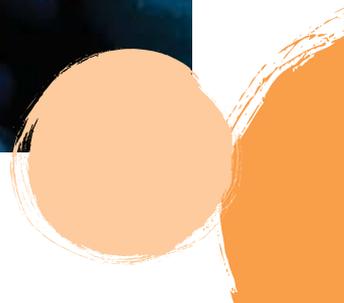


**MODULE 5**

**ENGAGING  
FATHERS**





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## INTRODUCTION

# I

*"You're not taught anything at school about it. I've only actually been a father for like two and a half years. I'm still a kid myself basically because I have just turned twenty one years of age. I still feel it's hard to be a father because there are lots of things to be done; you have got to take them to the doctor, things basically that are just so hard to learn, it's unbelievable. It's equally as hard for me to bring up my child as for my partner as well because we live in separate homes. As I said, I'm still young myself and I'm still in a learning process but it's absolutely, it's the most amazing thing that has ever happened in my life and that is all I have got to say."*

The Healthy Fathering Project 2000 – 2002 (Scotland)

## KEY MESSAGES - why is this topic important for you?

- Global trends are for greater engagement of father with their young children, and support for this in public policy and service delivery
- Fathers have substantial impact on children and mothers, and the impact of fatherhood on men is important, too.
- Unless you engage with fathers in families, you provide a poorer service to children and mothers, and may place them at greater risk
- 'Whole team' support is important to engage fathers in routine Home Visiting practice
- Individual Home Visitors can have important, positive impact on fathers' support for their partners and involvement with their babies and young children

## LEARNING OUTCOMES

By the end of this module, you will:

- Understand why engaging with fathers is becoming more important in policy and in practices
- Understand fathers' impact on infants, children and mothers, and the impact of fatherhood on men
- Be aware of common negative attitudes to men and fathers that undermine successful engagement
- Know how to get more fathers 'through the door'
- Better understand how to engage productively with fathers when they are in the room while you are visiting the family
- Know where to find more information about fathers and fatherhood



## THE GLOBAL IMPORTANCE OF FATHERS



### Self assessment - True/False Statements

Give true/false answers to the following questions:

1.	It is not necessary for home visitors to engage with fathers in 'traditional' families	TRUE/FALSE
2.	Fathers' postnatal depression has little long-term impact on children	TRUE/FALSE
3.	Babies of highly involved fathers develop more quickly	TRUE/FALSE
4.	Failure to engage fathers in children's care undermines children's rights	TRUE/FALSE

*"Fathers matter. Father-child relationships, be they positive, negative or lacking, 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. Fathers also have substantial impact on mothers. Four out of five human males will become fathers and virtually all have some connection to children."*

(State of the World's Fathers, Men care, 2015)

Many family members contribute to the development and wellbeing of infants and young children (e.g., grandmother, aunts, siblings, etc.), and it will be important for you to consider their role in the home and how to engage them for the benefit of the young child. However, this will not be the focus of this module. Here we will focus more specifically on the father (or the mother's partner) since there are many cultural and other barriers to the involvement of fathers in antenatal care, the delivery, and in the direct care of the newborn. Yet, with each generation, fathers all over the world are undertaking more household chores and are getting more involved in the care of young children. Their aspirations are changing, too, with many seeking closer relationships with their children than they have with their own fathers.

These trends are also found in more traditional parts of countries and are likely to intensify with increasing urbanisation, the spread of 'Western' values, and the advancement of women into education and employment. Interest in supporting fathers' care of young children is therefore moving up the policy agenda in many countries, and Paternity Leave after the birth of a baby as a statutory right is increasingly found in countries across the world.

You as a home visitor need to engage with fathers in all families and perhaps even more so in very 'traditional' households, where fathers may control women's access to health services and their sons' and daughters' access to education. It is therefore vital that you 'keep fathers in mind' and seek to engage with them, whenever and wherever they are in contact with a family.



Fathers, all fathers, have impact right from the beginning. And as with mothers, their impact can be positive and negative. For example, babies with highly involved fathers develop more quickly; while children whose fathers were depressed in the first year after their birth may still show behavioural and emotional problems years later. Much attention has been paid to the long-term impact of mothers' depression and of insecure mother-child attachments in that first year on the child. What research now shows is that poor mental health in fathers and insecure father-child attachments can also do long term damage.



