The Costs and Benefits of Active Fatherhood

Evidence and insights to inform the development of policy and practice

A paper prepared by Fathers Direct to inform the DfES/HM Treasury Joint Policy Review on Children and Young People

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Foreword
Duncan Fisher, Chief Executive, Fathers Direct

In the UK in 2006, in a ‘Call for Evidence’, the Joint Policy Review on Children and Young People set up by H M Treasury and the Department for Education and Skills expressed a wish to identify risk and protective factors in four areas: family prosperity; parenting and parents’ behaviour; neighbourhood; and public services. A particular focus was to be on ‘Prevention’ (including ‘breaking the cycle of deprivation’) and on the needs of ‘High Cost, High Harm’ families. Such policy areas are, of course, of interest to all governments concerned with the well being of children in the context of social justice.

There was, however, a novel element in this project: in the document on which the Joint Policy Review’s Call for Evidence was based - Support for Parents, the best start for children (H M Treasury/DFES, 2005) - fatherhood was identified as a key concern; and the importance of public services’ considering how best to ‘support fathers and other male carers as well as mothers’ was identified. The Research Review we present here was at first conceived as Fathers Direct’s response to the Call for Evidence. But soon a wider function emerged, as we began to document policy areas where failure to address fathers’ behaviour and concerns was resulting in less than adequate provision for mothers and children. While the fatherhood issues raised by the Government in Support for Parents, the best start for children had perhaps been conceived out of a ‘fairness to fathers’ agenda, our vision was rooted in the impact fathers were having on their families, and, in particular, on their children - an impact that was sometimes positive and sometimes negative, and that was, on the whole, going unrecognized.

If policy makers (and researchers and practitioners) were to include fathers in their thinking, it was clear that fathers’ impact on children and families needed to be laid out in a systematic way, and in a document which could be easily made available to them. Were anyone hoping for simple headline facts to point the way, we must, sadly, acknowledge in advance their disappointment. In this context, simple would mean simplistic. To help readers negotiate the often complex material, we have made substantial use of bullet-point lists, with footnotes expanding discussion that would otherwise clutter the narrative unacceptably. We have also created very detailed contents pages to assist readers to cherry-pick the material they need at any given time, in the policy, research and practice areas that are their primary concern.

We are grateful not only to our funders - Lloyds TSB, BT and the Tudor Trust - who made this Research Review possible, but also to our Reference Group of distinguished and very busy academics. All those whose names are listed on the next page commented on an earlier draft; and most of their enormously useful observations have now been addressed. Of course they have not been able to examine every aspect of such a long document; and our choice of research, the ways in which we have presented the evidence and the inferences we have drawn from it, must remain our responsibility.

Like some of our Reference Group, readers of this Report may feel it has been put together in a rather idiosyncratic way, with considerable detail in what may seem, at times, to be insignificant areas. But there is method in our madness: we have focused on topics that we know to be of particular concern for public policy in the UK and, we believe, in many other countries.
What will you find here? Having set the scene (Section 1 - Active Fatherhood in Context) and reviewed key research issues, including the research base for this Report (Section 2 - Rationale and Research Issues) we take a developmental approach to the father’s role in child and family functioning.

This begins with Section 3 - Fathers in the Perinatal Period and is pursued in Section 4 - Fathers’ Roles in Child Development where we address fathers’ contributions, (mainly in two parent families) to the social, emotional and cognitive development, the education and achievement, and the physical health of the children in their care, from infancy, through elementary school age, to adolescence, young adulthood and - in a few instances - to middle age.

In Section 5 - Fathers and Family Change our focus becomes children whose parents do not live together, although much of the research in Section 4 is also relevant to this group, many of whom spend formative years with both parents and/or sustain substantial contact with both parents in separate households. Section 6 - Vulnerable Fathers and their Children explores fathers’ roles in the kinds of families described by the government as High Cost / High Harm, with particular attention paid to ‘breaking the cycle of deprivation.’ Some of the issues raised here are also relevant to less socially excluded families. Because of the importance of High Cost / High Harm families to public policy, we continue to focus on them in Section 7 - Working with Vulnerable Fathers.

At the end of our Research Report we broaden our focus out again, first in Section 8 - Fathers, Mothers, Work and Family, and finally in Section 9 - Fathering the Future, where we look briefly at active fatherhood and community development, and at fathering in older age.

What you will not find here are implications for policy. Although we have derived a substantial programme of policy recommendations based on the evidence and insights afforded by this Review, these are necessarily subject to change and development. Instead of including them here we have made them available on our website, where you can access them at www.fathersdirect.com - see ‘Related Documents’ at the bottom.

1 At the same time these policy areas were featuring as key issues for other departments, including the Home Office, the Department for Work and Pensions, the Department for Constitutional Affairs, and the Department of Health.

2 In line with the National Service Framework for Children, we define ‘fathers’ to include biological dads, stepdads, nonresident dads, dads with and without legal Parental Responsibility: in fact any man who is important to a child, or who impacts on their welfare.

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It should be noted that while members of the Advisory Group provided valuable feedback, not everyone agrees with every statement of interpretation of the research set out in this document. These represent the views of Fathers Direct and must remain our sole responsibility.
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Active fatherhood in context
1.1 Trends in father involvement

Clear increases in fathers’ involvement in family work are emerging in Britain (O’Brien & Shemilt, 2003), as elsewhere in the developed world.

For example:

- British fathers’ care of infants and young children rose 800% between 1975 and 1997, from 15 minutes to two hours on the average working day - at double the rate of mothers’ (Fisher, McCulloch & Gershuny, 1999).

- In the US, married fathers more than doubled their time spent exclusively on child care activities from 2.6 hours per week in 1965 to 6.5 hours in 2000. Again, this increase outstripped mothers’ whose childcare involvement rose only 25% between 1965 and 2000 (Bianchi et al, 2006).

- Married US fathers also undertake far more housework than ever before - an average of 9.7 hours a week in 2000, up from 4.4 hours in 1965 (Bianchi et al, 2006).

- Australian fathers’ care of children has also risen substantially, with a particular increase in time spent by fathers in ‘sole charge’ of children at home (Russell et al, 1999).

This means that the gap between mothers’ and fathers’ contributions at home is narrowing in some countries.

- In the UK, fathers in two-parent families carry out an average of 25% of the family’s childcare-related activities during the week, and one-third at weekends, with higher absolute and relative levels (one third) where both parents work full-time (EOC, 2003).

- The pace of change seems to be increasing: between 2002 and 2005, the percentage of new fathers in the UK working flexitime to spend more time with their infants rose from 11% to 31% (Smeaton & Marsh, 2006).

- And while fathers remain the sole or main earners in a clear majority of families with children, they are now found to work the same hours as non-fathers, with a strong positive relationship between the arrival of a new baby and temporary decrease in their hours of work, and no finding of increased working by these men (Dermott, 2006; Smith, 2006). Earlier research, by contrast, had found a clear increase in working hours by new fathers, with fathers in general working the longest hours of all men (Study Commission on the Family, 1983).

Meanwhile, the growth in the number of mother-headed families, together with the corresponding upward trend towards non-resident fatherhood, is creating another group of fathers who are detached from their children from the outset, or who progressively become so, or who are co-resident with other men’s children (Radhakrishna et al, 2001). Although there is evidence that rates of involvement by non-resident fathers are increasing (Hunt & Roberts, 2004; for review see O’Brien, 2004a) and some non-resident fathers remain very involved with their children, non-residence is the key predictor of low levels of involvement by fathers (Carlson, 2006; Flouri, 2005a).
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1.2 Politics and policies

‘Fathers want to spend more time caring for children, and encounter obstructions’ said the EOC Chief Executive, Jenny Watson, in 2005: ‘while equality of opportunity for women depends on the expanding role of men in family work’ (Watson, 2005). Balancing work and home life is a key concern of voters - women and men alike (Smeaton & Marsh, 2006; EOC, 2004). European governments, including in the UK, are increasingly recognizing active fatherhood as central to meeting voters’ aspirations and to delivering gender equity.

- In the US, in 1981, when researchers asked newly marrying couples to rank-order values they hoped to instill into their marriages, ‘sharing responsibilities, decision-making and physical and emotional care of infants and young children’ was rated 11th out of 15. In 1997, when the same question was asked, it was prioritized second (Pleck, 1997).

- In a series of reports the Equal Opportunities Commission (EOC) has documented shifts in both mothers’ and fathers’ aspirations towards increased levels of father-care – and among 16-year-olds, 90% of boys and girls want to balance career and family life in their future jobs (for summary, see EOC, 2006).

- Among AEEU members of different ages and life stages, having parents share work and childcare is rated, by women, as the most popular option. Even men, who tend to be more conservative in this arena, rate the ‘parents’ fair share’ option as positively as the traditional woman-part-time/man-full-time arrangement (Houston & Waumsley, 2003).

- The most recent British Social Attitudes report (Park et al., 2007) finds men working full time consistently less satisfied than full-time working women with work life balance:
  - Today, 82% of full-time working men say they would like to spend more time with their family; in 1989 only 70% felt that way
  - 69% of men and 58% of women say that the demands of their job sometimes interfere with family life.
  - 29% of men and 19% of women say that the demands of family life sometimes interfere with work.

- An ICM poll (EOC, 2007) found:
  - 68% of men and women (this includes older people) believe the traditional male breadwinner/female homemaker model is a thing of the past.
  - 74% of fathers (compared with 64% of mothers) report that spending time with the family or finding time for key relationships is their biggest concern in daily life
  - 77% say that it should be as easy for men to take time off for caring responsibilities as it is for women – with 84% of those with children agreeing.

- In Australia 66% of working fathers (compared with 40% of working mothers) agree with the statement: ‘Because of my work responsibilities I have missed out on home or family activities that I would have liked to have taken part in’ (Baxter et al., 2005).

Nor is it simply a matter of aspiration. Recent research is finding both parents more satisfied when roles are actually more equally shared – and less satisfied when they are not:

- In Australia, Craig & Sawriker (2006) found fathers more satisfied when they spent more time at home, and mothers more satisfied with housework share as they moved into doing more paid work.

- Also in Australia, Pocock & Clarke (2004) found younger fathers expressing less satisfaction with work-family balance when they do less housework and child care, and when they experience workplace disapproval of taking up family-friendly measures.

- Again in Australia, Bolzan et al (2004) found the new fathers, with the lowest workplace flexibility and autonomy, reporting the most unhappiness, anxiety and general levels of stress.

- In the UK, Thompson et al (2005) found fathers and mothers in low-income families more likely to endorse traditional ender roles. However, they are also the couples who are the most dis-satisfied with the division of labour in their families.’
While the equal opportunities agenda has been a major driver of interest in active fatherhood in Northern Europe, elsewhere (notably the US and Australia) the interest has derived more from concern about family breakdown, although in these two countries the stimuli for this concern have differed. This is a growing area of concern in the UK, where active fatherhood is also on the public policy agenda for a number of other reasons - most obviously child maintenance, but also teenage pregnancy, concern for boys’ behaviour, education and achievement, fathering in some ethnic minority groups and the prevalence and impact on children of domestic abuse.

To what extent does family policy in Britain promote the notion of involved fatherhood?

- The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) requires assessors to gather information about, and from all relevant family members, whether resident or not, and requires them to be clear about the roles played by fathers or father-figures.

- The National Service Framework for Children, Young People and Maternity Services (the NSF) contains copious reference to fathers, although this element has not yet been carried through into implementation.

- By contrast, the Department for Education and Skills is pursuing a policy of engaging both mothers and fathers routinely in parent support in some areas, notably Children’s Centres, where guidance is increasingly strong and performance indicators for engaging fathers have been established.

- The Department of Work and Pensions is looking at better support services for separating couples, and legislation to better identify, pursue and support fathers, in the process of Child Support reform.

- The Childcare Act 2006 requires local authorities to identify parents and prospective parents who are unlikely to use early childhood services (including fathers), and facilitate their access to those services.

- Statutory obligations about the equal treatment of men and women in all public service provision are enshrined in the Equality Act, which becomes law in April 2007.

There is also an emerging discourse, in the UK and internationally, about fathers’ potential to help in tackling child poverty (Harker, 2006). As UNICEF has pointed out (Engle et al, 2006) fathers often have decision-making power and control over resources, yet many health and other interventions ‘continue to target solely women, who may not have the authority to put them into practice. . . Fathers’ involvement is one of the greatest, yet most underutilized, sources of support available to children in our world today’.

Notes

1 US mothers had spent 10.6 hours per week exclusively on childcare activities in 1965; by 2000 that had risen to 12.9 hours a week.

2 It is worth remembering that ‘full-time’ working mothers tend to work considerably fewer hours than ‘full-time’ working fathers, and that they also tend to work closer to home – so commuting times are usually shorter.

3 Dermott’s results (2006) at first indicated that hours of work were longer for fathers than for childless men. However, once she controlled for other variables, she found that fatherhood status was not a good predictor of the number of hours worked; nor was it relevant to men’s level of engagement with the labour market (i.e. whether they were employed; or were employed full or part time).

4 For working fathers’ greater dissatisfaction in Australia, see also de Vaus (2004).

5 This suggests that beliefs are closely linked to circumstance – but that contentment does not necessarily follow beliefs.

6 In the US, the driver was originally child support policy coupled with welfare reform; more recently, the ideology of ‘supporting marriage’ has predominated, although child support is still a major concern. In Australia, social policy has long been concerned with supporting child wellbeing after separation and divorce, (and the Australian government has now also recognized that dilemmas arising from family change are live issues for voters, particularly men).

7 Fathers Direct’s announcement in 2007 that it was publishing a Guide to Muslim Fatherhood resulted in hundreds of pre-orders.

8 There has as yet been no published research establishing whether this has reduced the exclusion of fathers identified in earlier studies.

9 The Minister for Families, Parmjit Dhanda, told Parliament (July 2005): ‘The Department will be working . . . to ensure that, as local authorities and other partners plan their services for children, young people and families, they are fully aware of the Gender Equality Duty and ensure that fathers and other male carers receive the support they need to achieve the best outcomes for children.’
2 Rationale and research issues
2.1 Good dads/bad dads

It seems that in order for policy-makers to ‘see’ fathers (and especially to see them as valuable), proof of their positive impact on child development must be demonstrated.\(^1\) We believe, however, that it is every bit as important to identify where father involvement has negative consequences for children and/or their mothers. This we see as providing a particularly important impetus for seeking to engage with them, and have devoted a considerable portion of this report to Vulnerable Fathers (fathers whose behaviour is, or is likely to be, substantially negative in key respects).

We also document here, scattered throughout this Review, fathers’ potential to ‘buffer’ children against negative environmental and other factors, including negative behaviour by, and characteristics of, their mothers. We approach this with caution, as it is too easy to adopt a polarized approach for seeking to engage with them, and have devoted a considerable portion of this report to Vulnerable Fathers (fathers whose behaviour is, or is likely to be, substantially negative in key respects).

In addition to the necessary focus on children’s developmental outcomes we are concerned with children’s lived experience. Whether or not they are demonstrably worse off in the longer term, the pain and suffering so many experience when their fathers neglect or abuse them, or neglect or abuse their mothers (Russell et al, 1999), and their sadness, anger and confusion when their fathers play small or non-existent roles in their lives (Fathers Direct, 2003) provide, we believe, important reasons for addressing active fatherhood in policy and practice.

It is clear that from the points of view of children, (including the points of view of adult children), that biological fathers, including fathers they rarely see or have never met, or who have no obvious impact on their development,\(^2\) are almost invariably of significance to them (Fortin et al, 2006; Dunn et al 2004, 2002; Laumann-Billings & Emery, 1998). Social fathers can also be key figures to children (Welsh et al, 2004).

Father involvement, or lack of it, also impacts on the men’s own development as people, parents and partners (e.g. Snarey, 1993). We touch on this, but that is not the focus of this report.

2.2 Understanding fatherhood research

2.2.1: Theoretical frameworks

A number of theoretical frameworks have been drawn on to understand various roles that fathers may play within families. For example:

- Olavarria (2003) cited by Lewis & Lamb (in press) invokes economic theory to explain two processes, both ongoing and international, which he sees as leading men to take more active roles in their families: the increase in female participation in the labour force, and instability in modern economies which has made traditional ‘men’s jobs’ less secure (see also Wheelock, 1990).
- Feminist theory has also contributed, particularly in terms of providing explanations for men’s use of violence within their families and to shed light on the high co-occurrence observed between domestic abuse and child maltreatment (Margolin, 1992).
- Sociobiological theory has spawned many hypotheses\(^13\) including the notion that when men invest more in mating effort (multiple partners) than in parenting effort (supporting their offspring), this may represent adaptive behaviour to increase their likelihood of passing their genes on to future generations, (for a comprehensive review of sociobiological theory and fatherhood, see Geary, 2000).
- Other theories, including psychodynamic, family systems and attachment theories have emphasized fathers’ relational patterns within families.

Each theoretical model places certain elements of fathering in the foreground, while placing others in the background, and all offer interesting insights, although none on its own accounts for the complete array of fathering factors that might explain fathers’ roles in a comprehensive way (Guterman & Lee, 2005).

2.2.2: Quantity v. quality

One ‘hot topic’ among policy makers and researchers, particularly where separation and divorce are concerned, has been the relative value of quantity v. quality of father-time, with quality of father involvement often represented as more significant than quantity (e.g. Welsh et al, 2004).

We see this as a false dichotomy. Certainly it is true that quality of care is crucial for child wellbeing, whether this is provided by mothers, fathers or other caretakers. However, apart from the fact that insufficient quantity will often be associated with poor quality, it is also the case that both quality and quantity can have discrete effects; that one can affect the other; and that they can have conjoint effects. For example:
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• The adaptation of 20-month-olds has been found to be promoted by both the quantity of paternal involvement and its quality - i.e. sensitivity (Easterbrooks & Goldberg, 1984).

• When fathers spend more time in childcare activities, they are more likely to engage in supportive interactions with their children (Almeida et al, 2001).

• More father involvement is correlated with greater paternal sensitivity; and greater paternal sensitivity is associated with more firm, and less harsh, parenting (Burchell, 2003).

2.2.3: The ‘paternal vulnerability hypothesis’
The nature and degree of fathers’ involvement with their children have been found in some studies to be more powerfully affected than mothers’ by situation (such as non-residence) and by child and couple factors (Lamb & Lewis, 2004). However, this does not mean that father-involvement is solely other-factor-dependent or that mothers’ involvement is not so affected.

• Many of these ‘gender effects’ have been overstated, with differences between the impact on fathers and mothers small, where they exist at all (for review, see Cummings et al., 2004).

• In some studies particular child-effects have been found to impact more strongly on mothers than on fathers (McLeod et al, 2004; Simons, 1994).

• Mutually influential interactional patterns in the father-mother-child triad have been demonstrated across numerous studies (Guterman & Lee, 2005).

• Mothers, fathers and children must be viewed as parts of complex social systems (notably, their families) in which each person affects the other reciprocally, directly and indirectly (Lamb & Tamis-LeMonda, 2004).

2.2.4: Dependent variables
Where father-child relationships seem to contribute positively to children’s development, this is sometimes dismissed – in a way that mother involvement never is - as being possibly ‘simply (our italics) . . . a marker of the quality of all relationships in the family’ (Lewis & Lamb, in press). In fact, as Welsh et al (2004) have pointed out, both positive involved fathering and positive involved mothering tend to occur in families in which a lot of things are ‘going right’: father well-educated, parents supportive of each other and amicable, both with high self-esteem and holding egalitarian views. Involved, /high quality fathering can be seen (like involved/ high quality mothering) as an important element in high quality family systems.

Another way in which fathers’ influence can be denigrated, is when mothers’ influence is found to be the more powerful. The inference tends to be that this is a ‘trait’ rather than a situational (or ‘state’) effect. In fact, where mothers’ greater influence is found this is almost certainly due to greater time with and responsibility for children. For example:

• Mothers’ influence on children, vis à vis fathers’ or other influences, seems to be greatest when children are young and are more tightly within their mother’s orbit. (Dunn, 2004).

• The adverse impact of parental mental illness on a child is not correlated with gender but with the degree of involvement in child-raising by the affected parent (Hall, 2004).

• As fathers’ levels of involvement increase, so does their direct, measurable influence, for good and for ill (Mezulis et al, 2004; Jaffee et al, 2003).

• Where the effects of father involvement are not shown to be strong, this does not necessarily mean that father-involvement is inconsequential: across any sample, the beneficial impact of some fathers’ involvement will be offset by the detrimental impact of others (Teitler, 2001). The quality of children’s relationships with their fathers is more variable than of children’s relationships with their mothers (Dunn, 2004).

2.2.5: Caveats in fatherhood (and motherhood) research
A key point made by Flouri (2005) is that no universal claims can be made about the impact of father involvement on outcomes for children. Rather, studies show that certain aspects of father involvement in certain groups of fathers are associated with certain outcomes in certain groups of children (Featherstone et al, forthcoming, 2007).

Nevertheless, despite this, and despite the challenges inherent in specifically identifying paternal (or maternal) effects, the growing number of longitudinal investigations, together with studies reporting children’s perceptions of their parents’ influences, provide valuable insight into patterns of paternal influence over time; and are helping to build up a powerful picture of patterns of father-child closeness as crucial predictors of later psychological adjustment, although patterns of influence remain to be explored in depth (Lamb & Lewis, 2004).

It is interesting that most motherhood research has confidently asserted, and continues confidently to assert, causal connections between mothers’ behaviour and child outcomes, without controlling for father or couple effects (Amato, 1998) – or for sibling effects (Pike et al, 2006). Amato has suggested that failure to control for father and couple-effects should raise questions about the validity of the exclusively mother-focused research, on which family policy has long been based.
2.3 The research base for this review

The literature relating to fathers’ impact on children and their mothers is extensive and is growing every day. On what basis have we made our selection? Firstly, we have drawn on recent studies, research summaries and reviews by respected researchers, on the hopeful assumption that not only their research but also the work they cite will be of relatively high quality. This has provided us with much of our research base prior to 2004. For work published since that date we have employed a number of methods, including:

- Drawing on research we have identified and collected as it has been published.
- Trawling major databases (Medline, PsychNFO etc.).
- Examining listings on key websites (e.g. Fragile Families).
- Working through recent volumes of leading journals (Journal of Marriage & Family, Child Development, Families-in-Society etc.);
- Contacting leading researchers personally.

We do not claim that all the research cited here is of all of similarly high quality. Indeed, we know that it is highly variable, and that some of it is subject to failings similar to those we have raised as problematic in the motherhood literature.

For example, sample sizes are small or unrepresentative; researchers have failed to control adequately for confounding variables such as mother involvement; causal modelling strategies have not been employed; findings have been derived from only one source (often mothers’ reports); and so on.

Sadly, space (and reader-fatigue) do not allow us to discuss the merits or de-merits of each study cited. Where work is of particularly high quality we often indicate this; and we have tried to exclude work based more in opinion than research. However, some will have slipped through, and we have knowingly included some studies which we know to be methodologically limited, but which offer insights which merit consideration. Most of the practice evaluations we cite here fall into that category, but we include them because there are no others, and because ‘practitioner wisdom’ should not be overlooked.

To judge the quality of the research, we suggest readers make good use of the footnotes, noting the quality of the journal, how often a particular researcher is mentioned, and perhaps following through to identify institutions which have generated the research. When a single, recent study is cited, we recommend regarding its findings as preliminary.

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Notes

11 For example, the justifications for involving fathers set out in the NSF (Department of Health, 2004) are uniformly, one might even say naively, positive in tone (Featherstone et al, forthcoming, 2007).

12 Many non-resident fathers fall into this category (Amato & Sobolewski, 2004).

13 Among the many intriguing hypotheses generated by sociobiological theory is that the association between a relatively short life-span and earlier age at first reproduction (e.g. teenage pregnancy in deprived areas) may be, for both men and women, a facultative response to high mortality rates (MacDonald, 1997), in other words, when you’re likely to die young, you reproduce young.

14 They are also more likely to have conflictual interactions.

15 One must not assume that high father involvement leads to greater sensitivity. It may be that more sensitive fathers are drawn to greater involvement; or that an easy-to-manage child draws fathers in. However it is highly likely that as fathers become more involved with their children, they become more sensitive to their needs as, through higher involvement, they come to know them better (e.g. Ninio & Knoff, 1988).

16 The observed tendency for fathers’ relationships with their children to be more negatively affected than mothers’ by environmental factors such as stress at work or the quality of the couple relationship, has been called the ‘paternal vulnerability hypothesis’. A recent related finding (which remains to be replicated) suggests that fathers’ relationships with their children may be doubly vulnerable: not only more negatively affected than mothers’ by environmental stressors, but also less positively affected when the environment around them is positive: in an environment characterized by low stress at work or the quality of the couple relationship, has been called the ‘paternal vulnerability hypothesis’. A recent related finding (which remains to be replicated) suggests that fathers’ relationships with their children may be doubly vulnerable: not only more negatively affected than mothers’ by environmental stressors, but also less positively affected when the environment around them is positive: in an observational task, mothers whose relationships with their partners were relatively satisfying were seen to interact more positively with their children; however, the fathers’ satisfaction with the couple relationship did not seem to translate as obviously into more positive parenting behaviour by them (Russell et al., 1997).

17 Similarly, unresolved and ‘abendent’ fathering often contribute to a poorly-resourced family climate characterized by low levels of mother involvement, too, as well as by frequent conflict, low education and self-esteem in parents and children, and mental health difficulties (Walsh et al, 2004).

18 Such research is often described as ‘parenting’ research. However, examination of the sampling reveals that only, or mainly, mothers have been studied. Where fathers have been included, it is common for the findings not to be disaggregated by gender.

19 Controlling for sibling impact is rarely carried out in either fatherhood or motherhood research. Pike et al (2006) found independent effects from sibling relationships – and also that sibling relationship quality was influenced by parents’ relationship quality, and by how well supported both mothers and fathers felt.


21 As lower income families have generally been more difficult for researchers to access, much of the child developmental ‘role of the father’ literature derives its findings from middle class, two-parent families; by contrast, where vulnerable fathers are studied (for example, young fathers), the subjects may be overwhelmingly from highly disadvantaged groups, skewing the findings in another direction. In the young fatherhood literature from the US, race may also skew the findings: the samples are almost entirely of African American males.

22 Not only is the gathering of information solely from mothers’ reports particularly problematic where relations between the parents are poor (for example, separated fathers’ and mothers’ reports of father-child contact vary widely; Blackwell & Dawe, 2003), but parents’ reports are influenced by their own perspectives on family life. For example, Hay et al (1999), investigating parents’ judgments about young children’s behaviour problems, found the father’s rating primarily associated with the child’s cognitive ability, and the mother’s primarily affected by her own mental state, and view of her marriage. Interestingly, the father’s but not the mother’s rating provided unique information that predicted teachers’ reports of the children’s problems 7 years later.
Fathers in the perinatal period
3.1 A key moment for intervention

The perinatal period has long been recognised as the ‘golden opportunity moment for intervention with fathers (Cowan, 1988a). There are a number of reasons for this.

