

# Unseen men: learning from case reviews

## Summary of risk factors for improved practice around 'unseen' men

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### Introduction

Men can play a vital role in their children's development and wellbeing and have a major influence on the children they care for. However, an analysis of serious case reviews shows that male caregivers sometimes go 'unseen' by services involved with children due to:

- a lack of professional engagement and curiosity
- an over-focus on the quality of the care children receive from their mothers
- inadequate information sharing between services.

Two main types of unseen men (sometimes referred to as 'hidden' men) have been identified in these case reviews.

- Men who posed a risk to a child, which resulted in the child suffering serious harm or death.
- Men who could have protected and nurtured the child in their life but were overlooked by professionals.

### About this briefing

This briefing is based on learning from a sample of case reviews published since 2020 that highlight the issue of professionals not identifying or assessing key men involved in the care of children who died or suffered harm.

## Reasons case reviews were commissioned

In the case reviews analysed in this briefing, children experienced significant harm or died due to:

- abuse and neglect by men with caring responsibilities (fathers, stepfathers, or mother's partners)
- abuse by mothers' partners who did not live in the household
- the impact of unmanaged mental health or substance abuse problems on men's behaviour.

## Key issues

### Insufficient information sharing and record keeping

Most of the case reviews analysed for this briefing highlight issues around the quality of record keeping and communication between different agencies. While there were some examples of good practice, there were a number of common concerns. Small mistakes or missed information kept key men in a child's life from being identified and involved.

- Services involved with vulnerable men, such as substance misuse services, relied on men being forthcoming about any involvement they had in a child's life. This volunteering of information did not often occur.
- There was a lack of consideration by adult services around child protection and safeguarding. This meant that sometimes the information professionals received from men involved in children's lives was not flagged as potential safeguarding concerns.
- There was a lack of information sharing between adult and children's services. For example, children's services weren't always informed of the violent histories of new men in children's lives.
- When children made disclosures, practitioners did not always record the exact words or phrases they used. Not clarifying terms used by a child, names they mentioned, and relationships they talked about, made it unclear which men in a child's life participated in their care, or which were perpetrators of abuse.
- Relevant details about a child's father and the significant relationships a child's mother had, were not always recorded during the pregnancy and after the birth of a child. Men who could have been protective factors for a child were not recognised as such, and men who were a risk to a child were not identified.

## Professional curiosity and engagement

The dynamics of practitioners' relationships with the men in children's lives affected the level of help they received.

- Professionals avoided asking mothers about the men in a child's life due to worries that the questions were invasive. This led to professionals not being aware of an adult male's presence in a home and the true amount of time that he was spending with a child.
- When practitioners met new men in a child's life, there was a lack of curiosity about the role they were playing and the level of influence they were having on the family. For example, there was a lack of further enquiry into explanations given by new male caregivers for a child's change in behaviour.
- Some male caregivers deliberately avoided in-person meetings with professionals due to the feeling that they would be not listened to or seen as 'difficult', while in other cases the men avoided contact because they were suspicious of services.
- If a man in the household of a child was threatening or intimidating, then professionals did not feel comfortable or safe engaging with them, impacting their decision making and management of cases.

## Over-focus and reliance on mothers

Services and practitioners tended to focus on the mother's role as caregiver, reducing opportunities for men in a child's life to be involved.

- Professionals provided information to mothers on caring for their child but did not deliver the same resources to male caregivers.
- Professionals relied too heavily on mothers to actively share details about the men in children's lives, rather than drawing on knowledge from other agencies involved with the mother and the family to build up a complete picture.
- Professionals relied on the mother to disclose important safeguarding information, such as if there was abuse or risk of harm in the home. Conversely, the safeguarding concerns of fathers were sometimes overlooked.
- Assumptions were made by practitioners and parents that the word 'parent' only referred to mothers. This led to fathers not being included in parenting support.
- Professionals often considered the mothers' problems to have a more significant impact on the child than a male caregiver's problems, due to the mother being the main carer. This led to the support needs of the mother being prioritised, whilst those of the father or male caregiver were sometimes overlooked.

