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Nygren, K., Walsh, J., Ellingson, I. et al. (1 more author) (2021) Gender, parenting and practices in child welfare social work? A comparative study from England, Ireland, Norway and Sweden. *British Journal of Social Work*, 51 (6). pp. 2116-2133. ISSN 1468-263X

<https://doi.org/10.1093/bjsw/bcaa085>

This is a pre-copyedited, author-produced version of an article accepted for publication in *British Journal of Social Work* following peer review. The version of record Karina Nygren, Julie C Walsh, Ingunn T Ellingsen, Alastair Christie, *Gender, Parenting and Practices in Child Welfare Social Work? A Comparative Study from England, Ireland, Norway and Sweden*, *The British Journal of Social Work*, bcaa085, is available online at:
<https://doi.org/10.1093/bjsw/bcaa085>

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Gender, Parenting and Practices in Child Welfare Social Work? A Comparative Study from England, Ireland, Norway and Sweden

ABSTRACT

This article explores ways in which gender equality, family policy and child welfare social work intersect in four countries: England, Ireland, Norway and Sweden. Over time, conditions for gender equality in parenting have improved, partly due to family policy developments removing structural barriers. These changes, however, vary between countries; Sweden and Norway are considered more progressive as compared to the UK and Ireland. Here, we draw on focus group data collected from child welfare social workers in England, Ireland, Norway and Sweden to compare these different contextual changes and how these are reflected in related social work practice decisions. The focus group discussions were based on a vignette, and thematic analysis was applied. Overall, welfare social workers are aware of the need to support gender equality in parenting, there is a heavy focus on mothers in child welfare practice decisions, and fathers are largely absent. Uniquely, we show that this is influenced by both a strong child-centred perspective, and a gendered risk perspective, in which fathers are seen to pose more risk to the children than mothers.

KEYWORDS: child welfare, comparative social work, gender, parenting

INTRODUCTION

In Europe, normative caring expectations of mothers and fathers have changed over time – overall, the male breadwinner model is less dominant today (Cheal, 2002). However, gendered expectations of mothers and fathers vary across countries, and are affected by the development of diverse family forms and differing cultural practices (Featherstone, 2004; SOU, 2014; Walsh and Mason, 2018; Nygren *et al.*, 2019). These changes are also reflected in family policies, which aim to achieve work-family balance for adult family members by encouraging gender equality within families and workplaces. Within northern Europe, progressive developments in family policy have paved the way for increased gender equality by removing structural barriers in recent decades. For example, policies now include parental, paternity, and maternity leave, which promote both women and men being in paid work and men are active fathers. There is, however, considerable variation in the length of, and levels of compensation related to these periods of leave, and whether they are considered an individual and/or family right (Janta and Stewart, 2018). Scandinavian countries such as Sweden and Norway are considered to have progressive family policies that promote gender equality, whereas similar policies in England and Ireland remain underdeveloped (ILO 2005; Kuronen, 2010).

Despite these policy developments, women continue to be the main caregiver in most families. Men's uptake of shared parental leave, for example, beyond appropriated paternity leave, is 2% in the UK, 5% in Ireland, 6.2% in Norway and 6% in Sweden (Campbell, 2015; Gov.uk, 2018; NAV, 2018; SCB, 2018). Despite entering the labour market, women are still expected to care for the family and children, whereas for men, caring is largely considered a choice, not an obligation (Melby *et al.*, 2008); men can 'choose' to become active fathers, whereas mothering remains a central assumption in many women's lives.