3.1.1 Fathers are uniquely available - physically and emotionally

In the perinatal period, fathers, like mothers, are particularly open to information, advice and support (Lupton & Barclay, 1997; Lewis, 1986). UK researchers testing recruitment methods for obtaining a sample of fathers found face-to-face recruitment of fathers on the postnatal ward generating the highest return rate of any method (76%), with even postal recruitment via postnatal wards generating a return rate of 31% (Sherr et al, 2006).

Almost all fathers are in touch with services at this point.

- In their analysis of the Millennium Cohort data, Kiernan & Smith (2003) found that among the 85% of couples living at the same address when their babies were born, 93% of the fathers were present at the birth (as were almost half of the 15% of fathers who were not living with their babies’ mothers at that time).23

- Another study, with a smaller and less disadvantaged sample, returned even higher figures, with 98% of fathers at the birth, 48% attending antenatal/parenting classes, 85% at least one prenatal appointment with a midwife, and 86% at least one scan (National Health Service, 2005).

Fathers are also likely to be closely involved with the mothers at this point – and virtually all those mothers have considerable involvement with services.

- Kiernan & Smith found that among the 15% of couples who were not living together when their baby was born, two thirds were described by the mothers as ‘friends’ or ‘romantically involved’.

- Not quite a third (i.e. 1:20 of all couples) were described by the mother as ‘not in a relationship’ (mothers’ reports).1

- However, even among those reportedly ‘not in a relationship’ couples, 1:10 of the fathers were at the birth; and 1:4 signed the birth certificate.

- Almost a year down the line 23% of the couples who had not been living together at the time of the birth had moved in together.

3.1.2 Fathers may be receptive to health messages

Expectant and new fathers’ health risk behaviours are high, and research is identifying the perinatal period as a likely ‘reachable moment’ for men in this area.

- Expectant and new fathers typically re-evaluate their own health and risk taking behaviour (Lupton & Barclay, 1997).

- Expectant fathers who receive emotional support have better physical and emotional health (Jones, 1988).

- Among expectant fathers in the US, 49.3% smoke; 30.4% engaged recently in recent hazardous drinking; 27.5% have very low physical activity levels; 94.9% have an at-risk fruit/vegetable intake; and 42% a weight-related health risk (Everett et al, 2006).

- Expectant and new fathers are likely to be around 5-6% of the couples who had not been living together at the birth, with 1:20 of all couples the mothers described as not in a relationship (mothers’ reports).

- Another study, with a smaller and less disadvantaged sample, returned even higher figures, with 98% of fathers at the birth, 48% attending antenatal/parenting classes, 85% at least one prenatal appointment with a midwife, and 86% at least one scan (National Health Service, 2005).

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- Among expectant fathers in the US, 49.3% smoke; 30.4% engaged recently in recent hazardous drinking; 27.5% have very low physical activity levels; 94.9% have an at-risk fruit/vegetable intake; and 42% a weight-related health risk (Everett et al, 2006).

Educating fathers as well as mothers on healthy behaviours during pregnancy, and encouraging joint decision-making in this area, seems likely to yield the greatest net impact on family health (Mullaney et al, 2007).24

While no immediate assumptions can be made about the relevance of this data to the UK, the 30.4% finding on hazardous drinking chimes with ONS figures of hazardous drinking prevalence of 30%- among British males below age 60 (Velleman, 2004, p.185).

3.1.3 Domestic abuse and other negative behaviours by fathers can be challenged25

Research suggests, tentatively, that UK rates of domestic abuse in late pregnancy and immediately post partum are likely to be around 5-6% of pregnant women.26 Although there is no hard evidence that domestic abuse is more likely to occur in pregnancy than at any other time, or that it usually becomes worse during pregnancy (for review, see Martin et al, 2004), previous-abuse victims have been found to suffer, during pregnancy, a greater risk of increased psychological aggression and sexual coercion from their partners (Martin et al, 2004), and of becoming homicide victims (Campbell et al, 1998).

Although causality cannot be assumed,27 it seems likely that domestic abuse as an independent variable has both direct and indirect28 negative effects on pregnant women and their unborn infants.

- A number of studies29 have found domestic abuse during, and just before, pregnancy associated with a range of obstetric complications, including increased risk of high blood pressure, vaginal bleeding, severe nausea, kidney/urinary tract infections, antepartum haemorrhage, intrauterine growth restriction, preterm (and term) low birth and perinatal death.30
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• Domestic abuse also correlates with low weight gain by the mother, which reduces birth weight more than smoking does (Kearney et al, 2004).

• There is an emerging consensus from the obstetric literature that ante-natal maternal stress is associated with low birth weight and preterm birth, (for review, see O’Keane & Scott, 2005), and with children at higher risk of behavioural problems, anxiety, and cognitive and emotional difficulties. A key determinant of ante-natal maternal stress is relationship with partner (Van den Bergh et al, 2005).

This last suggests the importance of assessing and addressing a range of attitudes and behaviours by expectant fathers - not only domestic abuse, but also mental health, substance use, hostility, infidelity, rejection of the pregnancy, and so on.

In the UK, a programme for detecting domestic abuse in pregnancy is being rolled out nationwide. However, it does not contain material on addressing domestic abuse once it is detected: the onus is put on the victim to separate from the perpetrator, not on the perpetrator to change his behaviour. Nor is there provision for signposting perpetrators to further support: for example, to the few community-based behaviour-change programmes that exist, or to drugs, alcohol, mental health or other services.

Such referrals would seem to be indicated, given the high correlation between domestic abuse and drugs, alcohol, psychopathology, and even poor communication skills in both partners (Noller & Feeney, 1998) - although one must be careful to stress that, in themselves, none of these variables ‘causes’ domestic abuse: abusive behaviour is always, on some level, a choice by the perpetrator(s).

3.1.4: Fathers may become more involved in infant care
Engaging with fathers in the perinatal period may encourage them to undertake more infant caretaking. Better outcomes for those children are likely to follow (see particularly Sections 4.6 and 5.2, below), as may greater satisfaction for both fathers and mothers. For example:

• Fathers who undertake a lot of care bond more quickly with their infants and are likely to enjoy fatherhood more (Barclay & Lupton, 1999).

• The caretaking experience appears to facilitate paternal responsiveness (Donate-Bartfield & Passman, 1985; Zelazo et al, 1977).

• Greater father involvement in infant care and other household tasks is correlated with lower parenting stress and depression in mothers (for review, see Fisher et al, 2006).

It is worth noting at this point, that men are not less sensitive to babies’ distress than women. Although they may ‘signal’ their reactions less obviously (e.g. in facial expressions), their measured response (heart rate, skin moisture etc.) is the same (Fathers Direct, 2000, Note 14). Nor are women ‘natural experts’: left in charge of babies, men and women develop skills at the same rate (Fathers Direct, 2000, Note 15). Greater father involvement can result in more conflict between partners. However, this can be ‘good conflict’ in that couples can feel more connected, maternal satisfaction tends to be higher, and issues can be resolved (Cowan & Cowan, 2000).

3.1.5: Patterns of involvement established early on may endure

• Fathers’ engagement with their infants and toddlers shows considerable stability over the first three years (Aldous et al, 1998; Beitel & Parke, 1998).

• There is moderate stability in levels of caretaking evident over 14 years (Hwang & Lamb, 1997).

• Father-involvement at age seven is associated with continuing involvement throughout childhood and adolescence (Flouri & Buchanan, 2003).

• Early solo caretaking is associated with continued caretaking when children are older (Aldous et al, 1998) and with grandchildren (Pruett, 2000).

3.1.6: Mothers’ experiences will often be improved
The interdependence of fathers’ and mothers’ experience and adjustment during the transition to parenthood is striking.

• A woman’s fear of vaginal delivery is strongly associated with her dissatisfaction with the couple relationship (Saisto et al, 2001).

• Tarkka (2000) found that one of three predictors of a young mother’s positive childbirth experience was her perception of a positive attitude toward the pregnancy by the baby’s father.

• The best predictor of each parent’s adjustment to parenthood is the quality of the relationship between them (Fathers Direct, 2000).

• Women who enjoy the full support of their partners are more closely bonded to their children, and more responsive and sensitive to their needs (Feiring, 1976).

• The quality of mothering provided to an infant has been linked with supports the mother receives from her partner; and the quality of the relationship between the parents has been shown to predict how both mother and father nurture and respond to their children’s needs (for review, see Guterman & Lee, 2005).
3.2
Information and support for men as fathers

3.2.1: Pre-conception

There is growing evidence of the impact of fathers’ pre-conception/prenatal behaviour and circumstances on birth and child outcomes, including smoking (see below), alcohol abuse and exposure to solvents and pesticides. There is also a growing understanding of fathers’ genetic bequests to their children and the interaction of these with environmental factors. These include the many correlates between paternal age and adverse birth, infant and child outcomes, which are found to be particularly powerful among low-income men (Reichman & Teitler, 2006).

Where timing pregnancies is concerned, international family planning programmes have demonstrated the value and efficacy of engaging with males. Successful strategies described by Sternberg & Hubley (2004) include:

- Engaging with men as if they were caring partners, rather than irresponsible adversaries.
- Offering a brief counselling session to help them articulate their needs and doubts before attending medical consultation.
- Encouraging couples to seek services together.
- Building family planning ‘modules’ into programmes that address men in other contexts (e.g. including ‘Family Management’ in a ‘Farm Management’ programme in Honduras).
- Peer education.
- Engaging with community leaders (e.g. Muslim religious leaders in Gambia, to develop a programme on the connections between family planning and Islam).
- Workplace and community outreach and mass media approaches.

Behavioural outcomes have been less often evaluated, although programmes have increased contraceptive uptake, as well as uptake of ante-natal care by the men’s partners. HIV/STI prevention programmes have been successful in altering men’s high risk behaviours, including increasing condom use (Sternberg & Hubley, 2004).

3.2.2: Prenatal

The benefit of traditional ante-natal classes to mothers or fathers has been hard to demonstrate (Schmied et al, 1999). Fathers also express high levels of dissatisfaction with them (McEligott, 2001). In one study, one man in three wanted more information on nineteen subjects after antenatal classes were over (Singh & Newburn, 2000).

Nevertheless, fathers’ attendance is associated with greater couple inter-dependence (a marker of the quality of the couple relationship), and the men undertake more housework and are more likely to utilize support (for review, see Diemer, 1997). This last is important as expectant fathers who receive emotional support have better physical and emotional health (Jones, 1988). This very probably translates into being ‘easier to live with’, and more supportive and positive. However, even here outcomes vary according to personality and other factors.

Prenatal education specifically designed for fathers fares better:

- One study found such an intervention resulting in substantially greater likelihood of fathers’ utilizing support, undertaking housework (both before and after the birth), being more likely to ‘reason’ with their partners, and reporting better couple relationships (Diemer, 1997).
- A brief, inexpensive US prenatal intervention (consisting of one prenatal session with parents in separate gender groups focusing on psychosocial issues of first-time parenthood) was associated with mothers’ reporting greater satisfaction with the sharing of home and baby tasks post partum (Matthey et al, 2004).
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3.2.3: Postnatal
It is important to provide fathers with information and support after the birth of their children especially in high-risk families. A recent review of Shaken Baby Syndrome cases in one US jurisdiction reported 44% perpetrated by fathers and 20% by mothers’ boyfriends, in contrast to 7% perpetrated by mothers (Sinal et al, 2000).

Is fathers’ involvement with their infants affected by post natal interventions? Some early studies found that fathers who had attended baby-care courses, (or who thought of themselves as more skilled), took on more care of their infants. However, other studies of short-term interventions found no influence (for review, see Lamb, 2004). Meanwhile:

- Fathers of caesarean babies usually undertake relatively high levels of infant care due to mothers’ incapacity - and Pederson et al (1980) found them still engaged in higher levels of care 5 months on.
- Myers (1982) found fathers who had been shown how to conduct standardized assessments of their newborns (the Brazelton method) becoming more knowledgeable and more involved.
- Fathers taught the skills of caring for a newborn tend to be closer to their babies at the time and also later (Nickel & Kocker, 1987; McHale & Huston, 1984).

- When fathers of four-week-old infants were given a brief training in baby massage and the Burleigh Relaxation Bath technique with a particular emphasis on the father-infant relationship, they were more involved with their infants than a comparison group of fathers two months on. Also, their infants greeted their fathers with more eye contact, smiling, vocalising, reaching and orienting responses, and showed fewer avoidance behaviours (Scholz & Samuels, 1992).

- One study found 4 out of 5 fathers of six-month-olds saying they would probably have attended a ‘how to care for your baby’ session, if it had been offered in the first few weeks after the birth and as a continuation of the pre-birth training. Although when new fathers were actually offered such a session only 1 in 6 attended, the researchers felt this was a very positive result, since in that district nothing of that kind had ever been offered before (Matthey & Barnett, 1999).

Fathers of pre-term infants may have particularly high needs. These fathers reveal significantly greater stress and depression scores than fathers of full-term infants, and lower involvement rates (Rimmerman & Sheran, 2001); and, like the fathers (and mothers) of caesarian babies, use significantly more negative adjectives to describe their babies at six weeks of age (Greenhalgh et al 2000). However:

- Sullivan (1999) found that the sooner fathers held their pre-term infants the sooner they reported feelings of warmth and love for them.
- A programme comprising eight sessions shortly before discharge plus four home visits afterwards, found the fathers suffering significantly lower child-related, parent-related and total stress, twelve months on (Kaarenes et al, 2006).
- And finally, the importance and value of engaging with the couple relationship is strongly indicated:
- Reduced couple satisfaction and relationship quality and increased conflict over the transition to parenthood are clear (for review, see Glade et al, 2005).
- Issues that may not be significant for couples who have never have children may become significant once a baby is born: this has been shown to be the case with family-of-origin experiences, and with conflicts that arise when partners have different approaches to parenting (Cowan, 1988b; Lane et al, 1988).
3.3

**Fathers at the birth**

As previously mentioned, today 86-98% of fathers attend their baby’s birth (Kiernan & Smith, 2003; National Health Service, 2005).

Enkin et al (2000) note that fathers today have an expanded role in the birth process: they are expected to reinforce what has been taught in childbirth education, act as advocates for the mother, and fill gaps in care.

With only a very few fathers not present, (and those being almost exclusively men who are not in a close relationship with the baby’s mother - Kiernan, 2006), it is difficult to make valid comparisons between the impact of fathers’ presence in, or absence from, the labour room. However being present allows many fathers to offer quality support – and this is clearly beneficial.

- Earlier studies found that women whose husbands were present and supportive during labour were less distressed (Anderson, & Standley, 1976; Henneborn & Cogan, 1975).
- More recently, Gibbins & Thomson (2001) found that labouring women benefit when they feel ‘in control’ of the birth process – and that a key component in this is experiencing support from their partner during the birth. However, a stressed birth partner can be counterproductive: stress, like fear, can contaminate - and maternal stress can slow down labour. Fathers’ stress levels are often very high at key points during the birthing process (Johnson, 2002). Keogh et al (2006) found caesarian mothers’ post-operative pain strongly linked to their fear-experiences during labour, and these were mediated by the level of their birth partner’s fear.

The implications for preparing fathers well for the birth are clear.

- Fathers who have been prepared well to participate productively in the labour process tend to be more active participants, and their partners’ birth-experiences tend to be better (for review, see Diemer, 1997).
- Even where fathers have been only minimally prepared, studies repeatedly show high levels of satisfaction post partum for both mothers and fathers in sharing the experience of labour and birth (Chan & Paterson-Brown, 2002).^{35}
- Fathers’ presence has been shown to help compensate for poor quality obstetric services. Klein et al (1981) found fathers five times more likely to touch their partner during labour and delivery than other support figures; and the women rated the fathers’ presence more helpful than that of the nurses.
- Spiby et al (1999) found labouring women generally disappointed by the level of midwife involvement while their partner’s involvement much more nearly met their expectations – a personal experience also reported by Llewellyn Smith (2006).
- Obstetricians greatly underestimate the psychological boost fathers give to their partners during delivery – as well as the practical support the men provide during labour, and afterwards (Hayward & Chalmers, 1990).

Claims about long term negative effects of fathers’ attending the birth have been made, particularly on the couple’s sexual relationship (e.g. Odent, 1999) but not substantiated through serious research. One well designed study showed that while negative perceptions of the birth-experience were correlated with depressive symptoms in fathers at six weeks postpartum, their effect was removed once pre-existing depressive symptoms were controlled for (Greenhalgh et al, 2000).
Does the father’s presence at the birth pay off in greater involvement later?

- Birth attendance by fathers is not correlated with higher levels of involvement in, say, nappy changing; however, birth attendance followed by extensive postpartum father-infant interaction in the hospital may stimulate such behaviour (Keller et al, 1985; Palkovitz, 1985).

- Moore & Kotelchuck (2004) found a significant correlation between fathers’ attendance at the birth and subsequent involvement in monitoring infant health by participating in ‘well child visits’.

- Kiernan (2006) compared the behaviour of non-resident fathers who had signed their baby’s birth certificate, with fathers who had not signed the birth certificate but had been present at their baby’s birth. She found that though roughly equal numbers of both groups later moved in with their baby’s mother, all other measures of involvement, except the payment of child support, were higher among the men who had attended the birth. Noting the many studies that have recorded the powerful impact on fathers of witnessing the births of their children, Kiernan comments: ‘Our evidence suggests that this attachment exemplified through presence at the birth carries through into infancy even among non-resident fathers’.

As religious participation declines, including christenings and other ceremonies, fathers have few opportunities to make public their commitment to their children; and although secular ‘naming’ ceremonies are now possible, these are not widely promoted or used. Nor are fathers universally acknowledged in the hospital setting: babies are now often recorded under their mothers’ names where parents are unmarried, even if the mother asks for the father’s name to be used. As there is no duty on hospitals to record fathers’ names, many do not do so (Fathers Direct, 2006b).

Birth registration by the father establishes paternity. Paternity recognition, and government support for it, can be interpreted as the child’s right (UN Convention on the Rights of the Child - Article 7 [1] and Article 8 [1] & [2]). Henshaw (2006) asserts that ‘knowing and being acknowledged by both parents’ is an important issue to children.

In the US, paternity establishment (particularly in hospital) has proved a rewarding strategy, increasing the proportion of children receiving child support as well as levels of paternal contact and involvement (Fragile Families, 2005). Registration is voluntary, but mothers and couples are approached and the father encouraged to register. Few refuse, once the benefits to them and to their child are explained. In the State of Minnesota, paternity establishment among CSA cases (many of these are low income families, where couples may not live together and birth registration is likely to be at its lowest) is 96%. This is mainly due to in-hospital registration (Minnesota Fathers and Families Network, 2007). In the UK, paternity establishment among CSA cases is only 75%.

In West Virginia it was discovered that the most significant person affecting whether a young man acknowledged he was the father was the midwife. The State implemented a training program for midwives on the importance of fatherhood and how to talk to young mothers and fathers. In four years the rate of paternity establishment went from under 18% to over 60% among low-income unmarried couples (Levine & Pitt, 1995). Since practice has varied around the country, national standards are now being recommended (Fragile Families, 2005).

Do fears about child support enforcement discourage fathers from signing their infants’ birth certificates? Apparently not: in England and Wales rates of sole birth registration by mothers remained stable from 1991-2000, during which time the Child Support Agency was established and widely discussed (Macfarlane et al, 2004, p.7).
3.5 Smoking

Parental smoking is a significant issue both for the Department of Health and for Government as a whole. Who smokes?

In a study of smoking households in the Midlands (infants’ mean age 10 weeks):

- Two-thirds contained a smoking father – many more than contained a smoking mother (Blackburn et al., 2005a).
- Tobacco consumption was higher where both parents smoked or where only the father smoked (Blackburn et al., 2005a).
- Many of the fathers wanted to stop smoking: more than 50% had tried to cut down; 20% had tried to quit; and more than 75% had tried not to smoke in the house. However, less than 5% had succeeded in quitting; and only 60% had achieved not smoking at home (Blackburn et al., 2005b).
- Astonishingly, most of the fathers were not asked about their smoking habits either during the pregnancy or after the birth, let alone given even the most basic information to encourage them to quit (Blackburn et al., 2005b).

What impact does fathers’ smoking have on infants?

- Smoking by fathers causes sperm damage, reduces semen quality and reduces responsiveness to fertility treatment (British Medical Association, 2004).
- A high quality case control study in Northern California found that exposure to paternal preconception smoking alone (as well as in combination with postnatal passive smoking) is highly likely to be important in the risk of childhood leukaemia (Chang et al., 2006).
- Heavy paternal smoking is associated with increased risk of early pregnancy loss (Venners et al., 2004), respiratory disease in infants and low birth-weight (Health Education Authority, 1999).
- Paternal smoking is directly linked with SIDS - and also indirectly, via low birth-weight (Health Education Authority, 1999).
- Where both parents smoke, the baby is eight times more likely to die of SIDS (Health Education Authority, 1999).
- A substantial study in New Zealand identified father’s smoking as a risk factor for breastfeeding cessation at four months postpartum, independently of mother’s smoking and other factors (McLeod et al., 2002).
- Heavy smoking by either father or mother is associated with fussiness/colic in newborns. In a Dutch national sample, excessive infant crying (which has a deleterious effect in parent/infant bonding and couple satisfaction, and perceptions of which are the number one trigger for Shaken Baby Syndrome - Barr, 2006) was found to occur more frequently among infants whose fathers (but not mothers) smoked 15+ cigarettes daily (Reijneveld et al., 2005).

Fathers have, at best, incomplete knowledge of the effects of passive smoking on infants: only 33% are aware that it contributes to SIDS; 24% that it contributes to ear infections; 65% that it is related to babies’ developing asthma, bronchitis and pneumonia; and 75% that it contributes to coughing/sore throats in babies (Moffat & Stanton, 2005).

In the US, paediatricians are being urged to address fathers’ smoking, not only because of the impact on their health but because of productivity issues: children from smoking households miss an extra six days of school a year (Dake et al., 2006).

Fathers and mothers’ smoking behaviours are linked:

- An expectant father’s continuing to smoke is associated with his partner’s continuing smoking (for review, see Bottorff et al., 2006).
- A longitudinal UK survey found that smoking by a pregnant woman’s partner was by far the biggest predictor of her current smoking status (Penn & Owen, 2002).
- A review of nine cohort studies published in international peer-reviewed journals found ‘partner’s smoking habit’ to be one of the key determinants of a pregnant woman’s smoking. Most of the other determinants of pregnant women’s smoking were SES related (Lu et al., 2001).
- An expectant mother’s quitting is consistently associated with her partner’s provision of support for her quitting – and by his quitting himself (for review, see McBride et al., 2001)."
- Similarly, an expectant father’s quitting is strongly associated with his partner’s quitting (Lu et al., 2004).
- Although mothers’ influence on fathers’ quitting is small (for review, see Bottorff et al., 2006), mothers who have quit themselves have the strongest influence (Ratner et al, 2001).
For many fathers, not smoking in the home may be a more achievable target than smoking cessation (Blackburn et al, 2005b). So how effective are mothers in protecting their infants from the father’s smoking? Results are mixed. A Dutch study found that among the 65% of mothers who prevented passive smoking to some extent, success was linked with the mother’s self-efficacy in asking others not to smoke (Crone et al, 2001). This suggests that the most vulnerable women are likely to be the least efficacious in protecting their infants from passive smoking.

What indicators are there, that fatherhood may prove an incentive for men to reduce their smoking, smoke outside the house – or even quit? Most men, and in particular healthy men from lower socioeconomic classes, are poorly motivated by existing smoking cessation programmes. However, significant life events are a time of increased receptiveness to smoking cessation influences (Stanton et al, 2004). Fatherhood seems to be one of these:

- Expectant and new fathers experience discomfort with their smoking (Bottorff et al, 2006)
- The desire to be a caring, participative father increases men’s ambivalence about smoking and precipitates changes in smoking (Westmaas et al, 2002)
- Men who become fathers are more likely than other men to have quit in the two years preceding childbirth, and to be still abstinent one year thereafter (Brenner & Mielck, 1993).
- Becoming a father and preparing to become a father are associated with spontaneous quitting (Brenner & Mielck, 1993); and multiple quit attempts are common prior to smoking cessation (Prochaska & Goldstein, 1991).
- The discontinuities in everyday life associated with the postnatal period provide opportunities for establishing new routines (Bottorff et al, 2006)

Smoking interventions with expectant and new fathers are already yielding results.

- A randomized controlled trial of a multi component intervention with expectant fathers in the US found that, at six months post partum, almost twice as many in the intervention group compared with the controls (16.5% v. 9.3%) had stopped smoking. However, the number needed to be treated to get one male smoker to quit was 13 to 14 (Stanton et al, 2004).
- Almost exactly the same treatment/quit ratio was found in a Hong Kong study, with – again – almost double the quit rate in the intervention group. The intervention group, in that case, had received three-session telephone-based smoking cessation counselling (Abdullah et al, 2005).
- In another randomized controlled study of an intervention designed to reduce smoking in expectant fathers, addressing the mothers alone resulted in 5% of the fathers’ quitting, while addressing the father directly resulted in a 15% quit rate (McBride et al, 2004).

The barriers to fathers’ quitting/smoking reduction, and the factors that may encourage it, are beginning to be understood:

- An Australian focus group identified a belief among expectant, smoker, fathers that the stress caused in their family through smoking withdrawal/quitting would be more detrimental to the unborn baby than continued smoking (Wakefield et al, 1998, cited by Bottorff et al, 2006).
- In another Australian study, in multivariate logistic regression analyses ‘feeling close to the unborn baby’ and a ‘high level of knowledge about the effects of passive smoking on baby’ were associated with early quit attempts by fathers Moffatt & Stanton (2005).
- Fathers’ not smoking in the home is linked to both their caring and their economic circumstances, so other interventions (e.g. supporting them into further education, training or employment) may have spin-offs in reducing fathers’ smoking in the home (Blackburn et al, 2005b).
- Masculinity Issues may need to be addressed: identification of smoking with masculinity precludes some fathers from viewing partner’s tobacco reduction or cessation as an opportunity for their own cessation (Bottorff et al, 2006).
- It seems possible that social and cultural shifts that redefine masculinity and male roles in relation to childcare and family life may support positive changes in health behaviour among fathers, including their smoking practices (Bottorff et al, 2006).
3.6 Breastfeeding

What influence do fathers have on breastfeeding?

- A number of studies have found fathers influencing mothers’ decisions to initiate and/or sustain breastfeeding (for review, see Scott et al, 2001).

- Support from the infant’s father through active participation in the breastfeeding decision, together with a positive attitude by him and knowledge about the benefits of breastfeeding, have been shown to have a strong influence on the initiation and duration of breastfeeding (Swanson & Power, 2005; Arora et al, 2000; Bromberg & Darby, 1997).

- Low-income women in particular suggest that male support is crucial in their decision to breastfeed (Schmidt & Sigman-Grant, 2000).

- It is worth noting that mothers’ perceptions of their partners’ attitudes to breastfeeding - on which researchers often rely - may not be accurate: when the men are interviewed directly, their attitudes can be more positive than expected (Freed et al, 1993).

