



University of Essex



# Research evidence: Fathers in family and children's services

## August 2020

Author:

**Dr Lauren O'Connell.**

**University of Essex, School of Health and Social Care.**



---

# Table of contents

## Table of Contents

<b>1. Introduction .....</b>	<b>3</b>
<b>2. Document content .....</b>	<b>4</b>
<b>3. Literature overview .....</b>	<b>5</b>
<b>4. Summary of relevant findings .....</b>	<b>6</b>
<b>5. Key insights from literature.....</b>	<b>17</b>
Barriers to effectively engaging fathers in interventions: .....	17
Recommendations and possible solutions:.....	18
Considerations in the design, delivery and evaluation of services. ....	19
<b>6. Summaries of journal articles.....</b>	<b>21</b>
<b>8. References.....</b>	<b>33</b>

---

# 1. Introduction

A Better Start Southend (ABSS) is a national-lottery funded programme which responds to the link between economic deprivation and poor life chances. It provides free services to families with babies and very young children (age 0-4) in the six most economically deprived wards in Southend. The programme aims to improve children's diet and nutrition, social and emotional development, and speech, language and communication, thus improving their longer-term life chances.

This document summarises research evidence from literature addressing fathers in family and children's services, including that which relates to father's experiences of these services and father-focused interventions, the success of such interventions, and barriers faced by organisations and practitioners seeking to engage fathers. The purpose of this document is to inform ABSS and their delivery partners in the work they do with children and families.

ABSS have recently adopted a deliberate focus on engaging fathers in their programme. In part, this focus emerged from the experiences of the research and evaluation team at the University of Essex who, when undertaking research on behalf of ABSS into the impact of COVID – 19 on families in Southend, found that fathers were far less likely than mothers to respond to an online survey<sup>1</sup> and be involved in the research.

---

<sup>1</sup> Out of 50 respondents, only 1 was male.

---

## 2. Document content

This document includes:

- A broad overview of topics addressed by literature on fathers in family and children's services.
- A summary of relevant findings from literature on fathers in family and children's services.
- A summary of key insights into barriers to fathers' engagement and related recommendations drawn from literature.
- A summary of a selection of key journal articles that may be of interest to ABSS delivery partners.
- A full reference list of all literature included in this document.

---

### 3. Literature overview

Existing literature pertaining to fathers in family and children's services covers a broad range of areas. It addresses engaging fathers in children's services in general (Gilligan, Manby and Pickburn, 2012) and in child welfare services specifically (Maxwell et al, 2012; Storhaug, 2013). It focuses on experiences and effectiveness of, and barriers to, a range of early childhood and parenting interventions (Panter Brick et al, 2014; Tully et al, 2017) including those that are specifically designed to influence and improve fathering (Henry et al, 2020). Fathers' involvement in early interventions aimed at children with disabilities or Autism Spectrum Disorder is also examined, as is the effectiveness of specific interventions in home-visiting, maternal services and antenatal and perinatal education (Friedewald 2008; Humphries and Nolan, 2015; Gutterman, Bellamy & Banman, 2018; Ferguson and Gates, 2015; Perry et al, 2016; Lee et al, 2018). Some articles are concerned with interventions involving vulnerable fathers and families (Guterman, Bellamy & Banman, 2018; Perry et al, 2016; Ferguson and Gates, 2015; Scourfield et al, 2016), and fathers' mental health in the context of childbirth and new fatherhood has also been the focus of research (Baldwin et al, 2019; Hanley and Williams, 2020).

Below is a table which summarises the main relevant findings from this literature.

## 4. Summary of relevant findings

Articles that are highlighted are also included in section 6 where more detail about article content is provided.

Journal article	Research aims and methods	Main relevant findings
<p>Baldwin S, Malone M, Sandall J, <i>et al</i> (2019).</p> <p><b>A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood.</b></p>	<p>To develop an understanding of men's experiences of first-time fatherhood and their mental health and wellbeing needs.</p> <p>Semi-structured interviews with first time fathers with children under 12 months.</p>	<p>Men would like to be supported during the perinatal period via:</p> <ul style="list-style-type: none"> <li>• Better preparation for fatherhood (e.g. more info about the emotional demands of fatherhood)</li> <li>• Better access to information and services</li> </ul> <p>Fathers identified factors that could facilitate better access to support (e.g. knowing where to go for help; father-focused information; more emphasis and priority placed on men's health by health professionals). Fathers identified preferred sources of support (e.g. face-to-face contacts with health professionals; leaflets and online resources; support groups).</p> <p>Support offered face-to-face or by telephone contact was preferred and seen as ideal.</p> <p>Men also saw the value of fathers' support groups where they could learn and feel supported by more experienced fathers.</p>
<p>Ferguson H and Gates P (2015).</p> <p><b>Early intervention and holistic, relationship-based practice with fathers: evidence from the work of the Family Nurse Partnership.</b></p>	<p>To analyse the characteristics of the fathers involved in an FNP programme and evaluate their experiences of the programme.</p> <p>Caseload data from nurses, interviews with family nurses, a questionnaire completed by 54 fathers in FNP cases, and</p>	<p>Evidence broadly supports the case for early intervention into families to focus explicitly on fathering.</p> <p>Examples of findings are that many fathers felt that:</p> <ul style="list-style-type: none"> <li>• The FNP helped to gain knowledge and confidence around parenting skills.</li> <li>• The FNP played a part in them increasing their level of involvement with their child.</li> </ul>

	<p>interviews (semi-structured) with 24 fathers.</p>	<ul style="list-style-type: none"> <li>• 54% felt that their ability to be a father had changed very positively as a result of the FNP intervention.</li> </ul> <p>However, some felt that</p> <ul style="list-style-type: none"> <li>• the service had failed to meet their needs or they disliked the FN's approach.</li> <li>• They already knew a lot about some aspects of caring.</li> </ul> <p>A key conclusion is that early intervention can assist vulnerable men develop their capabilities as fathers. Particularly because intervention was early and the family nurses took a skilled, therapeutically oriented, holistic approach.</p>
<p>Flippin M and Crais E (2011).</p> <p><b>The Need for More Effective Father Involvement in Early Autism Intervention: A Systematic Review and Recommendations.</b></p>	<p>To conduct a systematic review of literature to (a) identify the extent of father involvement in parent training programs for children with autism, (b) identify the contributions of parents to the symbolic play outcomes of their children with ASD and other disabilities (c) examine differences in stress and coping experienced by mothers and fathers of children with ASD.</p>	<p>Results support the need for greater involvement of fathers in early autism intervention and research. They also highlight the need to involve fathers in communication and play intervention for young children with ASD.</p> <p>Interventions that work well for the mother may not work for the father. Fathers may require more tailored training and intervention adaptations to support their interactions with their children with ASD and to address their stress levels.</p> <p>Two aspects of making interventions more amenable to fathers could include adapting the context of the intervention sessions and modifying the ways that information is shared with fathers.</p>
<p>Friedewald M (2008)</p> <p><b>Discussion forums for expectant fathers: the</b></p>	<p>To describe the perspectives of men recruited to be educators and to facilitate all-male discussion forums for expectant</p>	<p>The male facilitators felt that:</p> <ul style="list-style-type: none"> <li>• The semi-structured format of the discussion forums worked well.</li> <li>• The use of anecdotes by the male facilitator needs to be selective.</li> </ul>

