



*Research Briefing*

# ‘UP AGAINST IT’

## Understanding Fathers’ Repeat Appearance in Local Authority Care Proceedings

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# Contents

- 1 Background** **1**
  
- 2 Key messages** **1**
  
- 3 The ‘Up Against It’ study** **2**
  
- 4 Key findings** **4**
  - 4.1 Macro-level, administrative court record results . . . . . 4
  - 4.2 Meso-level, survey results . . . . . 5
  - 4.3 Micro-level, qualitative longitudinal (QL) results . . . . . 6
  
- 5 Conclusion** **10**
  
- Bibliography** **12**

# 1 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).

## 2 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 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.

## **3** The ‘Up Against It’ study

This mixed methods research project, involving twenty participating local authorities and eight voluntary organisations from a wide geographic spread across England, was carried out between 2017 and 2019. The study was designed to investigate fathers and their recurring appearance in care proceedings at a macro, meso and micro level, with each element collecting and analysing data for distinct but related research questions.

The samples for each element are connected, and provide relevant context for one another, but do not constitute straightforward sub samples.

- At the macro-level we captured a population level picture of the scale and pattern of fathers and recurrence. This was achieved through **quantitative analysis of administrative** data held by Cafcass, covering all formal care proceedings cases brought by local authorities in England, irrespective of outcome. From these records, we identified 88,860 mothers and 73,140 fathers party to care proceedings between 2010/11 and 2017/18. Analysis provided, for the first time, a population profile of fathers' recurrent appearances before the family court vis-à-vis existing evidence on mothers' recurrence.
- The meso-level picture of recurrent fathers was achieved through an anonymous **survey across a geographical spread of 18 local authorities, using a two-part, multiple choice and paper-based questionnaire**: one part completed by the father, and with the father's permission, the other part completed by a practitioner involved in the child's case. In total, we received 127 surveys completed by fathers and for 106 of these, 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.
- The micro-level, deeper understanding of recurrent fathers' experiences was gained through a **qualitative longitudinal (QL)** study, of 26 men's experiences of recurrent child loss through involvement with the family court and 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.

To create a dialogue with practitioners and support the study and its recruitment, we set up a learning network with participating authorities and voluntary organisations. We undertook practitioner focus groups designed to prompt discussion about available services, the challenges and opportunities for working with recurrent fathers and couples, and to 'sense check' emerging findings.

# 4 Key findings

## 4.1 Macro-level, administrative court record results

This important first analysis of the trends and patterns of fathers' first and subsequent appearance in S31 care proceedings revealed **a consistent lower rate of appearance of fathers over time, compared with the rate for mothers**. Between 2010/11 and 2017/18, we found on average 9,140 fathers, 11,110 mothers and 19,500 children entering per year. Numbers of fathers increased over time from 7,060 to 10,780 (an average annual increase rate of 6%).

The second key finding is that in **80% of recorded cases of care proceedings, the father is known and named as a party to those proceedings**. One in 5 cases (20%) involved a 'lone' mother with no father recorded; a finding that remained stable over time. This suggests two important areas of work; to address the 20% of 'missing' fathers but also to fully engage with the 80% who are visible, in terms of assessment, intervention and support.

Few differences between mothers and fathers were found in the sociodemographic traits and case characteristics documented by Cafcass (e.g. number of children in proceedings, age of youngest child, legal orders that conclude proceedings). With the only exception being that **mothers were typically younger than fathers**.

**Mothers and fathers differ in their rate and pattern of recurrence.** Fathers had a much lower rate of entering subsequent care proceedings than mothers, their rate was nearly half that of mothers. 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. This lower rate of fathers reflects, in part, the lower total number of fathers in care proceedings.

**Fathers also have a very different pattern of who they return to court with. More than three out of four recurrent fathers (79%) return to the family court with the same partner.** Fathers were far less likely to return with a new partner compared to mothers, and a much larger proportion of recurrent mothers returned with a new partner, or as a lone parent, compared to fathers. These findings highlight the relevance of relationships and couple-hood for intervention and service development to reduce recurrence.

**The younger recurrent fathers are at the first set of care proceedings, the more likely they are to return.** Recurrent parents tend to concentrate in an earlier stage of the adult life

course, so they also enter with younger children than non-recurrent parents. Age and relationships, both horizontal (partner relationships) and intergenerational (parent-child relationships), are relevant to understanding recurrence.

**Overall, small regional differences were found in the rate of recurrence for both mothers and fathers.** All regions experienced significant increases in the demand for care proceedings 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.

## 4.2 Meso-level, survey results

Fathers were recruited to the survey as they entered the pre-proceedings process or during care proceedings. The survey was conducted in 18 local authorities across England over a period of 16 months (May 2018 to September 2019). Due to the sample size achieved for the survey (n = 127 fathers), the results come with a wide degree of uncertainty in terms of generalisation. Nonetheless, as a first picture of characteristics of fathers involved in care proceedings, the insights generated are meaningful.