Fathers’ actual beliefs about breastfeeding and their level of knowledge and understanding are significant.

- Fathers’ beliefs that breastfeeding is best for baby, and that it helps with bonding and protects baby from disease, are associated with mothers’ intention to breastfeed. Conversely, fathers’ beliefs that breastfeeding is bad for the breasts, makes breasts ugly and interferes with sex are associated with mothers’ bottle-feeding intentions (Freed et al, 1993).

- Barriers to fathers’ supporting breastfeeding include disapproval of women breastfeeding in public or in front of non-family members, and lack of knowledge about the health benefits and nutritional superiority of breastfeeding. Such disapproval and lack of knowledge are far more common in fathers than in mothers (Shaker et al, 2004; Pollock et al, 2002; Shepherd et al, 2000).

Can fathers’ views and understandings be changed? Most of the intervention studies are small, but the indications are positive.

- A randomized controlled trial of a two-hour pre-natal intervention with fathers consisting of infant care information as well as encouragement for fathers to advocate for breastfeeding and assist their partner, resulted in 74% v. 41% breastfeeding initiation among women whose partners had attended the class, in comparison with the controls (Wollberg et al, 2004).

- In Italy, Piscane et al. (2005) found that teaching fathers how to prevent and manage the most common lactation difficulties had a marked, positive impact on breastfeeding continuation. Only 15% of mothers whose partners had been simply told about the benefits of breastfeeding were still breastfeeding at six months; but when the men were individually coached for just 40 minutes on managing common problems (such as pain and discomfort, fear that baby isn’t ‘getting enough’ and breastfeeding-issues when mum returns to work) the percentage of mothers still breastfeeding at six months was 25%. The impact was particularly strong among women who had reported difficulties with lactation (4.5% v. 24%).

- An established workplace intervention in the US offers fathers either two 45-minute group classes (which include observing positioning and attachment) or a one-hour, one-on-one coaching session (which includes use and care of a breast pump). A book on breastfeeding and other ‘take away’ handouts are supplied. The fathers are also invited to attend a men-only fathering session as part of an antenatal course for couples. All the interventions result in higher-than-average breastfeeding rates, with the outcomes from the fathering session the most impressive. When fathers had attended the fathering session as well as the breastfeeding instruction., 69% of the mothers were still breastfeeding at six months post partum, compared with a national average of 21% (Cohen et al., 2002).

- Working with the couple relationship may pay dividends, since relationship satisfaction is associated with more paternal breastfeeding support (Falceto et al, 2004), and relationship distress is predictive of early breastfeeding cessation, although only at a marginal level of significance (Sullivan et al, 2004).

- Since high levels of maternal responsibility for household tasks and infant care are significant predictors of breastfeeding cessation, supporting fathers to take responsibility in these areas may contribute significantly to breastfeeding maintenance (Sullivan et al, 2004).

Working with the couple rather than simply with the mother in breastfeeding education is important. A desire for the father to have opportunities to be close to the baby can be a factor in some mothers opting to cease breastfeeding; and an approach that focuses exclusively on the mother-child dyad can result in some fathers feeling excluded, jealous and resentful, to the detriment of breastfeeding success (Jordan & Wall, 1993).
3.7 Post-natal Depression

3.7.1: The father’s role in maternal depression

The evidence that impaired maternal mental health, including depression, in the post partum period, has adverse effects on the infant socially, emotionally, behaviourally and cognitively is extensive (e.g. Kurstjens & Walke, 2001; Cummings & Davies, 1994; Hossain et al, 1994). Amelioration of the mother’s psychological distress after the first year does not necessarily improve the outcome for the child (Murray et al, 2003).

Mothers’ depression is associated with own personality, perinatal, infant-related and partner factors. These last include a poor relationship with the father, his being unavailable at the time of the baby’s birth and his provision of what is perceived by the mother to be insufficient emotional or practical support. This can include low participation in infant care. Other risk factors include his holding rigid sex-role expectations, or being critical, coercive or violent (for review, see Fisher et al, 2006).

The father’s functioning as a support person is key, since depressed new mothers receive more support from their partner than from any other individual, including medical staff (Holopainen, 2002). Can intervening with these men prove fruitful? Few interventions have been rigorously evaluated, and sample sizes are small. However, indications are positive.

- A randomized controlled trial in Canada found that where depressed women’s partners participated in 4 out of 7 psycho-educational visits, the women displayed a significant decrease in depressive symptoms and other psychiatric conditions. Interestingly, when only the women (and not their partners) received the intervention, the general health of the depressed women’s partners deteriorated. This effect was not found where the men were included in the intervention (Misri et al, 2000).

- A shorter length of hospital stay among women with pre/postpartum psychiatric disorders is strongly and positively correlated with supportiveness by their (male) partners. However, only 30% of these men are categorized by the researchers as supportive (Grube, 2004).

- A brief, inexpensive US intervention (one prenatal session, in separate gender groups focusing on psychosocial issues related to becoming first-time parents) was associated with reduced distress in some mothers at six weeks postpartum. The key factor seemed to be their perception of an increased level of awareness in the men as to how they were experiencing the early postpartum weeks (Matthey et al, 2004).

3.7.2: Fathers’ own depression

Fathers’ own depression is also an issue for concern, not least because of its potential to exacerbate maternal depression. Although pregnancy is a period of greater stress for fathers than the post-birth period (Huang & Warner, 2005; Condon et al, 2004), fathers’ rates of depression are higher after the birth than before it (Huang & Warner, 2005).

As is the case with maternal depression, estimates of paternal depression range widely depending on the characteristics of the sample and the measure of depression used.

- Depression rates of 7-30% have been identified in new fathers (for review, see Huang & Warner, 2005).

- In Denmark: new fathers’ depression rates are double the national average for men in the same age group (Madsen, 2006).

- First time fathers are particularly prone to depression (Cowan et al, 1991) with mild to moderate depression most likely (Soliday et al, 1999).

- In Denmark, the risk of postpartum mental disorders necessitating hospital admission or outpatient contacts is increased for several months after childbirth for mothers, but among fathers no increase in severe mental disorders is found (Munk-Olsen et al, 2006).

What factors are linked with paternal depression at this time?

- The experience of a general lack of support, with the quality of the couple relationship, including disagreement about the pregnancy and perceived lack of supportiveness from the mother particularly central (Huang & Warner, 2005; Dudley et al, 2001; Matthey et al, 2004).

- Infant-related problems (Dudley et al, 2001).

- The father’s neuroticism and substance abusedependence (Huang & Warner, 2005).

- The mother’s personality difficulties, unresolved past events in her life and her current mental health status (Huang & Warner, 2005), most particularly her depression.45

Low income new fathers, including young fathers (see Young Fathers, below) are particularly vulnerable to depression, seemingly due to interacting factors. In a low income African American sample, 56% of new fathers were found to have ‘depressive symptoms indicating cause for clinical concern’. Correlates included resource challenges, transportation and permanent housing difficulties; problems with alcohol and drugs; health problems/disability; and a criminal conviction history (Anderson et al, 2005).
In this study, and in opposition to findings elsewhere, higher levels of social support were associated with greater depressive symptomatology, leading researchers to speculate that for low-income men the perceived costs of reciprocity may have deterred them from utilizing available support; or that peer groups may have influenced their alcohol or drug use, or placed demands on their resources (Anderson et al, 2005).

The more tenuous the relationship with the mother, the more likely it is that the father will be depressed. Interacting factors and selection effects would seem to explain this in part, but the circumstances of the pregnancy are also likely to be relevant. Rates of paternal depression in one recent US study were 6.6% (married fathers), 8.7% (cohabiting), 11.9% (romantically involved but not living together); and, among the fathers who were described as ‘not involved’ with the mother 19.9% were depressed (Huang & Warner, 2005).

Fathers who feel supported by their partners in finding their own ways of caring for their infants are likely to develop a strong connection to their babies, and are also unlikely to develop depression (Cowan & Cowan, 1988). Participation in a fathers’ group has been found to assist men’s coping with their partner’s postnatal depression (Davey et al, 2006). However, group interventions may suit only particular types of fathers (Ghate et al, 2000).

Early Years Services often succeed in engaging fathers (particularly young fathers) via sports. Generally this tactic is regarded as a ‘hook’ activity to draw the men into involvement with other services (Fathers Direct, 2002-06). In fact, involving fathers in sports activities should perhaps be considered an end in itself, not least because of the potential of regular aerobic exercise for improving mood.

3.7.3: The impact of fathers’ depression on infants and children

A recent, substantial, UK/US study, which controlled for mothers’ depression, found high levels of emotional and behavioural problems in children (particularly boys) aged 3.5 years, associated with earlier depression in their fathers (Ramchandani et al, 2005). The mechanisms by which this occurs are not fully understood. Both direct and indirect effects are likely. For example:

• Fathers’ depression puts at risk the quality of the relationship between the parents (Phares, 1997); and better couple relationship quality has been linked to lower infant fussiness scores (Dave et al, 2005).

• High psychological well being in fathers is positively associated with their sensitivity as parents (Broom, 1994).

• Fathers’ depression (like mothers’) limits their ability to parent effectively (Huang & Warner, 2005).

• A 3-year study of first-time fathers in Australia found stress negatively affecting fathers’ attachments to their infants (Buist et al, 2003).

• In the US, a study of Head Start families found that fathers with higher levels of depression had less involvement with their children (Roggman et al, 2002).

• When both parents are depressed and the depressed father spends medium/high amounts of time caring for his infant, his depression has been found to exacerbate the negative effects of mothers’ depression (Mezulis et al, 2004).

• A pilot study to assess the relationship between paternal mood and infant temperament found higher paternal depression scores, more traditional attitudes towards fathering and increased recent life events related to higher infant fussiness scores (Dave et al, 2005).

However, McElwain & Volling (1999) found depressed fathers less intrusive than non-depressed fathers when observed playing with their 12-month-olds; and Field et al (1999) reported that depressed fathers did not interact with their infants more negatively than non-depressed fathers did.
3.7.4: Ameliorating the impact of mothers’ depression on infants: ‘father-as-buffer’

When, and how, may fathers’ behaviour ‘buffer’ negative effects of mothers’ depression?

- Fathers have unusually high amounts of interaction with insecure-avoidant infant girls – the group with whom mothers interact least of all (Fagot & Kavanaugh, 1993).

- A small (n: 25 families) observational study found that in most families where mothers suffered from persistent depressive mood, their infants had established joyful relationships with their fathers, and infant-father attachments were secure. (Edhborg et al, 2003). Similar findings are reported by Hossain et al (1994).

- Infants of chronically depressed mothers have been found to learn in response to fathers’ (but not mothers’ or other women’s) infant-directed speech (Kaplan et al, 2004).

- Where mothers are depressed post-natally, fathers’ self-reported parenting styles interact with the amount of time they spend caring for their infants, to moderate the longitudinal effects of the mothers’ depression on children’s internalising behaviours in childhood (Mezulis et al, 2004).

- Fathers’ support can shield the infants of chronically depressed mothers from negative outcomes (Field, 1998), promoting greater maternal responsiveness to their infants (Jackson, 1999) and minimizing power-assertive maternal child-reading attitudes (Brunelli et al, 1995).

- Women who, as children, experienced maternal rejection and/or had a mother who experienced depressive symptoms are at elevated risk of developing depression in the post-natal period. However, if their relationship with their own father is remembered as positive and ‘accepting’: then they are much less likely to develop depressive symptoms postnatally (Crockenberg & Leerkes, 2003).

When mothers are especially vulnerable, it would seem wise for child and family professionals to pay particular attention to supporting positive and substantial father-child interaction. However, a proactive and tactful approach may be needed: where new mothers’ feelings of autonomy are low (Grossman et al, 2002) or they are depressed or lack confidence as mothers (Lupton & Barclay, 1997) they tend actively to exclude fathers, and the fathers may hang back, fearing their interference could exacerbate the situation (Lupton & Barclay, 1997; Lewis, 1986).

The finding that even after a mother’s recovery from post-natal depression, adverse patterns of interaction with her child can continue (Cox et al, 1987) indicates the importance of including fathers in the intervention in both the short and longer term.

Notes

23 Overall, this means that 86% of all fathers in this sample were at the birth.
24 And thus may provide an important strategy in achieving women’s empowerment (Mullany et al, 2007).
25 See also Domestically Violent Fathers, below.
26 In a key study, Bacchus et al (2004) sampled 1892 pregnant women (aged 16 and over) attending maternity services of Guy’s and St Thomas’ NHS Hospital Trust in South London. Midwives routinely enquired about domestic abuse at booking, 34 weeks of gestation and postpartum (within 10 days) using a series of structured questions. The prevalence of domestic abuse (physical, sexual or emotional?) in pregnancy was 1.8% at booking, 5.8% at 34 weeks of gestation and 5.0% at 10 days postpartum – implying an overall prevalence of 2.5% domestic abuse (physical/sexual) during pregnancy. However, because during the recruitment phase not every woman attending the clinic was questioned, the prevalence is likely to be an underestimate.
27 Victims of domestic abuse often have pre-existing depression and other mental health difficulties. They tend to smoke, abuse substances, and may be young, poor, ill-educated and unmarried – all risk factors, in themselves, for obstetric complications, low birth weight and perinatal death (Karmey et al, 2004).
28 Indirect effects may include generating or exacerbating (in the mother) depression, poor self-care and/or stress-related ongoing substance use, including cigarettes.
30 So far, only one study has investigated the impact of fear-of-partner (in the absence of actual physical violence) on adverse pregnancy outcomes (Janssen et al, 2003). This found no correlation.
31 Alcoholic dependent fathers are likely to sire girls with a strong tendency to ADHD (Koopik et al, 2005).
32 Fathers’ pesticide exposure prior to conception predicts pre-term delivery (Hourani & Hilton, 2005).
33 Antenatal class attendance is connected with more positive feelings about the birth experience for some men; however, those who had seemed to ‘block’ distressing information during the classes had a more negative birth experience (Greenhalgh et al, 2004).
Useful topics for such courses include managing and resolving conflict, expectations, values and beliefs, commitment, forgiveness, friendship and fun, and managing fatigue and stress. Radical new approaches to working with low income couples are being tested (Glade et al, 2005).

The long-term outcomes of this intervention are currently being investigated.

Hayward & Chalmers (1990) suggest that these positive findings may be associated, in some cases, with the father’s contribution as a general factotum on an understaffed labour ward.

Article 7 (1) 'The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.'

Article 8 (1) ‘States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.’ (2) ‘Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to speedily re-establishing his or her identity.’

Given the anxiety and exhilaration experienced around the birth, a public declaration of fatherhood within the hospital setting may have a particular emotional force. One US father described how, when filling out a form in the paediatrician’s office, “I felt a jolt when I had to fill in the line that said ‘Father’s name’. I had all these visions about report cards and . . . permission forms and all these things – and I’m going to be the one signing where it says ‘Father’?” (Cowan & Cowan, 2000, p.56).

See for example, practice in the State of Arizona: www.supreme.state.az.us/div/Text/Paternity.htm

As one father put it: ‘Being a father, you don’t get anything at the hospital. They don’t say “well, if you smoke have a read of this”. There’s nothing in that respect’.

Note controlling for SES and other potentially confounding variables was not substantial in this study.

Interestingly, a partner’s SES has been found to be only weakly related to a woman’s continued smoking (Moden et al, 2003) so does not appear to be a mediating factor in her failure to quit.

65% of pregnant smokers have been advised to give up by their partners, 25% found their comments useful (Health Education Authority, 1999).

An integrated review of 20 research studies found 24-50% of new fathers with depressed partners affected by depression themselves (Goodman, 2004). A recent study not only recorded more depressive symptoms among such men, but also more aggression and non specific psychological impairment, as well as higher rates of depressive disorder, non specific psychological problems and problem fatigue. New fathers whose partners were depressed were also more likely to have three or more co-morbid psychological disturbances. On measures of anxiety and alcohol use there was no difference between men whose partners were depressed and men whose partners weren’t (Roberts et al, 2006).

These researchers hypothesise that the elevated risk of behaviour problems found in some of postnatally depressed mothers may be linked to the fact that both parents tend to interact less with insecurely attached infant boys.

However, where family problems are extreme and maternal warmth and acceptance very low, a positive father-child relationship may not prove sufficient ‘buffer’ on its own (Jorm et al, 2003) particularly where children are very young (Masulis et al, 2004).
4

Fathers’ roles in child development
Since 1975, an increasingly sophisticated body of research has been charting the pathways through which fathers influence their children’s development. A recent systematic review of studies which controlled for maternal involvement and gathered data from different independent sources, found ‘positive’ father involvement associated with a range of desirable outcomes for children and young people (Pleck & Masciadrelli, 2004). The positive outcomes include: better peer relationships; fewer behaviour problems; lower criminality and substance abuse; higher educational / occupational mobility relative to parents’ employment; capacity for empathy; non-traditional attitudes to earning and childcare; more satisfying adult sexual partnerships; and higher self-esteem and life-satisfaction. Similarly, low levels of (positive) involvement are associated with a range of negative outcomes for children and young people (Pleck & Masciadrelli, 2004). However, the pathway into higher paternal involvement is crucial. Forced high paternal involvement, as through forced unemployment, does not usually bring with it the same benefits as greater paternal involvement through choice (O’Brien, 2004a). Agreement between parents as to the desirability of the involvement is also key (Ashley et al, 2006).

How can father involvement affect children in negative ways?
- Studies show a range of negative developmental outcomes associated with fathers’ (and father-figures’) poor parenting or psychopathology (see Lloyd et al, 2003), substance misuse (Velleman, 2004, p.188) and abusive behaviour towards mothers (Jaffee et al, 1990).
- A ‘dose effect’ is found: worse behaviour by fathers tends to result in worse outcomes for children, as does more extensive contact with a father who is ‘behaving badly’ (Jaffee et al, 2003).
- Another kind of dose effect - the ‘double dose’ effect (Dunn et al, 2000) - is found where both parents’ life histories / behaviour are negative (O’Brien, 2004b).
- Jaffee et al (2003) also note a ‘double whammy’ impact, where genetic and environmental risks converge.

It has, however, been pointed out that singling out fathers in this way distracts attention from the larger body of evidence that shows negative maternal influences equally in evidence (Leinonen et al, 2003).

It has often been argued that no father is better than a bad father. That can of course be true. However:
- Severing father-child relationships entirely, either actively or by default, can result in children demonising or idealising their fathers (Kraemer, 2005; Gorrell Barnes et al, 1998) or blaming themselves for their absence (Pryor & Rodgers, 2001).
- Furthermore, loss or attenuation of the relationship commonly causes children substantial distress, anger and self-doubt (Fortin et al, 2006; Laumann-Billings & Emery, 1998).
- Controlling for other factors, absent fatherhood has been shown negatively to affect children directly, for example, by contributing to their difficulties with peer relationships, including bullying (Parke et al, 2004; Berdonzini & Smith, 1996); and indirectly, via increased maternal stress and reduced income (McLanahan, 1997; McLanahan & Teitler, 1999).
- Although in some cases removing the father improves the situation for children, their situation more often becomes worse (Guterman & Lee, 2005).

Having ‘set the scene’ with general comments, we now focus on specifics.

4.1 An overview
4.2 Infancy & pre-school

Although a vast array of studies points to mother-infant attachment security as more central to the positive and negative development of infants and young children:

- Infants’ security of attachment with both mothers and fathers appears to be mutually influenced and interdependent. 48
- Infants of very highly involved fathers are generally more sociable and seem equally attached to both parents. 49
- Fathers often form independent attachments with their infants that promote their security. 50
- Infant-father attachment security may have unique effects - and may be more influential on occasion than mother-child attachment security. 51
- Infant-father attachment security may be affected by both the quantity and quality of the time fathers spend with their infants. 52
- Better measures of infant-father security may be obtained by observing infant-father play than by conventional attachment - security testing. Measures of father-toddler play have been found to be more predictive than mother-infant attachment security of adjustment in adolescence. 53

How does early father involvement affect infants’ and preschoolers’ cognitive and social development? Here mothers’ influence is again the more powerful. 54 But it is only a matter of degree: fathers’ impact is important, and the earlier fathers become involved, the better - where their interactions with their young children are mainly positive:

- High quality (sensitive/supportive) and substantial father involvement from the month following birth is connected with a range of positive outcomes in babies and toddlers - from better language development to higher IQs. 55
- The value of supportive parenting of infants and toddlers by fathers is also found in low income families and across different racial groups. 56
- When fathers earn more and are better educated, the positive effects on their young children are marked; and fathers’ higher income and better education are also predictive, as independent variables, of more positive mother-child interactions. 57
- Fathers’ active care of ‘difficult-to-raise’ preschoolers is related to fewer problems in these children later (Aldous & Mulligan, 2002).
- Fathers’ parenting style - like mothers’ - matters a great deal and is sometimes the more powerful influence on young children’s development. 58
- The quality of father-child interactions early on correlate with the quality of children’s peer relationships later. 59

However, it must be remembered that when fathers’ interactions with their infants and pre-schoolers are consistently negative, the impact is also very negative. 60

4.3 Childhood and adolescence

School-aged children’s emotional / behavioural development shows the same pattern of fathers’ significant influence separate from mothers’ - specifically on their social maturity, 61 behaviour, and important personality variables such as self-esteem and internal locus of control. 64

Far from having a mainly ‘instrumental’ impact (as was once thought), fathers are now understood to play a substantial role in socializing their children’s emotions. In addition to the impact on their adjustment, this has been found to influence school functioning and popularity with an equivalent influence on daughters and sons – although the pathways through which paternal influence operates here may sometimes be different. 66

Conflict with fathers, fathers’ negativity and fathers’ harsh or neglectful parenting are strongly associated with overt child behaviour problems throughout childhood and adolescence. Specifically:

- fathers’ harsh parenting has a stronger effect than mothers’ on children’s aggression, particularly sons’ (Chang et al, 2003).
- a father’s own bullying behaviour at school is a risk factor for his child becoming a bully (Farrington, 1993).
Education and achievement

4.4

- A body of evidence links negative fathering with low self-esteem in children; and low self-esteem in both boys and girls is related, among other things, to an increase in partner violence and violent family relationships in adulthood (for review, see Dick & Bronson, 2005).

Children’s perceptions of their fathers’ behaviour are important. Researchers studying 8-16 year olds in Wales and America found the children responding more positively to positive parenting (problem solving, support and affection) by their fathers than to similarly positive parenting by their mothers (Goeke-Morey et al, 2003).

What happens at adolescence?

- Strong and positive father-child relationships in both childhood and adolescence protect against adolescents’ risk behaviours and distress.\(^6\)

- The quality of father-child relationships is more variable than the quality of mother-child relationships (Dunn, 2004) – and father-teen relationships also tend to be more volatile than mother-teen relationships (White & Gilbreth, 2001).

- At adolescence, the relationship with the mother does not seem to be more influential (Videon, 2005).

- The father-teenager relationship is found to be important whether or not father and child live together, and also across different racial groups, although its salience and functioning may differ by cultural context.\(^6\)

- Adolescents are very sensitive to the quality of their relationships with their fathers.\(^7\)

- For teenagers, as for younger children, a father’s parenting style is important – although when this is not good, a positive father-teen relationship can offset some of the negative effects.\(^7\)

- The positive influence of the father-teen relationship has been found in some studies to be stronger for boys (Bronte-Tinkew et al, 2006).\(^7\) and may be particularly important in some disadvantaged communities.\(^7\)

- A growing body of research is finding adolescent girls’ close relationships with their fathers (particularly their biological fathers) correlated with delay in ‘first sex’.\(^7\)

Parental responsibilities to adolescents include not just emotional support, but also supervision. Fathers are less likely than mothers to provide this. Clark et al (2004) have suggested that inadequate supervision of adolescents by fathers (or others) should be perceived as a form of neglect.

Fathers’ influence here is substantial - and from children’s earliest years.

- Frequency of fathers’ reading to 1-2 year olds is linked with their greater interest in books later (Lyytinen et al, 1998).

- A key predictor of fathers’ involvement in children’s learning is having become involved in their child’s life very early on (Goldman, 2005).

- A significant relationship is found between positive father engagement at age 6, and IQ and achievement at age 7 (Gottfried et al, 1988).

- A father’s own education level is an important predictor of his child’s educational achievement.\(^6\)

- English fathers’ involvement with their children (at ages 7 and 11) correlates with better national examination performance at age 16 (Lewis et al, 1982).

- US fathers’ involvement in routine childcare has been associated with children’s higher school grades (Hoffman & Youngblade, 1999).\(^8\)

- Fathers’ involvement in their children’s learning and schools is predictive of a range of positive educational outcomes\(^6\) - and is not simply a result of better-resourced- and-educated fathers being more involved.\(^7\)

- Higher self-esteem / locus of control are positively associated with children’s educational outcomes - and the father’s role in their development has already been noted.

- Low paternal interest in children’s education has a stronger negative impact on children’s lack of qualifications than contact with the police, poverty, family type, social class, housing tenure and child’s personality (Blanden, 2006).

Findings vary as to the relative importance of mothers’ v. fathers’ influence on educational achievement.\(^7\) The following studies have charted more powerful paternal influences:

- In low income communities fathers’ influence has been found to be more significant than mothers’ for boys’ (but not girls’) escape from disadvantage.\(^7\)

- Fathers exert greater influence than mothers on boys’ educational choices.\(^8\)

- Fathers’ risk-avoidance behaviour\(^9\) has a positive impact on sons’ (but not daughters’) educational attainment.\(^8\)

- Fathers’ income predicts sons’ (but not daughters’) years of schooling.\(^9\)

- In hierarchical communities, paternal influence may be more powerful.\(^8\)
Beyond adolescence

What evidence is there of an association between the father-child relationship and later outcomes? Both positives and negatives have been found:

- Reported levels of UK fathers’ involvement with their children at ages 7 and 11 predicted not only age 16 exam outcomes, (as mentioned above), but also age 21 criminality (Lewis et al, 1982).
- Also in the UK, reported father-child involvement at age 7 predicted the child’s self-reported closeness to their father at 16, as well as lower levels of police contact at that age (Flouri & Buchanan, 2002a).

Closeness to father at 16 was then found to predict these young people’s marital satisfaction and lower psychological distress at age 33, particularly for girls (Flouri & Buchanan, 2002b).12

- The connection found between high father involvement at age 7 and reduced psychological distress at age 33, was stronger when mother involvement at age 7 was low - suggesting that high father involvement can ‘buffer’ some of the negative impact of low mother involvement (Flouri, 2005a).

In America, a study that controlled for socio-demographic and other factors found 11-16% of the variance in both adult daughters’ and sons’ educational mobility, and 6-13% of their occupational mobility, explained by positive paternal engagement in childhood (Snares, 1993).

- In the UK, high levels of father involvement at ages 7 & 11 were found to protect against experience of homelessness in the adult sons of manual workers (Flouri, 2005a).

- Paternal warmth and acceptance are significant protective factors against depression in young adult children (Alloy et al, 2001).

- US researchers have found the children of warm, affectionate fathers more likely to be coping well at age 41, and to be mentally healthy and psychologically mature (Franz et al, 1994).