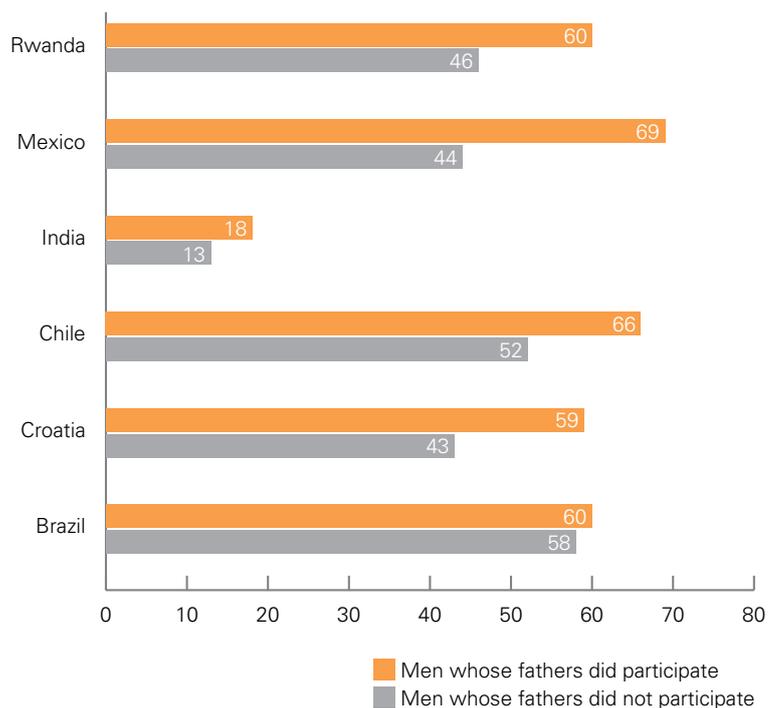
Another way in which fathers matter is that they are important players in the ‘parenting team’. Positive ‘co-parenting’ has been defined as informed caretaking by both partners, together with mutual support (the term ‘co-parenting’ was originally used in separated families but is now used more widely). The quality of co-parenting has substantial impact on child outcomes. When services only engage with mothers, they may create dependence by the mother on the service, instead of developing family resilience. Providing support to both partners as ‘co-parents’ is essential if team-parenting and family resilience are to be successfully fostered.

Working with the father as well as the mother seems to improve the quality of the mother’s engagement with her child: “each individual parent’s sensitivity towards their child (and their child’s attachment to them) is enhanced when both parents are included in the intervention”.

Involving fathers in housework and childcare is also central to women’s empowerment, since it is more difficult for mothers to participate in public life without support with domestic work and childcare. One major factor leading to lower employment rates among single mothers than mothers in couple families is the lack of a partner living in the home to share childcare. Boys who have seen their own fathers engage in domestic work and caring for children are more likely to be involved in household work and caregiving (see Figure 1, below).

This “intergenerational transmission of care” can be a key factor in transforming gender relations and ending gender inequality, opening a wider range of future possibilities for both boys and girls. In Sweden where paternal leave is legally assured, it has been estimated that each additional month of parental leave taken by the father increases the mother’s earnings by 6.7 %.

**Figure 1: Role modelling by fathers and caregivers: the impact on their sons**



From the child’s point of view, there is also a human rights rationale for ‘bringing fathers in’, as the UN Convention on the Rights of the child makes clear.

**Article 7: 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, and the right to know and be cared for by his or her parents.**

It is therefore the responsibility of ‘States Parties’ and the services delivered by them, to support fathers as well as mothers in caring for their children. Failure to take fathers into account in service delivery or to institute joint birth registration erects barriers to their participation in caring and therefore fails to protect children’s rights.



**Self assessment** – True/False Statements

This is the self-assessment table you filled out at the beginning of this section. Did you get all the answers right? Do you understand the issues better now?