Social workers' values and practices are shaped by the societal and policy contexts in which they work (Hämäläinen *et al.*, 2012). Assuring minimum standards of care for children, and intervening when

these standards are not met, is fundamental for child welfare social workers (CWSWs) and, as such, CWSWs should question dominant gendered caring norms in the family. In all four countries included in the present study - England, Ireland, Norway and Sweden - CWSWs are increasingly encouraged to support men as active fathers (NBHW, 2004; HSE, 2011; NOU, 2012; Banister and Norman, 2018), including recognising fathers as potential childcare resources. Child welfare research shows, however, that fathers tend to be viewed as a potential risk to the children and/or the mother, and that the risk to a child's welfare of not involving fathers in their lives is not recognised (Storhaug, 2013; Zanoni *et al.*, 2013). Consequently, the calls for gender equality in child welfare policies do not always translate into child welfare practice, and CWSWs often fail to prioritise working with fathers. Here too, there continues to be an emphasis on mothers being responsible for the primary care of children, and fathers are positioned as less active or absent carers (Scourfield, 2014).

How CWSWs conceptualise the role of mothers and fathers in their everyday practice offers insight into the link between policy and practice. In this article, data from focus group discussions with CWSWs in England, Ireland, Norway and Sweden is presented, in order to examine the ways in which gender equality, family policy and CWSW intersect. Overall, we argue that, in all four countries, despite policy difference, mothers continue to be foregrounded while fathers are marginalised in CWSW decision-making. We uniquely contribute by showing that the inclusion of mothers, and the exclusion of fathers, increases when gendered caring expectations are reinforced and/or challenged by 'risk' assessments of both parents.

SOCIAL POLICY CONTEXT

Esping-Anderson (1990) identifies how different welfare states support individuals' reliance on labour markets. His welfare state regime typology has, however, been criticised since it does not show how welfare policies are important in promoting gender equality, for example, by reducing women's economic dependence on men (Sainsbury, 1999; Bamba, 2007). Hantrais (2004) provides an

alternative typology and focuses on how some welfare states place the burden of care on families (familialisation) while other welfare states aim to relieve this (defamilialisation). As such, defamilialised countries, for example Sweden and Norway, provide generous universal support to parents as compared to the UK and Ireland (partly familialised), where parental support is targeted at families identified as facing particular difficulties (Nygren *et al.*, 2018; Walsh and Mason, 2018). Kammer *et al.* (2012) outline a further typology that focuses on the degree to which welfare states promote redistribution. For them, 'social democratic' countries such as Norway and Sweden have welfare policies that redistribute funds to promote gender equality in the workplace and the home. In England and Ireland, characterised as 'liberal', governments play a more limited role in redistributing resources, and individual parents and families are expected to rely more heavily on their own resources either through the workplace, their own extended family and/or voluntary agencies. Gilbert *et al.* (2011) also contrast CWSW systems that emphasise child protection (e.g. England and Ireland) with systems that emphasise family service/support (e.g. Norway and Sweden). The divide between the two orientations has, however, reduced over time and a third orientation - a child-focused orientation - has evolved (Gilbert *et al.*, 2011). This third orientation has emphasised the need to provide a wide range of support services to promote child development and wellbeing, especially of young children.

Two examples of family policies that are increasingly the focus of governments' support for parents concern parental leave and parental rights. These policies are indicative of the degree to which governments encourage *both* parents to be 'active' parents whilst engaging in the paid labour force and governments' conceptions of 'family' and the role of women and men within this. Across the four countries, the main difference in shared parental leave and maternity and paternity leave is that in Sweden and Norway parental leave is paid proportionally by income, whereas in England and Ireland payment is minimal or not paid at all (EC, 2018). Sweden and Norway have also instated a twelve and fifteen-week paternity leave respectively, whilst in the UK and Ireland, paternity leave is limited to

two weeks at the time of a child's birth (Prop 2014/15:124; Paternity Leave and Benefit Act, 2016; Gov.uk, 2017; NAV, 2019;). Further, in Ireland, there is only maternity leave, and no option for shared parental leave.