- Looking even further ahead, Heyl (2004) found recalled father-child relationships associated with friendships in two age groups (43-46 years; 61-64 years), independent of personality characteristics.

- Fathers’ expressions of hostility toward their 16-year-olds sons (and the extent to which they undermine their autonomy) predict close friends’ reports of hostility and low ego resiliency in these males at age 25 (Allen et al, 2002).

- Both low father involvement and decreasing closeness in adolescence predict delinquency in adult life (Harris et al, 1998).

For substantial detail on highly negative fathering, see Vulnerable Fathers, below.

Child health

4.6.1: Engaging fathers in their children’s healthcare

It seems a shame that child health and nutrition education is almost never directed specifically at fathers (Horodynski & Arndt, 2005) since fathers play a substantial role in their children’s healthcare:

- In one study, eighty-nine percent of low-income, urban US fathers were found to have attended at least one ‘Well Child Visit’ (WCV) with 53% attending more than two fifths of the WCVs recommended for their child’s age (Moore & Kotelchuck, 2004).

- Fathers who were more involved by medical professionals in the treatment of their medically compromised infants appeared to interact with them more positively and to be less distressed by their illness (Darke & Goldberg, 1994).

- Garfield & Isacco (2006), reviewing evidence relating to father involvement in healthcare interventions, found fathers to be significant influences on compliance with healthcare regimes.

- Youths from father-absent households suffering from chronic disease tend to demonstrate poorer treatment adherence, psychological adjustment and health status (for review, see Wysocki & Gavin, 2006).

- This may in part be related to lone mothers feeling unsupported. In two-parent families, fathers’ involvement in the healthcare of youth with chronic diseases is associated with improved maternal psychological functioning, parenting stress, marital satisfaction and family coping with disease management (Wysocki & Gavin, 2006).

- Adolescents with chronic diseases typically experience deterioration in treatment adherence and quality of life; this is considerably less likely when fathers are more involved in their care (Wysocki & Gavin, 2006).

12 Vulnerable Fathers, below.
• A Finnish study of 10 year olds found a father’s young age at the birth of his child and his infrequent tooth brushing predictive of his child’s poor dental health (Mattila et al, 2005).

What predicts fathers’ greater participation in their children’s healthcare?

• Encouragement by their child’s doctor to attend (Moore & Kotelchuck, 2004).

• Mothers’ employment: in the UK Bailey (1990) found fathers more involved in taking their child to doctor or dentist when mothers were employed.

• Clinic opening hours: also in the UK, Turya & Webster (1986) found fathers more than twice as likely to bring their children to a health clinic visit during the evening (45%) than in daytime hours (20%).

• A wish to learn more about his child’s development or to be more involved in his child’s life (Moore & Kotelchuck, 2004).

• The belief that to attend clinic visits is ‘responsible’ behaviour for a father (Moore & Kotelchuck, 2004).

• The wish to gather information about their child and learn how to support them (Garfield & Isacco, 2006).

• Fathers value the opportunity to ask questions and express concerns; and to gain first-hand experience of medical personnel and the medical system (Garfield & Isacco, 2006).

• An important finding is that once fathers are convinced of an appointment’s importance, they can usually adjust their work and other schedules to attend (Garfield & Isacco, 2006).

Barriers to attendance, (other than practical matters such as office opening hours and their own work schedules), include a poor relationship with their child’s mother, their perception that their involvement is unnecessary, and lack of confidence in their own parenting skills (Garfield & Isacco, 2006).

Two major contributors to fathers’ satisfaction with healthcare professionals are feeling ‘included’ and receiving clear explanations (Garfield & Isacco, 2006).

4.6.2: Childhood obesity
Child and adult obesity are issues of growing concern, with clear links found between the two. What role do fathers play in the onset, maintenance or reduction in childhood obesity?

Right from the beginning, it seems, fathers are a factor.

• US research found African American fathers influencing their toddlers’ mealtime behaviours (Horodynski & Arndt, 2005), although none was included in nutrition education.

• Also in the US, toddlers’ activity levels were found to correlate with their fathers’ (but not their own nor their mothers’) body mass (Sallis et al, 1988).

• In France, fathers’ beliefs about their elementary children’s competence were found to affect their physical activity directly (Bois et al, 2005).

• In Australia, a significant correlation was found between fathers’ and elementary aged children’s time spent in low physical activity (Bogaert et al, 2003).

• In America, elementary school girls were found to have higher physical activity levels when at least one parent supported this (Davison et al, 2003).

• In Croatia (Bradic et al, 2001) found stronger correlations between overweight / obese school aged children and their fathers’ overweight than with their mothers’.

• A father with a high drive for thinness is a factor in children at risk of overweight (Agras et al, 2007).

During adolescence, fathers’ influence continues to be clear.

• Fathers’ explicit modelling of physical activity has been found to be the strongest predictor of their teenagers’ physical activity (girls’ as well as boys’), predicting 13.5% of the total variance.

• Fathers’ explicit modelling of physical activity are greater towards sons (Raudsepp, 2007).

• In a pediatric obesity treatment programme, father acceptance (and positive change in father acceptance) accounted for 20.5% of children’s overweight decrease over a 12 month period (Stein et al, 2005).

There is a growing understanding of fathers’ roles in the development of eating disorders:

• Controlling for mothers’ and other influences, fathers with high body dissatisfaction and/or who criticize their young daughter’s weight/shape contribute to their likelihood of developing an eating disorder in adolescence (Agras et al, 2007).

• A body of research indicates passive, withdrawn or rejecting fathers as key players in the life histories of bulimic women (Jones et al, 2006).

4.6.3: Fathers, and children with disabilities
Research in this area has had a number of limitations (SCIE, 2005b). However, some have been overcome in recent publications, and the following insights emerge:

• Fathers’ reactions to the diagnosis are invariably very intense (Herbert & Carpenter, 1994; Hornby, 1992); fathers may experience the diagnosis as an even greater crisis than mothers do (Lamb & Laumann-Billings, 1997); and the process of adjustment can be turbulent and long-lasting (Harrison et al, 2007; Hornby, 1992).
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• Fathers’ main supports are their partners. Lone fathers, those whose partners are unwell or whose relationships break down suffer substantial additional stresses (Towers & Swift, 2007; Harrison et al, 2007).

• Negative aspects of the experience may be exacerbated by the men’s belief that they should be ‘strong’ for their partners. Their sense of failure when this proves difficult or impossible can be serious (Herbert & Carpenter, 1994).

• One small scale qualitative study (Herbert & Carpenter, 1994) showed mothers’ perceiving fathers’ reactions to the birth as being quite different from their own.39 These mothers also often commented on the fathers’ inability to discuss the child with them. By contrast, fathers often believe their reaction to their child’s disability to be the same as their partner’s (Rendall, 1997).

• In UK studies (Herbert and Carpenter, 1994), fathers reported returning to work very soon after their child’s birth and working longer hours than usual; in New Zealand studies (e.g. Ballard, 1994), fathers reported that they consumed more alcohol and more frequently as a way of dealing with their own emotional trauma.

• One study found fathers’ acceptance of their disabled child strongly influenced by their own parents’ acceptance of that child (Waisbren, 1980).

• Fathers tend to be more concerned than mothers about the long-term implications of their child’s disabilities and may be especially disappointed by a son with disabilities (for review, see Lamb & Laumann-Billings, 1997).

What happens in the longer term?

• Fathers, like mothers, vary enormously in their ongoing response to the disability (Harrison et al, 2007) not simply on the basis of its severity but, perhaps more importantly, on the child’s behaviour generally and on their access to social, material and emotional resources (SCIE, 2005b).

• Extremes of great involvement on the one hand to total withdrawal on the other have been observed, with possibly less involvement with daughters and with more severely handicapped children, and greater involvement with first-born handicapped children (for review, see Lamb & Laumann-Billings, 1997).

• Most fathers in two-parent families share responsibility for care tasks with their partners, with those in paid employment trying to be involved in the daily care of their child, including providing care during the night. Work pattern adjustments included flexible working, compressed working hours, term time working and becoming self-employed (Towers & Swift, 2007).

• Fathers from lower income families tend to be both more adversely affected by the birth and to spend less time with their handicapped children than higher income and better educated fathers (for review, see Lamb & Laumann-Billings, 1997).

• Some fathers speak of new values and personal growth as a result of successfully adapting to their children’s disabilities (Meyer, 1986). However, controlling for SES, it is clear that fathers of children with disabilities experience more depression, as well as more parenting and child-related stress and often feel their parental situation is more uncontrollable (SCIE, 2005b; Towers & Swift, 2007).

• Some fathers of children with a learning disability may also have a learning disability themselves (Towers & Swift, 2007).

• Fathers and mothers tend to experience the challenges of raising a child with disabilities differently, mothers reporting more day to day stress, and fathers diminished satisfaction with family life (for review see Lamb & Laumann-Billings, 1997). Couples often have little time together (Towers & Swift, 2007).

• The fathers often express ‘inferiority’ as fathers (Cummings, 1976), possibly in part because their main breadwinning role and adherence to gender stereotypes tend to provide them with fewer opportunities than the mothers to do things with and for their children (Lamb & Laumann-Billings, 1997).

• Furthermore, compensatory activities may be less available to them than to other fathers: for example, fathers of children with disabilities are often afraid to engage in roughhouse play (Gallagher & Bristol, 1989). It has been suggested that fathers of special needs children could benefit from learning how to include their children, where possible, in their favourite recreational activities. Access to reliable childcare providers would also be of value (Lamb & Laumann-Billings, 1997).
What roles do professionals play with fathers of disabled children?

- In the days after the birth, Herbert & Carpenter (1994) found the fathers’ grief unrecognised and unexpressed, with neither health nor education professionals nor employers recognising their need for inclusion.30
- A substantial body of research shows these fathers being ignored or dismissed by services (for reviews, see SCIE, 2005b; and Lamb & Laumann-Billings, 2004), and variously described as ‘hard to reach’ (McConkey, 1994), ‘the invisible parent’ (Ballard, 1994) and ‘the peripheral parent’ (Herbert and Carpenter, 1994). However, more recent research has found some fathers feeling more included (Towers & Swift, 2007).
- Being dismissed by professionals contributes substantially to these fathers’ alienation both from the situation and from their partners and/or children (Herbert & Carpenter, 1994).31 This may be an important contributing factor to the higher rates of separation and divorce found in these families.32
- Fathers who possess assertiveness, negotiation and organizational skills feel better able to work with professionals (Towers & Swift, 2007).

- While fathers of children with disabilities are more likely than mothers to rely on their partner for support, they may feel they are giving more support to her partners than they are receiving from her (Carpenter, 2002).
- While the fathers are less likely to receive support from professionals (for review, see SCIE, 2005b) and are less likely to seek emotional support (Pelchat et al, 2003), they are actually more willing than mothers to seek outside help (Lamb & Laumann-Billings, 1997).33
- Professional support reduces both familial stress and general life stress for fathers of children with disabilities (for review, see Lamb & Laumann-Billings, 1997).
- When fathers in families with disabled children play a reduced role in childcare and childrearing responsibilities, the impact on mothers and – directly and indirectly – on their children, is negative and often profound (Lamb & Laumann-Billings, 1997).
- When fathers are directly provided with information so that they can share the role of ‘expert’ with their child’s mother, this helps them facilitate their children’s development and provide support to mothers (Lamb & Laumann-Billings, 1997).
- When programmes actively involve the fathers of disabled children with their children, this can foster increased father-child involvement at home, enhancing father-child attachment and contributing to the child’s cognitive and social development (Lamb & Laumann-Billings, 1997), as well as providing mothers with respite from care (Bailey et al, 1992).
- Providing fathers of children with disabilities with opportunities to discuss their concerns with other similar fathers can help decrease their sense of isolation and benefit mothers, too (Bristol, 1984).
- Fathers who had experienced support designed specifically for fathers usually found it beneficial (Harrison et al, 2007; Towers & Swift, 2007).
- The need for professional support does not diminish over time: fathers of older disabled children, like mothers, feel less supported and in greater need of services than fathers of younger children (Suelzel & Keenan, 1981).
- The benefits of father involvement may be greater in families where children suffer from disabilities, as family members need particularly high levels of emotional support, understanding and practical assistance (Lamb & Laumann-Billings, 1997).

Notes

30 For review and discussion, see Guterman & Lee (2005).
31 “Non-traditional” fathers (fathers who are very involved in caring for infant babies) have infant attachment security at ages 12-14 months not only appear to interact equally with both parents but also interact comfortably with a “stranger” as much in the presence of their father as their mother, and are generally more sociable with everyone – mother, father, “stranger” (Frascanola, 2004).
32 For review and discussion, see Guterman & Lee (2005).
33 For example, infant–father attachment security has been found to a greater effect than infant–mother attachment security on child behaviour problems at ages 5 & 6 (Hirschenson & Marcao, 1999).
34 The adoption of 20-month-olds has been found to be promoted by both the quantity of paternal involvement, and its quality – i.e. sensitivity (Easterbrooks & Goldberg, 1984).
35 Grossman et al (2002) found the security of infant–mother attachment the better predictor of children’s feelings of security at ages 6 and 10. However, by age 10, fathers’ sensitivity in free play at age 2 also predicted security. By age 16 years, only the measure of father–toddler play (and not the early parent–infant attachment) significantly predicted adjustment.
36 Mothers’ more powerful influence is almost certainly related to their greater time spent with, and influence over the schedules of, infants and young children. A recent Australian study of fathers of six-month-olds found that 80% had no ‘sole accessibility’ time with their infants – i.e. were never in sole charge of them when not specifically interacting with them, at any point during an average week and weekend (Hicks & Lancaster, 2005).
37 Controlling for mothers’ behaviour, fathers’ positive engagement in the month following birth has an independent association with infants’ cognitive functioning at one year (Nugent, 1991). Early paternal stimulation is correlated with infant boys’ mastery motivation (Tamis-LeMonda et al, 2004); paternal sensitivity with both sexes’ higher linguistic/cognitive capacities at 18 months; and paternal involvement with infants’ sensorimotor development (Wachs et al, 1997) and with higher IQs at 12 months and 3 years (Yagan, et al, 1995; Magill-Evans & Harrison, 1999).

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Roopnarine et al (2006), investigating a Caribbean immigrant sample of kindergarten children, found fathers’ authoritarian parenting style negatively associated (in an 18-month follow-up study) with infant-school contact positively associated) with kindergartners’ receptive skills, vocabulary and composite scores. The fathers’ authoritative parenting style, combined with father-child academic interaction at home, was positively related to children’s social behaviours. In all these studies, the quality of paternal involvement was controlled for; and, in fact, in the Roopnarine study fathers’ parenting was found to carry the weight of influence over mothers’ for facilitating both child-academic skills and social behaviours. Situation can have an impact because fathers spend less time with their young children they are less able to understand their marginally intelligible utterances and so tend to need to ask them to explain themselves. This may contribute to their foregoing development (for discussion, see Flouri, 2000a, p. 85).

Physically playful, affectionate and socially engaging father-child interactions at age 3-4 predict later popularity with peers, particularly when fathers were low in directiveness and there was mutuality between father and child in making play suggestions and following each other’s leads (Miles & Pasie, 1997).

When fathers display anger with their 3-5 year olds and engage in negative ‘hit for tat’ interactions with them, their children are later rated by teachers as more aggressive, less likely to ‘share’ and less ‘accepted’ by their peers (Carson & Parke, 1996; Ivey et al, 1996 #1999). By contrast,

Significant relationships have been found between positive father engagement at age 6, and IQ, achievement and social maturity at age 7 (Goffman et al, 1988).

In a minority, US, urban sample, positive paternal engagement in 10th grade predicted fewer problem behaviours in 11th grade, with prevention problem behaviors controlled for (Zimmermann et al, 2000).

For reviews, see Fleck & Mascardioli (2004) and Flouri (2005a).

For reviews, see Fleck & Mascardioli (2004) and Flouri (2005a). Locus of control, of course, is the ability to translate responses into (or at least to simply react) to and feel you can influence your own life. A good locus of control is associated with achievement, positive mental health and social adjustment.

In disadvantaged, heterogeneous communities, the prevalence of cross-neighbourhood conflict heightens the salience of neighbourhood as a form of identity for young males. Peer relationships become particularly attractive, with strong bonds and cross-age relationships serving as conduits for the transmission of cultural models. Very rewarding family relationships are needed to withstand this competition for adolescent boys’ time and loyalty (Harding, 2005).

The mechanisms by which this happens are disputed, but the lowered dating opportunities these girls experience and their greater anticipation of sequestered guilt seem to play a part (Regnerus & Lucches, 2004).

While there may be a small genetic effect, the main reason is likely to be that a father’s education affects his behaviour in ways that are vital to his child’s cognitive development, as well as impacting on the material and educational resources he can provide (Yeung, 2004).

Fathers’ co-parenting behaviour (defined as sharing similar attitudes with mothers toward childrearing practices and resolving family conflicts in a calm way that makes good use of compromise) may in part explain these findings (Yeung (2004) found a one-point increase in fathers’ co-parenting behaviour associated with an almost four-point increase in children’s test scores. Fathers’ co-parenting behaviour was second only to their education level in predicting good educational outcomes for children – and both proved more important than fathers’ income (Yeung, 2004).

Goldman (2005) reviewing five high quality studies that controlled for mother involvement found fathers’ expectations and levels / frequency of interest / involvement in their children’s learning and schools predictive of children’s better attitudes towards, and behaviour at, school; higher educational expectations; greater school progress; and higher qualifications.

McBride et al (2004) found father involvement in school settings mediates the relationship between school, family and neighbourhood factors and academic outcomes. This study is particularly interesting in that it not only looked at fathers’ involvement in terms of activities (‘volunteering’, ‘going on school trips’) but also measured frequency of fathers’ ‘talks with school officials’ as well as their ‘talks with the child about events and activities at school’. All were associated with better child achievement (see also McBride & Szapocznik, 2005).

In some studies fathers are found to be more influential; in others, mothers; and in yet others, parental influence seems to be equal.

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For a boy born into poverty, this high quality longitudinal UK study (which controlled for a number of all factors, including mother’s interest in education) found that having a father with little or no interest in his education reduced the boy’s chances of escaping poverty by 25% (Blanden, 2006).

Drayer (1998). Mothers’ influence is more powerful for daughters.

Such as wearing seatbelts, having savings, and having car insurance.


Ang (2006) found Asian fathers’ (but not mothers’) approval, closeness and sympathy with their children associated with positive teacher-child relationships for both boys and girls.

In this study closeness with mother at age 16 predicted only marital satisfaction.

A number of the findings in this study point to the salience of the father-child relationship in adolescence for adult functioning.

Stranger than social class, and than mothers’ or fathers’ logistic or social support – although all these were also significant.

Earlier studies almost invariably focussed on families with preschool children; samples were skewed towards fathers who accepted their child fullly and were committed to the family (for example, studies like the Towers & Swift report (2007) that include non-resident fathers are rare; ethnic minority families were also rarely included; and focus has traditionally been on service-provider-decisions with little data on services which fathers find helpful.

Whether the fathers’ reactions were indeed different is not known – what is perhaps important is that the mothers perceived they were – which could have implications for the quality of the parental relationship.

Fathers in general tend to experience being dismissed or ignored by services; and this experience is presumably associated for the fathers of disabled children by the extensive contact these families usually have with services.

One father reported that since professionals only came during ‘working hours’ he had to rely on his wife’s reports, and that his perception of questions unsatisfactorily asked, answered or reported resulted in stress and conflict between them. This father mentioned that he felt himself becoming ‘disabled’ in the supportive role through never being able to meet directly with the professionals (Herbert & Carpenter, 1994).

Although the evidence on the greater vulnerability of these families to separation and divorce is mixed, the positive findings in some studies probably derive from skewed samples, with only fathers in relatively committed couples being studied (Lamb & Laumann-Billings, 1997).

Possibly mothers view help-seeking as evidence of personal failure. Fathers may regard it more instrumentally (Lamb & Laumann-Billings, 1997).
Most of the research cited so far is taken from studies of two-parent families. However this does not render it irrelevant to other family forms: not only have most children whose parents live apart, spent at least some years living with both their parents, but many of the father-child interactions described so far are relevant to father-child interactions in all family forms.

We address some of the issues specific to father-child relationships in separated families below. But first we explore a factor relevant to all children: parental conflict.
5.1 Parental conflict

Nowhere is evidence of parents’ interdependence more obvious than in the research which records the impact of their conflict or hostility on their children. The substantial negative effects on children of parental conflict and hostility are well documented in both intact and non-intact families (Cummings et al, 2004; Reynolds, 2001). ‘Troubles’ between the parents can also influence each parent’s relationship with their child: for example couple conflict is negatively related to both child-mother and child-father attachment (Frosch et al, 2000). The pathways by which parental conflict and hostility affect children are various. For example:

- One study found that among pre-schoolers, the quality of the adult couple relationship impacted on their parenting behaviour – and where this was negative their young children often developed ‘internalising’ difficulties (e.g. depression, withdrawal etc.). Here the effect of the couple’s interactions had an indirect effect on their child (Cowan et al, 1994).

- However, in this same study, the parents’ functioning with each other (e.g. their hostility, overt conflict etc.) also had a direct effect on their young children, predicting ‘externalising’ difficulties (e.g. aggression, ‘bad behaviour’ etc.) (Cowan et al, 1994).

- Parents’ conflict styles can differ by gender, as can their effects. For example:

  - Katz & Gottman (1994) found that where fathers of five-year-olds used an angry and withdrawn style when fighting with their partners, their children were more likely to withdraw from their parents than fathers who were withdrawing from their partners. Withdrawal by fathers and mothers affected children differently: when it was the father who had withdrawn and was emotionally unavailable, his children were more anxious, depressed and withdrawn, and also tended to exhibit more aggressive and delinquent behaviour and to have more trouble adjusting to school. By contrast, mothers’ emotional unavailability only affected children’s adjustment to school.¹¹

- Do boys or girls suffer more from their parents’ hostile conflict? Overall neither sex seems more, or less, negatively affected (for review, see Cummings et al, 2004). However:

  - One study found that as parents fought more, fathers used more authoritarian parenting with daughters, but not with sons (Cowan et al, 1993).

  - One particularly good quality study found that adolescent boys (but not girls) whose parents fought a lot tended towards antisocial behaviour and general psychopathology both at the time and in young adulthood. As young adults, the boys also reported problematic relationships with their fathers (Neighbors et al, 1997).

  - Research tentatively suggests that boys tend to become more aggressive when they witness an attack by their mother on their father; and girls when they witness an attack by their father on their mother (Davies et al, 1998).

  - Although social modelling theory would suggest otherwise, there seems to be no evidence that children are more likely to imitate aggressive behaviour by the same-sex parent: for example, boys model mothers’ aggression just as often as fathers’ aggression (Davies et al, 2002).

  - Anger-based family conflict is associated with both boys’ and girls’ angry and aggressive functioning both at home and at school. And the greater children’s exposure to this kind of conflict, the more likely they are to organize their own emotions from an angry base (Jenkins, 2000).

  - Mothers’ anger-aggression has just as powerful an influence on children as fathers’ (Jenkins, 2000).

  - Children are more distressed by physical violence from father to mother than from mother to father (Goeke-Morey et al, 2003).

  - However, other kinds of hostilities (e.g. verbal threats to the intactness of the family, non-verbal hostility or the pursuit of conflict topics) are experienced by the children as more distressing when their mothers engage in them (Goeke-Morey et al, 2003).

- Child-focussed conflict, conflict involving physical violence and triangulation of the child into the conflict are among the most damaging (Amato & Afifi, 2006). There is a large literature on the negative effects on children of parental conflict after separation and divorce (Dunn, 2004). But factors that may mediate this are emerging; and levels of conflict can change over time.

- Serious parental conflict immediately after separation seems to have a more negative impact on adolescents than on younger children (Dunn, 2004).

- The impact of parental conflict in the first year after divorce is mediated by maternal rejection or withdrawal (Fauber et al, 1990).

- Mother-child conflict is another mediator of the impact of parental conflict (Forehand et al, 1991).

- Levels of conflict at the time of the separation are not reliable predictors of ongoing conflict (Amato & Gilbreth, 1999).

- Post-separation/divorce, parental conflict tends to diminish over time (Pryor & Rodg, 2001).

Children seem to ‘excuse’ their mothers’ negative behaviour in arguments with their fathers more readily than they do fathers’, more commonly attributing it to ‘state’ (“the mum had a bad day”) than to trait (“it’s because of the kind of person the dad is”) (Weston et al, 1998).
5.2 Father involvement in separated families

The key question for policy makers in this arena is the extent to which the (non-resident) father-child relationship should be supported. Although it is generally agreed (Dunn, 2004) that children in separated families generally do best when they retain a strong, positive relationship with both parents, many studies have revealed no significant association between the frequency of non-resident father-child contact and more positive child outcomes (Amato & Gilbreth, 1999).

Stated baldly like this – as it often is – the implication seems to be that non-resident ‘father time’ is immaterial. In fact such findings may reflect data-sets that include very few children with highly involved fathers, significant variation within the samples of children’s exposure to other pathogenic circumstances and the confounding of many types of ‘involved’ father, from the abusive to the devoted (Lamb, 2002).

More recently, links between contact, child adjustment and academic success have grown stronger, suggesting that non-resident fathers are becoming more involved with their children (Dunn, 2005), and studies are defining with greater precision the value of children’s continuing relationships with non-resident fathers, and the circumstances in which these relationships can flourish.

• The key positive elements in the non-resident father-child relationship are warmth, support, authoritative parenting106 and level of involvement (Dunn, 2005).
• Father-child contact and quality of relationship are related to young children’s adjustment, with stronger associations for children of lone mothers than for children with stepfathers (Dunn et al, 2004).
• Closeness to the non-resident father is associated with academic and behavioural outcomes in adolescents – positively with grade point average and college expectations; negatively with suspension/expulsion, delinquency and school problems (Manning & Lamb, 2003).
• For older children in stepfather families a good relationship between non-resident father and child is associated with good adjustment outcome independently of the mother-child relationship (Dunn, 2004).107
• In stepfather families, conflicted non-resident father-child relationships are associated with conflicted mother-child and stepfather-child relationships (Dunn, 2004). This suggests either child-effects or family system difficulties. Both are likely. Positive non-resident father-child relationships are not associated with positive mother-child or step-father child relationships (Dunn, 2004).
• In separated families, high levels of non-resident father involvement protect against later mental health problems in children (Flouri, 2005a).
• For white adolescent males in America, non-resident father involvement was found to buffer the negative effects of living in a lone-mother family on delinquency, heavy drinking and illicit drug use (Thomas et al, 1996). However, in this same study, black adolescents’ problem behaviours were greater when their non-resident fathers stayed involved with them. This finding has not been replicated nor explained.
• Williams & Kelly (2005) found a unique proportion of variation in teacher-reported externalising and total behaviour problems in teenagers associated with security of paternal attachment and with levels of father involvement. This was the case in both intact and non-intact families. Children in non-intact families appeared to suffer because living without their fathers meant that two important ‘buffering’ factors - paternal involvement and security of paternal attachment – were compromised.