**ANSWERS**

1.	It is not necessary for home visitors to engage with fathers in ‘traditional’ families	<b>FALSE</b>
2.	Fathers’ postnatal depression has little long-term impact on children	<b>FALSE</b>
3.	Babies of highly involved fathers develop more quickly	<b>TRUE</b>
4.	ailure to engage fathers in children’s care undermines children’s rights	<b>TRUE</b>



**Reflection and discussion**

Make contact with a father – preferably a man who has become a father recently. If that isn’t possible, then choose another father. Ask him three questions concerning one of his children:

- 1) How did you feel when you were first told you were going to become a father?
- 2) How was the birth for you?
- 3) When did you first feel you WERE a father?

Reflect on his responses.

Were there any surprises? Have you ever talked seriously with a father before, about his experiences in that role?



## FATHERS AND FATHERHOOD: IMPACT ON FATHERS AND MOTHERS



### Self-assessment – True/False Statements

Give true/false answers to the following questions:

1.	Sexual abuse of children is more common among men who change nappies/care for babies early on	TRUE/FALSE
2.	When men hold/care for babies, they experience surges in the same hormones that increase in pregnant, breastfeeding and adoptive mothers (cortisol, prolactin, oxytocin)	TRUE/FALSE
3.	The father's behaviour is not related to the development of secure attachment between the mother and infant	TRUE/FALSE
4.	Teenage mothers are not particularly affected by the attitude of their baby's father because most aren't in a stable relationship with him	TRUE/FALSE

### 1. THE IMPACT OF FATHERHOOD ON MEN



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Involved fatherhood isn't only important to children and mothers. It has positive impact on fathers, too. Fathers who report close connections to their children live longer, have fewer mental or physical health problems, are less likely to abuse alcohol and drugs, are more productive at work and report being happier than fathers who do not report this connection to their children.

Men are increasingly interested in accompanying their partner to the antenatal visits and being present at birth. In situations of mutual agreement of the parents and good preparation during birth-preparedness classes, supporting the mother during delivery and witnessing the arrival of the child can be a magic moment for fathers and contribute to father-new-born bonding. In situations where participating in the birth has affected aspects of the couple's relationship or psychological trauma of the father, researchers found that there were some vulnerabilities in the father before the birth. According to the Fatherhood Institute, research findings generally indicate that

- Men who understand the risk of pregnancy complications will support their partner's use of appropriate services.
- Mothers who have a calm and supportive birth partner have better labours.
- Sharing the birth of their child can strengthen parents' relationship.

However, having the father participate in the birth is always a very personal decision of both partners, and if this option is available to your families, you can point out some of the benefits and encourage the couple to enroll in available birth preparation classes which can answer additional questions and concerns.

New fathers also often take stock and reduce their own risk taking, for example, smoking, substance misuse and criminality, so it is important to build on this 'teachable moment'.

**She's [father pointing to his daughter] the main reason [I got out of gangs]. I didn't really want this to happen [to be a father] but when she was born I made a promise to myself that I don't want her to go through what I did'. Dying to be Men, Barker, 2005**

The more infant care fathers perform, the more satisfied and sensitive they tend to be. For example, the sooner fathers hold their babies and start caring for them after they are born, the sooner they report feelings of warmth, love and satisfaction.

Caretaking causes brain and hormonal changes in men (as in women) that facilitate nurturing and bonding. Within 15 minutes of holding a baby, men experience raised levels of hormones associated with tolerance/trust (oxytocin), sensitivity to infants (cortisol) and brooding/lactation/bonding (prolactin).

Expectant and new fathers experience, on average, a one-third drop in testosterone levels, beginning a few weeks before the birth and lasting for around a year afterwards. It is likely that close care of children will reduce propensity to use violence, and research shows that fathers who nurture and take significant responsibility for early basic childcare (e.g., feeding, changing diapers) are significantly less likely to abuse their children sexually in the years to come.

## 2. FATHERS' IMPACT ON NEW MOTHERS

The strongest influence on a mother's adjustment to motherhood is her partner's adjustment to fatherhood. Support from fathers is more likely when they're named on the birth certificate. Supportiveness by fathers is linked to lower parenting stress and depression in mothers, a better birth and higher breastfeeding rates.

Teenage mothers exhibit higher self-esteem when their baby's father is supportive and are more attached to their babies and less likely to behave in rejecting or punitive ways towards them.

Fathers have significant impact on mothers' health behaviours. Pregnant smokers with involved male partners reduced their cigarette consumption by 36 percent compared to those whose partners were not involved. Also, studies across the world have found fathers to have major impact on whether mothers initiate and maintain breastfeeding.