As for parental rights, in the four counties included in our study, birth mothers automatically have parental rights, as do fathers that are married to their child's birth mother. In England, Norway and Sweden, an unmarried father is also able to confirm or gain parental rights, and this is not dependent on co-residence with the child's mother (Swedish Children and Parents Code, 1949; Gov.uk, 2017; NAV, 2019). However, in Ireland, a more conservative view of 'family' persists; to gain parental rights, unmarried fathers must have lived with the child's mother for twelve consecutive months, three of which must be after their child's birth (MacMahon, 2015).

While supporting women's participation in the labour force and promoting gender equality may be an overall policy aim shared by the four countries, these two examples indicate that Sweden and Norway have more progressive family policies in terms of gender equality. By comparison, England have less, and Ireland's policies are much more limited.

INCLUSION OF MOTHERS AND FATHERS IN CHILD WELFARE SOCIAL WORK

Inclusion of fathers and good quality fathering is associated with positive outcomes for children (Scourfield, 2014). Scholars identify, for example, that paternal emotional warmth is positively associated with adolescents' – particularly boys - physical and mental health (O'Gara *et al.*, 2019) and is significant for non-residential fathers' relationships with their children (Lee *et al.*, 2018). However, research identifies that CWSWs continue to work primarily with mothers. Fathers are often excluded (Storhaug, 2013; Osborn, 2014; Scourfield, 2014; Baum, 2017), families' issues are largely assessed by CWSWs from the perspective of mothers (Gřundělová and Stanková, 2019) and contact between non-custodial fathers and/or non-resident fathers and their children remains largely overlooked (Bellamy,

2009; Maxwell *et al.*, 2012). Fathers are made invisible partly because CWSWs fail to record their basic contact details and assume that they are only working with lone female parents (Osborn, 2014). Research also shows that some mothers – lone and working class - face particular scrutiny from CWSWs (Gillies, 2007) and that social work assessments of mothers and ‘mothering’ are grounded in gendered expectations of women (Urek, 2005; Osborn, 2014).

The tendency for CWSWs to focus on mothers has been explained in a variety of ways. Scourfield (2014) identifies that because men are not the ‘core business’ of social work, they are overlooked. CWSW may also have negative stereotypes of fathers, based on their experiences of men who have been engaged in domestic violence, and/or treat them with suspicion, assuming that they have little involvement with their children and remain largely absent (Storhaug, 2013; Zanoni *et al.*, 2013). More recent research suggests that CWSWs who adopted patriarchal gendered stereotypes, tend to consistently exclude fathers (Brewsaugh *et al.*, 2018). While it is important to acknowledge the potential of domestic violence by fathers against mothers (Featherstone and Fraser, 2012), complete exclusion of these men from their children’s lives ignores their potential to develop non-violent forms of parenting and adult relationships (Featherstone, 2014). Philip *et al.* (2018) argue that both the ‘presence’ and ‘absence’ of fathers can be of concern and social workers should develop a professional ‘curiosity’ in fathers’ lives so that they can respond to their needs and concerns.

METHODS

Data presented were collected in 2016 as part of the NORFACE-funded project, Family Complexity in Social Work (FACSK). Ethical clearance for the study was obtained from review boards in England and Ireland but, in Norway and Sweden, such approval was not required. Good ethical practice was paramount throughout: participants were fully informed of the purpose of the study; signed consent was gained; steps were taken to anonymise data, including the removal of identifiable information; and data was stored securely in password protected files, only accessible to the research team.

Analysis draws on thirteen focus groups with CWSWs from Norway (2), Sweden, (1), Ireland (2) and England (8). A vignette was used as the basis for CWSWs' focus group discussions, presenting a family with complex needs in three stages, over a period of time. Participants were asked to discuss how they understood the family's situation and how they would work with the family.

Vignette summary:

Stage 1: The family consists of Maria, David and three children (age 5, 8 and 20). Maria, the mother, has a history of substance misuse. She contacts a CWSW and describes intense arguments with her husband (David), implies that he is violent towards the children and/or her, and that he is a migrant struggling to settle in the country.