<p><b>perspectives of male educators.</b></p>	<p>fathers within antenatal education programs.</p> <p>Focus groups with male facilitators.</p>	<ul style="list-style-type: none"> <li>• Having a male facilitator was beneficial and promoted easy discussion.</li> <li>• The all-male environment was positive.</li> </ul>
<p>Fox G, Nordquist V, Billen R and Savoca E (2015).</p> <p><b>Father Involvement and Early Intervention: Effects of Empowerment and Father Role Identity.</b></p>	<p>To examine the effects of empowerment and father identity on father involvement with children with disabilities. Father involvement was measured using three indices: attachment, engagement and responsibility.</p> <p>Questionnaires distributed to families.</p>	<p>Father empowerment and father identity (measured as salience, satisfaction, and reflected appraisals) is significantly related to higher levels of father involvement. Father identity partially mediates the relationship between empowerment and father involvement. Findings support the family-centered service delivery model and suggest that it may be able to improve the lives of children with disabilities by enhancing father role identity and subsequent fathering activities.</p>
<p>Gilligan P, Manby M and Pickburn C (2012).</p> <p><b>Fathers' Involvement in Children's Services: Exploring Local and National Issues in 'Moorlandstown'.</b></p>	<p>To explore enabling and disabling factors impacting on the quality of children's services in relation to fathers in 'Moorlandstown' during 2007–08.</p> <p>'Consultation sessions' with 70 professionals, all managers and practitioners from a range of children's services agencies,</p>	<p><i>Enabling factors examples:</i></p> <ul style="list-style-type: none"> <li>• Widespread recognition of the importance of working with fathers as part of a holistic approach.</li> <li>• Examples of workers seeking out men and their contribution.</li> <li>• Examples of positive professional discourses and teams demonstrating strong commitment to reflective practice, and to understanding diversity.</li> </ul> <p><i>Disabling factors examples:</i></p> <ul style="list-style-type: none"> <li>• There was negativity in professional discourses and individual fathers were often invisible to or regarded as liabilities by practitioners.</li> </ul>



	health, education and social care.	<ul style="list-style-type: none"> <li>• There was a lack of opportunities for practitioners to develop competence in relation to the complexities that arise in work with fathers.</li> <li>• There was a very small proportion of male workers in most teams.</li> </ul> <p><i>Recommendations examples:</i></p> <ul style="list-style-type: none"> <li>• Change is required in organisational cultures</li> <li>• Services should improve practice through training about patterns of cultural diversity and the social construction of fatherhood.</li> <li>• Children's services need to develop pro-active father friendly policies and practice.</li> </ul>
Guterman N, Bellamy J and Banman A (2018).  <b>Promoting father involvement in early home visiting services for vulnerable families: Findings from a pilot study of "Dads matter".</b>	<p>A pilot study which aims to 1) design an intervention enhancement ('Dad's Matter') to engage fathers and address their roles in the context of home visiting services</p> <p>2) yield preliminary evidence on its potential</p> <p>The research team designed, developed and piloted the intervention. A quasi-experimental time-lagged design was then used.</p>	<p><b><i>The 'Dad's Matter' enhancement:</i></b></p> <p>Included modules designed to support mothers and fathers in their co-parenting teamwork by guiding home visitors to e.g. engage fathers and assess their roles in ways that can be improved and clarify each parent's role and expectations with regard to their co-parenting</p> <p><b><i>Assessment of the enhancement:</i></b></p> <ul style="list-style-type: none"> <li>• Dads Matter was implemented as planned.</li> <li>• Outcome measures indicate positive trends associated with Dads Matter in e.g. quality of the mother-father relationship, perceived stress reported by both parents and fathers' involvement with the child.</li> <li>• Dads Matter appears to be a feasible, acceptable, and promising approach to improving fathers' engagement in home visiting services and promoting family and child well-being.</li> </ul>
Hanley J and Williams M (2020).  <b>Fathers' perinatal mental health.</b>	A 'comment' article which outlines the lack of availability of perinatal mental health services for fathers .	The article argues that while there has been a substantial improvement in access to perinatal mental health services for mothers, there has not been for fathers. It also discusses the difficulties and stress fathers

		<p>experience around the time of birth and how these can impact mental wellbeing.</p> <p>The article concludes that fathers need to be included in policy and that there needs to be a pathway of care to support all parents for their mental health.</p>
<p>Henry J, Julion W, Bounds D, Sumo J (2020).</p> <p><b>Fatherhood Matters: An Integrative Review of Fatherhood Intervention Research.</b></p>	<p>Research questions:</p> <ul style="list-style-type: none"> <li>• What are the characteristics of effective fatherhood interventions?</li> <li>• How do fatherhood interventions impact father and child outcomes?</li> </ul> <p>An integrative literature review including 44 studies.</p>	<p>All 44 studies yielded at least one category of positive outcomes for fathers, but not all interventions yielded positive child outcomes. 19 studies reported positive child outcomes and one study reported a negative.</p> <p>Improvements in fathers' psycho- logical welfare and positive behaviours were the most prominent outcomes.</p> <p>Child outcomes were related to e.g. improved academic performance and improved psychological welfare.</p> <p>In the more robust studies, the common thread was a focus on strengthening father–child relationships.</p> <p>The most effective interventions were delivered in the community, with fathers convened in groups. Content focused on promoting positive parenting, co-parenting, and father/ child relationships.</p>
<p>Humphries H and Nolan M (2015).</p> <p><b>Evaluation of a brief intervention to assist health visitors and community practitioners to engage with fathers as part of the healthy child initiative.</b></p>	<p>To improve engagement of Health Visitors (HVs) and Community Practitioners delivering the 'Healthy Child' programme with fathers.</p> <p>To evaluate a one-day, father-focused workshop with a supporting handbook for Practitioners.</p>	<p>The workshop and handbook improved participants' knowledge, attitudes and behaviour in practice. This was sustained over a three-month period.</p> <p>Most participants felt that there was a need for dedicated training to enable them to feel more confident about engaging with fathers and to learn proven strategies to help them achieve this.</p> <p>most said that the workshop had raised their awareness of engaging fathers and offered them helpful strategies, but also identified barriers to engagement with fathers. E.g. HV being a predominantly female</p>