Mothers do not parent 'in a vacuum': their interactions with their infants are affected by what's happening around them. For example, fathers' negative behaviour, such as heavy drinking, not only has a significant negative impact on the father's own relationship with his baby and his baby's mother, but also impacts the mother-infant relationship: when fathers are heavy drinkers, the mother-child attachment is twice as likely to be insecure.

**Involving fathers in treatment programmes that address serious personal issues can be beneficial to children: when alcoholic fathers entered a treatment programme, the**

**simple fact of their receiving treatment was associated with better adjustment in their children; and if the fathers stopped drinking entirely, a clinically significant reduction in child problems was found.**



**Self-assessment** – True/False Statements

This is the self-assessment you filled out at the beginning of this section. Did you get all the answers right? Do you understand the issues better now?

**ANSWERS**

<b>1.</b>	Sexual abuse of children is more common among men who change nappies/care for babies early on	<b>FALSE</b>
<b>2.</b>	When men hold/care for babies, they experience surges in the same hormones that increase in pregnant, breastfeeding and adoptive mothers (cortisol, prolactin, oxytocin)	<b>TRUE</b>
<b>3.</b>	The father's behaviour is not related to the development of secure attachment between the mother and infant	<b>FALSE</b>
<b>4.</b>	Teenage mothers are not particularly affected by the attitude of their baby's father because most aren't in a stable relationship with him	<b>FALSE</b>

IV

## FATHERS' IMPACT ON CHILDREN



### Self-assessment – True/False Statements

Give true/false answers to the following questions:

1.	Babies with involved fathers have higher IQs	TRUE / FALSE
2.	Fathers' parenting style affects their child's cognitive development	TRUE / FALSE
3.	In households where children are at risk, engagement with fathers increases the likelihood that the child can be placed safely with the wider family	TRUE / FALSE
4.	Once you've successfully excluded a violent father from the home, you don't need to think about him any more	TRUE / FALSE



Children with highly involved fathers are more empathic; they develop better friendships with better-adjusted children, show fewer behaviour problems and do better at school. Later, they are less likely to get into trouble with the police or with abuse of drugs/alcohol. This effect is particularly strong in disadvantaged families. A 'good dad' can 'buffer' children from disadvantage including poverty and the mother's depression (see also *Module 7 on Parental Wellbeing*). Separated fathers who have close loving relationships with their children also benefit them enormously.



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Conversely, fathers who show low interest in their children have a negative impact, including on children's likelihood of doing well at school or escaping from poverty. Fathers who are hostile or intrusive towards their children or use violence against them or against their mothers cause an enormous amount of harm. Professionals may be tempted to ignore fathers, once the mother and child have been 'made safe'. However, this is not a good approach. These men in particular should be engaged and challenged, and their capabilities and strengths identified and fostered so they may have the opportunity to develop a meaningful relationship with their children.

### 1. FATHERS' IMPACT ON CHILDREN'S EARLY LEARNING

Literacy is the skill most strongly associated with success in life. It begins early at home with parents showing books or pictures even to tiny babies, interacting both with the baby and each other verbally in calm and expressive ways (see *Module on The Art of Parenting – Love, Talk, Play, Read*). High quality (sensitive/supportive) and substantial father involvement from the month following birth onwards is related to a range of positive cognitive outcomes in babies and toddlers, including higher IQs at 12 months and 3 years.

Both fathers' and mothers' participation in home literacy activities are connected with children's progress. Mothers and fathers can encourage each other to use new words with and near their baby and complex sentence structures as well as short, clear utterances. Of course, better educated fathers, like better educated mothers, have a more positive impact on their children's early learning. This is another important reason for engaging with fathers: like mothers, fathers with poor language or literacy skills can be motivated to engage in further learning themselves, when they understand the benefits to their children.

You as a home visitors need to pay attention to fathers' as well as mothers' parenting style. The parenting styles of both parents impact not only on infant and child wellbeing but also on their cognitive development. In a sample of African American families, fathers' authoritarian (that is, rigid and bossy) parenting style had a more negative impact on the child than an authoritarian mother, and was linked with poorer vocabulary, listening and reading to their children.