A recent involvement measure (Carlson, 2006) which reflects fathers’ investments of quantity of time (i.e. how often he listens, talks) as well as the affective quality of that time (i.e. how close the adolescent feels to the father) identified a strong bivariate association between lower levels of non-resident biological father involvement and adolescents’ externalising and internalising behaviours (specifically aggression; antisocial behaviour; emotional over control; and depression, anxiety and low self-esteem).108

The number of highly involved non-resident fathers in Carlson’s quite substantial study was not high. She identified five family ‘structures’ that contained such men 109 - and found just 10-18% of the fathers across these five categories in the “high involvement” category.110 This is a shockingly low figure, given that the vast majority of non-resident fathers seem to have the individual capacities and commitment to establish and maintain supportive and enriching relationships with their children. Even in datasets made up of particularly difficult, low contact fathers, only 10-25% of their children are found likely not to benefit (or perhaps to be harmed by) regular and extended contact with their non-resident parent (Grief, 1997; Johnston, 1994).
Where father involvement is positive, it is more beneficial when father and child live together (Carlson, 2006). Thus it seems that where father and child do not live together, positive interaction between them needs to be particularly substantial to have a positive effect. It also seems likely that to deliver the greatest benefits, parenting time needs to mimic as nearly as possible the diverse family experiences of resident fathers and their children: sharing bedtimes, mealtimes, watching TV, doing homework, trips out, ‘hanging’ in, visiting friends and family (for discussion, see Lamb 2002).

Does seeing or not seeing their non-resident fathers really matter to children?

- In a US study, losing regular contact with their fathers was seen by children as the worst aspect of their parents’ separation (Kurdek & Siesky, 1980).
- In Australia, Funder (1996) found 96% of children including their non-resident fathers as part of their families.
- A recent UK study found only 4% of children who did not live with their fathers having negative feelings about contact with them (Smith et al, 2001).
- Children’s and young adults’ grief and anger at the loss of their fathers are graphically depicted by, among others, Laumann-Billings & Emery (1998) and Fortin et al (2006).

- The father-child relationship is commonly perceived as the only casualty of separation and divorce. In fact, the quality of the mother-child relationship also tends to be compromised.
- Children (particularly boys) in lone mother households tend to have more conflictual relationships with their mothers and to receive less emotional support, cognitive stimulation, supervision and involvement from them (for review, see Jaffee et al, 2003).
- Simons et al (1999) found that externalising behaviour in boys whose parents had divorced could be explained by two factors: a mix of reduced involvement by fathers in parenting; and compromised quality of mothers’ parenting.
- Laumann-Billings & Emery (1998) found the quality of mother-child relationships after separation/divorce dropping substantially - to the same level as father-child relationships had been before separation. The finding that parental separation (and also being born to parents who have never lived together) poses a risk to the quality of both parents’ relationships with their children should increase the urgency of developing policies to support.

What impact does the payment of child support have on children?

- Child Support policy can deliver child poverty reduction - 25% in Austria; 24% in Switzerland; 18% in Sweden (Bradtshaw, 2006).
- The amount of child support fathers pay, and whether they pay, are both ‘unequivocally’ (Graham & Beller, 2002) associated with children’s achievements, health and wellbeing (Aizer & McLanahan, 2006; Marsiglio et al, 2000).
- Recent research shows a marked positive relationship between payment of child support and increased visitation. The estimated impact of receiving child support on contact is more than 27 days per year (Peters et al, 2004).
- Income from child support, particularly where it is willingly paid, has a more beneficial impact on children than equivalent income from other sources (Aizer & McLanahan, 2006).

Another way in which vigorous child support enforcement may benefit children may be by lowering their likelihood of needing such support in the first place.

- Stronger child support enforcement is marginally associated with men’s decreased likelihood of being involved in an unwanted pregnancy (Huang, 2005).
- There is also tentative evidence from the US of a link between strong child support enforcement and reduced pregnancy and pregnancy resolution in teenage girls, with the strongest effect for non-Hispanic whites (Plotnick et al, 2004).
- Strong enforcement is not only correlated with lower rates of separation and divorce, but also appears to lead to men having fewer out of wedlock births; and to partnering with better-educated women who have a higher underlying propensity to invest in their children. These more advantaged couples are then likely to have a lower propensity towards separation and divorce. (Aizer & McLanahan, 2006).
- Haveman & Wolfe (1995) found an intergenerational effect: since mothers in receipt of child support were less likely to be ‘on welfare’, their daughters were less likely to become pregnant, young/out of wedlock (the daughters of ‘welfare mothers’ have a greater propensity to early/out of wedlock childbearing).
It was once thought that vigorous child support enforcement would result in non-resident fathers deliberately avoiding employment. This is not so. Indeed, among low income fathers, vigorous child support enforcement may even increase workforce participation (Freeman & Waldfogel, 1998).

Creative interventions set up to improve compliance have supported fathers in other ways.

- In the US, Parents Fair Share which worked with only the most disadvantaged non-resident fathers, managed to effect slight increases in the amount of child support paid; and also brought about positive effects on father-child contact where levels had been particularly low (Mincy & Pouncy, 2002).
- Recognising the importance of fathers’ workforce participation to child support compliance, the Australian Child Support Agency is piloting programmes that address fatherhood issues, both in workplace settings and in government programmes for the unemployed. The aim of the former is to inhibit the slide into unemployment commonly found among non-resident fathers; and of the latter, to encourage unemployed males to rejoin or to participate for the first time in the paid workforce in a stable manner (O’Hanlon, 2005).
- Programmes designed to reduce unwanted pregnancies and non-marital births are more likely to succeed when they include information on child support enforcement targeted at young males (Huang, 2005).
- An understanding of how payment of child support can benefit children may motivate some parents to reach agreement or maintain payment, and may motivate the enforcement service to use its powers.

Nearly one half of all children who spend part of their childhood with a single mother will spend some of that time with a stepfather – i.e a man, not their father, that she has married (Bumpass & Sweet, 1989). Many more will live with men to whom their mothers are not married. Single-mother households are often assumed to be male-deficient. In fact there is some evidence that children in these households are exposed to more adult males than are children whose biological parents both still live together (for review see Radhakrishna et al, 2001). This is especially true of children born to teenage mothers (Crockett et al, 1993).

Like biological fathers, social fathers can function as risks and resources in children’s lives. For example:

- Stepfathers’ impact on children’s self-esteem has been found to be more powerful than that of either biological fathers or mothers (Dunn et al, 2004).
- Early stepfather involvement has more impact than early birth-father involvement, on decreasing emotional behaviour problems among adolescent girls (Flouri, 2005a).
- Stepfather-child relationships are more influential than non-resident father-child relationships in predicting children’s adjustment, with the effects increasing by duration of the re-marriage (Hetherington, 1993).

- The stepfather-child relationship is substantially more challenging than the biological-father-child relationship: the relationship is not as close; stepfathers are less affectionate and more coercive with stepchildren; and stepchildren tend to be less warm and affectionate with stepfathers – even in long-term, fairly successful stepfamilies (for review see Radhakrishna et al, 2001).
- Younger children adjust better to their mother’s re-partnering. Among older children, daughters may be particularly resistant, particularly where their relationship with their mother was previously close: in such cases, greater harmony in the new marriage is associated with the daughters’ poorer adjustment (for discussion, see Hetherington & Henderson, 1997).
- Stepfathers and other father-figures are substantially more likely to abuse the children in their care than are biological fathers with comparative rates of child sexual abuse particularly high (for review see Radhakrishna et al, 2001; see also Sexually Abusive Fathers, below).
- Stepchildren tend to leave home earlier (Cherlin & Furstenberg, 1994), which can put them at risk.
5.5 Father involvement and family stability

- For these and other reasons, although children in mother-stepfather families tend to experience better financial support than children in lone mother households, and their stepfathers tend to be of higher 'quality' than their biological fathers in terms of education, employment, psychopathology etc. (McLanahan et al, 2006) their outcomes and adjustment are not superior to children in lone mother households, although there may be cultural variations. Maintaining positive spousal and parenting relationships in stepfather and stepmother families can require skills and awareness. For example:
  - Fathers’ new partners (more than mothers’ new partners) tend to be less supportive of their mate’s relationship with his biological children, being more often ambivalent or hostile (for review, see Hetherington & Henderson, 1997).111
  - The couple relationship in stepfamilies tends to be more vulnerable to conflict with children than in ‘intact’ families, not least because stepfathers tend to find it difficult to separate conflict with the child from conflict with their partner (Kurdek & Fine, 1995).
  - Children’s behaviour is more likely to influence parents’ behaviour in stepfamilies than in intact families (for discussion, see Hetherington & Henderson, 1997).
  - In stepfather families, conflicted non-resident father-child relationships are associated with conflicted mother-child and stepfather-child relationships (Dunn, 2004). This suggests either child-effects or family system difficulties. Both are likely. Positive non-resident father-child relationships are not associated with positive mother-child or step-father child relationships (Dunn, 2004).

It is clear that support needs to be offered to surrogate fathers, and that other partners and children in both families, should be included in interventions.

Stepfathers are not, of course, the only types of father-figure: grandfathers, other family members and friends and mentors can play important roles. Foster fathers - who have largely been ignored by service providers and researchers - may be of particular importance, given that many of the children in their care will not have enjoyed supportive and loving relationships with adult males, and may have been abused by them (Wilson et al, 2007). There is some evidence that positively engaging with foster fathers and potential foster fathers may increase the number of foster-placements available (Newstone, 2004). Such engagement may also improve child outcomes.

There is emerging evidence that high paternal involvement may be correlated with greater family stability.

- Low father involvement is associated with women’s anger at their partners (Ross & Van Willigen, 1996).
- High take up of parental leave by Swedish fathers is linked to lower rates of separation/divorce, as is more equitable sharing, by a couple, of earning and caring roles (Olah, 2001).
- An important longitudinal study which controlled for socio-economic factors found fathers’ involvement in routine every day childcare, plus play/school liaison throughout a child’s life to beyond adolescence, accounting for 21% of the variance in fathers’ marital happiness at midlife (Snarey, 1993).
- In Australia, Lupton & Barclay (1997) found men’s involvement in infant care positively correlated with their satisfaction with family life and adjustment to fatherhood.
- Among cohabiting couples with newborns, both parents’ beliefs that father-involvement is important plus fathers’ actual involvement (measured here by regular nappy-changing) were found to predict relationship stability (Hohmann-Marriott, 2006).112

- The importance of working with both partners on their beliefs and aspirations relating to parenting is clear: one study of new parents found that a couple relationship that was happy and appeared stable at the time of the birth, could be seriously and quite quickly eroded when partners held different ideas about parenting (Cowan & Cowan, 2000).

Paying attention to men’s experiences as fathers may be particularly important. There is evidence that men’s, rather than women’s, wishes may be primary ‘drivers’ of relationship dissolution.

This seems at first counter-intuitive, since it is well known that women are more likely to take the first formal steps towards separation/divorce. However, mothers’ greater propensity to move towards ending relationships formally may be more strongly related to their managerial function within families, than with their own dissatisfaction. The reasons why men’s wishes may be more influential in driving relationship dissolution, even often when women take the first step towards it include:

- A man’s dissatisfaction is more predictive than a woman’s of a relationship ending (Gottman, 1998).
evidence and insights to inform the development of policy and practice

The costs and benefits of active fatherhood

In the US, the pilot phase of an outstanding multi-site intervention which aims to equip low income couples with relationship/communication skills is reporting significant positive results. The project has successfully engaged both men and women (Dion et al, 2006).

Notes

94 As men tend to withdraw from their partners during the breakup of a relationship (Gottman, 1993), some father-child relationships which had been close may become attenuated during this period. Following separation, active steps may need to be taken to repair them.

95 See also Domestically Violent Fathers, below.

96 Triangulation of the child is particularly common in separation and divorce, but is also found in intact families. Amato & Alli (2006) point out that “triangulated” children have three choices, every one of which exacts serious emotional costs: to try to maintain positive relationships with both parents, to form an alliance with one against the other, or to reject both. Triangulation with the express purpose of detaching the child from the other parent is sometimes found, and this is not uncommon where the parent suffers from a personality disorder (Adshhead et al, 2004).

97 This hypothesis is supported by Perloff & Buckner’s (1996) finding that for children on welfare, negative traits in the fathers (e.g. substance abuse, physical violence) were associated with increased child behaviour problems, even though father-contact had a small positive effect overall.

98 Which may be almost impossible to achieve during purely ‘recreation’ style contact (Dunn, 2004).

99 Note that this was not found among younger children, suggesting that the mother-child relationship may be more influential at that life-stage.

100 In this high quality study, non-resident father involvement was found to affect three of these four measures with differences in the non-resident fathers’ levels of involvement accounting for a sizeable proportion of the more negative outcomes generally identified in their children. The 9% of adolescents who reported ‘no father’ had the highest problem scores, although they were no more likely to report ‘negative feelings’ towards their fathers than those whose fathers presented with low levels of involvement. Father involvement (or lack of it) did not affect boys and girls differently.

101 The five included such ’structures’ as mother never married (living alone), mother re-partnered, father re-partnered etc.

102 By contrast, in Sweden 35% of children in separated families either live more or less equally with both parents, or see their non-resident parent almost daily (Oberg & Oberg, 2001).

103 This may in part explain the observed ‘nil’ or minor effects of non resident father-care found in other studies.

104 One cannot assume that the poorer quality of father-child or mother-child relationships after separation is purely a consequence of the separation – poorer functioning by the kinds or parents who are likely to separate, and negative child characteristics which may contribute to parental separation are also likely to be factors.

105 This should not surprise us, given that child support often lifts children out of poverty (for discussion, see Graham & Beller, 2002, p.445).

106 Seltzer et al (1998) found greater child support sometimes associated with greater parental conflict – a finding that needs replicating and explaining.

107 Possible reasons are that (i) a father’s paying child support encourages him to visit more (Seltzer et al, 1998); (ii) the child may feel more valued by him; and (iii) the mother may feel more positively towards him. However, a simple direction of effect cannot be assumed. Perhaps fathers pay more when their children achieve better, perceiving this as evidence that they are being well cared for and are worth investing in (Hughinbaugh, 2001), or perhaps they pay more when they are more regularly involved. The magnitude of the positive effect is seen to decline when fathers are reluctant payers (for review see Graham & Beller, 2002).

108 Nearly one half of these new marriages will end in divorce before the child reaches the age of 18.

109 One reason for father-figures’ heavy representation in child abuse statistics may be willingness of family members to report them the closer the relationship between an abused child and a perpetrator, the less likely family members are formally to report the offender (Walls, 1992).

110 For example, among African American teenagers, males in stepfather families are significantly less likely to drop out of school, and their sisters to become early mothers. The income, supervision and role modelling provided by stepfathers in communities with fewer resources and less social control may be of significance. However, it is also possible that the positive effects may be due to selection: this research looked at re-married African American families, and since only 2% of African American mothers re-marry, these may be already advantaged (Hetherington & Handerson, 1997).

111 Garfinkel (2006) observes that in low income families “second wives” may discourage their partner’s contact with his other children out of fear of his infidelity to their mother(s).

112 Some studies of dual-earner families have found higher father involvement correlated with lower relationship satisfaction. However, it is thought these findings may be a reflection of general family stress (for review, see Lewis & Lams, in press).
Vulnerable fathers and their children

It is not usual to regard fathers with low social capital and multiple difficulties as vulnerable. They are more often perceived as the genitors of other people’s distress.

The themes in the lives of such fathers include negative life histories (including poor experiences of being parented), current environmental stressors, personality difficulties including mental health deficits, young age at becoming a father, belonging to a minority cultural group, low social support, non-residence with children, substance misuse, low intelligence, disability, poor communication competence, low educational attainment and skills deficits, imprisonment and unemployment, and feelings of failure as a breadwinner.

Such factors are associated, individually and together, with fathers’ stress, anxiety and depression, anti-social behaviour and other mental health and mood disorders, poor physical health, conflict with partners, negative parenting behaviour, use of violence inside and outside their families, family breakdown, incarceration, unstable employment, low earnings and so on. All and each of these can compromise fathers’ capacities to provide for their children or interact positively with them or their mothers, with effects flowing in multiple directions and interaction between variables exacerbating negative effects. Fathers in High Risk, High Harm Families are likely to experience and exhibit many of these factors concurrently.

What is perhaps most striking is how little is known about many kinds of vulnerable fathers.

For example, little is known about the experiences and needs of disabled fathers, who have been marginalised within relevant bodies of research, including work on fathers, masculinities, disability and parenting. Nor have practitioners routinely engaged with them: fathers with learning disabilities may not be assessed for support of any kind to help them understand their parenting role, if their partners do not have learning disabilities (O’Hara & Martin 2003).
6.1 Young Fathers

Younger marginalised men who become fathers are not only perhaps the most at risk, but are also the most invisible (Ferguson & Hogan, 2004).

6.1.1: Pregnancy/birth prevention

When a pregnancy is unplanned there is a reluctance to engage with the father, particularly if he is young; and his views are not perceived as relevant. They are relevant.

- Pregnant teenagers’ attitudes towards their pregnancy are strongly linked with their perceptions of the father’s desire for the pregnancy (Hellerstedt et al, 2001).
- In deciding whether to abort or proceed to full term, pregnant teenage girls are substantially influenced by the known views of their baby’s father (Evans, 2001).

Is there any value in trying to engage young men in pregnancy planning?

- Young males are less knowledgeable about sex and relationships than young females, but value the information more highly when it is provided to them (Blenkinsop et al, 2004).
- Howard et al (2004), surveying 2000 mostly African American 8th grade boys found the vast majority willing to use protection: this resulted in the local hospital restructuring its teen family planning clinical services to give the same in-hospital clinical and counselling support to young males as to young females.
- However, while California’s Male Involvement Programme (‘Let’s Hear it for the Boys’) was able to improve boys’ knowledge and understanding, translating this into changed behaviour was not so easy. Insights from this work are informing new responsive strategies (Brindis et al, 2005).
- In a prospective longitudinal study of 335 African American males found childhood aggression, (particularly when stable across 3rd to 5th grades), significantly predicting reported pregnancies during adolescence, with adolescent substance use and deviant peer involvement adding incrementally to the prediction. This suggests that precursors for males’ early pregnancy can be identified as early as age 8.
- The degree of disadvantage experienced by young fathers is graphically illustrated by the strong correlation between being a young father and being a young offender. Among 15-17 year old offenders 12% have children of their own (Prisons Inspectorate estimate); and among those aged 22 and under, nearly half are (or are about to become) fathers - as well as having, on average, literacy/numeracy levels below age 11. Over half have been in care; many have experienced violence or sexual abuse at home; and few have had models of good parenting (Young Voice, 2005).

6.1.2: Characteristics of young fathers

A review of the literature on young fathers in America and Britain found their circumstances and backgrounds strikingly similar to teenage mothers’ (Bunting & McAuley, 2004a; see also Berrington et al, 2005).

- Entry into young fatherhood is predicted by low SES, poor academic skills, failure to use condoms, early marriage/cohabitation, and having a mother who was younger at first birth. Anti-social behaviour and its correlates (including academic failure, substance use and early initiation of sexual behaviours) are also implicated (Pears et al, 2005; Bunting, 2005).

- Miller-Johnson et al (2004), in a prospective longitudinal series of unstable sexual partnerships and of living in public housing are found among men who have experienced early fatherhood when compared with controls (Sigle-Rushton, 2005).
- Young fathers who are not co-resident with their babies’ mothers tend to be of lower SES than co-resident young fathers, and to suffer more unemployment. They are also characterized by a lower threshold for the experience of negative emotions such as fear, anxiety and anger; experience more symptoms of anxiety and substance abuse; and engage in more crime, violence and abusive behaviour towards women (Jaffee et al, 2001).

6.1.3: Young fathers’ involvement: opportunities

Quinton et al (2002) found young fathers much keener to be involved than hitherto believed, as did Bunting & McAuley (2004a). Florsheim & Ngu (2003) observed fatherhood to be a ‘wake up call’ for some hugely disadvantaged young men, who gradually pulled their lives together afterwards. Interestingly, a positive attitude during the pregnancy was no predictor of this, and some of the young men spent time in prison after their babies were born. The ‘wake up call’ often kicked in a little later.
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Young Offenders see fatherhood as an important motivator for change. A recent study of 18 to 20-year-old male offenders - 30% of whom were fathers or had a pregnant partner or ex-partner - identified six factors they believed would contribute to successful resettlement: gaining employment; having stable housing; being in a relationship; having a child; having positive family relations; and managing drug/alcohol use (Farrant, 2006).

A key finding by Quinton et al (2002) was that background disadvantage was a less powerful predictor of ongoing paternal involvement among young fathers than was the quality of the relationship with the child’s mother. Similarly, Erkut et al (2005), studying Puerto Rican adolescent fathers, found their involvement influenced by child characteristics, their own perceptions of their fathering competence, social support - and the quality of relationship with their baby’s mother. Ngu (2005) has unpacked this last finding, discovering that higher relational skills (acceptance, finding, discovering that higher) was also found to predict development in the young father’s own relational capacity - which, in turn, predicted better paternal functioning.

6.1.4: Young fathers involvement: obstacles

Young fathers frequently face family rejection, barriers to contact with child and mother, a lack of ways to contribute financially, and an inability to envision future achievements (for review see Guterman & Lee, 2005). Furthermore:

- They tend to believe they are unwelcome and inadequate as parents (Knitzer & Bernard, 1997).
- They generally face lack of preparedness for fatherhood, cognitively and emotionally (for review see Guterman & Lee, 2005) and their knowledge of infant development tends to be deficient and unrealistic (De Lissovoy, 1973).
- Many have difficulty controlling their tempers (Bolton, 1987) and express negative parenting attitudes and behaviours (Miller, 1994).
- Related to this, they may be more likely than older fathers to be violent towards their partners and, possibly, their children (Guterman & Lee, 2005).
- They need to reconcile the contradictory roles of adolescent and father and often to assume the responsibilities of adulthood before they are sufficiently mature (Kahn & Bolton, 1986).
- One US study found 47% of young fathers using alcohol, 40% having problems with the law, and 42% having been in jail (Weinman et al, 2005); other studies have identified higher than average involvement in drug use, although most young fathers are not serious drug users (for review, see Guterman & Lee, 2005).
- Young fathers also have very high rates of anxiety and depression (Miller, 1994). These are strongly correlated with younger age of onset of fatherhood, exposure to domestic abuse as a child, and no father alive (Quinlivan & Condon, 2005).

Yet the young men’s distress usually goes untreated: their formal contact with psychiatric services is no higher than that of older, less depressed fathers (Quinlivan & Condon, 2005); and they do not seem to recognise their own needs. For example:

- In one study where the young fathers identified feeling states of anger, sadness/depression, nervousness/tension, helplessness and aggression, few requested services to address these issues; rather, their most frequently requested service needs were related to jobs and vocational training (Weinman et al, 2005).
- A majority of young offenders who had very much appreciated a parenting course delivered in prison, expressed reluctance about accessing parenting and other formal provision post-release (Meek, in press).

Many of the issues and deficits identified in young fathers are also issues among young mothers. However, while a wide range of services are in place to help these young women in their transition to parenthood, services not only tend to ignore young fathers but are overwhelmingly averse to them. Specifically:

- Quinton et al (2002) found young fathers ‘mostly ignored, marginalised or made uncomfortable by services, despite their desire for information, advice and inclusion.
- Bunting & McAuley (2004b) in a review of US and UK studies found young fathers reporting limited/no contact with midwives, health visitors and social workers.
• Bunting (2005) found health visitors perceiving the needs of both teenage mothers and their partners as high, the young mothers’ parenting capacity as average to good, the young fathers’ parenting capacity as poor, and decreases in couple/paternal contact as being due to negative characteristics in the fathers. All these assumptions were made, despite the fact that the health visitors actually knew very little about the young fathers and were ill-equipped to offer them support, being neither aware of any support they might be receiving, nor of services that might be able to help them.

• Pollock et al (2005) found systemic exclusion of (mainly black), young fathers in a London hospital maternity service, though more inclusion by the local teenage pregnancy team.

• Higginbottom et al (2006), reporting the views of ethnic minority young parents in England, found the young fathers, the young mothers and the service providers all agreeing that services were aimed at mothers.

6.1.5: Effects of ignoring young fathers

Quinton et al (2002) found that, by ignoring young fathers, services were ignoring mothers’ wishes: while in 50% of cases health visitors did not even know the fathers’ names, the young mothers themselves often placed a high value on the involvement of their babies’ fathers. Another effect of ignoring the young fathers is to compromise their children’s wellbeing:

• Among expectant teenage mothers, lack of perceived support by the father of their baby is a key correlate of high scores on the Child Abuse Potential Inventory (Zelenko et al, 2001).

• A decreasing pattern of involvement by the young father is significantly associated with young mothers’ increased parenting stress (Kalil et al, 2005).

• Teenage mothers with positive partner support are less rejecting and punitive towards their children (Unger & Wandersman, 1988).

Professionals who do not assess young fathers pre-natally, may miss important indicators of future child abuse:

• Young expectant fathers who report poor relations with their own parents during the pre-natal interview have higher child abuse potential scores at follow up (Florsheim & Ngu, 2003).

• Young men with a history of psychopathology revealed pre-natally report higher rates of physically punitive behavior toward their child later (Florsheim & Ngu, 2003).

• A history of psychopathology in both young parents (identified pre-natally) predicts inter-couple violence postpartum - another serious risk factor not only for the young adults, but for their infants (Moore & Florsheim, 2001).

6.1.6: Finding and working with young fathers

Identifying the fathers of the babies of teenage mothers should not prove difficult if community and health services work together. Fitzpatrick et al (1997) surveying pregnant teenagers at an Adolescent Antenatal Booking Clinic in Dublin found that at an average of 16-4 weeks into their pregnancies, 87.5% said they were involved in a continuing relationship with the father of their baby. Although a significant proportion of the birth certificates of babies born to teenage mothers do not identify the father (Ferguson & Hogan, 2004), Phipps et al (2005) found that in such cases, the father’s name was usually in the hospital records.

Can interventions with young fathers bear fruit?

• In Ireland, Ferguson & Hogan (2004) report that a key challenge in working with some young fathers is to move them beyond ‘protest masculinity’ so they can adjust to domestic routines. These researchers believe intensive day or residential family support is the model most likely to lead to successful outcomes.

• One small US study of just six fathers (Parra-Cardona et al, 2006) found the young men’s involvement with their children and their commitment as fathers substantially increased after participation in a therapeutic/ psycho-educational fatherhood programme.

• Saleh et al (2005) found programme participation by 38 young fathers correlated with one third moving from ‘positive emotionality’ to substantial ‘engagement’ with their child. In this last study, ‘accessibility’ (i.e. the amount of time the child was available to the father) showed the smallest shift. This is not surprising, as it is the area least likely to be controlled by the young father himself.

The significance of the wider family is key in devising support for young fathers (Kiselika, 1995).

• Kalil et al (2005) found sustained low father involvement highly correlated with strong support given to the young mother by her own mother, particularly when the two lived together. By contrast, where the young mother experienced positive relationships with both the young father and his family (particularly his mother), this was predictive of higher initiated and sustained father involvement.