**From the 127 surveys, 70 (61%) men were identified as recurrent and 50 (39%) as having a first experience of care proceedings.**

**There were more similarities than differences between recurrent and non-recurrent fathers,** suggesting the need for caution about perceiving recurrent fathers as a homogeneous group. The majority of fathers who completed the survey were White British, English speaking, non-religious, never married, had entered fatherhood at a younger age, and were living in economic hardship. Despite the caution around generalising from our sample, it nonetheless indicates characteristics of fathers known to and engaged at some level by services.

**Compared with non-recurrent fathers in the survey, recurrent fathers were more likely to have been looked after as a child (22%), experienced multiple childhood adversities (48%), be unemployed (69%), and not living with their youngest child (44%).** Recurrent and non-recurrent fathers overlap substantially in their economic disadvantage. **Over half the fathers surveyed were either unemployed (43%) or were economically inactive due to long-term sickness or disability (13%).** In line with this, high levels of welfare benefits were being received by either the father or someone else living with them.

Most surveyed fathers had one or two children (58%), while 32% had three or four, and a minority had five or more (10%). **Recurrent fathers were no more likely to have large**



**families than non-recurrent fathers. Although recurrent fathers were less likely to be living with their youngest child, the survey showed no significant difference between recurrent and non-recurrent fathers in terms of contact with children they did not live with** (this could include children living elsewhere due to divorce/separation). The majority of fathers surveyed appeared to have some level of contact with at least one/some of their children. A minority said they had no contact with their youngest child (12%) or contact a few times a year (7%). These findings question assumptions about fathers' lack of involvement in children's lives, indicate the relevance of understanding father involvement across households and over time.

**Just under half of all fathers surveyed reported longstanding physical and mental health issues, including stress and problems with emotional coping.** Services that both encourage help-seeking and support/promote men's health may be particularly relevant to fathers involved in care proceedings.

**Around half of recurrent fathers had experienced some form of abuse or neglect in childhood, either directly, or indirectly, compared with 16% of non-recurrent fathers.** 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.

**The most common child welfare concerns relating directly to fathers were substance misuse, domestic abuse and poor mental health. Services aimed at addressing fathers' parenting problems need to recognise the complexity and interconnection between these factors.** Our distinct profiles of father-related child welfare concerns indicate the need for tailored interventions that target combinations of challenges faced and posed by fathers in care proceedings.

**A sizeable percentage of all surveyed fathers said they wanted to have more children in the future (40%).** This points to the need for services to address and support men's safe parenting, for existing and for future children.

### **4.3 Micro-level, qualitative longitudinal (QL) results**

By following our 26 recurrent fathers over 12 months and talking with them about their life histories, the qualitative study revealed legacies of harm and loss which have had damaging and far-reaching consequences. The sample of recurrent fathers in the QL study is not a subsample of the surveyed fathers but the survey nonetheless gives a context in which the QL sample can be located. The survey indicates broader characteristics of recurrent fathers,

and the QL sample provides in depth information about recurrent fathers' life trajectories, lived experiences and change over time.

### **The early lives of recurrent fathers**

The study revealed ways that childhood adversity, particularly maltreatment, neglect and rejection, had an impact over the life course with many men's early lives marked by unresolved childhood trauma. These experiences appeared to blight many fathers' capacity for emotional regulation, nurturing relationships and family functioning. In adulthood, fathers experienced complex parenting relationships with children across households and over time, shaped by separation from intimate partners as well as by child protection involvement and experiences of care proceedings.

Despite sometimes showing signs of change, men's histories often haunted their present relationships. **Struggling with childhood trauma, compounded by the removal of children, fathers in our study had few or fragile relational resources and highly limited opportunities to seek support.** *"I had no hope, I had no what do you call it err 'help', I had no help at all".* Recurrent fathers need support to address the underlying causes of their difficulties and services should take account of relationship problems in early life and/or childhood trauma.

### **Fathers' intimate partner relationships**

**Over a third of recurrent fathers in the QL study were in longstanding, or 'enduring' relationships. The circumstances of enduring relationships varied but the key feature was couples experiencing long and/or repeat periods of children's social care involvement and care proceedings together.** The remaining fathers were separated and recently re-partnered or were single. These three broad types of partnership status provided examples to further illustrate findings from the Cafcass data and the survey. Such enduring relationships were often fraught with difficulties that exacerbated couple conflict and escalated professional concerns. Enduring relationships sometimes involved histories of domestic abuse. Issues such as one or both partner's poor mental health, abusive behaviour and/or substance misuse were common. Despite the longevity of relationships, and the feeling that problems were "theirs", recurrent fathers and their partners tended to feel that services did not work with them as a couple.

*"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."*

Our qualitative findings illustrate the need for longer-term and holistic support for fathers and for couples and challenge the continued practice focus on mothers. Without such support, couple conflict and its impact on parenting may be a key factor in families becoming stuck in a cycle of recurrence.