Stage 2: In a telephone call between Maria's mental health worker and a CWSW, concern is expressed about the parents' relationship being increasingly dysfunctional, both parents' mental wellbeing, and the mother's continued substance use (despite her having attended a rehabilitation programme). Consequently, Maria and the youngest children periodically stay with her brother.

Stage 3: Some time has passed, and CWSWs discuss the family's situation. The parents have separated, and the youngest children are living with their uncle. Maria has completed another rehabilitation programme, but has come to the children's school intoxicated. David's mother has recently died, and he wants to take the youngest children to see his family in his birth country. There are concerns related to the younger children's behaviours at school.

The vignette was developed by the project's international research team, the aim being to construct a credible complex family case applicable to services in the participating countries. Different social problems were addressed. Violence was implicitly present and reflected the dominant pattern of perpetrators as men (Humphreys and Campo, 2017), and other social problems - relating to substance

misuse and mental health - were more explicit. The vignette approach does have limitations, in that, data is generated from a single case and some important dimensions of social work, such as class (Nomaguchi and Johnson, 2017), are not included. It should also be acknowledged that in this vignette, the initial contact with social workers was made by the mother, who suggested that the father was violent towards her and/or their children. This may have contributed to CWSWs focusing on the mother, rather than the father, as a carer for their children. That said, social workers participating in the study perceived the vignette as a realistic and recognisable case and using a vignette in a comparative study allows for increased standardisation across data sets in different countries (Nygren and Olstedal, 2015).

The data corpus was analysed thematically; transcripts of focus groups were read and re-read, codes were identified and systematically applied, resulting in emergent themes (Braun and Clark, 2006). Analysis included all relevant focus groups in our four countries, and although there were variations in the volume of the data collected in each country, we chose not to exclude any data.

RESULTS

Thematic analysis of the data revealed an immediate, strong child focus, with CWSWs primarily showing concern that the family's situation may have a negative impact on the children. Within this, three themes emerged related to the inclusion and exclusion of the mother and the father in the child welfare case, these being: a gap between knowledge and practice; identification of parental support needs; and a gendered risk perspective.

A gap between knowledge and practice

The mother is positioned as the main carer of the children by CWSWs in all countries, and this continues throughout the stages of the vignette. Overall, the dominant concern in discussions relates to the situation of the mother and the children. Irish CWSWs emphasise the importance of 'getting

Maria and the children somewhere safe', and CWSWs in Norway express a need to take initial action to secure their wellbeing:

We need to make an... [assessment]... yes, what's the situation now, check out the children, but preferably make a plan for what one should do next. Does the mother need someone to take care of her health, do the children know... how are the children doing? (Norway)

Despite the mother's substance misuse, from the start the father is excluded as a carer for the children, because of concerns that he is a perpetrator of domestic violence. As the vignette develops, and the mother's substance misuse becomes more apparent, CWSWs do, however, express concern that the mother may not have the capacity to care for her children:

She has small children at home and based on what happened earlier she needs a new treatment, because she has already been in treatment, or some form of substance abuse treatment. And given that there is someone who is worried that it is not working, this is a very big risk factor for these children. (Sweden)

Maria may be hoping to be reunited with the children, but it says she only just got through rehab, made some progress, but it's not looking great [...] you have to question whether she's able to take responsibility for these children within their timescales. (England)

However, the father is still not considered as a possible carer, despite indications of domestic violence being less prominent in later stages of the vignette. This occurs despite the fact that participants in England, Ireland and Norway do reflect on this gender bias. In Ireland, for example, participants question the normative nature of their decision making:

I've just realised I've been doing it all the time here, assuming that mum has a major role in relation to the protection of the children and the care of the children and that we, and we haven't considered dad. [...] They're both equal, have equal responsibility for the children and should take an equal role in regard to the protection of those children. (Ireland)

