was gathered,

A.5 Stage 3: Lived experiences and individual dynamics of fathers' recurrence

working back from new data to previous data to form a “cumulative” picture (Saldana, 2003, p. 30) of processes and of change over time.

Analysis by time wave. As part of looking at data across the sample, and to focus on change over time, we analysed by ‘wave’ (Figure A.4). This involved considering what was happened for recurrent fathers at particular points in time, or over periods in time, in terms of their lives and relationships, but also relating to local authority or other agency interventions. We also paid attention to key transitions and turning points, such as entering adulthood, becoming a parent, or the ending of a relationship, and compared across the sample for how such events were experienced and the impacts they had both at the time and cumulatively.

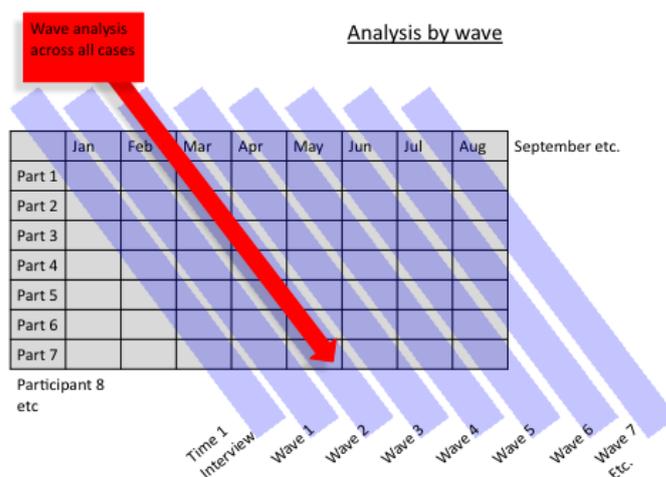


Figure A.4: Qualitative longitudinal data analysis by wave.

In addition, a detailed longitudinal case study was created for each participant examining his step-by-step progress through the research journey, including interactions, feelings, actions and trajectories as they unfolded (Figure A.5). The aim was to move beyond a description of what happened for a man and what he subsequently did, to exploration of the reasons for his actions, perceptions, feelings and emotions (Thomson, 2007, p. 573). To achieve this, the team adapted the methods of Henderson, Sharpe, et al. (2012) for capturing the developing stories of individual participants in “biographical fields” such as “work”, “partnership”, “identity as father” and so forth, condensing and analysing the data, combining the fields into one coherent case narrative in which key themes, motifs, crises and turning points were highlighted. We examined how the unfolding of the participant’s story intersected with the unfolding care proceedings, lives of men and other processes outside the participant’s immediate control. We aimed to provide a commentary relating to how men negotiated these challenges and how a man’s identity and fatherhood was “made and remade over time” (Henderson, Sharpe, et al., 2012, p. 1). Individual case

A Study design and methodology

narratives were again compared and contrasted to look for patterns and differences in the data.

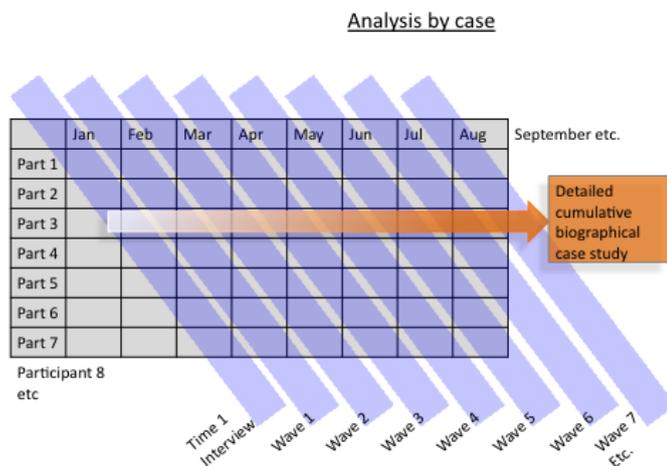


Figure A.5: Qualitative longitudinal data analysis by case.

Wave and case analyses were then combined and compared. The process of analysis was highly dynamic and iterative and new themes continued to emerge as the study evolved. The team met monthly (either in person or virtually) to review the process of data gathering and to seek to understand the developing cumulative picture, sometimes adjusting questions to be put to QL participants in the light of these discussions. Each researcher analysed the data they collected personally but team members also shared and compared coding and analyses to promote inter-rater reliability. The whole process was overseen by the Principal Investigator for further inter-subjective reliability.

A.6 Methods used for the Learning Network focus groups

As part of engaging with our partner local authorities we proposed a learning network to enable communication and dissemination about the research as it developed. We held annual events, in June 2018 and 2019 and 17 out of the 18 research active local authorities were represented overall. The participants were a mixture of social work managers, social workers, principle social workers, family support practitioners, heads of service and solicitors from local authority legal services. In the second year we also invited representatives from voluntary organisations and/or partner agencies with a specific remit or interest in working with marginalised fathers. The intention here was to bring professionals together to focus on what services for recurrent fathers might look like. Eight voluntary organisations were represented and these were a mixture of

national and local charities working in partnership with local authorities. In total, over the life of the project, between 60 and 80 professionals took part in the learning network events.

Focus groups were held to 'sense check' preliminary findings and to prompt discussion about what helped and hindered working with recurrent fathers and couples. Each focus group was one hour in length and was facilitated by at least two members of the research team. Participants were briefed about the purpose and nature of the focus group activity and gave written consent to taking part and to the discussion being audio recorded and transcribed. The recordings and transcriptions were stored in line with the data management policy described above and no individual or organisation is named in our report.

In the first round of focus groups held in June 2018, the following questions were asked:

- What is the 'profile' of recurrent fathers?
- Is there delay or 'drift' in including fathers?
- Is there a need for greater clarity or consistency in how PR is understood and applied in practice with fathers?
- What are the motivations for your authority to do rehabilitative work with recurrent fathers?
- What would a service for recurrent fathers look like?

In the second round of focus groups held in July 2019, the questions were:

- What services are currently available for recurrent fathers and mothers?
- What are the similarities and differences in the needs of fathers and mothers?
- What are the challenges to working with recurrent fathers?
- Is there any current work happening with couples or co-parents?

The transcripts from all the focus groups were summarised and analysed thematically. These summaries were then shared and discussed first by the researchers directly involved in the focus groups, and then by the wider research team. This process involved identifying issues that were prominent for participants, but also those that resonated with Stages 1-3 of the research and the wider policy context.

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