	<p>To identify institutional and organisational barriers to engagement with fathers.</p> <p>A 'before and after' evaluation study using a survey and telephone interviews with workshop attendees.</p>	<p>workforce, services have long focused solely on mothers for a long time, therefore fathers' expect to be excluded, lack of commitment at a senior level to mainstreaming father-inclusive practice and problems contacting fathers due to overlap between their own and fathers' working hours.</p> <p>NHS Trusts need to review the training and education of Health Visitors and Community Practitioners and take a more strategic approach towards father-inclusive practice and extend services to meet the needs of fathers.</p>
<p>Lee J, Knauer H, Lee S, MacEachern M and Garfield C (2018).</p> <p><b>Father-Inclusive Perinatal Parent Education Programs: A Systematic Review.</b></p>	<p>To examine father-inclusive perinatal parent education programs in the United States as they relate to a range of father outcomes.</p> <p>A systematic review. 21 US studies evaluating a parent education program and reporting father outcomes were included.</p>	<p>Overall, the father-inclusive perinatal parent education program literature was poor, with few interventions available to fathers.</p> <p>There was some limited evidence to suggest that early father-inclusive parent education programs may improve outcomes related to father involvement, coparenting relationship, partner relationship quality, father's mental health, and father's supportive behaviours.</p> <p>However, there was generally a lack of evidence for program effects on father-infant interaction, father's parenting knowledge, and father's attitudes and parenting self-efficacy.</p> <p>There is a need for more evidence-based interventions to support fathers.</p> <p>Clinicians play a key role in engaging fathers in early parent education programs and health care settings.</p>
<p>Maxwell N, Scourfield J, Featherstone B, Holland, S and Tolman R (2012).</p>	<p>To review published research from 2000 to 2010 about the barriers to and facilitators of better father engagement and the very limited evidence on the</p>	<p>Barriers to engaging men in the child protection process include e.g. dichotomous thinking (men labelled as <i>either</i> a 'risk' <i>or</i> 'resource'), a pejorative practitioner culture, workers focusing child welfare interventions upon the mother.</p>

<p><b>Engaging fathers in child welfare services: a narrative review of recent research evidence.</b></p>	<p>effectiveness of work with maltreating fathers.</p>	<p>There is relatively little known about what works in engaging men. Some promising indicators from family support and child protection practice contexts include:</p> <ul style="list-style-type: none"> <li>• Early identification and early involvement of fathers.</li> <li>• A proactive approach, including an insistence on men’s involvement with services.</li> <li>• The use of practical activities.</li> </ul> <p>There is no direct evidence of the effectiveness of motivational interviewing in the context of maltreating fathers, but its effectiveness in allied fields of practice would suggest that it may hold some promise for the initial engagement of fathers who pose a risk to children.</p>
<p>McBride B, Curtiss S, Uchima K <i>et al</i> (2017).</p> <p><b>Father Involvement in Early Intervention: Exploring the Gap Between Service Providers’ Perceptions and Practices.</b></p>	<p>To examine early intervention (EI) service providers’ perceptions of the roles played by fathers in services, as well as their perceptions of the barriers that limit fathers from being engaged in the services provided for families of children with disabilities.</p> <p>511 EI service providers participated in an online survey.</p>	<p>There is a disconnect between EI providers’ perceptions of the impact fathers can have on their children with disabilities and their perceptions of how useful it is to target fathers for involvement in EI services. Providers recognised the importance of father involvement, but were hesitant to see fathers as effective targets for intervention. Barriers were identified by providers that limit their ability to successfully engage fathers in the services. These barriers involved three themes: Lack of Presence, Men Work and Women Care for Children, and EI Providers’ Ability to Adapt. Recommendations include to provide more gender- sensitive services, help fathers cope with their reactions to disability, help fathers be in partnerships with female providers, support fathers with being more comfortable with EI, provide culturally sensitive support. Financial incentives for providers to provide evening and weekend services and stipends for fathers to take time off work could address the mismatch between provider and father availability. In addition, communication technologies can be used.</p>
<p>Panter-Brick C, Burgess A, Eggerman M <i>et al</i> (2014)</p>	<p>To evaluate evidence on father</p>	<p>Few interventions disaggregate ‘father’ or ‘couple’ effects in their evaluation. They are mostly focused on mother–child.</p>

<p><b>Practitioner review: Engaging fathers--recommendations for a game change in parenting interventions based on a systematic review of the global evidence.</b></p>	<p>participation and impact in parenting interventions.</p> <p>A systematic database and a thematic hand search of the global literature on parenting interventions identified 199 publications that presented relevant evidence.</p>	<p>There are seven key barriers to engaging fathers in parenting programs, including those that are cultural, institutional, professional, operational, content, resource, and policy related.</p> <p>Barriers to engaging men as parents work against father inclusion and retention, and undervalue coparenting as contrasted with mothering.</p> <p>Three key priorities are:</p> <ul style="list-style-type: none"> <li>• To engage fathers and coparenting couples successfully</li> <li>• To disaggregate process and impact data by fathers, mothers, and coparents</li> <li>• To pay greater attention to issues of reach, sustainability, cost, equity, and scale-up.</li> </ul> <p>Clarity of purpose with respect to gender-differentiated and coparenting issues in the design, delivery, and evaluation of parenting programs will constitute a 'game change' in this field.</p>
<p>Perry A, Rollins A, Sabree R and Grooms W (2016).</p> <p><b>Promoting Paternal Participation in Maternal and Child Health Services.</b></p>	<p>This research focuses on a project undertaken in the US aimed at enhancing fathers' engagement in a maternal and child health programme ('Healthy start').</p> <p>It explores service providers' experiences of engaging fathers and the fathers' perspectives on the services they received.</p> <p>Quantitative surveys and qualitative focus groups with 31</p>	<p>Most staff agreed that when fathers are involved in services, the children's goals are achieved more efficiently. However, they reported significant barriers in engaging fathers. These were logistical, cultural, organisational, and related to the dynamics of co-parenting.</p> <p>Most fathers agreed that their children had been helped by Healthy Start and that Healthy Start helped them be better fathers.</p> <p>They recommended making changes in the organization's attitude toward fathers and infusing a father-friendly stance and other strategies such as sending case-related information to both mothers and fathers and flexible scheduling and childcare assistance.</p> <p>A key recommendation is to use a 'bottom-up' philosophy would enable learning from consumers to aid in the development of training on how to engage men from across the fathering spectrum.</p>

	fathers and 14 Healthy Start staff.	
<p>Scourfield J, Allely C, Coffey A, Yates P (2016).</p> <p><b>Working with fathers of at-risk children: Insights from a qualitative process evaluation of an intensive group-based intervention,</b></p>	<p>To explore the challenges of engaging men in effective family work .</p> <p>To examine the theoretical underpinning of the 'Mellow Dad's' programme, its acceptability to the fathers and the challenges faced by facilitators in delivering the programme as intended.</p> <p>Insights from a process evaluation involving participant observation of one 'Mellow Dad's course and interviews with fathers, facilitators and the intervention author, and a study of programme documentation.</p>	<p>The core elements of the 'Mellow Dad's' programme are taken from the 'Mellow Parenting' programme for mothers. It is targeted at those in greatest need and those who are vulnerable. Core philosophies of the programme are that it is voluntary and underpinned by attachment theory.</p> <p>Fathers appreciated the efforts of facilitators to make the group work, the advice on play and parenting style and the opportunity to meet other fathers in similar circumstances.</p> <p>There were obstacles that impacted on the effectiveness of the programme e.g. the considerable time required to get the men to attend initially and then keep doing so, the lack of practice of parenting skills when fathers were not living with their children, and the difficulties of sharing personal information.</p> <p>The challenges identified raise questions about how much change can be expected from vulnerable fathers, whether programmes designed for mothers can be applied to fathers with little adaptation and whether working with fathers requires different skill-sets and approaches from working with mothers.</p>
<p>Smythe T, Duttine A, Vieira A <i>et al</i> (2019).</p> <p><b>Engagement of Fathers in Parent Group Interventions for Children with Congenital Zika Syndrome: A Qualitative Study.</b></p>	<p>To explore the engagement of fathers in a community-based group intervention (Juntos) for children with congenital Zika syndrome (CZS) and their caregivers in Brazil and evaluate the feasibility and acceptability</p>	<p>61 people (49 families) enrolled, 20% (12) were fathers. Seven fathers attended more than 7 out of 10 sessions.</p> <p>The content of Juntos was acceptable to fathers. Participation in the group offered fathers the opportunity to share experiences of caring for their child and demonstrate their importance as care agents.</p> <p>Barriers to engagement were:</p>