More generally, in Norway, it is discussed that CWSWs have been criticised for failing to involve non-resident fathers, and that they 'need to do better, that's for sure'. Subsequently, they question whether they have given sufficient attention to David as a caregiver. More specifically, participants in England note that they *should* involve fathers, and 'try as hard as we can to do that', but explain that when they do, they experience little success because of:

What fathers feel themselves about what their role is and what's happening is that there's lots and lots of children who are maybe not having as good a relationship with their father. (England)

This could in part explain why, despite having an awareness of gender equality in CWSW, their focus quickly returns to the mother and her relationship with her children. However, although the mother is positioned as the main carer in all four countries, the need to hear both parents' perspectives is also expressed. CWSWs in Sweden, Norway and England discuss speaking to the father in order to gain his perspective of the family's circumstances, and to avoid being biased by the mother's perspective. In Ireland, it is further considered that this could be incorporated into a family welfare conference where both parents' views would be accounted for.

The worker from the family conference meets all relevant parties, the children, the parents, any people that the parents may feel can, could support them [...] then they all meet and the conference is held and then the family would come up with a plan. (Ireland)

In Ireland and England there are, however, restrictions on taking the father's opinion into account. The Irish CWSWs are unsure that the family's situation would warrant a conference being called, and they are not clear how the father would be included if this were not the case. By contrast, in England, seeking the father's opinion is only deemed necessary if he has a legal right to involvement, that is, parental responsibility: 'he might not have agreed to the children being placed with Paul and Hannah [their maternal uncle and aunt], but if he doesn't have parental responsibility he doesn't have a say.'

Overall, irrespective of concerns about the mother's ability to parent, she continues to be positioned as a primary carer in all countries, whilst the father is excluded from this role from the outset. It is progressive that CWSWs do express that it is important to gain both parents' perspectives on the family's problems, and include fathers in child welfare. Despite this, his position remains secondary and inclusion can be dependent on legal necessity and the limitations of bureaucratic procedure.

Identification of parental support needs

The assessment of Maria and David's support needs also differs across contexts. Similar to Norway, England and Ireland, Swedish CWSWs focus on individual parental support needs, however, they also propose interventions for the family as a whole, with the goal being to keep the family together:

They [family treatment] can work in various ways, they can work individually with parents or with both of them together, or together with the children, or one parent with the child or the other parent with the child [...] but the purpose is to improve the parents' capacity to interact with their children, to guide and supervise their children you could say. (Sweden)

Overall, in all countries, CWSWs prioritise the children and the risks to them posed by the domestic violence. Since the mother is seen as the primary carer for the children, the CWSWs subsequently focus on supporting her. In England, it is agreed that the mother and children should be removed from

the family home and that they should 'offer her [Maria] a refuge supported place'. Similarly, in Norway and Sweden, CWSWs offer support for the mother:

If it had been a case in the measures department, I would have got it, as a family counsellor.

Would have worked with this mother to try and be of help and support the family such as it is, so that she could take care of these two children. (Norway)

But here we have a routine that says, when we know that a woman has been exposed to violence we will contact her within 24 hours, because she has also been exposed to violence. The mother, Maria... (Sweden)

Once this immediate risk is managed, the mother's substance misuse becomes the focus. While CWSWs express concern for Maria's wellbeing, the substance misuse is primarily addressed to ensure the safety of the children. As such, discussion is directive, and coupled with plans for how the children might be cared for whilst the mother 'gets clean':

Well mum needs to have the goal of getting clean of drugs and alcohol and the aunt and uncle need to have that parenting type role of the children. (England)

Similarly, in Norway, emphasis is on helping the mother with her substance misuse, again not necessarily for her sake, but for the sake of the children. CWSWs agree that Maria should be advised to continue treatment and they will, 'make an evaluation of how long these children can tolerate such an unpredictable situation'. While concern is expressed for Maria, the purpose is to understand the impact on the children's future and this is the focus of decision-making - 'a lot depends on what is happening and whether she manages to complete treatment' (Norway). As such, expectations are placed on Maria to manage her problems.