High levels of father, as well as mother, sensitivity is associated with 'school readiness' in young children. The best way to develop sensitivity in fathers, as in mothers, is to teach them to respond to infant-cues and develop quality interactions with very small babies. Teaching and encouraging fathers as well as mothers to engage systematically with babies and children who exhibit developmental delays or suffer from disabilities may be particularly important, resulting in benefits not only to the children and fathers, but also to the mothers.

**An initial investigation of outcomes for mothers in an evidence-based programme for parents of children with intellectual disability and problem behaviours, found that although mothers benefitted when they participated in services on their own, post-programme improvements were notably larger for mothers who participated with fathers. This is of particular significance in light of research describing the increased stress experienced by mothers of children with a disability.**

## 2. FATHERS REDUCING VIOLENCE IN CHILDREN'S LIVES

**Formal investigations into child deaths repeatedly find that although men around a child who died had posed a risk, this was not identified or acted upon.**

**Men who could have been a resource often had information which agencies would have found helpful in understanding the child's situation, if only agency workers had been in touch and had listened to these men.**

When men's behaviours are violent and oppressive, risk to family members' safety is of course direct and immediate. Addressing and managing these risks is crucial – not only for the involved family's safety, but also for other women and children with whom such men are interacting, or might interact in the future.

Other men in families where children are at risk may represent a resource for children, and with professional support and monitoring, this may even be the case with some difficult or dangerous men.

Men frequently become labelled as either a 'risk' or a 'resource' when in reality they may represent a complex mix of both. In child protection, most men 'erupt' into the consciousness of professionals only when there is a crisis.

Engagement with fathers from the outset (which Home Visitors in particular are in a great position to provide) is likely to result in better risk assessment and better risk management, leading to reduction of harm. Intervening early with fathers, before there is a crisis, makes it easier to support them to develop

appropriate parenting styles and may avert crises. In addition, such engagement may identify resources for children through family and other social networks attaching to the men.

It is also both unfair and impractical to focus attention on the mother and make her solely responsible for keeping children safe. There is evidence that, for some men, receiving consequences for their abusive behaviours and focusing on their role as fathers can act as powerful motivators to change their behaviour.

Holding men who use violence fully responsible for their actions and the effects on their children will produce better outcomes for the whole family. Clearly, it is sometimes in children’s best interests not to see their father but this is rarely a simple solution. Most children still think and worry about him, demonising or idealising him or blaming themselves for his absence.

Removing an abusive father from the family should not mean the end of engagement with him. Also, when an abusive man leaves a family, he normally continues to interact with between 6-10 children or step-children.

**In Buffalo, NY, USA new mothers and fathers were informed about the risks of shaking babies and given strategies (for example, how to deal safely with persistent crying) through written information, educational posters and a video.**

**Staff training included encouraging fathers to participate. Before hospital-discharge, parents (96% mothers, 76% fathers) signed a ‘commitment statement’ acknowledging receipt and understanding of the information.**

**Rates of abusive head injuries in the first three years of children’s lives almost halved over the five-year-study-period.**

**Signing the commitment statement seems to have been particularly effective in instilling knowledge: 92% recalled it 7 months later; 98% remembered the leaflets. Only 23% remembered the video which may not have been shown to all participants.**



**Self-assessment** – True/False Statements

This is the self-assessment table you filled out at the beginning of this section. Did you get all the answers right? Do you understand the issues better now?

**ANSWERS**

<b>1.</b>	Babies with involved fathers have higher IQs	<b>TRUE</b>
<b>2.</b>	Fathers’ parenting style affects their child’s cognitive development	<b>TRUE</b>
<b>3.</b>	In households where children are at risk, engagement with fathers increases the likelihood that the child can be placed safely with the wider family	<b>TRUE</b>
<b>4.</b>	Once you’ve successfully excluded a violent father from the home, you don’t need to think about him any more	<b>FALSE</b>



## COMMON PERCEPTIONS OF FATHERS



### Self-assessment – True/False Statements

Give true/false answers to the following questions:

1.	Men can't change their behaviour as easily as women can	TRUE / FALSE
2.	Men can't multi-task as well as women	TRUE / FALSE
3.	When men are the primary carers of infants, the changes in their brain differs from the changes when mothers are the primary carers	TRUE / FALSE
4.	Fathers' influence on children is much less than mothers'	TRUE / FALSE



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For many Home Visitors, and the mothers and fathers with whom they interact, motherhood is the 'gold standard' against which fathers are measured and generally fail. False, negative beliefs about men-as-caregivers abound and go largely unchallenged. For example, it is widely believed that fathers are not as well equipped 'by nature' to care for babies and young children.