• Anderson (1993) found the paternal grandmother’s acceptance of her son’s paternity and her feelings towards the child’s mother significant in pushing the young father towards accepting his paternal role.
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6.2 Imprisoned fathers

6.2.1: Characteristics of imprisoned fathers

6.2.1.1: Who are the imprisoned fathers?

Contrary to popular belief, imprisonment is generally short (29 months on average in the US), the men are relatively young (average age 26 years in the US, slightly older in the UK), and 45% are not in touch with their families during incarceration (NOMS, 2004), although this does not mean they will not reconnect later. Ninety-three per cent of imprisoned fathers will be released (Petersilia, 2003); and almost all will reconnect, or attempt to reconnect, with partners (current and/or former) and children (Day et al., 2005). Within 18 months, 40% of convicted fathers will be back in the prison system (Day et al., 2005).

While there is no formal auditing of male prisoners’ parental status, it is thought that over 32% are co-resident with at least one dependent child at the time they are imprisoned (Hansard, 2003). This is probably an underestimate as some prisoners do not reveal their parental status for fear their children will be taken into care (Brooks-Gordon & Bainham, 2004). Hairston (2001) found co-residence prior to incarceration most likely with a youngest child.

6.2.1.2: Imprisoned fathers and non-residence

Co-resident fatherhood prior to imprisonment may tell only a small part of the story of incarcerated fatherhood. Most incarcerated fathers are non-resident fathers - either of one or all of their children.

- In the UK, among a sample consisting of imprisoned fathers who expressed the intention to live with or take responsibility for at least one child on a regular basis upon release (Clarke et al., 2005):
  - One third had never lived with the target child.
  - One quarter had never lived with the mother of the target child.
  - One third had children with at least two mothers.
  - Only one quarter were living with the target child’s mother at the point of imprisonment (and almost all of these couples were unmarried).

- Similarly, Roy & Dyson (2005) studying a less obviously fatherhood-committed sample found that 20% had children with two women (and one father had children with three).

- Resident fathers often become non-resident during incarceration. Bahr et al. (2005) found 50% of inmates claiming to have lived with their child prior to incarceration; post-release that figure had dropped to 19%.

- However, non-residence does not necessarily mean non-contact or even a poor relationship with the target child’s mother (upon whom contact usually depends - Roy & Dyson, 2005) - even when the father’s relationship with a former partner dissolves while he is incarcerated.

- More than half of imprisoned, non-resident fathers with a high commitment to fatherhood rated their relationship with at least one of their children’s mothers as ‘good’ or ‘excellent’ and only a third rated it as ‘poor’ or ‘very poor’ (Clarke et al., 2005).

- Even among less obviously committed, imprisoned fathers (Roy & Dyson, 2005), 74% had experienced some encouragement of their relationship with their child from their child’s mother while they were in prison.

- Many of these mothers had also at times discouraged this relationship (Roy & Dyson, 2005).

- Many mothers discouraged the imprisoned father’s relationship with children he had had with other women (Roy & Dyson, 2005).

- Ambivalence characterizes many imprisoned fathers’ relationships with the mothers of their children (Day et al., 2005; also Palm, 2007, personal communication).
Nor are biological children their only concern or responsibility: a UK study found well-established relationships with step-children, with visits occurring and the men often speaking warmly of them (Boswell & Wedge, 2002).

6.2.1.3: Imprisoned fathers’ vulnerabilities

Although imprisoned fathers disclose high levels of childhood abuse (Boswell & Wedge, 2002) and are more likely than other men to be violent, from an ethnic minority group, less educated, to have poor relationship skills and to be prone to substance abuse (Carlson & McLanahan, 2002) a majority are not very different from other fathers from similar backgrounds:

• Sixty per cent do not re-offend within two years (Day et al, 2005) although this will vary by type of crime committed (NOMS, 2004).
• Although for a few children, (and mothers), a father’s incarceration brings some form of relief, these are a small minority (Boswell & Wedge, 2002).
• When children mention changes in their lives since their fathers’ imprisonment, most of these changes are perceived as negative (Boswell & Wedge, 2002).
• When children who are visiting imprisoned fathers are interviewed, most appear to have close and sensitive relationships with them (Boswell & Wedge, 2002).

6.2.3: The mothers of male prisoners’ children

The importance of identifying, among prisoners, men who are already or could become ‘good enough’ fathers may be particularly pressing, since it is clear that their children’s relationships with their mothers are not always straightforward or positive:

• Some of the mothers are prone to the same problems as the children’s fathers, including substance abuse, even imprisonment (Roy & Dyson, 2005).
• The mother-child relationship may also be disrupted: Johnson & Waldfogel (2003) report that 23% of male prisoners’ children do not live with their biological mothers; and even higher figures are found by Boswell & Wedge (2002) - 33% for the children of Young Offenders; and 37% for the children of adult imprisoned fathers.

6.2.4: Impaired fathers’ time and contact with children

6.2.4.1: Before imprisonment

Among a representative sample of imprisoned US fathers, 40 out of 51 reported having been close of very close to at least one child before imprisonment, with around half reporting that they had spent more than 20 hours per week in direct contact with them (Day et al, 2005).

6.2.4.2: During imprisonment

Father-child contact during incarceration can be in the form of direct contact (visits, phone calls and home release), and indirect contact (letters, presents and cards).

• A US study found no visiting by the target child to 33 of 51 fathers (Day et al, 2005).
• In a ‘spot check’ of fathers attending a parenting course in a US prison, only 6 out of 23 were experiencing prison visits from any of their children (Palm, 2007, personal communication).
• Also in the US, a study of young offenders (Nurse, 2001) found one third receiving no visits. However, 22% saw their children weekly while incarcerated.
• In a sample of UK fathers who were mainly already receiving visits, Boswell & Wedge (2002) found 34% receiving weekly visits; and 59% seeing their children at least fortnightly (mothers’ and fathers’ reports).

6.2.4.3: Post release

• In a sample of fathers who report an intention, upon release, to contact and have some responsibility for a child under 18 on a regular basis (Clarke et al, 2005):
  • Only 12% never sent letters to the target child, while 30% never received any.
  • Phone contact with the child was experienced by 79% - a remarkable figure given the prohibitive cost of telephone calls from most institutions.
  • Visits from the child were experienced by 53%.

In test-cases, the rights of imprisoned fathers to indirect (but not direct) contact with their child have been upheld, out of a belief that in most cases it is important for a child to have some knowledge of, and some indication of the presence of their natural father (Brooks-Gordon & Bainham, 2004).

6.2.4.4: During imprisonment

Father-child contact during incarceration can be in the form of direct contact (visits, phone calls and home release), and indirect contact (letters, presents and cards).

• A US study found no visiting by the target child to 33 of 51 fathers (Day et al, 2005).
• In a ‘spot check’ of fathers attending a parenting course in a US prison, only 6 out of 23 were experiencing prison visits from any of their children (Palm, 2007, personal communication).
• Also in the US, a study of young offenders (Nurse, 2001) found one third receiving no visits. However, 22% saw their children weekly while incarcerated.
• In a sample of UK fathers who were mainly already receiving visits, Boswell & Wedge (2002) found 34% receiving weekly visits; and 59% seeing their children at least fortnightly (mothers’ and fathers’ reports).

6.2.4.5: Post release

• Boswell & Wedge (2002) found 85% of adult prisoners (76% of young offenders) planning either to live with their children, or in the neighbourhood in which at least some of their children lived upon release.
• At six months post release, Richards et al (1994) found almost ex-inmate fathers having some level of contact with their children, most fairly regularly: 46% were living with some or all of their children (mothers’ and fathers’ reports).
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6.2.5: Impact of imprisonment on fathers

Controlling for a range of key variables, incarceration is found to have a negative impact on family relations (Western et al, 2004) and on the father’s experience of being a father in particular.

- Most fathers experience a rupturing of their paternal identity as both nurturers and providers, guilt about the increasing hardships experienced by their families and devastation experienced from losing the role of active parent (Clarke et al, 2005; Day et al, 2005; Arditti et al, 2005).
- Thirty-five per cent said they felt guilty or ashamed; 15% ‘gutted’; 20% helpless (‘can’t be one’ - i.e. a father), 17% unhappy, 8% frustrated (Boswell & Wedge, 2002).
- The ‘masculinity norms’ experienced in prison (readiness to fight, avoidance of prison staff, stoicism - Phillips, 2001) are likely, if adopted by a father, to lead him away from an identity that supports children’s positive development (Dyer, 2005).
- Some fathers withdraw from their children to cope with the pain of separation (Palm, 1996) or with the culture of prison life, which does not encourage personal responsibility (Roy & Dyson, 2005).

6.2.6: Impact of fathers’ imprisonment on children

For children, paternal imprisonment is linked with:

- Traumatic separation frequently experienced as bereavement, with one third of children in one study witnessing their father’s arrest, often accompanied by dogs and several police officers (Noble, 1995).123
- Poorer general and emotional health and wellbeing, with immediate behaviour problems including preoccupation with the loss of the father, depression, separation anxiety and interpersonal conduct disorder (for review, see Day et al, 2005).
- Longer term, poor academic performance, emotional suffering, alcohol and drug abuse, and own (i.e. child’s) involvement in the criminal justice system (for review, see Arditti et al, 2005) and antisocial behaviour (Jaffee et al, 2003).124

Associated stresses on children include:

- Lack of information, being lied to about the incarceration, shame and secrecy often imposed by adults (Clarke et al, 2005).
- Increased poverty (Boswell & Wedge, 2002).125
- The difficulties and often demeaning nature of prison visits (Boswell & Wedge, 2002).
- Teasing by peers (Boswell & Wedge, 2002).
- The challenge of integrating their feelings about a loved person who is designated a criminal (Boswell & Wedge, 2002).
- Worrying about mothers’ stress - and suffering from it mothers commonly experience burdens as sole providers and decision makers, depression, loneliness, demoralisation and frustration with their incarcerated partner (for review, see Roy & Dyson, 2005).
- Stresses arising from the deterioration/dissolution of the parents’ relationship, (Roy & Dyson, 2005).

Pellegrini (1997) found close and sensitive father-child relationships very helpful to children in reintegrating their fragmented images and perceptions of their fathers; and identified five tasks for the children of imprisoned fathers:

- Establishing the meaning of the father’s action.
- Acknowledging separation from the father and adapting daily activities.
- Managing feelings.
- Accepting the father’s (temporary) separation.
- Readjusting to his return.

Boswell & Wedge (2002) suggest that children who do not have psychologically and physically supported access to their imprisoned fathers are likely to fare less well, and are in particular need of support from services to express their feelings about their fathers’ incarceration.127
6.2.7: Supporting father-child relationships in prison

Clarke et al (2005) believe ‘a rehabilitation and family-preservation ethos is beginning to be established in the penal system in the UK’. This is contradicted by Brooks-Gordon & Bainham (2004), who perceive a ‘decline in the rehabilitative ideal’. All commentators, however, recognise that such efforts as are being made to support prisoners’ family ties are undermined by the rise in the prison population and length of sentences, as well as by the greater numbers of psychopaths, sex offenders and drug users incarcerated, with attendant security issues (Brooks-Gordon & Bainham, 2004). One consequence is that in the four years to 2005, family visits fell 40% per head (Brookes, 2005).

Within this challenging context, pioneering initiatives are enabling imprisoned fathers to reflect upon, and develop, their roles (Fathers Direct, 2004).

- Evaluations of delivering parenting classes for young offenders and adults in prison have revealed positive results in terms of knowledge, attitudes, self-esteem and children’s self-perceptions (for review see Meek, in press; also Dennison & Lyon, 2003).
- Fathers themselves rate them highly and, in 12% of cases, were found to have communicated their new learning to their partners and in two cases had used it to advise them about child-rearing practices (Boswell & Wedge, 2002).
- A growing body of research has found that after release, key pieces of learning from these courses were retained by ex-inmates (Boswell & Wedge, 2002; Dennison & Lyon, 2003).
- Meek (in press) found an over-representation of Black fathers engaging in the parenting classes in prison. Previous research has highlighted the need for culturally suitable course materials when working with young fathers (Mordaunt, 2005).
- Dyer (2005), applying identity theory to the incarceration experience, suggests that, to maintain and develop the father-child relationship, prison-policies need to help fathers:
  - Enact roles meaningful to their identity as fathers - e.g.
  - Working/learning new skills to help provide for their families
  - Developing other aspects of the fatherhood role (nurturer/playmate) via education, health and personal development, as well as by doing things for their children (letter-writing, preparing recordings of bedtime stories, finding ways of optimising time spent together etc.).
- Receive supportive appraisal of their fatherhood efforts from their family, which may include negotiating with them standards for fatherhood while in prison.
- ‘Children’s visits’ can provide a productive context. Where such schemes have been established, four components appear key (Wedge, 1996). The opportunity for:
  - Father and child to ‘know’ each other within a developing and meaningful relationship.
  - The father to be able to discharge some parental responsibility within such a relationship.
  - Physical play (not just in itself, but as highlighting the importance of the relationship through play).
  - Increased chance of family survival.

6.2.8: Father-child relationships and rehabilitation

The father-child relationship can act as an important element of rehabilitation efforts, proving a ‘turning point’ in the life of the inmate (for review, see Dyer, 2005).

- Many regret pre-imprisonment behaviour, such as lack of connection with children, or being too punitive, and vow to do better as fathers (Arditti et al, 2005; Day et al, 2005).
- Fifty per cent believed their ideas about parenting had changed in a positive direction during their prison experience (Day et al, 2005), although Dennison & Lyon (2003) found little behaviour change upon release, partly attributable to little or no community-based support.

Given the obvious impact of each spell of incarceration on children, reducing re-offending by fathers should reduce adversity for children, as well as reducing costs to the state. Can close father-child relationships protect against recidivism?

It is well known that maintaining positive family ties approximately halves the rate of recidivism (Brookes, 2005), with a number of close relationships within the family network protecting particularly strongly against repeat offending.

Now the impact of father-child relationships as a separate element within family relationships has been examined in a small sample of parolees (Bahr et al, 2005). While the simple fact of ‘being a father’ was not linked to reduced recidivism, a prisoner having at least one close relationship with a child was:
• Only one of 18 fathers who had been living with a child prior to imprisonment returned to prison, compared with 6 of 19 who had not been living with a child at that point.
• Only 14% of fathers who had had contact with a child in prison returned there, compared with 33% of those who had had no such contact.
• Only 8% of fathers who described their relationship with a child as ‘excellent’ returned to prison, compared with 22% who did not rate the relationship in those terms.

It is worth noting, as reported above, that maintenance of a number of family ties was also important factors in protecting against reoffending - as were post-incarceration employment and housing (Bahr et al, 2005). All these may be linked: without employment and suitable housing, and a positive relationship with his child’s mother, a father’s contact with his children is likely to be less than optimal.

The effect of a positive father-child relationship on reducing re-offending may prove to be cumulative: the impact of a good couple-relationship on re-offending rates has been more thoroughly studied, and its positive effects seen to grow slowly until it had a major impact on inhibiting crime (Laub et al, 1998).

6.2.9: Re-settlement
Clarke et al (2005) report on a series of H M Prison Service initiatives from 2004 which emphasize the involvement of children and families as part of a wider resettlement and rehabilitative ethos. This work is in its early stages.

A key reason for engaging with newly released fathers and their families is that while release often brings relief to fathers and their families, the stressors are also likely to be substantial. These include:

• Issues arising from the breakdown or deterioration in quality of the parental relationship during incarceration.
• Disappointed ‘idealised expectations’ for reconnection with children and/or partners (Day et al, 2005; Boswell & Wedge, 2002).
• The carrying/transmission of infectious diseases; having been treated for depression and other forms of mental illness while in prison; and continuing or new problems with addictions and with involvement in a crime-directed life-style (Hammett et al, 2001).

Barriers to engaging in post-release work with incarcerated fathers and their families, via the criminal justice system or via family services, include:
• Loss of family contact while in prison: prisoners, particularly young prisoners, move often between institutions. and their children also move frequently. There are no clear systems for sharing information across local authorities (Sherlock, 2004).
• Disappearance after release, with even parole officers having difficulty finding many of them (Day et al, 2005). In the UK, Boswell & Wedge (2002) report 21% linking with the probation service and 13% with the home probation service. Only 8% of released prisoners/their partners mention links with other services, such as social services and AA.
• Incarcerated fathers, like other fathers, have low expectations (and so do their partners) of what can be done to help them, and may also be defensive about the need for support with their parenting: When asked what could be done on release to help a father get closer to his ideal of active fatherhood, 58% of adults (43% of young offenders) thought nothing could be done to help him (although 13% mentioned help with employment).

It is clear that efforts to engage with the fatherhood of incarcerated and released fathers should continue and be expanded, not least because so many already play substantial day-to-day roles - for good and for ill - in the lives of their own and other men’s children - but also because low or no contact with their biological fathers (or important social fathers) is such an issue for children (see Fathers and Family Change, above). The loss of their father is likely to be particularly telling for the children of imprisoned fathers, given that their relationships with their mothers may also be difficult or tenuous.
The distribution of mental health deficits between parents suggests that while many couples will both suffer disturbance of some kind, there is considerable scope for fathers, like mothers, to prove ‘buffer’ parents where the other partner suffers from a chronic or a temporary, but severe, negative episode:

- Personality disorder is the most common serious mental health disorder among parents: more than half the children of mentally ill parents have a father who suffers from this; and a quarter have a mother with this disorder (Göpfert et al, 2004).
- A study of individuals with psychotic disorders (McLean et al, 2004) found 25.4% of the men fathers, and 59.1% of the women mothers.
- Population studies of psychiatric disorder have found evidence of substantial assortative mating for antisocial behaviour (i.e. both parents tend to exhibit it).
- However, in only 8.9% of cases do both parents suffer from a serious mental illness (Göpfert et al, 2004).
- Women suffer more than men from depression and anxiety disorders during the reproductive years (Bebbington et al, 1990); and the Bristol ALSPAC study measuring mental health as depression, anxiety and eating disorders has found the mean scores to be higher for mothers than for fathers (ALSPAC, 2006).
- Lone mothers (Benzeval, 1998) and teenage mothers (Berrington et al 2005) are particularly at risk of psychological distress.
- Fathers’ own mood disorders and mental health deficits have a powerful impact on children’s, adolescents’ and young adults’ negative functioning and distress. For example:
  - In an important meta-analysis, Kane & Garber (2004) found paternal depression significantly related to offspring internalising and externalising psychopathology and to father-child conflict.
  - Fathers’ depression is also associated with their children experiencing more major stressors, and having lower perceived social competence both as teenagers and in early adulthood - with the young people’s own psychopathology controlled for (Lewinsohn et al, 2005).
  - Antisocial personality disorder in fathers is associated with problems of conduct and aggression in children and adolescents (for review, see Flouri, 2005a, p. 103; Jaffee et al, 2003). Smith & Farrington (2004) showed that for girls, having an antisocial father was associated not only with early conduct problems and later antisocial behaviour - but also with partnering with a convicted male.
  - Fathers’ antisocial behaviour has an independent effect on children’s behaviour problems, over and above mothers’ antisocial behaviour and any genetic risk he may have imparted (Jaffee et al, 2003).
  - Fathers’ potential to ‘buffer’ their children from mental health deficits or disordered mood in mothers has been discussed above in relation to Post Natal Depression. Similar potential is found later in the parenting cycle.
  - In two parent families where one parent is mentally healthy, the rate of disturbance in children is not higher, unless the ill parent has been diagnosed with a personality disorder (Hall, 2004, p.22).
  - A secure father-child attachment is an important protective factor against disturbance in children whose mother suffers from a mental illness, and a secure attachment may develop when the father functions well (Hall, 2004, p.37).
  - Children who cannot ‘distance themselves’ from their ill parent seem especially vulnerable to poor adjustment, impaired relationships and adverse long-term outcomes (Hall, 2004, p.30). A reasonably well functioning other parent can help them develop distance.

It is worth noting that the ‘well’ parent often suffers from diagnosable disturbance himself/herself (Göpfert et al, 2004), either a pre-existing problem or deriving from the stresses of living with an ill partner, so that these ‘buffer’ parents may also need support. Where a father is the ‘ill’ parent, there is case-study evidence that commitment to his relationship with a child or children can be an important motivating factor promoting compliance with his treatment regime (Sheehan, 2006; Hall, 2004).
6.4 Fathers and substance misuse

Distribution of substance misuse between parents:

• In the UK, it is estimated that between 780,000 and 1.3 million children are affected by a parent with alcohol problems (Prime Minister’s Strategy Unit, 2003) - most likely their father, given that men are twice as likely as women to be affected (Velleman, 2004).

• Similarly, 2-3% of children under age 16 have at least one parent who abuses drugs, and though drug-abusing mothers are twice as likely as drug abusing fathers to be living with their children, there are twice as many drug-abusing fathers as there are drug abusing mothers - and one third of these men are estimated to be co-resident with their children (ACMD, 2003). It is likely that many of the others will live locally (Badham, personal communication).

• The impact on children of parental ‘dual disorder’ (mental health/substance abuse) is moving up the agenda. In one extensive, community-based study, nearly half of those with a diagnosis of schizophrenia, and nearly one third of those with a mood disorder misused, or were dependent upon, alcohol or drugs (Register et al, 1990, cited by Velleman, 2004, p.193).

• Fathers’ substance abuse, like mothers’, has powerful negative effects on child and adolescent development and also on children’s physical safety (Velleman, 2004). Specifically:

  • Fathers’ substance abuse is correlated with heightened child risk for both physical abuse and physical neglect (for review, see Guterman & Lee, 2005), conduct problems and aggression in children and adolescents (for review, see Flouri, 2005a, p.103), difficulties at school, mental ill health and stress (Tunnard, 2002).

  • Indirect negative effects are found via lower earnings and more unstable employment (Teitler, 2001).

  • A key pathway for indirect influence on children is the impact of fathers’ substance misuse on mothers:

    • Male partners are likely to influence a woman’s introduction to substance use, including harder drugs (Amaro & Hardy-Fanta, 1995).

    • Expectant mothers are almost four times more likely to have consumed alcohol, and over twice as likely to have used drugs, if the father has drug and alcohol-related problems (Teitler, 2001).

    • Heavy drinking by fathers is associated with double the risk of insecure attachments between mothers and infants (Eiden & Leonard, 1996).

    • Men’s rates of alcohol and illicit drug use are strongly correlated with violence (Tuten et al, 2004) and aggression towards their partners - and with greater anti-social behaviour, aggression and depression (Eiden & Leonard, 2000; Leonard et al, 2002).

The UK’s Social Care Institute of Excellence points out that very little research has been conducted into the parenting capacities of substance-misusing fathers. Nevertheless, the Institute perceives engaging with these fathers as a priority (SCIE, 2005a).

• Alcoholic fathers are less sensitive and more negative towards their infants, and their infants are less securely attached (Eiden et al, 2002; Eiden & Leonard 2000).

• Fathers’ alcoholism is associated with their greater irritation with their infant and aggression towards the mother (Leonard et al, 2002; Eiden & Leonard, 2000).

What potential is there for improving children’s outcomes by engaging with fathers’ substance misuse - and to what extent is this occurring?

• When alcoholic fathers enter a treatment programme, the simple fact of their receiving treatment is associated with improvements in their children’s adjustment; and a clinically significant reduction in child problems is found with fathers’ alcoholism recovery (Andreas et al, 2006).

• CARAT (HM Prison Service drug and alcohol services) has been given a brief to involve families of prisoners undertaking treatment programmes, and associated rehabilitation work, as part of the through-care element, with emphasis on prisoner resettlement - and this is to be focussed on fathers as well as on mothers (Clarke et al, 2005).
Fathers and child abuse

6.5

Fathers and child abuse

6.5.1: Child physical abuse

Physical abuse of children is usually recorded as being perpetrated about equally by biological fathers and mothers (Guterman & Lee, 2005; Cawson et al, 2000). However:

• Mothers may be over-represented in these figures, in that registration of children as being ‘at risk’ is more likely when mothers are abusers (Ryan, 2000), and this is particularly likely when the household involves a father-figure (Radhakrishna et al, 2001).

• Or mothers may be under-represented, in that - as mentioned earlier - the closer the relationship between an abused child and a perpetrator, the less likely family members are formally to report the offender (Wallis, 1992).

• It has been hypothesised that were fathers to spend more time in sole charge of children, their rates of abuse would rise. So far, this hypothesis has received support from one study, but not from another (for review, see Holden & Barker, 2004).

• Both single fathers and single mothers are equally likely (and more likely than other parents) to abuse their children physically, with severity of violence greater in single father households (Gelles, 1989).  

• There is some evidence that children living with both their biological parents are more likely to be physically abused by their fathers than their mothers, that fathers tend to perpetrate more severe abuse and that they are more likely physically to abuse boys (Jouriles & Norwood, 1995).

• Although actual abuse will only occur in a minority of cases, 10% of children describe themselves as frequently fearful of their fathers, compared with 5% who are similarly afraid of their mothers (Cawson et al, 2000).

• There are clear links between fathers’ (and father figures’) substance abuse (including alcohol), and heightened risk to children of both physical abuse and physical neglect (Ammerman et al, 1999).

• Particularly high levels of abuse are perpetrated by unrelated males in a household, whether or not they are in a substantial relationship with the child’s mother.

• Economic insecurity and job loss contribute both directly and indirectly to heightened physical child abuse and neglect risk by fathers, via multiple pathways, including paternal irritability, tension and explosiveness (which increase their tendency to be punitive towards their children) stresses arising from greater transience in residence (which is associated with economic hardship), and so on. These should be identified as risk indicators for abuse (Guterman & Lee, 2005).

• There is a strong correlation between child maltreatment by mothers and problematic relationships with their partners. This suggests another important role for fathers in child abuse (Guterman & Lee, 2005).

Although some commentators have suggested that maltreating fathers be regarded differently from maltreating mothers and addressed differently (Scott & Crooks, 2004), others contest this, noting that the differences recorded so far between maltreating mothers and fathers are small to non-existent, and that fathers’ maltreating behaviour does not seem to develop from a very different base from mothers’ (Pittman et al, 2006).

• Like maltreating mothers, maltreating fathers are typically ‘troubled’ individuals, with a history of victimisation in their families-of-origin which is related to current distress and unhappiness (Pittman et al, 2006).

• Like maltreating mothers, maltreating fathers tend to be isolated individuals, with few emotional and instrumental supports and weaker ties to social networks (Coohey, 2006).

• The family climate in which these men operate tends to be distant and disorganised - slightly more so than the typical family climate within which maltreating mothers operate (Pittman et al, 2006).

• A particular feature of maltreating fathers seems to be rigid attitudes about appropriate child behaviour and parenting practices. This may prove a useful point for intervention (Pittman et al, 2006).

It seems probable that some maltreating fathers will have significantly different issues from maltreating mothers, notably their possible adherence to gender-role stereotypes which may impact, among other things, on attitudes to discipline. There is evidence that ideas of discipline ‘gone awry’ may influence some fathers’ abuse of their children (Pittman et al, 2006).