In all four countries, when the father's support needs are considered, this is brief, and also in relation to the children, particularly concerning developing non-violent parenting strategies. In Ireland and England, discussion focuses on David being a migrant and CWSWs are keen to clarify his immigration status and related access to support:

What is his immigration status here? Is there some ambiguity around that? Is there a risk that he'd be deported? What support does he need, what can he get for that? Could we alleviate some of this stress? He needs some advice and information about his status. That would be helpful. (Ireland)

The focus of this support is, however, on the father as an individual, and not his position as a family member. In terms of David developing non-violent parenting strategies, in England, specific services are suggested: 'there is the Change Programme for domestic violence perpetrators and we'd look at that'. In Norway, a violence treatment programme called 'Alternative to Violence' (ATV) is also mentioned as a possible intervention programme. The primary focus here is not, however, the father's individual needs, but rather supporting the children and gathering more information. As in Sweden, interventions targeted at David are briefly discussed but they are not CWSWs' primary focus:

Well, and the father, he is...he may also need help, he is a perpetrator [...] And, so maybe he would like to have something...he will also be offered support. But, this is probably not the primary here, rather the primary would be the children and her (Sweden)

As the father is not positioned as the primary carer, the extent to which CWSWs expect him to change his behaviours is limited, compared to Maria.

Overall, the strong child focus of CWSW often overshadows the individual needs of the mother and father; their needs are predominantly considered in relation to how they might impact on the children.

Whilst their needs, as parents, are assessed – albeit constrained by contextual service constraints – the mother’s ability to parent eclipses assessment of the father’s needs. A limited service provision for one parent, therefore, contributes to a continued exclusion for the other: here, the father.

A gendered risk perspective?

As recognized by the CWSWs, both parents display behaviours that are recognised to put children at risk of harm: suggested domestic violence by the father and accelerating substance misuse by the mother. Despite this, in all four countries, CWSWs’ assessments of the level of risk posed to the children by their parents’ behaviours is influenced by the parents’ gender and related assumptions about caring expectations.

As previously noted, in all countries, other than Ireland, the possible violence is quickly assessed to be a significant risk to the children and consistently influences decision-making. The link indicated between gender, violence, and risk is compounded by the father’s migratory, and assumed, cultural background. This is most prevalent in Ireland and England, whereby CWSWs assume that David is not of European heritage and that this, therefore, increases the likelihood of family violence and the risk he poses to his children. In Ireland, for example, CWSWs speculate that he has a ‘different kind of cultural norms and you know, smacking is very common in other places’. Similarly, in England, the inferred violence is attributed to the father being culturally different; it is assumed that he is more likely to engage in family violence because of the culture of his country or origin.

They’ve got very different ideas of parenting and his, and that, is possibly a cultural thing, but different societies might well have [...] what I’d see as very old-fashioned views of children being seen and not heard and, in certain countries, it’s OK to physically chastise children [...] (England)

Due to the level of risk posed by the father, CWSWs discuss excluding him as a carer to the children due to him being a possible perpetrator of domestic violence. However, these racialised comments support arguments that social workers need to be aware of how racial assumptions about 'culture' impact on their decision-making (Gupta and Featherstone, 2016).

As noted previously, the assumed violence triggers interventions in Sweden and England and, as in Norway, separating the father from the family is proposed:

In such cases, we of course often ask the person who is beating the wife or children to move out for a while until we have an overview of the situation and the children, and we know that the children are in a stable situation. (Norway)

By contrast, in all four countries, when the risk posed by the mother's escalating substance misuse is discussed, this is perceived to be less of a risk to the children than that posed by David's assumed violence. In England, Norway and Sweden, the CWSWs do, however, expect Maria to engage directly in strategies to modify these behaviours and to reduce the risk posed to her children, but removing her from their lives is not explicitly considered. In England, the CWSWs learn that the mother has not completed her addiction treatment, and they express concerns about her ability to parent, but consider developing a compulsory intervention plan (a child protection plan) rather than separating her from her children:

If she's not engaging with alcohol and drug dependency agencies, and she's still using, then I'm concerned about the environment for the children and because obviously there's no stability there for the children and they've got no family members, and there's no stable environment for them. I'd be really concerned about these children and so I would want them on a child protection plan and I would be seeking legal advice to be honest. (England)

Further, in Sweden, CWSWs discuss that the mother must complete addiction treatment, and show that she has maintained sobriety - through drug tests - and thereby has the capacity to parent.