**Substantial research has found no biologically-based differences between the sexes in sensitivity to infants (for review, see Lamb et al, 1987) or in capacity to provide intimate care (for review see, Parke, 2008). Levels of 'nurturing hormones' are the same in men and women exposed to 'infant stimuli' before their babies are born (Storey et al, 2000) and when interacting with them afterwards (Feldman et al, 2010). Fathers' responsiveness seems to vary depending on the degree to which they assume responsibility for the care of their infants.**

When Home Visitors approach mothers and fathers believing that only mothers are 'natural' caregivers, this not only erects barriers to men's participation in caring for their children, but at the same time places the full responsibility for caring on the mothers' shoulders.

Nurses working with teenage mothers and assessing their parenting capacity as mainly 'good' assessed the fathers' capacities as poor – without ever having met them. And Home Visitors and other professionals commonly construe fathers' behaviours and intentions more negatively than mothers, if they think about them at all.

If an individual Home Visitor or a team of Home Visitors wishes to develop fathers' capacities as caregivers, the first step is to take time to reflect on their personal fathering experiences (their own fathers/father figures, the fathers of their children) and consider whether and in what ways these experiences are affecting their work. Next, it's important to 'bring to the surface' negative beliefs which may be culturally endorsed, and reflect on these, ideally as a group.

Dads really can ‘do it’. An Israeli study that compared brain changes in new mothers with those in primary caregiving fathers of newborns (all were gay) found slightly different brain areas affected. These, however, were equivalent.

And despite assumptions to the contrary, research shows no sex differences in capacity to multitask: at home, mothers may be more likely to perform two or more activities in parallel because they are routinely managing the home environment and therefore have become more skilled in the tasks involved.

Individuals in a management role, male or female, are more likely to multi-task, as are people who feel confident juggling a number of familiar tasks.



### Reflection and discussion

Think about some of the negative generalizations about men/fathers mentioned in this chapter, and identify others. If you begin sentences with ‘Men are . . .’ or ‘Fathers always . . .’ some will emerge.

Take one that ‘rings a bell’ with you and think about it carefully. Is this true? Is this true of all men or fathers? On what evidence are you basing this belief? And how do you behave when you believe that thought? How would you behave if you did not believe it?

**“When I did this exercise, the belief I looked at was: *A man cannot cope with children without a woman to help him.* While, on one level I thought it was ridiculous, on another I’d bought into it.**

**When I had something to tell a family, I always tried to speak to the mother, and when my partner was looking after my children, I always left him lists. The worst was my attitude to my children’s father (we’re separated).**

**When they came back from his place I’d quiz them and see everything as proof of his incompetence in parental care. I brushed aside the positives. In fact he’s fine. He just does some things differently.”**

**Home Visitor, Queensland, Australia**



### Self-assessment – True/False Statements

This is the self-assessment table you filled out at the beginning of this section. Did you get all the answers right?

Do you understand the issues better now?

1.	Men can’t change their behaviour as easily as women can	<b>FALSE</b>
2.	Men can’t multi-task as well as women	<b>FALSE</b>
3.	When men are the primary carers of infants, the changes in their brain differs from the changes when mothers are the primary carers	<b>TRUE</b>
4.	Fathers’ influence on children is much less than mothers’	<b>FALSE</b>

VI

## YOUR ROLE IN SUPPORTING FATHERS IN FAMILIES



### Self-assessment - On a Scale of One to Five

On a scale of 1-5 (with 1 meaning DISAGREE and 5 meaning AGREE) put a circle round the number that chimes best with your reaction to each statement

1.	The way I approach fathers in families won't have much impact on what happens: too many other forces are at work	1	2	3	4	5
2.	Mothers in the families I work with are going to do most of the childcare. Engaging with the father may make things more difficult. What if the parents disagree?	1	2	3	4	5
3.	I'm a woman so I won't be able to work effectively with the dads. We need to get a man in.	1	2	3	4	5
4.	I don't really like or trust men. It would be better if someone else did this work.	1	2	3	4	5

**“Women parent in plain sight. We see women as mothers in the community and in the workplace, and they spend time with other mothers and talking about parenting with other women. But fathering is a very private activity. We don't actually, personally, know how most fathers father”.**

As the trusted professional who sees the family on a regular basis, you provide both information and support to your families – and what matters here is that you provide the information to fathers as well as mothers, wherever possible face to face or by connecting with them personally through other means.