From the children’s point of view it is worth noting that:

• Children who have been abused by their fathers usually acknowledge some positive features of their relationship with them (Sternberg, 1997).

• Paternal physical abuse in childhood is a significant predictor of aggression in adult males (as is maternal physical abuse of later female aggression) (Muller & Diamond, 1999).
6.5.2: Child neglect

Child neglect is overwhelmingly perpetrated by mothers. How do fathers contribute?

- Recent research suggests that fathers’ absence, by itself, does not predict child-neglect risk (Dubowitz et al, 2000). However, heightened physical child neglect, like abuse, is associated with family impoverishment - and family impoverishment is more likely when fathers are not contributing to the household (Guterman & Lee, 2005).  
- Mothers convicted of neglect are usually assumed to be coping alone. In fact, most have partners. However, these tend to be men they have known for less time, are not married to or living with, are less likely to be the biological fathers of their offspring (for review, see Radhakrishna et al, 2001) and are not perceived by the mothers as supportive (Coohey, 1995).
- The strong correlation between mothers’ problematic relationships with their partners and their abusiveness towards their children is also found in child neglect (Guterman & Lee, 2005).
- Some direct empirical evidence suggests that low father support is intertwined with mothers’ risk for both child physical abuse and neglect (for review, see Radhakrishna et al, 1990).

- There appears to be a link between maternal depression and experiences of ongoing or past violence victimisation. Such depression can impact upon women’s ability to care for children and result in a categorisation of neglect (Stanley, 1997). This suggests another pathway for the serious potential influence of fathers on child maltreatment.
- Where a mother’s partner is not the father of all the children in the home, has a drug, alcohol or mental health challenge and does not seem to understand that there is a supervision issue for the children (or take responsibility for it) supervisory neglect is likely to be persistent or chronic - and the investigator’s level of concern should be raised (Coohey & Zhang, 2006).  

6.5.3: Psychological abuse

Although less is known about fathers’ psychological abuse of children, it seems likely that:

- Biological fathers and mothers are about equally responsible (Sedlak & Broadhurst, 1996); and father-figures more responsible (for review see Radhakrishna et al, 2001).
- Physical abuse may co-occur with psychological abuse: in one study, both maltreating mothers and fathers were found to direct more hostile and negative behaviours, (and fewer positive verbal behaviours) towards their children. Interestingly, however, socio-economic status accounted for a greater proportion of the variance in these other negative parental behaviours than did child abuse (Pierrenkohl et al, 1984).
- One study found that men who were abusive towards their partners directed significantly more verbal aggression towards daughters than towards sons (Cummings et al, 1999).
- It is now recognised that children whose fathers or father-figures regularly abuse their mothers, are being psychologically abused (see Domestically Violent Fathers, below).

6.5.4: Sexual abuse

When ‘sexual abuse’ is mentioned, it is usual to think of biological fathers. In fact, the picture is more complex:

- Non-biological male family members (stepfather or mother’s de facto partner) are disproportionately represented as sex offenders. For example, Russell (1986) reported that 17% of girls living with stepfathers had been sexually abused by them, compared with 2.3% of girls sexually abused by their biological fathers.
- A more recent study of 3,000 young people indicated that out of the 11% who had been sexually abused, this had occurred within the family in only 1% of cases - and the most common perpetrator was a brother (Cawson et al, 2000).
- Not all sexual abuse is the same - and this suggests that not all sexual abusers are the same. In 50% of father-daughter incest cases, the sexual abuse is remembered by the adult survivor, as a ‘once only’ - though nevertheless traumatic - aberration (Russell, 1986).
- Good paternal care/support in adolescence is one of two important factors (the other being friendship with non-delinquent peers), that are found to protect against the serious problems found in 80% of the young adults who have been sexually abused (Lynskey & Fergusson, 1997).

It would seem that in most cases where sexual abuse has taken place both the biological father and any social fathers should be assessed, not only in terms of risk but also as a potential resource:

- To make reparation, if appropriate and possible, for abuse they have perpetrated themselves.
- If abusers, to be identified as a potential future risk to these and other children
- If not abusers, to be assisted to provide support to a child in their care who has been sexually abused.
6.5.5: Domestically violent fathers

Domestic abuse is a public policy issue of great importance. The literature on its prevalence and impact is extensive. Men can also be victims of violence perpetrated by women and children; and violence may be reciprocal (for review, see Holden & Barker, 2004). There is a growing body of evidence that many men who use violence within their families can be helped to change their behaviour; and methods of achieving this are being explored, including - where they are fathers - a focus on that aspect of their lives (see below).

Although it is crucial that anyone who uses physical violence and other coercive behaviours address this as a problem in itself, the co-occurrence of domestic abuse by men with criminality and social disadvantage (for review, see Fergusson et al, 2005), substance misuse (Tuten et al, 2004), depressive symptoms (Feldbau-Kohn et al, 1998) and other mental health deficits (Göpfert et al, 2004) in both themselves and their victims, (causality is not often clear), indicate that referrals to other services will also be indicated in many cases.

Current policy and practice does not facilitate this:

- Common terminology (‘batterer’ or ‘perpetrator’ for the man and ‘victim’ for the woman) implies that only the latter deserves or needs help. In fact a number of commentators have noted the ‘invisibility’ of fatherhood in family violence: that is male perpetrators are not recognised as parents.
- Sternberg (1997) comments on the use of the word ‘father’ to mean father or father-figure, which often masks differences in the abusive behaviour by these two groups, and compromises our understanding of it.
- Peled (2000) observes that children affected by their fathers’ violence towards their mothers are commonly referred to as the ‘children of abused women’ rather than the ‘children of abusive men.’
- Featherstone & Peckover (forthcoming, 2007) argue that the construction of domestically violent fathers as ‘perpetrators’ or ‘offenders’ has rendered invisible their identities as fathers/parents, and that this has seriously compromised the development of effective policies and practices to support women and children, while at the same time failing to offer men opportunities to develop non-violent parenting and partnering relationship patterns.
- Holden & Barker (2004) believe that failure to investigate fathers’ roles in family violence tends to result in mother-blaming; and inhibits a full understanding of the aetiology, nature and consequences of family violence, both in current and future generations.

Child abuse often co-occurs with domestic abuse with both mothers and fathers responsible - and here it is crucial to think in subtle ways about the nature of the violence between parents, or directed by one against the other:

- In clinical populations (battered women’s shelters) children are abused in 30-60% of the families (Holden & Barker, 2004).
- The percentage will be much lower in non-clinical samples: it is estimated that, in the USA, 6% of children are physically abused while also being exposed to spousal violence (Appel & Holden, 1998).
- Men who are moderately violent towards their partners are twice as likely as non-violent men to abuse their children (Straus & Gelles, 1990); men who are severely violent towards their partners are five times more likely to abuse their children (Straus et al, 1980).
- Mothers who experience relatively minor physical abuse from their male partners are approximately twice as likely as other mothers to abuse their children; when the mothers are severely abused they are four times more likely to abuse their children (Straus et al, 1980).
- If spousal violence occurs in the first year of parenthood, both mothers and fathers are likely to develop more negative views of their children. For fathers, these negative views mediate the relation between spousal violence and child abuse risk (McGuigan et al, 2000).

It is likely that some of the child-abuse perpetrated by abused mothers results from their own psychopathology; however, it is also likely that some is stimulated by the stress caused by their violent partner’s behaviour - another powerful reason for engaging with these men for the benefit of both mother and child.

What else do we know about the parenting behaviour of men who physically abuse their partners?

- Holtzworth-Munroe & Stuart’s perpetrator typology (1994), which is beginning to receive empirical support, would suggest that different kinds of perpetrators are likely to engage in different parenting practices (Holden & Barker, 2004).
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• While some research has found low levels of involvement in childcare, and emotional commitment to children among men who are violent towards their partners, other research has found considerable childcare and/or household task involvement (for review, see Featherstone & Peckworth, forthcoming 2007).

• Women whose partners abuse them typically describe the men as physically punitive and often angry towards their children (for review, see Holden & Barker, 2004).

• Spousally violent fathers are more likely than other fathers to admit to spanking, yelling, harsh parenting, psychological aggression and minor assaults towards their children; they also report more frequent arguments with children and perceive a greater number of child behaviour problems (for review, see Holden & Barker, 2004).

• In one study, the 18% of spousally violent fathers who also scored at the elevated cut-off level on the Child Abuse Potential scale, reported significantly more anger, child-externalising problems, parenting stress, borderline personality organisation and substance abuse, and significantly less positive parenting activities (Holden et al, 2003).

• Spousally abusive fathers (particularly those who are not resident with their children) may romanticise their relationship (for example, looking to the children for unconditional love); be unaware of and unable to prioritise their child’s needs; and perceive the children as failing to conform to their expectations (for example, in doing homework, going to bed etc.) (Harne, 2005).

• Children in such circumstances become lost as people in their own right and become cyphers for adults’ feelings. Mothers can also, of course, use/abuse children in this way (Featherstone, 1999).

What do we know about the impact of partner violence on children?

• Where parents are physically aggressive, children appear more highly distressed (O’Hearn et al, 1997), particularly when the violence is by fathers against mothers (Goeke-Morey et al, 2003).

• Children residing in shelters report high levels of terror and anxiety associated with observing or overhearing spousal violence (Holden & Barker, 2004; Peled, 2000).

• Children of spousally-violent men often express feelings of love for their fathers, along with terror of the violence, which they recognise as wrong (for review, see Holden & Barker, 2004). These feelings often continue when fathers have left the family (for reviews, see Scott & Crooks, 2004; Holden & Barker, 2004).

• Conflict of loyalties between father and mother is common and may sometimes lead to identification with the abuser (Peled, 1998).

• Physical child abuse or exposure to partner violence in their families of origin is associated, in men, with perpetrating both child and partner abuse. However, these two experiences have not been found to be ‘additive’ (Heyman & Smith Slep, 2002).

• Fathers who, as children, experienced both these types of family violence are, found to be more likely than other fathers to report being victims of partner abuse (Heyman & Smith Slep, 2002).

Jo Todd of RESPECT, the UK charity that works to develop perpetrator programmes suggests that screening for domestic abuse, and then failing to engage with the abuser and his behaviour (as currently happens in the UK in maternity services - see 4.1.3 above), amounts to ‘collusion’ with the abuse. Such a failure may also put mothers and children at greater risk:

• Mothers whose hopes for assistance in regulating their partner’s actions are not fulfilled are less likely to report future negative incidents (Farmer & Owen, 1995) and may even go on to form alliances with the abusive men against external agencies (for review, see Ryan, 2000, p.39).

• In the experience of one highly experienced domestic abuse coordinator, victims are more likely to support prosecution against partners or ex-partners ‘if they feel this is a way of ensuring their partner or husband gets help’ (Children Now, 2006).
Experimental programmes in New Zealand, Australia, the US and the UK have been successfully working with men’s fatherhood as a motivator for staying engaged with the programme and for ending use of violence and other abusive behaviours (Fathers Direct, 2006a). Overseas programmes include:

- San Francisco’s ‘Fathering after Violence Project’ (FAV) has not only worked with men’s fatherhood to end violence, but has also introduced a reparative framework for those fathers who are in the position to start healing their relationships with their children in a safe and constructive way.

- The US ‘Caring Dads’ parenting programme for fathers who have used violence at home, and which combines both ‘fatherhood’ and Duluth perpetrator models, is currently being piloted in the UK in the voluntary sector and the criminal justice system (Featherstone et al, forthcoming, 2007).

- In Norway (Rakil, 2006), a project working with fathers within an existing treatment and research centre (‘Alternative to Violence’ - ATV) has found considerable work is needed for fathers to integrate the reality of their violence with their role as parents. ATV’s experience suggests that interventions need to address:
  - Men’s perceptions of themselves as fathers.
  - How the violence is affecting the father-child relationship.
  - How the violence is affecting the mother-child relationship.
  - How the child is affected in both the short and the longer term.
  - The basic psychological needs of the child from a developmental perspective, and how these needs are violated by the presence of violence.

There is currently little research to indicate which children will benefit, and which will not, from continuing contact with fathers who have been abusive towards them or their mothers; and whether, and under what circumstances, reparative initiatives can ease children’s distress and/or help to break a potential cycle of multi-generational child abuse (Scott & Crooks, 2004). However, few would fail to support reparative behaviour by mothers; and there is no reason to believe that reparation by fathers would be entirely without value to most children.

Notes

113 One study found higher rates of violence among pregnant teenagers (Parker et al, 1993), and Jasinski’s (2004) assessment of the literature points to higher prevalence of domestic abuse among young mothers, both pre and post natally.
114 In this study 14% of the young fathers had experienced the death of their own father.
115 This was probably fortunate: post-release support for young-offender-fathers is even poorer than for adult-offender-fathers (Young Voice, 2005).
116 This is lower than the rate of re-offending adults in general.
117 A similar percentage was found in a recent small-scale qualitative UK study (Clarke et al, 2005), while the percentage from a similar US sample was lower (fewer than 25%) - Andriti et al, 2005; Day et al, 2005.
118 Under-reporting of parental status by non-resident fathers, imprisoned or otherwise, is known to be common (Ferris & Smith, 1995). Such under-reporting will probably be most common where children were born some time previously, and many prisoners will have had their first child(ren) at an unusually young age (see Young Fathers, above).
119 Amongst the three-quarters who had lived with the target child’s mother, more than half had lived with her for no more than two years (Clarke et al, 2005).
120 Visits can be in the form of ordinary visits (sitting facing the prisoner often across a table or through glass), or family or children’s visits, where free-er interaction is allowed in more child-friendly environments.
121 Cost, distance and accessibility by public transport can be enormous issues, and some fathers discourage visits through shame, ‘hard timing’ (withdrawing in order to get through the sentence), or through an understanding of the stresses inherent in visits and the belief that children are best spared these (Clarke et al, 2005; Boswell & Wedge, 2002). Only a third of fathers whose children had visited believed all visits had helped strengthen ties and relationships (Boswell & Wedge, 2002).
122 Where inmates have a girlfriend who is not the mother of their child, or have children by different mothers, restrictions on number of visitors can restrict children’s visits (Brooks-Gordon & Buskham, 2004).
123 Literacy issues are likely to inhibit written communication: 50% of all prisoners have serious problems with reading, and four-fifths with writing (National Literacy Trust, 2006). This is consonant with their social class, rather than specific to them as offenders, and their children and partners are likely to experience similar difficulties. Parents may also discourage written communication because of stigmatising identification of its source on the envelope (Dunn & Arbuckle, 2002).
The ongoing nature of eating disorders in some women (with pregnancy a substantial risk factor), is now recognised, and there is a growing body of evidence of negative effects on children (for discussion, see Hall, 2004, p.37-38).

This implies that assessing non-resident fathers and men who have fathered children with teenage mothers for their potential as "buffer" parents, (as well as in terms of the risks they may pose to mothers or children), could be a useful line of enquiry, although additional support will be needed for some of these men, as higher than average negative behaviours and psychological distress will be found in these populations (Huynh & Warner, 2002).

It may be that it is the combination of problem drinking or drug use with other negative factors such as family conflict that threatens children's health and well-being (Kroll & Taylor, 2002).

Single father and mother households are not directly comparable, in that children in the former tend to be older and often more troubled. Single mother abuse is correlated with poverty, but this association is not so strong for single fathers, although those on very low incomes are at heightened risk (Stemberg, 1997).

For instance, Creighton & Noyes (1989) found that when the child was living with both birth parents, mothers were implicated in 36% of cases and fathers in 61%.

Some research suggests that men living with children are most likely to perpetrate severe physical abuse, especially abuse that results in a child's death (for review, see Richardson & Bromfield, 2005). However, in a study of military families, Pettman et al (2006) found sex differences to be small with over half the fathers (compared with two thirds of the mothers) identified with low severity abuse.

In Missouri, 44% of identified perpetrators were unrelated males in the household, compared with 21% biological mothers and 23% biological fathers (Stiffman et al, 2002).

As they do also when abused by their mothers.

Empirical research is still necessary to document directly the specific pathway to family impairment from father absence, if this exists.

As is mentioned below (Should Service Providers Engage with Vulnerable Fathers?), service providers who fail to identify and record relationship-to-child of men in, or regularly visiting, their household will fail to identify potential serious risk, including for child abuse and neglect.

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Wilson (1996) compared the process of sudden arrest at home with the witnessing of family violence. These effects may also be damaging at a stage once removed, e.g. if the child suddenly hears of the father’s arrest at school or via the press.

Note also that paternal criminality, as well as incarceration, is a risk factor for children's anti-social behaviour (Jaffee et al, 2003, Farrington & Coid, 2003).

In the UK, the children of imprisoned fathers have not been entitled to state benefits otherwise available to single parent families (Lloyd, 1995).

Traveling long distances, long waits, ‘lock outs’ due to bad behaviour (Jaffee et al, 2003).

There are no available food, boredom, barely-contained parental hostility (Boxwell & Wedge, 2002).

Anecdotally, we were told about a young people's Mentor who believed a central task for him in supporting a teenage boy was to take the lead to visit his imprisoned father.

The number of prison visits are reducing, partly due to the perceived need for, for example, strip searches, due to increasing concern about both security and drugs.

The cost to the taxpayer of re-offending is also substantial: each prisoner who re-offends is estimated to cost the taxpayer more than £110,000 (Brookes, 2005).

It is likely that selection-effects operate, in that prisoners more capable of maintaining family ties are also more capable in other areas, but this will only be part of the story. Four or more close, positive, family relationships are strongly connected with reduced recidivism. Unsurprisingly, the quality of the family ties is also important: however, where other family members have a history of criminality, or many of the family relationships are highly conflicted, maintenance of family ties is connected with increased recidivism (Bahr et al, 2005).

The small size of the sample renders these figures only suggestive, but they are consistent with the life-course perspective. The quality of the relationship with the mother might well have been a confounding variable, but this was not controlled for.

A substantial minority (27%) of Young Offenders described links with the home probation service as ‘unhelpful’.

This mirrors other findings in this report – notably in Young Fathers (above).

Having an anti-social father is positively correlated with having an anti-social mother, with 50% of the anti-social behaviour found in these children attributable to maternal anti-social behaviour (Jaffee et al, 2003).
The costs and benefits of active fatherhood

evidence and insights to inform the development of policy and practice

7
Working with vulnerable fathers

The negative impact that fathers’ vulnerabilities can have on children provides ample reason for engaging with them; another is provided by the “buffer” effect of positive father engagement in vulnerable families.

- Vulnerable children seem to be in the greatest need of ongoing positive relationships with their fathers. They tend to do worse than better supported children when father-child relationships are poor or non-existent; and seem to experience greater benefits when a relationship with a biological father and/or father-figure is positive (Dunn et al, 2004).

- Children at risk of maltreatment within their families were found to have higher cognitive test scores, better self-competence and greater social acceptance if they had supportive fathers or father-figures (Dubowitz et al, 2000).

- Children at risk of psychosocial failure to thrive, maternal drug abuse and poverty had better cognitive and language performance when fathers or father-figures were satisfied with parenting, provided financial support and engaged in nurturant play (Black et al, 1995).

However, while most service provision seeks to maintain and improve mother-child relationships even when mothers are highly vulnerable (Scott & Crooks, 2004), practitioners and policy-makers usually approach father-child relationships at best casually and at worst with hostility, and this is particularly the case when fathers are vulnerable (Ashley et al, 2006).
7.1 Service providers’ attitudes

Providers’ underlying attitudes to men and fathers seem to be, in the main, highly negative.

• Hawkins & Dollahite (1997) found unexamined negative generalisations (prejudices) about men/fathers to be widespread. These can include such beliefs as ‘men are unable to change’ ‘men are not willing to change’ ‘a man cannot cope with children without a woman to help him’, ‘fathers do not love their children as much as mothers do’, and so on.

• Edwards (1998) found men consistently regarded as problematic: when absent, irresponsible; when present, demanding.

• Russell et al (1999) found providers unsure about fathers’ (men’s) capacity to understand children’s changing needs, or provide them with care and emotional support – with a substantial minority holding wildly exaggerated notions of the prevalence of father-daughter sexual abuse.

• Both Edwards (1998) and Lloyd et al (2003) found providers mouthing support for father-inclusive practice, while consistently failing to engage with fathers and regularly missing good opportunities to do so.

• McBride et al (2001) found that if fathers were to be successfully engaged in early childhood programmes, staff needed ample time to talk openly about their preconceived notions and biases regarding fathers and father-involvement.

Partly as a result of such attitudes, service providers rarely gather the most basic information about the fathers in the families they serve.

• Adult and youth services, who normally ask whether their female clients are mothers, rarely enquire about the fatherhood status of their male clients (Tyrer et al, 2005; Sherlock, 2004), let alone offer them support as parents.

• Child and family services commonly fail to identify important males in children’s lives and their relationship to the child (Ashley et al, 2006; Ferguson & Hogan, 2004; Daniel & Taylor, 2001; Radhakrishna et al, 2001; Ryan, 2000) especially when the fathers are living in another household (Edwards, 1998).

• Fathers are often perceived to be ‘the problem’ when they are not (Ashley et al, 2006; Ryan, 2000).

• Even in cases of father-inclusive practice, clear evidence of fathers’ exclusion emerges - often based on what at first appear to be solid grounds, but which are later proved to be the flimsiest of evidence (Ferguson & Hogan, 2004).

• Surrogate fathers who abuse children, either sexually or in other ways, are particularly likely to be lost to services: in some jurisdictions, the mother is substantiated for neglect when the surrogate father has abused, which leads to his omission from the registry database. His future abuse trajectory may therefore remain unknown (Radhakrishna et al, 2001).

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7.2 Service providers and invisible fathers

One reason service providers do not engage with low income fathers is that they assume them to be absent from most of the households that fall within their remit: attendees at Fathers Direct training courses commonly express this view.

In the first years of a child’s life, almost all fathers – even in low income communities – seem actually to be co-resident, or living nearby and in contact with their children.

- The analysis of UK Millennium Cohort data mentioned earlier, where data was collected pre-birth and again at 9-11 months’ postpartum, (Kiernan & Smith, 2003) found extraordinarily high rates of father-infant engagement, even where relationships with mothers were most tenuous.
  - Where couples were not living together at the time of the birth (15% of the whole sample), more than two-thirds were described by the mothers as ‘romantically involved’ or as ‘friends’.
  - Even among the tiny percentage of couples described by the mothers as ‘not in a relationship’ (4.4% of the whole sample), 10% of the fathers were at the birth, and 25% signed the birth certificate: but, most surprising of all, 25% of these most tenuously-connected fathers were still in contact with their child almost a year later.55

- A US dataset comprising families in which an infant was considered at high risk of maltreatment (Radhakrishna et al, 2001), found that at that stage, even in this extraordinarily high-risk sample:
  - The biological father and mother were co-resident in 41% of the households.
  - In only 3% of cases was a male resident with a recently-delivered mother NOT the biological father of the child.
  - Six years later both biological parents were still co-resident in 29% of the households.
  - At that second time-point 18% of the families had become step-father families.

The ‘father absence’ that so many professionals perceive in so many of the high-need households with which they engage, may in part be due to some of these men being actively concealed from them: US research has discovered that low-income women whose social welfare benefits depend on lone parent status sometimes hide or distort the role played by fathers or male partners; and that the men themselves are made wary of seeking services (for review, see Scott & Crooks, 2004). Anecdotal evidence suggests a similar picture in the UK.

Even when a father is known to be co-resident, service providers tend to assume he plays little or no part in caring for the children, unless he actively presents himself to them.

- Daniel & Taylor (2001) report instances where this erroneous assumption was made to the detriment of children in high need.
- Ferguson & Hogan (2004) found that the most marginal men in the vulnerable families they studied were, in fact, the most likely to be actively engaged in domestic work and child care. This was partly due to their availability because of unemployment.
- A number of other studies (for review see Guterman & Lee, 2005) have refuted the notion that fathers viewed as high risk are uninvolved in parenting.

Service providers may also assume that a father who does not present has moved away – another assumption is probably misplaced, although we are not aware of any research that has looked at this issue. However, Badham (personal communication), attempting to trace the five fathers of five children aged 2-10 born to a single mother in Nottingham, found all five still living in the city.56
7.3 Should service providers engage with vulnerable fathers?

Some researchers and practitioners argue that a father who poses, or has posed, a risk to child or mother must forfeit his right to a relationship with the child157 - an approach that would be unthinkable where mothers are concerned. Others disagree, arguing that:

- The association between, for example, paternal mental health problems and child problems, accentuates the need to work with fathers in public services (Lloyd et al. 2003).
- Behaviour by both fathers and mothers can be good or bad ‘in parts’; and fathers’ behaviour, like mothers’, can change, sometimes significantly (Ferguson & Hogan, 2004; Fagan & Palm, 2004).
- Even the kinds of men child protection workers encounter often have something positive to offer children (Scourfield, 2006).
- In child protection, as in other settings, most children want contact with most fathers (Scourfield, 2006); and the strength and complexity of these children’s attachments to significant adults, including fathers and father-figures, should not be underestimated (Daniel & Taylor, 2001).
- There is nothing to suggest that, in general, vulnerable fathers love their children any less than other men (Ferguson & Hogan, 2004).
- Pitcairn et al (1993) found that even in families where child abuse had occurred, the vast majority of parental relationships contained at least some positive elements, with 35% of fathers speaking glowingly about their child.
- Even when abusive fathers and father-figures leave their families, they rarely end their involvement with children. It is estimated that such men typically continue to be involved with 6-10 biological and stepchildren (Scott & Crooks, 2004).
- In the UK, £3 billion a year is currently spent on children by local authority social services, of which more than £1 billion goes to residential provision. It is likely that these costs could be substantially reduced, were fathers and paternal relatives systematically involved in care proceedings (Hirsh, 2006).

7.4 Some outcomes of work with vulnerable fathers

US researchers experienced in work with ‘fragile families’ (Sigle-Rushton, 2006, personal communication; Garfinkel, 2006) suggest that perhaps one third of vulnerable fathers do, or could, function well without intervention other than recognition of the good work they are already doing. The second ‘third’ would benefit from increased support from family or friends, as well as from professionals. The final third are likely to have substantial individual problems which will require holistic interventions. Most of this last group may need to be invited, challenged or otherwise actively ‘brought into responsibility’ (Ferguson & Hogan, 2004). Some will then make positive contributions.

- In Green’s (2003) survey of 213 US early childhood educators, multiple regression analysis found three factors significantly accounting for success in involving fathers:
  - Including the father’s name on the enrolment form.
  - Sending written correspondence to fathers even if they live apart from their children.
  - Inviting fathers into the service to participate in educational activities with their children.
- Fagan & Palm (2004), reporting on father-engagement in Early Years services in the US, found the most powerful motivator for fathers to become involved with those services was their perception that to do so would benefit their children.
- Systemic institutional change (for example, taking the stance that men have to be involved in assessments and family interventions, or refusing to accept a referral without reference to the father), can quite quickly achieve a higher level of father participation than is typical in mainstream child protection (Ferguson & Hogan, 2004; Pithouse et al, 2001).
- Reaching the father at a ‘meaningful moment’ in his life may be key. Where interventions with vulnerable fathers have had low impact with high cost, which has, on the whole, been the case with the ‘first generation’ of such programmes in the US (Mincy & Pouncy, 2002), it is thought that this may in part reflect failure to reach out to the fathers early enough in their parenting trajectories (Lamb & Tamis-LeMonda, 2004).162
- The most effective practice not only involves professionals seeking to build on fathers’ strengths as a support to mothers and as a resource for children, but also seeing the man as valuable in himself. One practitioner said: “We need the father here because he’s important. His life is important” (Ferguson & Hogan, 2004).
A growing body of research is pointing to the impact on other family members of engaging with fathers in family services.