-But I think that we could put more pressure and expectations on her to be drug-free...

...because we've been told that she has quit treatment. He says this, the psychologist says she has not completed her alcohol treatment...that...well, she needs to show that she is sober.

-Drug tests.

-Yes... and... and we know, that it is, it is very difficult to make that demand, but we need to make it clear to her, in some way the risks that she is playing with. (Sweden)

In sum, in England, Sweden and Norway, the CWSWs' assessment of the risk posed to children by their parents' behaviours is mediated by normative gendered caring expectations. Despite both parents engaging in risky behaviours, the father's assumed violence is met with more risk-averse practice than the mother's substance misuse; in three of the countries, it is suggested that he should be separated from the rest of the family, a position of isolation from which he does not return. By contrast, despite the mother's substance misuse being assessed as risky, this does not result in her being excluded from her children's life, and she continues to be positioned as the primary carer of the children. Instead, despite the children being temporarily removed from the mother's care at the end of the vignette, CWSWs continue to plan what the mother needs to do for the children to return home, which differs significantly to discussions regarding the father.

DISCUSSION

Our results show that in England, Ireland, Norway and Sweden, CWSWs focus on the safety of the children, and a tale of parental inclusion and exclusion emerges; as in previous research, the mother is continuously viewed as the primary carer of the family's children, while the father is excluded as such (Storhaug, 2013; Ewart-Boyle *et al.*, 2015; Baum, 2017; Skramstad and Skivenes, 2017; Nygren *et al.*, 2019). The omission of the father is immediate due to suspected violence towards the mother

and/or the children, a position of exclusion from which he does not return as the vignette develops. Although the mother is struggling with substance misuse, and the children are temporarily placed in out-of-home care, SWs continue to include her as primary child carer. Despite research relating to attachment theory providing evidence to the contrary, as noted by Zanoni *et al.* (2013), there is still a wide-spread belief within CWSW that the relationship between the mother and her children is of primary importance (Palkovitz and Hull, 2018). While several CWSWs in the focus groups acknowledge the need to include fathers in their children's lives, this is restricted to them hearing his side of 'the story', and he is not expected to engage in child caring responsibilities. As such, we show that, despite family policy in Sweden and Norway promoting greater gender equality in family caring roles than policy in England and Ireland, traditional gender norms relating to child caring responsibilities continue to persist in all four countries. Like Skramstad and Skivens (2017) in their research on social workers in England and Norway, the gendered welfare regimes in which social workers practise do not appear to reflect to what extent fathers are include in social work assessments.

Analysis of data also shows that CWSWs in all four countries have a strong child focus and adult needs, beyond those that affect the children, receive little attention. For Maria, the support needs suggested by CWSWs relate to her child-caring capacity and not her personal needs or, indeed, on the family unit. By contrast, in all countries, little attention is given to David's support needs and, when they are briefly considered – in relation to non-violent parenting strategies and his immigration status - he remains excluded from the family as a whole. Consequently, we show that, by positioning the mother as the main carer in this child-focused, individualised context, the result is that CWSWs include the mother in their assessment and decision-making but not the father. As suggested by Philip *et al.* (2018) social workers may need to consider extending their practice to include the concerns of both mothers and fathers.