### **The emotional impact of recurrence: living with loss, shame and guilt**

*“When they were taken it is like grieving, it’s the grieving process because I’m, even though my kids are not dead. . . there is a sadness.”*

The emotional distress experienced by recurrent fathers is long-lasting and our findings here reflect those of studies of recurrent mothers. *“Dads love just as hard as mums”*. These painful emotions are not static; they overlap, ebb and flow, subside and intensify in different contexts and over time. Fathers in our study had few resources to help contain and deal with painful emotions. For example, some fathers demonstrated an incremental emotional shut down which was damaging to their mental health and family relationships, and further damaged interactions with professionals.

Managing guilt and shame involves efforts to retain some self-worth and moral identity as a man and as a father. Some recurrent fathers coped with shame by isolating themselves, as a way of managing the risk of being re-shamed or exposed. *“I am a failure really because I have got so many kids, just because I am good with a few doesn’t mean it makes up for the rest”*. Others actively resisted shame using a form of bravado or fighting for their children until the bitter end as a means of defending moral paternal identity. However, successfully navigating a way to ‘bearable guilt’ allowed some recurrent fathers to retain a stake in fatherhood. Fathers living with bearable guilt had more capacity to imagine change in their lives, even if the steps towards achieving this were tentative. *“I am not going to be known as the dad that didn’t care, never!”*

Relationships with practitioners could stand or fall on guarding against shame. Professional curiosity about the strategies parents use to get by (and about the emotions behind these), is needed to avoid a deepening cycle of conflict and opposition. Building working relationships involves minimising a defensive response, offering a climb down or face-saving position, and guarding against humiliation. **Holding 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.**

## **Reclaiming fatherhood and rethinking relationships with children**

**A minority of fathers in our study were highly marginalised, with very limited material and emotional resources and largely cut adrift from their children and families.** These recurrent fathers were often in a state of limbo, in which they expressed an emotional connection with lost children but felt side-lined and unable to express or activate that connection in any way. Social workers should not assume that these fathers without direct contact do not care about their children.

**However, the majority of the recurrent fathers were making some attempt to reclaim their sense of father identity and activity to some, or all of their children, though with varying degrees of confidence, capacity and success.** Fathers who were making progress in reclaiming their fatherhood identity appeared able to build '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.** Reclaiming fathers appeared more able to reflect on the impact and significance of their fathering role, for their children. However, change was almost always tentative, interrupted and hard won.

*"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."*

**Fathers could also be sparked into reclaiming fatherhood through building trusting relationships with practitioners which may take time and persistence.** Initiatives to support or reconnect with the fathers of children looked after or during care proceedings can bring benefits for the child. Reclaiming fathers wanted to prove to themselves, their children, partners and others that they were reliable and credible parents. Important to note though, is that reclaiming father identity and 'doing' positive fathering is not exclusively about direct contact. Our findings indicate the value of thinking more expansively about ways in which fathers permanently separated from their children might still contribute to better outcomes for those children.

# 5 Conclusion

Our findings show substantial numbers of fathers visible in applications for care proceedings, who need assessment, intervention and support. Whilst 20% of cases have missing fathers, in 80% of cases fathers are recorded and known to some degree by local authorities. Fathers who reappear in cases of recurrent care proceedings, are most likely to do so with the same partner (79%). Our findings demonstrate that relationships are highly relevant to understanding fathers' experiences and trajectories into and out of recurrence. If recurrence is a relational problem, then the response must also engage fully with and attend to relationships, in all their complexity. Findings from the survey indicated that compared with non-recurrent fathers, recurrent fathers were more likely to have been looked after as a child, to have experienced multiple childhood adversities, to be unemployed, and to be not living with their youngest child. The survey and QL findings on early life experiences suggest an association between childhood adversity and fathers' appearance in repeat care proceedings, but not a straight-forward causal link. In line with existing research on recurrent mothers, our observation is that adverse relationships in childhood appeared to predispose men to further adversities, not least by depleting their material, social and emotional resources. The concept of cumulative adversity or disadvantage in relation to educational achievement, housing, employment and health and wellbeing is therefore also relevant to understanding fathers' experiences of recurrence. Our findings present a picture of recurrent fathers as vulnerable. Whilst they often pose risks arising from their vulnerabilities, they should also be seen as at risk themselves; these two realities are not mutually exclusive. In addition, the recurring nature of problems affecting parenting and relationship functioning, including domestic abuse and most commonly poor mental health and substance misuse demonstrates the enormity of the recovery challenge for recurrent parents. It also strengthens the argument for long-term support as an active ingredient in services to reduce recurrence.

Working with recurrent fathers requires professional curiosity, a holistic approach, and time to understand and attend to their relational histories. It also requires a willingness and confidence to hold the combination of risks and resources that most present, and the rehabilitative challenges they are up against. Attention needs to be paid to the issue of public and professional empathy towards recurrent fathers, compared with mothers, and the corresponding potential differences in opportunities for accountability and rehabilitation. Whilst there is much to be learnt from services for recurrent mothers, there is a need to explore bespoke services, or adaptations of programmes that might be more responsive to

the particular needs or circumstances of recurrent fathers. Examples could include, developing approaches to work with couples, focusing on emotional regulation and building emotional and relational resources, and exploring the generative potential of fatherhood as a mechanism for both change and accountability.

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