	<p>of the intervention for fathers of children with CZS.</p> <p>Methods included participant observation of six Juntos groups, focus group discussions, and semi-structured interviews of fathers with a child enrolled in the program.</p>	<ul style="list-style-type: none"> <li>• Work commitments</li> <li>• A view of mothers as primary caregivers</li> </ul> <p>Facilitators to engagement included:</p> <ul style="list-style-type: none"> <li>• A presentation of clear objectives for fathers' involvement.</li> <li>• The opportunity to learn a practical skill related to caring for their child.</li> </ul>
<p>Storhaug A (2013).</p> <p><b>Fathers' involvement with the Child Welfare Service.</b></p>	<p>To identify central discourses on fathers among Child Welfare Service (CWS) workers in Norway. Two central questions</p> <ul style="list-style-type: none"> <li>• How do CWS workers understand fathers?</li> <li>• From their perspectives, what promotes and inhibits the involvement of fathers?</li> </ul> <p>Four focus group interviews were conducted with 14 CWS workers.</p>	<p>Four central discourses on fathers were identified: Mothers and fathers as gender neutral; fathers as little involved; fathers as (more) involved mothers and fathers as different.</p> <p>Factors identified to promote the involvement of fathers were</p> <ul style="list-style-type: none"> <li>• Society's increased focus on gender equality.</li> <li>• Society's and fathers' own changed perception of fathers' role.</li> <li>• Increased focus on children's networks.</li> </ul> <p>Factors identified as inhibiting involvement were</p> <ul style="list-style-type: none"> <li>• Lack of resources.</li> <li>• Fear of conflicts.</li> <li>• Negative descriptions of fathers.</li> <li>• Uncertainty regarding legislation.</li> </ul> <p>Explanations for fathers' own lack of involvement were:</p> <ul style="list-style-type: none"> <li>• Fear of confrontations.</li> <li>• Prioritisation of a new family.</li> <li>• A lack of understanding of their importance for the child.</li> </ul> <p>Different discourses on fathers lead to different practices regarding the involvement of fathers. By failing to involve fathers, an incomplete</p>

		<p>picture of the family's resources and challenges is provided. This hampers targeted measures to ensure the best outcome for the child.</p>
<p>Tully A., Piotrowska P, Collins J <i>et al.</i> (2017).</p> <p><b>Optimising child outcomes from parenting interventions: fathers' experiences, preferences and barriers to participation.</b></p>	<p>To examine fathers' experiences of, and preferences for, parenting interventions as well as perceptions of barriers to participation.</p> <p>To examine how these factors are associated with child externalising behaviour problems</p> <p>To explore the predictors of participation in parenting interventions.</p> <p>Survey of community sample.</p>	<p>15% of fathers had participated in a parenting intervention or treatment for child behaviour, with significantly higher rates of participation for fathers of children with high* versus low levels of externalising problems.</p> <p>Fathers rated understanding what is involved in the program and knowing that the facilitator is trained as the two most important factors in their decision to participate.</p> <p>There were a range of barriers to participation endorsed by fathers. E.g. not feeling like their child's behaviour is a problem and not needing help with parenting, cost of the service and work commitments.</p>



## 5. Key insights from literature

The following draws out key insights from the literature outlined above in relation to barriers to engaging fathers in interventions and services, as well as possible recommendations and solutions to support the effective engagement of fathers.

### Barriers to effectively engaging fathers in interventions:

- A lack of appropriate adaption of a service to meet fathers' unique needs, as opposed to mothers (Flippin and Crais, 2011; Scourfield et al, 2016; McBride et al, 2017).
- A lack of male practitioners and a female-oriented, 'pro-mother' service (Gilligan et al, 2012; Maxwell et al, 2012; Ferguson and Gates, 2015; Humphries and Nolan, 2015; McBride et al, 2017).
- Negativity in professional discourses or practitioners' attitudes (Gilligan et al, 2012; Ferguson and Gates, 2015; Storhaug, 2017; Maxwell et al, 2012).
- A lack of practitioner training and a lack of opportunities for practitioners to develop competence in relation to the complexities that arise in work with fathers (Gilligan et al, 2012; Humphries and Nolan, 2015; Perry et al, 2016).
- Inability for fathers to access service due to being in employment, and the related lack of flexibility of services in terms of the days and times of delivery (Humphries and Nolan, 2015; Ferguson and Gates, 2015; Perry et al, 2016; McBride et al, 2017; Tully et al, 2017; Smythe et al, 2019).
- An absence of clear service standards that promote fathers' involvement, a lack of clarity in service policies as to the place of fathers and a lack of commitment to father involvement at a senior level (Ferguson and Gates, 2015; Gilligan et al, 2012; Humphries and Nolan, 2015).
- Lack of resources and an inability for practitioners to find the time to work with fathers (Gilligan et al, 2012; Storhaug, 2017).
- Men can be disengaged or may not have custody of children, or mothers may be reluctant to 'bring in' the father (McBride et al, 2017; Perry et al, 2016)
- Traditional gender roles limit father engagement, for example because of beliefs about what the fathers' role should be (Maxwell et al, 2012; McBride et al, 2017; Smythe et al, 2019).
- Cultural and socioeconomic factors, such as those related to language and poverty, preventing practitioners from being able to build rapport with fathers (Perry et al, 2016; McBride, 2017).
- Interventions not focused on fathers' perceived needs or preferred activities (Maxwell et al, 2012; Ferguson and Gates, 2015).

- 
- Fathers not feeling as though their parenting is a problem or that they need help (Tully et al, 2017).
  - Fathers not being aware of parenting programmes or not knowing what it will involve or if it will be effective (Tully et al, 2017).

