

**Yorkshire and Humberside  
Mark Gurrey – Lead Reviewer**

**Safeguarding children  
under 1 from non-  
accidental injury – ‘The  
Myth of Invisible Men’**

# About the review

- The National Child Safeguarding Practice Review Panel had been notified of the death or serious harm of 257 babies under 1 year old through non-accidental injury from July 2018 to the point at which the review was commissioned. 0-1 is the most dangerous age range by far
- Rapid reviews for these babies often identify the father or male carer as 'invisible' or 'hidden' - yet they are more often likely to be the perpetrator
- When they are engaged, often its in a very binary way – good parent bad parent – in a way which rarely happens with mothers
- So, we know least about the biggest source of risk to babies - their voices are often only heard by Police and criminal justice system

**“You are the first person who has ever wanted to know what actually happened, what I went through. No one has ever asked me before....no one has ever bothered with me – you are the first person that has ever sat down and asked me my story.”**

- A quote from one of the men interviewed by the clinical psychologist

# About the review

- These men have committed awful crimes. The review is not seeking sympathy for them but greater understanding is needed if we are to reduce the horrific level of violence experienced by babies in this country

# The review consisted of four elements

- Interviews with eight male perpetrators who are currently serving a prison sentence for harming babies.
- In-depth fieldwork research into cases involving 23 babies that have been notified to the Panel, holding meetings with 322 practitioners and managers.
- A review into the research literature by the Fatherhood Institute.
- A series of roundtable discussions and one-to-one meetings with key stakeholders.

# The review in numbers

92

Of the 257 incidents notified to the Panel since July 2018, we looked at 92 eligible cases (23 of which were selected for the fieldwork).

Of the 92 cases...

At the time of the abuse:

- 45 known only to universal services
- 24 known to early help
- 12 'children in need'
- 11 child protection plans

In terms of ethnic background:

- 66 White British
- 6 Asian
- 3 BAME
- 3 mixed ethnicity

In terms of risk factors:

- 59 featured domestic abuse
- 32 featured mental health problems for fathers
- 30 featured young parents
- 5 parents were care leavers

\*81 living with birth father at the point of the abuse

# Key findings

There is no one single finding - there are a number of risk factors which when they come together can lead to abuse:

- **Substance abuse**, especially use of drugs (Cannabis), which can encourage increased levels of stress and anxiety, sleeplessness, lowered levels of frustration tolerance, heightened impulsivity, poor emotional and behavioural regulation and poor decision making.
- The co-existence of **domestic abuse** and the fact that some men mitigate their difficulties with others through a rapid default to violence and controlling behaviour.
- In the review's fieldwork, many of the men were found to have had some degree of **mental ill health**. They may not have been diagnosed (nor met a medical definition of mental illness) but they nevertheless had histories of ADHD, anger management issues, anxiety and depression.

# Key findings

There are also contextual factors, including:

- Living with the pressures of poverty, mounting debts, deprivation, worklessness, racism and, in several cases for the men spoken to, very problematic relationships with the mothers of their children.
- Being a young parent and/or care leaver. Nearly 40% of the cases in the fieldwork cohort involved very young parents.



# Universal provision

- 49% cases were known only to universal service provision and a further 26% were known only to early help services.
- If the sample is in anyway representative, it means that a large number of these families and these men never become visible to more specialist services.
- While maternal health and wellbeing are, and should be, the main focus of maternity services, insufficient attention is given to engaging men
- Men who wanted to be involved, were anxious about being a father found it had to be heard – those who were less keen to be identified or involved were ‘enabled’ to be absent
- The difficulties in sharing information across the health system was identified as a major risk factor

# Universal provision

- The role of fathers and the need to actively involved them remains unstated – ‘Better Births’ key govt document references families throughout
- Men must be specified to ensure inclusion
- Changing of commissioning arrangements for HV not seen as an issue
- 2015 HV research – ‘there is little evidence that the importance of engaging fathers is reflected in health visitor training or that primary care services are wholly embracing father-inclusive practice’
- ‘The man is not on my caseload’ HV in our review