- A meta-analysis of interventions aiming to enhance positive parental behaviours found that those involving fathers ‘appear to be significantly more effective’ than interventions focussing on mothers only (Bakermans-Kranenburg et al, 2003).

- Interventions which involve fathers as well as mothers seem to be more effective in enhancing EACH parent’s sensitivity to their child, and their child’s attachment to them (Bakermans-Kranenburg et al, 2003).

- Child outcomes can also be improved: for example, intellectual gains in six month-old infants were found to be greater when mothers and fathers had BOTH been trained in infant-communication (Metzl, 1980).

- Where child conduct is an issue, fathers can be as effective change agents within families as mothers (Firestone, Kelly & Fike, 1980; Adesso & Lipton, 1981).

There is emerging evidence that engaging with family professionals can impact positively on men as fathers. For example:

- Participation in interventions has been found to improve the men’s behaviour and parenting style, increase their knowledge and understanding of child development, increase their confidence in their parenting skills, and lead to more sensitive and positive parenting and to greater involvement in infant and child care, and to interaction with children (for review see O’Brien, 2004b).

- Parenting courses specifically for fathers increase their routine childcare experience, motivation and skill (O’Brien, 2004b).

- In a study of, and intervention with, 24 highly vulnerable families, only one father was unable to reflect usefully on his identity as a man, a father and a partner, once services had engaged with him (Ferguson & Hogan, 2004).

- Fathers who have been involved in public service programmes talk about their learning as parents and how they have transferred this learning from the programme to the home environment. They comment on the value of being able to spend ‘quality time’ with their child, and see benefits to their children via benefits to themselves (‘If I am a better father, he will be a better kid’ - Fagan & Palm, 2004).

- Observed/reported emotional/social benefits to fathers as a result of home-school/family learning programmes targeting fathers include enjoyment, satisfaction, fun and pride (in taking part in joint learning with their children and in observing their children’s development), increased confidence, enhanced father-child relationships, enhanced social support from other males, and greater involvement in childcare and interaction (O’Brien, 2004(b); for review, see Goldman, 2005, pp.118-119).

- Case study evidence suggests that engaging with problematic men’s fatherhood (for example, helping fathers towards a realisation of the negative impact their behaviour is having on their children; or initially limiting contact with a child while providing support for the father to help him tackle seriously negative behaviours), can stimulate positive change (Sheehan, 2006; Hall, 2004; McLean et al, 2004).

- Paternal care of infants and young children by unemployed or low income males from unpromising backgrounds can facilitate productive engagement with family and society (e.g. Brannen & Nilson, 2006; Warin et al, 1999; Speak, 1997).

- Developments in neuroscience suggest that high levels of paternal care may precipitate brain changes that lead to more positive behaviours generally: the prefrontal cortex seems to be involved, and this plays a major role in planning, judgment and the anticipation of the consequences of behaviour (Kozorovitskiy et al, 2006).

- Delivering parenting support to mothers only may, in fact, be risky to some women and children, in that, where the parents’ relationship is volatile, the intervention may de-stabilise the family system without providing adequate supports.

Providing treatment to mothers alone is unlikely significantly to lower the rates of child abuse. Yet, just as there are currently few programmes to support behaviour change in men who have abused their partners, there are even fewer appropriate opportunities available to support behaviour change in abusive fathers, particularly since general parenting programmes do not meet the needs of these men in important respects (Scott & Crooks, 2004).
Denying, limiting or supervising contact can be essential, particularly where a father who has been abusive to mother or child takes no responsibility for his behaviour; or when his behaviour is particularly negative or resistant to change. The contention here is not that such restrictions should never be imposed, but that, as is commonly the practice with mothers, they should considered a last resort, with children’s and mothers’ fears and wishes seriously addressed, and risk assessment and appropriate safeguards and support put in place as a routine.

What should be avoided is easy, negative assumptions made about the fathers, including vulnerable fathers, on the basis of little or no evidence, and with no support offered to them to change. It is plain that many fathers are willing and able to adjust their behaviour, in both minor and in major ways, for their children’s sake.

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Notes

151 That is, decelerated or arrested physical growth not attributable to an underlying medical condition.

152 Given the substantial, increased risk posed to children by father-figures, this seems a startling oversight.

153 Almost a year down the line 23% of the couples who had not been living together at the time of the birth had moved in together — and of course some of those who had been married or cohabiting had separated. Interestingly, recent US research has found that as time passes many mothers revise their reports of whether they cohabited with their children’s fathers at the time of the birth, depending on the quality and trajectory of their relationship (Teitler et al, 2006).

154 In an unusual piece of social work practice, four of the five children were placed with their biological fathers. At follow up, two years later, three of the four placements were stable.

155 Contact centres and supervised contact should be abolished, since contact with violent and abusive fathers is unnecessary and not in the child’s best interest’ (Harne & Radford, 1995, p.83).

156 Another likely reason, in our view, is that these have focussed on setting up dedicated services for fathers, parallel to mainstream ‘parents’ (i.e. mothers’) services. A more cost effective option is likely to be ‘mainstreaming’ father involvement, so that it becomes routine in every aspect of delivery by a service — beginning with perinatal services.

157 As is necessary for some mothers.
Fathers, mothers, work and family
8.1 Fertility

A review of parental leave policies in 18 post-war welfare states found policies aimed at supporting the traditional family leading to higher fertility - but also to lower female labour-force participation (Ferrarini, 2003). A recent review of European countries found that those with both greater female workforce participation and higher fertility levels were those with more egalitarian gender attitudes (De Laat & Sevilla Sanz, 2006). In Sweden, moderately long parental leave-taking by fathers is correlated with a couple’s second- and third-birth propensity (Duvander & Andersson, 2006).

The well documented finding that better educated women are less likely to become mothers has caused consternation, and led to calls for ‘family friendly’ employment that will encourage higher-flying women to have more children. In Australia, the Government has called on women to have three children – one for the mother, one for the father, and one for Australia. Meanwhile, the father’s role in pregnancy decisions has been overlooked.

This is an increasing focus of interest. Recent pan-European research has found that in the UK, as in some other countries, there are negative selection effects into fatherhood similar to those found for motherhood. That is, lower income men are more likely to become fathers. This is partly because higher income males count the cost of fatherhood in terms of life-style and adult relationship-quality, and currently perceive themselves as having more to lose by reproducing (Smith, 2006).

8.2 Father-care, gender equality and child well-being

In 1990, 36% of mothers of babies under one year old had returned to work (Desai et al, 1999). By 2000 that percentage had risen to 49% (ONS 2000, cited by Dunn et al, 2006). However, mothers are overwhelmingly disadvantaged in the workplace - and the relatively low level of father-care provided to date has been an important driver of that disadvantage. For example:

• Unequal sharing of caring work between the sexes is the largest single driver of the gender pay gap (Olsen & Walby, 2004).
• This is underpinned by the strong association between femininity and child care/domestic work, which contributes to the low pay and poor conditions in these sectors.
• In Britain, four out of five part-time workers (almost all of them women, who have taken such work because of caring responsibilities), are employed below qualification level, with substantial negative impact on their families and society. (EOC, 2005).

Fathers are important care-giving partners where mothers are employed – and when they are unable to play that role, mothers’ employment suffers.

• Fathers in two parent families are the individuals most likely to care for children while their mothers work (Ferri & Smith, 1995).
• Lone mothers’ workforce participation is inhibited by lack of an at-home partner (EOC, 2004).
• Research in Australia (Hand, 2005) and the UK (Houston & Marks, 2005) found ‘lack of opportunity to share work and care with partner’ a major issue for mothers returning to work, with many unwilling to do so if their children could not be mainly in the care of the other parent while they worked.

Mothers’ employment has raised concerns about child well-being which professional childcare only partially meets. Doubts remain about the wisdom of long hours in institutional care for some infants (e.g. Bale 2004). These issues must be seriously addressed – and substantial care by fathers can meet some of the concerns.

• Where mothers of very young children are employed full-time, high levels of care by fathers remove any negative effects (Gregg & Washbrook, 2003).
• Substantial use by men of leave entitlements is associated with many benefits to children and families both in terms of gender equality and child and family well-being (Kamerman, 2006; Haas & Hwang, forthcoming).

Children whose fathers were highly involved with them at ages 3-5 and 7-9 hold less traditional views as adolescents about both parents working and sharing childcare (Williams et al, 1992).

• However, while paternal care is no better or worse than other types of care in terms of infants’ cognitive/social-emotional development, one study found that 2-to-3 year olds in exclusively paternal care had slightly worse cognitive outcomes than those in other forms of care (Averett et al, 2005). This may be due to the circumstances under which fathers take on substantial care of toddlers, (usually temporary changes in economic circumstances).

Increasing father involvement at home may gradually stimulate a revolution in thinking at work, to the benefit of employed women and mothers, as well as fathers.

• While women tend to compromise their own employment success to care for children, men are more likely to challenge and change the workplace culture to match their priorities (Haas & Hwang, 1995).
• In Sweden, men’s growing interest in fatherhood has been an important force in changing company culture (Russell & Hwang, 2004).

There is a growing realisation that it is not only women who lose out from gendered role-division: while masculinity is primarily defined through paid work, men suffer too, in terms of the quality of their relationships with their children and their marginalisation from the daily activities of family life (Connell, 2003).
8.3 Fathers’ employment and child well-being

In two-parent families fathers’ earnings have been linked to many positive outcomes for children, including educational attainment and psychological well-being (Ermish & Francensoni, 2002). However, the few studies that have controlled for mothers’ income have found a less consistent positive relationship between fathers’ earnings and positive outcomes for children. In one study, once mothers’ earnings were controlled for, the impact of fathers’ earnings became non-significant (for review, see Yeung, 2004).

In lone mother families, fathers’ participation in paid work and the amounts they earn are also significant – perhaps more so. They are correlated with likelihood of child support being paid and with the amounts paid (for discussion, see Graham & Beller, 2002). Since receipt of child support is so strongly associated with children’s well-being, (see Child Support above) this indicates an indirect but important association between fathers’ earnings and child well-being in separated families.

Fathers’ perceived conflict between work/caring already causes them substantial stress (O’Brien and Shemilt, 2003) – a stress which is likely to grow as societal expectations of increased paternal involvement are internalised. A recent analysis of the Longitudinal Study of Australian Children (LSAC) found that, in fathers, a higher parenting self-efficacy score was related to lower work-family strain - and a key mechanism by which work/family strain was decreased for fathers was by their doing more than they regarded as their ‘fair share’ of child-rearing tasks. It seemed that fathers who were able to rearrange work and family time so they contributed more to child rearing were rewarded by less work-family strain, even though they might at times feel aggrieved (Alexander & Baxter, 2006).

A body of research has shown the negative impact on children of fathers’ employment stress (Galinsky, 1999).

• Hart & Kelley (2006) found fathers’ parenting stress (in relation to their work), the number of hours they worked and mothers’ beliefs about father involvement, predicting externalising symptoms in preschoolers’ attending day-care.

• Among fathers of young adolescents, negative work-to-family spillover has been found to predict (low) paternal knowledge of their children’s daily activities - indirectly, via father-child acceptance and fathers’ involvement in joint activities with them (Bumpus et al, 2006).

• In British Columbia, in a longitudinal study which partly controlled for fathers’ mental health outcomes, multivariate analysis found adverse employment experiences among fathers strongly associated with their sons’ attempted/completed suicide later, and with elevated odds for daughters’ attempted suicide (Ostry et al, 2006).

In low income families, the stresses can be especially marked:

• In a recent study of low-income, urban US fathers, which controlled for age, ethnicity, education, cohabitation and quality of relationship with the child’s mother, the hours fathers spent ‘hustling’ for work were correlated with low involvement with their children (Cina, 2005).

• Kalil & DeLeire (2002) found negative effects of fathers’ job loss more severe in more disadvantaged families.

• Yeung & Glauber (forthcoming) found that the children of the working poor have less time with both parents and less father-time than children in non-poor, working, two-parent families, partly due to their fathers’ difficulties managing insecure and inflexible low paid jobs with irregular hours. This is important, since in these families, access to higher levels of parental time is found to be important in protecting academic outcomes.

Researchers are now identifying risks to children where fathers (and in some cases also mothers) work unsocial hours (e.g. Strazdins et al, 2006).

• Davis et al (in press) found fathers with non-standard shifts knowing significantly less about their teens’ daily activities than fathers with daytime shifts; and fathers’ non-standard shift working, when combined with high parental conflict, correlated with less father-teen intimacy. Both these findings are important because poor parent-teen communication and low parental monitoring are associated with risk behaviours in adolescence (for review, see Williams and Kelly, 2005).

• Strazdins et al (2006) found the negative associations between fathers’ non-standard working and poor child outcomes partially mediated through family relationships and parent well-being, suggesting these as important issues for parents and policy makers to consider.
8.4 Business/economic costs/benefits of father involvement

Currently fathers’ involvement at home does not appear to exact a wider economic cost. Fathers mainly use flexible working or adjust leisure time to achieve higher levels of involvement with their children (Dermott, 2006) – and flexible working is seen by some employers as a tool to boost productivity and improve staff recruitment and retention (Jones, 2003; Reeves, 2002). Strategies that enable fathers to increase their involvement at home within the current paradigm of mainly full-time working without special leave arrangements include:

• Fathers being encouraged to use existing family-friendly provisions in their workplaces.
• Fathers who work beyond the standard working hours for their occupation reducing their work hours, yet still working full-time.
• Fathers reducing their leisure time further to care for their children, while still working full-time.
• Contract, self-employed, under-employed or casually-employed fathers being encouraged to take greater opportunities to design their work hours around child care.
• Unemployed/low paid fathers being encouraged to focus time and attention on their children, both for its own sake, and so that mothers are free to take up employment.
• Separated parents being encouraged to provide childcare for each other, so that both can work.

The time that working fathers spend with their children is affected by a range of factors, only one of which is the paternity/parental leave available to them (Smith & Williams, forthcoming). If substantial paternity/parental leave were made available to UK fathers (as it currently is in other European countries), and were taken up by fathers at substantial levels this would improve their opportunities for closer engagement with their children. It would also require a revolution in thinking by government, employers, trades unions and others about the work/care nexus (Green & Parker, 2006; Lewis & Cooper, 2005).

In Sweden, where fathers’ uptake of paternity and parental leave is relatively high, there has been no systematic cost-benefit analysis of the financial impact of take up on organisations. However, some firms have begun providing financial rewards to men who take such leave, claiming that this helps in recruiting and retaining the brightest and the best; and the Swedish government has linked the taking of such leave as improving skills and capacities that can then be transferred into the workplace: better interpersonal and communication skills and multitasking capacities, as well as their becoming ‘whole human beings’. Taking of paternity/parental leave does not seem, in Sweden, to impact negatively on fathers’ work prospects in the longer term (O’Brien, 2004a).

As outlined above, fathers’ income is correlated with child well-being, and the importance of seeking to improve the quality, availability and stability of employment for low income fathers is widely recognised. Individual fathers’ programmes and social care workers have been trying to help vulnerable fathers into education, training and employment (Fathers Direct, 2002-2006; Mincy & Pouncy, 2002).

However, while policies encouraging lone mothers into employment are well established in the UK, no such government policy has addressed men as fathers. Recognising this, Harker (2006) recommends a ‘New Deal for Parents’ package which would reflect fathers’ increasing involvement in children’s lives and make available to them the package of employment support currently provided only to (lone) mothers.168

However, the finding that fathers’ education levels are actually more predictive than fathers’ income of their children’s education success has led to suggestions in the US that developing low income fathers’ educational attainment should be a serious goal—perhaps in preference to employment (Yeung, 2004).169

Of course education and employability are strongly linked.

8.5 Low income fathers’ employment

Involved fatherhood can be a portal into employment/training for low income men in a number of ways:

• As a motivator (the wish to ‘do the best by my child’).  
• When childcare responsibilities bring a father into touch with services which can then refer him to employment/education-related support.
• Through employment opportunities in family services. The US Head Start parent involvement initiative consciously recruits fathers as programme volunteers to develop their potential for employment within the programme (Fagan & Palm, 2004), p.87). In the UK, this happens from time to time, informally, although in Scotland a ‘Men into Childcare’ programme is training men and fathers for employment in the childcare workforce. 169

Low income fathers’ caring responsibilities for their children are more substantial than previously thought, and can prove barriers to employment if they go unrecognised.

• Speak (1997) found young disadvantaged fathers resisting employment (but without explaining this to employment services) because they did not want to travel too far for work; or because they were already committed to childcare while mothers worked.
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Noonan et al (2005), examining the lives of families at high risk of living in poverty, found that having a young child in poor health reduced the father’s probability of being employed by four percentage points.

In the US, a first generation of fatherhood programmes, notably Parents’ Fair Share (PFS), recorded the difficulty and complexity of improving labour market outcomes for low-income men. But even though PFS drew its clients in at quite late and negative stages in the fathering cycle (for example, when men had become detached from their children or were facing incarceration), it was able to increase earnings for the fathers with the greatest barriers to employment, such as low education and limited previous work experience (Carlson & McLanahan, 2002).

Evaluations of the new generation of US fatherhood programmes, which are targeting fathers at very early stages in their children’s lives, are beginning to surface. The Texas Fragile Families demonstration project has succeeded in improving workforce participation and employment prospects for young fathers despite substantial barriers – not only in the young men themselves, but in local employment and training programmes which were found to be ill set-up to support them (Romo et al, 2004).

Notes

162 The EOC commissioned statistical analysis of the pay gap, and concluded that 40% of it could be accounted for as emerging from lack of shared care. This was the biggest single factor. But 37% of the pay gap could not be accounted for through the statistics.

163 This will become progressively more costly economically as women’s qualification levels equal and overtake men’s.

164 Other explanations may include at-home fathers’ (and their toddlers’) relative social isolation (which may not ‘tell’ as heavily on very young infants as on toddlers), as well as the lack of legitimacy these men confront in their daily interactions with family, friends and professionals (Merla, 2006). It is also probable that less advantaged fathers may be more heavily represented in this group: blue collar workers are more likely to care for their children while their partners work (Ferris & Smith, 1995).

165 Internalising symptoms in these children were predicted by fathers’ parenting stress. Mother effects were also found but are not reported here.

166 This would also encourage into employment ‘second earners’ (mainly women) in sole earner two-parent families.

167 An increase of one year of father’s schooling is associated with an average of 1.5 point increase in a child’s test scores; whereas every additional $10,000 of father’s income was associated with only half a point increase. Genetic resemblance between the generations may play a part, but is unlikely to explain the magnitude of the findings, or the fact that the education effects are so much more powerful than income effects.

168 In prisons in some jurisdictions prisoners are incentivised through higher rates of pay into prison education programmes over in-prison employment.

9 Fathering the future
**9.1 Active fatherhood and community**

Fathers’ involvement in community life and kin networks may increase the social capital available to children. It may also impact positively on fathers’ mood/mental health. In the UK, Family Centres’ work with fathers has been seen as a tool for tackling social exclusion through Neighbourhood Management in vulnerable communities (Joseph Rowntree Foundation, 2000).

- Higher levels of involvement by fathers with their own children correlate with fathers’ greater community involvement. For example, US research has found paternal engagement significantly related to civic engagement (Eggebeen & Knoester, 2001; Wilcox, 2002).

- In the US, fathers who have been involved in public service programmes (notably Head Start) report that when they see children who do not have involved fathers, they sometimes try to get involved with them because of their engagement with the programme, they have come to understand the benefit to all children, not just their own, of involved fathering (Fagan & Palm, 2004).

- In the US, fathers of young children have been identified as a key group who would like to be more involved in community activities (League of Women Voters, 1999).

- Fathers who live with some of their children are more connected to community associations than non-fathers – and also than non-resident fathers. Non-resident fatherhood is a particular risk factor for low community involvement (O’Brien, 2004b, p.10).

- Fathers who live with some of their children are also more likely than non-fathers or non-resident fathers to be involved in wider inter-generational kin networks (O’Brien, 2004b, p.10). There are some caveats about the impact of local and kinship networks on fathers’ involvement with their children.

- Substantial local kin networks (particularly maternal kin networks) may inhibit fathers’ involvement with their children by crowding them out. This is a particular risk factor where the fathers are vulnerable and without confidence (Pollock, 2005).

- While a father’s involvement in volunteer work or active sports has a positive impact on his children’s academic attainment, his socializing with, and helping, family and friends does not (Buchel & Duncan, 1998).

**9.2 Grandfathers**

The government is committed to older people remaining independent for as long as possible (Arksey, 2002). However, when ‘independent’ means ‘solo’ living, loneliness, social isolation and depression may follow. These are common in older people who live alone (Wenger, et al., 1996; Victor et al., 2002).

The number of older men who live alone is increasing rapidly: between 1971 and 2002 the percentage of males over 65 living alone rose from 16% to 29% (National Statistics, 2002). In 1999, divorced and separated fathers comprised just 5% of living-alone older men; this percentage is projected to reach 13% by 2021 (Government Actuary’s Department, 1999, cited by Davidson et al, 2003).

Older men who live alone not only suffer increased health and other risks, which are costly to society as well as to themselves and their families, but are less likely to remain independent for as long as the government would like them to do: they are more likely than older women to enter residential care early (Arber & Ginn, 1993; Tinker, 1997). This is probably in part due to the fact that they are less likely to enjoy community and family support networks.

Being involved in community and family support networks protects against social isolation, depression and loneliness in older age – and therefore, indirectly, against entry to residential care. However, men in general (and divorced/separated men in particular) often resist community activities, particularly where these do not represent continuity of experience from their younger years; or do not accord with what the men believe to be appropriate masculine behaviour (Davidson et al, 2003).

Loneliness among older parents is powerfully linked with low levels of contact with adult children. Older fathers are much more likely to see their adult children when contact is mediated by their children’s mother. Separated and divorced fathers report attenuated relationships with adult children and receive relatively few visits from them (Davidson et al, 2003).

Provided health and mobility are maintained, the importance of ‘doing something useful’ does not diminish with age (Davidson et al, 2003). Caring for grandchildren can be ‘something (genuinely and substantially) useful’. What do we know about today’s grandfathers, and their care of children?

- As yet, grandfather-care is mainly undertaken by married grandfathers (Clarke, forthcoming, 2007) and more often in low income families (Yeung & Glauber, in press).

- Grandfather-care seems to be on the increase. US early childhood education providers report a growth in the numbers of grandfathers accessing their services (Zaslow, 2006).
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• Today 38% of grandparents have grandchildren in non-intact families (Clarke & Roberts, 2002).

• A recent US survey found grandfather care regarded positively: while 48% of respondents felt grandmothers’ skills were better, 41% said grandfathers were as competent – and 3% that they were better (Zaslow, 2006).

• Grandfathers may be of particular value in homes – and communities - where fathers are less readily available. Grandfathers’ involvement with children in lone-mother households is correlated with children’s (particularly boys’) reduced behaviour problems, greater confidence and better academic achievement (Guidubaldi et al, 1986). In these families, more benefits were found to be associated with grandfather-involvement than with grandmother-involvement, which the researchers hypothesize may be due to grandmothers’ providing much the same services as mothers.

Especially high levels of grandfather-care may be found among men who were unusually highly involved as fathers. Of twenty families previously studied, eight of the then-fathers are now grandfathers (Pruett, 2000). These men have been found to be ‘so competent in their care of their grandchildren that their children count on them regularly for advice and child care (geography permitting). There is little burnout, and the men report extremely satisfying connections with their grandchildren’ (Pruett, personal communication, 2006).

For previously highly involved fathers, grandfather-care presumably represents ‘continuity of experience from their earlier years’, and accords with what they believe to be ‘appropriate masculine behaviour’. This suggests that encouraging high levels of father involvement may help to equip older men to contribute to the development of future generations and to maintain and develop the family and community ties which will help to support them in older age.

Notes

15 Although further longitudinal research is needed to fully exclude selectivity into stable fatherhood by men already connected to kin.
The broad conclusions of this Research Review are the following:

Father-child relationships - be they positive, negative or lacking, and at any stage in the life of the child, and in all cultural and ethnic communities - have profound and wide-ranging impacts on children that last a lifetime. These are present even after controlling for the impact of the mother-child relationship.

Vulnerable children from disadvantaged backgrounds tend to gain even more from a strong father-child relationship than do children from better-off families, and to suffer more when this is lacking. This is true, for example, for many children of teenage mothers.

The behaviour of both biological and social fathers impacts on children. Father figures can be highly influential in the lives of some children. Interventions to support father-child relationships can work well in bringing about change on the part of the father, but only if designed specifically. They have been shown to lead to positive outcomes for children in controlled research.

Active fatherhood can motivate positive changes in behaviour in men, including socially excluded and very young men.

Despite some specifications in policy, current service provision in the UK for vulnerable families is generally based on an assumption at odds with the evidence and with the child’s perspective – that fatherhood is an optional and marginally significant “add-on” for children, unlike motherhood, which is an essential.

Engagement with fathers is, correspondingly, perceived as optional by public services, and is generally accorded low priority. This means that:

Although some parts of Government encourage engagement with fathers and some services engage well with fathers, good practice remains rare and sporadic.

Mainstream children’s services do not generally assess, or seek to strengthen, relationships between a vulnerable child and father and/or paternal relatives, and are particularly likely to fail to engage constructively with fathers who have problematic relationships with their children, despite the risks these pose to children.

Services underestimate the significance of the father to the child if the father is not visible to the service, is not living in the child’s home, and is not an obviously positive influence. They also assume that positive change by fathers is relatively unlikely.

It has been argued (Stanley & Gamble, 2005) that there are three central motivations for engaging actively with men’s fatherhood: child well-being, gender equality and men’s development. These have been presented as a hierarchy. Recently Featherstone et al (2007, forthcoming) have argued that the interdependence between these three domains is so great, that a hierarchical approach is invalid.

We agree. We hope this Review provides sufficient high quality evidence to encourage researchers, policy-makers and service providers to develop strategies to engage routinely with fathers: for the well-being of children, for women and men together in both public and private spheres, for a sustainable society - and in the interests of social justice.
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Fathers Direct

Fathers Direct is the national information centre on fatherhood. We help Government, employers, services for families and children, and families themselves to adapt to changing social roles of men and women.

We help institutions to base their work on the evidence from research on the impact of fathers on child welfare.

**Our vision is a society that:**
- Gives all children a strong and positive relationship with their fathers
- Provides greater support for both mothers and fathers as carers and earners
- Prepares boys and girls for a future shared role in caring for children

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