#### Recommendations and possible solutions:

- Implement interventions early to capture the transition to fatherhood (Maxwell et al, 2012; Ferguson and Gates, 2015; Perry et al, 2016).
- Ensure a congruence between a fathers own perceived needs and what the intervention offers (Ferguson and Gates, 2015).
- Practitioners should take a holistic approach to working with fathers and give fathers time so that trust and mutual respect can be built (Ferguson and Gates, 2015).
- Change is required in organisational cultures regarding the view and role of fathers and their contribution, and pro-active, father-friendly policies are needed (Gilligan et al, 2012; Panter-Brick, 2014).
- Services should offer training about patterns of cultural diversity and the social construction of fatherhood. This should ensure that practitioners responses are gender and culturally sensitive and that they can facilitate fathers to feel comfortable accessing early intervention. It should also increase practitioners' confidence about engaging with fathers and teach them proven strategies for this (Gilligan et al, 2012; Panter-Brick, 2014; McBride et al, 2017; Humphries and Nolan, 2015).
- Inspection processes and evaluation procedures should ensure that performance is judged according to father-inclusive practice (Gilligan et al, 2012; Panter-Brick, 2014).
- Communication technologies (e.g. Skype) can be used to engage fathers who cannot be physically present when services are provided (McBride et al, 2017).
- Flexible scheduling of services (Humphries and Nolan, 2015; Perry et al, 2016; Maxwell et al, 2012).
- Peer-mentoring programmes and support groups involving experienced fathers would allow for increased credibility and opportunities for fathers to learn and feel supported. Male group facilitators can allow for an easier flow of discussion (Friedewald, 2008; Perry et al, 2016; Baldwin et al, 2018).
- Staff to work at developing individual relationships with fathers to establish a rapport with them (Perry et al, 2016).
- Programmatic activities that balance being information driven and informal with not 'coming across as a lecture' (Perry et al, 2016).
- Adopting a 'bottom-up philosophy' to learn from service-users about how to engage men (Perry et al, 2016).

- Increased public health messaging about parenting programmes and the importance of father participation (Tully et al, 2017).
- Making fathers aware of what is involved in the programme, provide a clear objective, opportunities to learn practical skills and inform them that the facilitator is trained (Tully et al, 2017; Smythe, 2019).
- Where playing with one's child is involved in the intervention, incorporate play activities that reflect fathers' play models, including more physical and 'rough and tumble' play (Flippin and Crais, 2011).
- Adopt family-centred service delivery models (Fox et al, 2015).
- Support during the postnatal period should involve: Better preparation for fatherhood and antenatal classes with a specific focus on dads. There needs to be better access to information and services, including relevant and up-to-date information on the practical aspects of infant care and challenges of new parenthood. Fathers could be made aware of where to go for help and father-focused information and leaflets (Baldwin et al, 2018).

### Considerations in the design, delivery and evaluation of services.

*From Panter-Brick (2014).*

Design	Delivery	Evaluation
<b>Cultural biases:</b> How culturally-compelling are parenting interventions, in terms of making themselves relevant and attractive to coparents?	<b>What, where, how?</b> Does the timing, place and the medium of program delivery work to include fathers as well as mothers? Are sufficient resources committed to ensure reaching them both?	<b>Reach.</b> Inclusion and engagement of significant caregivers, including fathers and other individuals in addition to mothers.
<b>Institutional biases:</b> How father-friendly is the organization in terms of policies, recruitment, support, and monitoring? How responsive are parenting interventions to gender-related differences in parenting goals?	<b>Training:</b> Are facilitators ready and skilled to work with coparents, fathers as well as mothers or other caregivers? Are their approaches sensitive to gender-specific concerns?	<b>Process:</b> Data on recruitment of participants, delivery of program, monitoring of attendance, participation, and referrals, pre/post institutional practices, and participant attitudinal changes; observation and monitoring beyond self-reports.
<b>Professional biases:</b> Do staff capabilities and attitudes toward parents exclude fathers?	<b>Communication:</b> Are both mothers and fathers explicitly informed and individually reminded about the importance of program participation, and benefits to children? Are both parents followed up in cases of nonattendance?	<b>Impact:</b> Prevention and reduction of problematic outcomes related to quality of parenting and family functioning; child outcomes in health, education, psychosocial development, and maltreatment.

<p><b>Operational biases:</b> Is data collection on parents disaggregated by sex? Does it identify coparents among mixed groups of participants?</p>	<p><b>Activities:</b> Are homework expected of all coparents? Is participation monitored for one or both parents?</p>	<p><b>Sustainability:</b> Commitment to policies, resources, and activities; outcomes lasting beyond a program’s timeframe.</p>
<p><b>Content biases:</b> Is the content of the intervention relevant to fathers, as well as mothers?</p>	<p><b>Holistic support:</b> Are the needs of fathers as well as mothers recognized? Where support is needed, are male as well as female caregivers directed to relevant health, education, and other social services?</p>	<p><b>Cost:</b> Demonstrable cost-benefit for children, families, and societies; estimated cost of failing to engage with coparents.</p>
<p><b>Resource biases:</b> Are sufficient resources committed to enable an organization to audit current practices and implement change?</p>		<p><b>Equity:</b> Better outcomes for those most disadvantaged.</p>
<p><b>Policy biases:</b> Are vision, needs assessment, partnerships, action plans, and strategies endorsed and integrated, with clear attention given to gender and coparenting issues?</p>		<p><b>Scale-up:</b> Provision for replication in other settings; dissemination of findings to strengthen the evidence base; advocacy for a policy agenda on child wellbeing.</p>

## 6. Summaries of journal articles

This section includes shortened, accessible summaries of a selection of journal articles referred to in the previous section that may be of interest to ABSS delivery partners. Please note, some of the content of these summaries are directly quoted from the original article, while other content is reworded.

*Ferguson H and Gates P (2015) Early intervention and holistic, relationship-based practice with fathers: evidence from the work of the Family Nurse Partnership. Child and Family Social Work 20 (1): 96 – 105.*

### Topic

Fathers involved in the Family Nurse Partnership

### Aims

- To analyse the characteristics of the fathers involved in an FNP programme and evaluate their experiences of the programme.

### Methods

Data were collected from mixed sources:

- Caseload data from nurses on their clients
- Interviews with family nurses (FN)
- Extensive questionnaire self-completed by 54 fathers in FNP cases
- Interviews (semi-structured) with 24 (9 of whom had low/no engagement with FNP)

### Findings

#### ***Fathers circumstances:***

- The fathers were vulnerable. Most were young, poor, unemployed, low educational attainment, in trouble with the youth or criminal justice system or had been on the edge of it.
- Most (85%) were the biological father of the child. A minority had other children
- 87% white/British, 13% BME.
- Ages from 17 to 34 years. Almost a third (29%) were teenage fathers. Some much older than mother of the child.
- 11% had been in care and one was still in foster care.
- Almost a third (29%) regarded their accommodation as temporary. Two of the respondents were in prison, one was in foster care.

#### ***Experiences of FNP***

---

The men felt that entering fatherhood had changed them. One man was using fatherhood as motivation to stay out of prison and spoke positively about how the FNP was helping.

Many felt unprepared for fatherhood. The FNP helped to gain knowledge and confidence around parenting skills. That the FNP work began early during the pregnancy proved vital. Fathers felt the intervention helped them be more confident and deal with anxieties.

Over half of the men had a clear sense of involvement in parenting. 41% felt that their level of involvement with their child had increased over time and many felt that the FNP played a part in this.

Many felt the FNP intervention had helped them to develop their skills and confidence in some areas of parenting but not others:

- 54% felt that their ability to be a father had changed very positively as a result of the FNP intervention
- a quarter believed the intervention had a medium to low impact
- over a quarter (28%) felt it had very little or no impact at all.