You don't need to be a man to work effectively with dads. Most fathers are happy engaging with female health professionals – and some even prefer it. What's important are professionalism and reliability, a strengths-based approach, active listening skills, and the ability to connect with the fathers' dreams and aspirations, provide support within your own capabilities and signpost effectively when this is needed. These are the very same skills and approaches that enable Home Visitors to work well with mums.

Since men and women develop childcare skills at the same rate, given similar support and practice, and since the act of caretaking causes hormonal and brain changes in men that facilitate nurturing and bonding in the longer term, this knowledge places special responsibility on you.



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How you relate to fathers and how you interpret gender roles to both mothers and fathers is likely to have significant impact on their role performance, in both the short and longer term: patterns of caring are set early in new families, and tend to endure. You may feel it is 'not your place' to help couples think about these issues.

However, because social, institutional and cultural support for differentiated gender roles is so powerful, and because families do best when gender role performance is more similar, it could be considered your duty to do all you can to facilitate this.

**A study of 162 first time fathers engaged in just two visits with a home visitor showed increased competence in parenting at 8-month follow up.**

**One group (81 fathers) in this randomized controlled study, who had been given a more intensive intervention involving video-playback self-modelling, were found to be significantly more skilled than the control group in fostering their infants' cognitive growth and, unlike the control group, had maintained their sensitivity to infant cues.**



**Self-assessment** - On a Scale of One to Five

Here is the self-assessment table you filled out at the beginning of this section where, on a scale of 1-5 (with 1 meaning DISAGREE and 5 AGREE) you recorded your reactions.

Have any of these changed? If you still record 3-5 in any of your responses, can you discuss these with your supervisor?

<b>1.</b>	The way I approach fathers in families won't have much impact on what happens: too many other forces are at work	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2.</b>	Mothers in the families I work with are going to do most of the childcare. Engaging with the father may make things more difficult. What if the parents disagree?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3.</b>	I'm a woman so I won't be able to work effectively with the dads. We need to get a man in.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4.</b>	I don't really like or trust men. It would be better if someone else did this work.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

VII

## BEST PRACTICE IN ENGAGING FATHERS



### Self-assessment - Getting Fathers Through the Door

Suggest four strategies that your manager/service could adopt to help you meet with more fathers at first home visits after birth:

1.	
2.	
3.	
4.	

In this section, we will look at some of the common strategies likely to ‘get fathers through the door’. It’s important to understand that while individual Home Visitors can have huge impact on individual families through changing their own practice, a ‘whole team’ approach is required if they are to meet and engage with a substantial numbers of fathers in routine practice.



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The first thing to think about is ‘first contact’. Are fathers being specifically invited to meet with their Home Visitor? Are appointments set up sufficiently far in advance to make the most of employed fathers’ availability? Is data on the fathers collected and entered into the system? (Sometimes this can mean changing paper forms or electronic data collection design).

**In Grantham, Lincolnshire in the UK (2009) two Home Visitors conducted a comparative study in which one continued to use the standard letter about the primary birth visit (“Dear parents”) while the other used a new father-inclusive version (“Dear new mum and dad”). With the standard letter 3 out of 15 dads attended. With the father-inclusive letter 11/16 dads attended.**

In communications with parents received from the Home Visiting Service, does the word ‘father’ appear anywhere? The word ‘parent’ has been so often used to mean ‘mother’ that referring to ‘parents’ does not make clear to staff or families that fathers are welcome or of interest. Similarly, the word ‘family’ is often interpreted by professionals and parents to mean ‘mother and child’. In the UK, a government initiative called ‘Think Family’ that was supposed to ensure professionals engaged with the whole family, had such little effect on engagement with fathers that a whole new initiative ‘Think Fathers’ was needed.