We also add to knowledge by showing that gendered caring expectations are also present in the CWSWs' assessment of risk posed to the children by their parents. In Sweden, Norway, England and, to a lesser degree, Ireland, David's assumed violent behaviour is identified as posing the highest risk to the children and, subsequently, he needs to be separated from the family. In England, Ireland and Norway, the assessed risk is compounded by the father's cultural heritage/ethnicity. As such, we affirm a tendency, sometimes legitimately, for CWSWs to perceive fathers as risks to their children (Scourfield, 2003; Maxwell *et al.*, 2012).

As the vignette develops, CWSWs recognise the risk of the mother's accelerating substance misuse, but the father's and the mother's risky behaviours are addressed differently. Despite both parents carrying risk in relation to parenting, only the father is isolated from the family's children. By contrast, the mother is not identified as posing enough risk to be excluded from the children's lives. Rather, she is expected to change her risky behaviours so that she is able to parent the children, or at least continue to play a significant role in their lives. As such, we argue that the CWSWs' differing responses to the mother and father reveal that they see the mother's relationships with her children to have a relational quality - she is considered in relation to her children and her environment - but little consideration is given to the significance of the father's emotional relationship with his children (Lee *et al.*, 2018; O'Gara *et al.*, 2019). While this can be interpreted as the mother being privileged in social work decision-making, we argue that this process of inclusion and exclusion is coupled with CWSWs having higher expectations of women and the ways in which they parent. Although domestic violence and substance misuse may present different risks to children, we argue that risk discourses intersect with gendered and racialised discourses and influence CWSW decision-making in ways that impact differently on the relationship men and women have with their children. As such, CWSW reproduces, rather than challenges gendered caring roles, albeit partly due to a systemic constraint (Walsh and Mason, 2018) resulting in fewer services being available to fathers.

Our findings reveal, therefore, a limited focus on the father beyond addressing him as a possible perpetrator of domestic violence and, thus, a risk factor. As such, data supports Humphrey and Stanley's (2017) argument that risk assessment is a limited tool without risk management interventions. Whilst, internationally, there is an increased focus on domestic violence as a child protection issue (Featherstone and Fraser, 2012), there is also a reorientation on how to work with domestic violence and a growth in perpetrator and 'whole family' interventions (Humphrey and Stanley, 2017). However, both 'whole family' approaches and interventions that focus on the binary of victim/perpetrator have limitations (Stanley and Humphreys, 2015; Humphrey and Stanley, 2017), and the persistence of the gendered risk perspective in our data highlights the fact that approaches to domestic violence are complex. Whilst the risk of domestic abuse for family members should not be underestimated, women are not always in a position to separate from the perpetrator (Stanley and Humphreys, 2015) and a whole-family approach may be required. Furthermore, the perpetrator may continue to have a significant role in their children's lives, whether the family stay together or separate (Humphreys and Campo, 2017). As such, rather than exclude the father from family life – as occurs here - an approach that assesses the possibility, and risks, of the 'whole family' approach, rather than placing expectations solely on the mother, would be welcome.

CWSWs translate policy into practice through their decision-making (Lipsky, 2010). Researchers have previously identified England and Ireland as partly familialised welfare states and Sweden and Norway as de-familialised (Hantrais, 2004; Kuronen, 2010), the latter being credited as having a more gender progressive family policy (Kuronen, 2010). Differences in CWSW systems have also been identified; a risk-oriented approach in England and Ireland versus a preventive family-based approach in Sweden and Norway (Kammer *et al.*, 2012). Despite these differing contexts, policies and systems, CWSWs' responses to the vignette in all four countries are notably similar; data show gendered caring expectations, needs assessments and risk perspectives. This consistency in our data affirms Gilbert *et al.*'s (2011) argument that differences between CWSW systems have reduced as an increasing child

focus dominates across systems and promotes children's independent relations to the state. Overall, we show that although the inclusion of fathers is promoted in policy, it is not present in CWSWs' discussions; this is a policy-practice gap that requires exploration in future research.

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