Reasons why the men felt they had not developed skills in some areas were:

- the service had failed to meet their needs or they disliked the FN's approach.
- They perceived themselves to already know a lot about some aspects of caring.

Fathers placed a high significance on the help they received from FNP to better understand their partner and the couple's relationship. 58% felt that the FNP had a high impact on their understanding of the support needs of their partners and 30% a medium impact.

When fathers were absent from visits, the most common reason was being at work or in education or training (60%). Most felt that a role as the breadwinner/provider was vital to being a 'good father', but some were conflicted about this taking them away from seeing their babies. FNP support helped many couples to become more stable and child focused.

The meaningful professional-service user relationship, which involved a holistic relationship-based practice approach, was crucial. FNP is an evidence-based programme that is not a "box-ticking exercise" but combines evidence and quality therapeutic work.

---

However, not all of the men benefited. 18% were present for half the visits or less, and 23% never present. Some were resistant to involvement and unreachable. Others were ambivalent and silent during visits or only partially present. Very occasionally, the FNs' attitude to particular fathers was negative and they were not proactive in trying to involve them. Generally, the higher the mother's needs the harder it was for the FN to focus on the father's needs as well.

Because the mother is explicitly named in FNP policy as the primary client, there was some uncertainty about what FNs relationship to fathers should be. The FNs were mostly aware of how important their own attitudes are and how they can support men.

When present at the visits, 80% felt 'involved or very involved' in the FN sessions. However, some fathers felt the service was pro-mother in a way that marginalized them and that the failure to properly engage with them was not good enough:

## **Conclusion**

Evidence broadly supports the case for early intervention into families to focus explicitly on fathering. However, the data are biased towards the fathers who were more engaged with the service, because this group were more willing to be involved with researchers.

This research shows how early intervention can assist vulnerable men to develop their capabilities as fathers. Particularly because e.g.

- The intervention was 'early', meaning it effectively used men's redefinition of themselves as caring fathers.
- There was a congruence between what the father needs and the professional offers
- The FNs took a skilled, therapeutically oriented, holistic approach. Fathers as well as mothers were given time, through which trust and mutual respect were built.

There is important learning here for social care and health services in general about how to engage men and promote fathers' capacities to care for their children.

*Gilligan P, Manby M & Pickburn C (2012) **Fathers' Involvement in Children's Services: Exploring Local and National Issues in 'Moorlandstown'**. The British Journal of Social Work, 42 (3), April: 500–518*

## **Topic**

---

This article identifies enabling and disabling factors that impact on the quality of services for fathers in children's services settings in both the statutory and voluntary sectors.

### **Research aims**

To explore enabling and disabling factors impacting on the quality of children's services in relation to fathers in 'Moorlandstown' during 2007–08. Moorlandstown is a mixed urban and rural local authority in northern England.

### **Methods**

This research is a qualitative study involving 'consultation sessions' with 70 professionals, all managers and practitioners from a range of children's services agencies (statutory and voluntary), health, education and social care. Consultation sessions addressed the extent to which they and their teams engaged and sought to engage fathers in their service provision. Sessions were held with children centres, child protection/safeguarding services, a schools support project, health visitors, the youth service, youth offending team, a contact centre, a teenage pregnancy project and the children's information service.

### **Findings**

#### *Positive factors:*

- There was widespread recognition of the importance of working with fathers as part of a holistic approach to supporting individual children and families.
- There were examples of workers seeking out men and welcoming their contribution.
- Many recognised that the socialisation of boys from all cultural backgrounds depended on improving the level and quality of their contact with their fathers and on fathers experiencing services as accessible, welcoming and supportive.
- There were examples of positive professional discourses and teams demonstrating strong commitment to reflective practice, and to understanding diversity.

#### *Disabling factors:*

There was:

- negativity in professional discourses and individual fathers were often invisible to or regarded as liabilities by practitioners.
- a lack of opportunities for practitioners to reflect on and develop competence in relation to the complexities that arise in work with fathers.
- an absence of clear standards and sanctions promoting fathers' involvement.
- a very small proportion of male workers in most teams.

Also:



- Many practitioners reported that they rely almost entirely on mothers for information and contact with families. Some baulk at finding time to work with fathers.
- Workers could be slow to translate their theoretical interest in working with fathers into plans for action.
- Very few of the teams responded to requests to identify examples of practice that demonstrated positive application of knowledge of the benefits of involving fathers.

## **Recommendations**

- Change is required in organisational cultures, and the way senior managers express views about the role and contribution of fathers.
- Services should improve practice through training about patterns of cultural diversity and the social construction of fatherhood.
- There is a need to make support for fathers a more explicit national priority across family services
- Inspection processes for children's services need to ensure that performance is judged with regard to explicit father-inclusive practice.
- Children's services need to develop pro-active father friendly policies and practice.

*Guterman N, Bellamy J & Banman A (2018) **Promoting father involvement in early home visiting services for vulnerable families: Findings from a pilot study of "Dads matter"**. Child Abuse and Neglect. 76: 261-272.*

## **Topic**

The pilot testing of a home-visiting enhancement intervention ('Dads Matter') (in the US) which is designed to fully incorporate fathers into perinatal home visiting (HV) services.

## **Pilot study aims**

- 1) design an intervention enhancement to engage fathers and address their roles in the context of home visiting services
- 2) yield preliminary evidence on its potential to extend the benefit of HV services by assessing the feasibility, acceptability, and preliminary outcomes of the intervention.

## **Methods**

The research team designed, developed and piloted the intervention. A quasi-experimental time-lagged design was then used. This involved the following stages:

- 12 families received standard HV services and completed baseline and four-month post-tests.
- Home visitor staff were trained and supervised to implement the Dads Matter enhancement in addition to standard services.
- 12 further families were enrolled and completed baseline and four-month post-tests.

---

The following were measured during baseline and four-month tests: Parent-child verbal interactions; Mother-father relationships; Parenting and father involvement; Parent stress; Risk for child abuse and neglect; Relationship with home visitor; Fidelity of implementation

## **Key findings**

### ***The 'Dad's Matter' enhancement:***

Included modules designed to support mothers and fathers in their co-parenting teamwork. These guided home visitors to:

- engage fathers and assess their roles in ways that can be improved
- Clarify each parent's role and expectations with regard to their co-parenting
- Identify areas of parental conflict and jointly and productively address such concerns
- Improve communication between fathers and mothers
- Support father in managing the stresses of fathering *and*
- Manage anger and to extend their support and help-seeking skills when needed.

### ***Assessment of the enhancement:***

- Dads Matter was implemented as planned.
- Outcome measures indicate positive trends associated with Dads Matter in the quality of the mother-father relationship, perceived stress reported by both parents, fathers' involvement with the child, maltreatment indicators, and fathers' verbalizations toward the infant.
- Dads Matter appears to be a feasible, acceptable, and promising approach to improving fathers' engagement in home visiting services and promoting family and child well-being.

Overall findings suggest that families who receive HV services enhanced with Dads Matter experience an array of favourable outcomes.

Hanley, J and Williams, M (2020) Fathers' perinatal mental health. British Journal of Midwifery, February 2020, Vol 28, No 2 (84 – 85).