## Overlooking the ability of male carers to provide safe care

Case reviews highlighted the lack of consideration, both by individual practitioners and services, of the role men could play in caring for a child.

- Some services and professionals gave fathers and male caregivers little space to express their needs, leading male caregivers to assume that professionals involved with the child were only interested in the mother.
- Significant men in a child's life, such as fathers or the mother's male partner, may have had the potential capacity to care for the child but were not given the support they needed to do so.
- Male members in the extended family, such as grandfathers, who did care or could care for the child were only assessed if they were judged as a risk, and not noted as or considered a protective factor.

## Learning for improving practice

### Identifying men's roles in a child's life

It is important that professionals understand the role significant men play in the lives of the children they work with.

- Professionals must confirm how responsible or involved a father or male caregiver is in a child's routines in the home so that the child's lived experience is accurately recorded. Always clarify who the members of a household are at each visit to the family.
- It is important that during appointments with children, practitioners 'see the adult behind the child' and clarify the role of any new men attending with the child and record this information accurately.
- Recording and checking that information is correct, including the spelling of the names of all men in a child's life and the addresses associated with them, is crucial for background checks and information sharing with other agencies.

### Voice of the child

Practitioners must seek out and include the child's perspective on the men in their lives so that there is an accurate record of their lived experience.

- It is important to gain knowledge from children about the men in their lives and their other family relationships, as their accounts may differ from those of the adults in the household.

- A change in a child's behaviour needs to be investigated by professionals and services involved with the child, especially when the behaviour change occurs with the arrival of a new male in their life, such as mother's partner.

### Involving male caregivers

Fathers and male carers can play a crucial part in a child's wellbeing but may need education and support to support them in this role.

- Services need to ensure that they have a process for assessing and addressing the needs of fathers. Staff need training and support on how to engage with male carers, and the effectiveness of engagement with men in a child's life should form part of supervision discussions.
- Meaningful conversations should take place with fathers and male carers at all stages of parenthood, including pregnancy and birth, and men should be encouraged to attend healthcare appointments and classes. Sessions should be provided at times that make it easier for them to attend (such as evenings).
- Fathers and male carers (including those who are not directly involved in mothers' and children's lives) should know about concerns relating to their child. They should be consulted about plans, invited to child protection conferences and included on core groups.

### Challenge, support, and management

Practitioners should reflect on current practice and identify ways to make it more inclusive of male caregivers.

- Professionals need to challenge their own practice and organisational culture to include and involve male caregivers.
- Professionals should be supported by supervisors or other colleagues to enable them to challenge inconsistencies in accounts, or to establish the motive of actions by a male in the household.
- Mothers are sometimes reluctant to disclose and discuss their partner's involvement in their children's lives. Managers should support practitioners to find ways to engage with mothers and build trust.

### Decision-making

Information about the men in a child's life collated by professionals needs to be used to assess if they pose a risk to the child or if they have the capacity to be protective factors, so that decisions can be made on what actions to take.

- When assessing risks in a child's life this should include any concerns posed by significant men in their life.

- Fathers and male carers should be involved in assessments. Ask them directly about risky behaviours such as drug and alcohol use and offer them services based on their needs.
- Fathers, male caregivers and any siblings of an at-risk child that live outside the household should be spoken to. Their accounts should be used to gain insights into family dynamics and identify important people in a child's life that could help care for them.

## References

A list of the case reviews analysed for this briefing is available on the **NSPCC library catalogue**. <<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=E510608C-DCF1-4FF6-8E1E-998EEA984E80&DataSetName=LIVEDATA>>

The **national case review repository** makes it easier to access and share learning from published case reviews at local, regional, and national level. You can access the repository via the NSPCC Library. <[nspcc.org.uk/repository](http://nspcc.org.uk/repository)>

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