# Specialist Services

- ‘Every time I saw my social worker, I felt like screaming – I am not invisible, I am here and willing to care for my son’
- The involvement of men is no more evident in specialist services than universal
  - Fathers invited to CP conferences 55% of the time
  - Known violent men only contacted 38% of the time prior to Conference
  - Only 68% of completed assessments have information on fathers
  - 30,000 fathers involved in recurrent care proceedings – compare with women and growth of and investment in PAUSE
- Children’s and adults services are poorly aligned and don’t readily share information on families known to both
- NONE of these findings are new.....

# Conclusions

- Many men enter fatherhood anxious and ill-prepared
- Some come to it from troubled and abusive backgrounds; some are young some from the care system; some use drink and drugs addictively; some use violence - although in this study they were not 'violent' men
- They need BOTH to be able to access services designed to support them – which means their vulnerabilities need to be identified, assessed, professionals need to be interested in them
- AND the risks they might represent to their babies needs to be more clearly and explicitly articulated and responded to
- Men are not 'invisible' they are unseen

# What this means for practice

- Finding, engaging, assessing and working with these men is often not easy
- The review builds on existing guidance to include the findings from our research and sets out a four-tier model to help improve the engagement and assessment of fathers.
- These four tiers are interlinked and the challenge to the safeguarding system is to see and implement them systematically to make the kind of step change necessary in working with fathers and protecting babies.

# Four-tier model

## **Service design**

Culture and context; processes, tools, frameworks and services

## **Supporting best practice**

Role of supervision and first line managers; exploring fear and anxiety; focussing quality assurance systems

## **Engaging and assessing men**

Developing parental strategies; understanding child developments, building an authentic engagement

## **Understanding men's lives and their experiences**

Exploring ideas of fatherhood, race, ethnicity, personal histories

# Challenges to local safeguarding partners

- By addressing the questions set out in the report, partnerships can begin both to benchmark their current provision and to improve and design services to make a positive impact on the safety of babies.
- The review recommends that all local safeguarding partnerships respond comprehensively to these challenges and develop local strategies and action plans to support improved practice and effective service responses.
- And some Safeguarding Partnerships are beginning to embrace this review and actively respond to the findings

# Challenges: culture and context

- Culture and Context:
  - Role of leaders
  - Public Health messaging
  - Commissioning of Services
  - How are known violent men responded to
- Processes:
  - Integration of children's and adult services
  - Do adult services 'see' parents or adults?
  - How well is addiction understood within children's services
  - Is Clare's Law understood and promoted
- Tools Frameworks and Services
  - Does supervision address issues of practitioner fear and anxiety
  - Are there joint working protocols in place – do they work?
  - WNB and bruising in non-mobile babies protocols
  - Joint training and service development



# Recommendations

The review makes the following recommendations for the Government.

- The engagement of fathers must be embedded in prospective and current programmes, including **Family Hubs**, the **Troubled Families Programme** and work stemming from the **Leadsom Review** into ‘Best Start for Life: A vision for the first 1001 critical days’.
- A **pilot project** should be funded **to holistically work with expecting fathers who meet the risk factors** outlined in this review, providing them with perinatal health provision, local mental health and substance misuse services, and local initiatives to tackle domestic abuse, in a collective and integrated service response.
- There should be **further research** into the backgrounds, characteristics and trigger factors of male perpetrators of serious harm, with a view to understanding how practitioners across agencies can more effectively engage with those who might present a potential risk to babies in their care. (cf Child Sexual Abuse)

# Recommendations

- Government now absorbed by response to Independent Review into Social Work and National Panel Review on Arthur and Star and broader system recommendations
- Implementation Plan promised this side of Christmas
- There is a Cross Ministerial Group meeting looking at children's safeguarding - this review will be on its agenda
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- Replicated at an official and key stakeholder group level
- And all this coexists alongside the National Implementation Board formed to respond to the Ind Review