## **Topic:**

This is a 'comment' article which outlines the lack of availability of perinatal mental health services for fathers .

## **Overview:**

---

The article argues that while there has been a substantial improvement in access to perinatal mental health services for mothers, there has not been for fathers. The authors state that “fathers are almost 50 times more likely to pose a suicide risk than at any other time in their lives” and that “it is slowly being recognised that the transition to fatherhood can be both challenging and life changing”. They then discuss the difficulties and stress fathers experience around the time of birth, pointing to societal expectations for fathers to be more involved with their infant and child rearing than in previous generations, physical demands on sleep patterns and psychological demands on self-esteem. The authors also note the impacts on fathers of witnessing traumatic delivery, which can lead to post-traumatic stress disorder, and the impact of the mother’s mental health on the father’s.

Based on these arguments, the authors state that “We need to include fathers in policy and pathway of care to support all parents for their mental health which has far better outcomes for the whole family.”

Henry Joi, Julion W, Bounds D, Sumo J (2020) Fatherhood Matters: An Integrative Review of Fatherhood Intervention Research. *Journal of School Nursing*, 36(1): 19-32.

### **Topic**

An evaluation of fatherhood interventions involving a review of existing studies, with focus on educational settings and outcomes.

### **Research aims**

Use an integrative review to identify, categorize, and evaluate the potential impact of fatherhood interventions on father and child outcomes. The research questions are:

- What are the characteristics of effective fatherhood interventions?
- How do fatherhood interventions impact father and child outcomes?

### **Methods**

A systematic search of four major research databases yielded 44 studies published between 1988 and 2018 that met study inclusion criteria. These studies:

- Focused on three groups of participants: fathers only, fathers and their sons, or couples.
- 37 of the 44 interventions had a component of the intervention that was conducted in a group-based setting
- 15 employed experimental designs, and 13 employed quasi-experimental study designs.

## Findings

- All 44 studies yielded at least one category of positive outcomes for fathers, but not all interventions yielded positive child outcomes.
- 19 studies reported positive child outcomes and one study reported a negative.
- Improvements in fathers' psychological welfare and positive behaviours were the most prominent outcomes.
- One study bolstered fathers' academic attainment, two studies resulted in positive academic outcomes for children, and one advanced academic attainment for both.
- Six studies reported other positive outcomes such as healthy behaviours.
- Few fathers or children experienced null or adverse outcomes.
- Child outcomes were related to improved academic performance (four studies), improved psychological welfare (five), positive behavioural outcomes (13), improved communication (two), improved child social–emotional competence (seven).
- Of the 17 studies that led to robust or moderate findings, the common thread was a focus on strengthening father–child relationships.

The most effective interventions were delivered in the community, with fathers convened in groups. Content focused on promoting positive parenting, co-parenting, and father/child relationships.

McBride B, Curtiss S, Uchima K, Laxman D, Santos R, Weglarz-Ward J, Dyer J, Jeans L and Kern J (2017) **Father Involvement in Early Intervention: Exploring the Gap Between Service Providers' Perceptions and Practices.** *Journal of Early Intervention*, 39 (2): 71-87

## Topic

Early intervention (EI) service providers' perceptions of fathers' roles in services and barriers to engaging them, In the context of services for children with disabilities,

## Aims

To examine EI service providers' perceptions of the roles played by fathers in services, as well as their perceptions of the barriers that limit fathers from being engaged in the services provided for families of children with disabilities.

## Methods

511 EI service providers participated in an online survey which included both quantitative (closed-ended) and qualitative (open-ended) questions.

## Findings

- There is a disconnect between EI providers' perceptions of the impact fathers can have on their children with disabilities and their perceptions of how useful it is to target fathers for involvement in EI services.
- Providers affirmed the potential that fathers have for affecting child development, yet they were much more hesitant to see fathers as effective targets for intervention.
- In most cases, fathers were involved in specific aspects of EI but to a lesser degree than mothers and with a great deal of variability between families.
- Barriers were identified by providers that limit their ability to successfully engage fathers in the services. As follows:

### ***Barriers to Father Involvement as Indicated by Providers***

There were three themes: *Lack of Presence*, *Men Work and Women Care for Children*, and *EI Providers' Ability to Adapt*.

#### **Lack of presence.**

Many providers perceive the father as being absent, and therefore unable to participate or be involved in EI services. There are three forms of this:

- ***Working*** (too busy at work therefore not present at appointments)
- ***Disengaged*** (uninterested or unaware)
- ***Noncustodial status*** (may preclude involvement).

#### **Men work and women care for children.**

Traditional gender roles were mentioned by providers as a barrier to father involvement in EI at different levels:

- ***Societal*** (societal gender roles)
- ***Familial*** (division of labour)
- ***Individual*** (father's beliefs about roles and parenting efficacy).

#### **EI providers adapting.**

Concerns the ways in which providers have difficulty adapting to engage fathers in EI. This includes the following, all of which are amenable to change to some degree.

- ***Gendered services.*** providers have difficulty working with fathers or with men, only target mothers, or fail to target fathers.
- ***Partnerships with Female Providers:*** Fathers have difficulties engaging in a relationship of trust and respect with female barriers women. They feel uncomfortable taking female direction or working with female providers.
- ***Reaction to Disability:*** fathers have a unique reaction to their child having a disability or delay.
- ***Comfort With EI,*** or lack thereof.
- ***Cultural and SES Factors*** refers to culture, language, poverty, and lack of education.
- ***Father's Availability*** disconnect between when fathers are available and when services are available.

- ***Inflexible Services Hours*** providers' unwillingness or inability to provide services when fathers are available.

### **Recommendations**

Providers can be taught how to provide more gender-sensitive services, help fathers cope with their reactions to disability, help fathers be in partnerships with female providers, support fathers with being more comfortable with EI, provide culturally sensitive support.

Financial incentives for providers to provide evening and weekend services and stipends for fathers to take time off work could address the mismatch between provider and father availability. In addition, communication technologies (e.g., Skype, FaceTime) can be used to engage fathers in EI who cannot be physically present when services are provided.

*Perry A, Rollins A, Sabree R & Grooms W (2016) **Promoting Paternal Participation in Maternal and Child Health Services**. Human Service Organizations: Management, Leadership & Governance, 40(2): 170-186*

### **Topic**

This study presents findings from a project (in the US) aimed at enhancing a maternal and child health program's capacity for engaging fathers in services. The program is 'Louisville Metro Healthy Start' (LMHS). It promotes women's health from the first 3 months of pregnancy until the baby is 2 years old in economically disadvantaged and disproportionately minority neighbourhoods.

### **Research aims**

This research focuses on a project undertaken at LMHS aimed at increasing fathers engagement. It explores service providers' experiences of engaging fathers in the program and the fathers' perspectives on the services they received.

### **Methods**

Quantitative surveys and qualitative focus groups with 31 fathers and 14 Healthy Start staff.

### **Findings**

#### ***Surveys***

Most (85.7%) staff agreed that when fathers are involved in services for their children, the children's goals are achieved more efficiently. However, they reported significant barriers in engaging fathers. For example, most (71.4%) agreed that mothers are reluctant to talk about their child's father.

---

Most fathers (93.5%) agreed that their children had been helped by Healthy Start and most (73.4%) agreed that Healthy Start helped them be better fathers. Just over half (60.0%) agreed that Healthy Start staff regularly contacted them.

### ***Staff focus groups***

Staff identified what they perceived as fathers' deficiencies, such as dads not having adequate parenting skills or awareness of the time and financial commitments involved in raising children. Challenges associated with engaging fathers were:

- Logistical - unable to engage fathers or even contact them due to time constraints and schedule conflicts with working fathers
- Cultural - disconnect along gender, age, or racial lines that negatively affected the organization's credibility with fathers. Challenges establishing a rapport.
- Organisational – staff had not received training for working with men and fathers.
- Co-parenting challenges: conflict-laden co-parenting relationships that resulted in wilful paternal disengagement, maternal gatekeeping, not being able to secure valid contact information on fathers, and having one or both parents commoditizing their children to get leverage over the other parent.

Staff felt that fathers needed to be supported and encouraged, not judged. They identified the birth of the child and the time immediately following as a period filled with optimism for fathers and recommended taking advantage of this by increasing recruitment efforts.

A peer-mentoring program was seen as an ideal initiative to enhance recruitment, retention, and participation. Staff emphasized the increased credibility from having fathers hear from men who had experienced the program. They advocated for a paid position for a former male client to be a consumer recruiter and lead a male advisory group.

### ***Parent focus groups***

Men stated that they wanted to raise their children to become polite, respectable, law abiding, productive citizens who would become good parents themselves. They perceived themselves as playing a secondary role to the children's mothers, who assumed primary caregiving responsibility. Being supportive of mothers' parenting efforts and respecting their child's mother was an important aspect of fathering. The apparently symbiotic and amicable coparenting relationship produced benefits for all.

---

Most men perceived their experiences with Healthy Start staff positively, stating that staff were nice and respectful. Many credited Healthy Start staff with making them feel equal by passing on information about their baby. The men recommended making changes in the organization's attitude toward fathers and infusing a father-friendly stance, and:

- advertising through public-service announcements on the radio
- Sending case-related information to both mothers and fathers (in cases in which they do not co-reside).
- offering program supports including food at meetings
- flexible scheduling and childcare assistance.
- For staff to work at developing individual relationships with fathers to establish a rapport with them.
- Programmatic activities that balanced being information driven and informal with not coming across as a lecture.
- Activities involving interactions with their children or peer-mentoring programs focused on improving self-awareness and patience or on managing their temper.

However, some felt that little could be done to increase fathers' involvement because not being involved was a direct personal choice. Some stated that due to having children with multiple partners, the level of engagement with their children was a reflection of the differences in the quality of their coparenting relationships with the mothers.

### **Recommendations:**

Healthy Start may be an ideal organization to engage fathers because:

- It does not have a reputation for being biased against fathers like adversarial services do (e.g. child protection)
- The target population (prenatal to 2 years) allows for engaging fathers 'early', when families are excited and optimistic.
- It adopts a community empowerment model and emphasises input from consumers (potentially including fathers).

"...we recommend [...] **a bottom-up philosophy** to learn more from its consumers to aid in the development of training on how to engage men from across the fathering spectrum [this would] "better position organizations to integrate fathers' interests and concerns into program development, making them more appealing".



---

## 8. References

- Baldwin S, Malone M, Sandall J, et al (2019) A qualitative exploratory study of UK first-time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood, *BMJ Open*, 9:e030792.
- Ferguson H and Gates P (2015) Early intervention and holistic, relationship-based practice with fathers: evidence from the work of the Family Nurse Partnership, *Child & Family Social Work*, 20 (1): 96 – 105.
- Flippin M and Crais E (2011) The Need for More Effective Father Involvement in Early Autism Intervention: A Systematic Review and Recommendations, *Journal of Early Intervention*, 33(1), 24–50.
- Friedewald M (2008) Discussion forums for expectant fathers: the perspectives of male educators, *The Journal of Perinatal Education*, 17(3), 10–16.
- Fox G, Nordquist V, Billen R and Savoca E (2015) Father Involvement and Early Intervention: Effects of Empowerment and Father Role Identity, *Fam Relat*, 64: 461–475.
- Gilligan P, Manby M and Pickburn C (2012) Fathers' Involvement in Children's Services: Exploring Local and National Issues in 'Moorlandstown', *The British Journal of Social Work*, 42 (3), April: 500–518.
- Guterman N, Bellamy J and Banman A (2018) Promoting father involvement in early home visiting services for vulnerable families: Findings from a pilot study of "Dads matter", *Child Abuse and Neglect*, 76: 261-272.
- Hanley, J and Williams, M (2020) Fathers' perinatal mental health, *British Journal of Midwifery*, 28 (2): 84 – 85.
- Henry J, Julion W, Bounds D and Sumo J (2020) Fatherhood Matters: An Integrative Review of Fatherhood Intervention Research, *Journal of School Nursing*, 36(1): 19-32.

---

Humphries H and Nolan M (2015) Evaluation of a brief intervention to assist health visitors and community practitioners to engage with fathers as part of the healthy child initiative, *Prim Health Care Res Dev*, 16 (4): 367-376.

Lee J, Knauer H, Lee S *et al* (2018) Father-Inclusive Perinatal Parent Education Programs: A Systematic Review, *Pediatrics*, 142 (1): e20180437.

Maxwell N, Scourfield J, Featherstone B *et al* (2012) Engaging fathers in child welfare services: a narrative review of recent research evidence, *Child & Family Social Work*, 17: 160-169.

McBride B, Curtiss S, Uchima K *et al* (2017) Father Involvement in Early Intervention: Exploring the Gap Between Service Providers' Perceptions and Practices. *Journal of Early Intervention*, 39 (2): 71-87.

Panter-Brick C, Burgess A, Eggerman M *et al* (2014) Practitioner review: Engaging fathers--recommendations for a game change in parenting interventions based on a systematic review of the global evidence, *Child Psychol Psychiatry*, 55 (11): 1187-1212.

Perry A, Rollins A, Sabree R and Grooms W (2016) Promoting Paternal Participation in Maternal and Child Health Services, *Human Service Organizations: Management, Leadership & Governance*, 40 (2): 170-186.

Scourfield J, Allely C, Coffey A and Yates P (2016) Working with fathers of at-risk children: Insights from a qualitative process evaluation of an intensive group-based intervention, *Children and Youth Services Review*, 69: 259-267.

Smythe T, Duttine A, Vieira A, Castro B and Kuper H (2019) Engagement of Fathers in Parent Group Interventions for Children with Congenital Zika Syndrome: A Qualitative Study, *International Journal of Environmental Research and Public Health*, 16 (20): 3862.

Storhaug A (2013) Fathers' involvement with the Child Welfare Service, *Children and Youth Services Review*, 35 (10): 1751-1759.

---

Tully L, Piotrowska P, Collins D et al (2017) Optimising child outcomes from parenting interventions: fathers' experiences, preferences and barriers to participation, *BMC Public Health*, 17, 55