In essence, fathers need to be ‘given permission’ to engage with the Home Visiting service. This can mean ‘pushing’ them to engage more than you might ‘push’ mothers: each ‘push’ may be interpreted by them as an invitation, and several may be necessary before the welcome is clear.

**Setting up the Visit:** Visit/s should be pre-arranged with the couple at a mutually convenient time. Make sure you know what paternity leave arrangements the father has made. Any letter should be addressed to both parents, explaining what the visit will involve, introducing yourself as “your HV” ...or the “HV for your family” and letting them know what you will do during the visit: weigh the baby, talk about breastfeeding, routines, and fathers’ roles. If the first contact is by telephone, the approach should be the same. If you telephone and dad picks up, have a few words ready to say to him and don’t immediately ask for mum. Make it gently clear that you expect to meet them both because they are both very important to their child. This should also apply where parents are, to your knowledge, not living together: at this stage almost all fathers and mothers will be in a relationship, and where this may be less stable it is particularly important to get to know the father.

Are there images of fathers in leaflets and on your website? If families come to your premises, is the environment father-friendly? For example, will they see positive images of men and information that acknowledges their parenting role?

What are your opening hours? Do you offer activities at the weekend, when employed fathers and mothers may be more likely to take part?

Is everyone in the team expected to engage with fathers, and is this asked about in supervision and regularly addressed in meetings? Do job specifications mention that Home Visitors are expected to engage with fathers as well as mothers?

Are all staff trained to understand fathers’ roles and their impact? Are the safety concerns of staff who must engage with ‘risky’ fathers acknowledged and addressed?

Is the work load designed in ways that allow sufficient time to engage with both parents initially? While this may require more time at the outset, workload may be reduced later on when problems are picked up early.



**Self-assessment** - Getting Fathers Through the Door

Here is the ‘suggestions’ Table from the beginning of this section. Having studied the section, would you now make different suggestions for strategies your manager/service could adopt to help you meet with more fathers at primary birth visits? Who could help you achieve these?

	<b>NEW IDEAS FOR SEEING MORE FATHERS AT THE FIRST VISIT</b>	<b>WHO COULD HELP BRING ABOUT THESE CHANGES</b>
1.		
2.		
3.		
4.		

VIII

**BEST PRACTICE IN WORKING WITH FATHERS**



**Self-assessment** - Helping Fathers Feel 'Seen' and Acknowledged

Suggest four approaches you could take personally to help fathers feel you value and respect them as parents.

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The research shows, first and foremost, that a positive attitude is the most important thing, and we hope there has been enough information and reflection within this Module to help you feel excited about engaging with dads, if you didn't feel positive already.

Once your attitude is positive and you are well informed, the rest should fall into place, with no momentous changes required. For instance, in a home visit, if you really felt it were important to engage with the father as well as the mother, you would never walk past him in the hall or shut the door against him while 'I talk to mum'. You would be eager for his perspective, recognising that it could help you build a more complete picture of family circumstances and dynamics.

You would be respectful. You would acknowledge that you are in their space (hers and his). Ideally, you would know his name before you arrived, but if not you would ask him. You would look friendly and seek eye contact with both parents. You wouldn't call them 'dad' and 'mum' which infantilises them and often makes it feel as if you can't remember their names.

Instead, you would address them as Mr/Mrs/Ms X, or by their first names, if invited to do so. If the father insisted on leaving the room, you would look for opportunities to call him back in: "We're going to talk about breastfeeding now, Mr X. Fathers are very important to successful breastfeeding. Do you want to come back for a moment?"

You would have a mental check list of questions ready for the father. You wouldn't interrogate him but you'd drop one or two in. How was the birth for you? How are you managing with this new baby at home? How do you think your partner is adjusting? What has changed in the way you organise your life? How is paid work or training being fitted in?

Give him opportunities to ask questions. Listen actively to what the couple is saying and endorse their successes. "You seem to be coping very well". "You are a good team" "You look very comfortable with your baby, Mr/Mrs X". When you asked a general question, you would look from one to the other. You would look for opportunities to challenge conventional beliefs they may hold about men's and women's relative capacities to care for infants.

When addressing postnatal mental health, talk to them both together about 'feeling low'. Explain that fathers are good at noticing how their partner is feeling and coping – and vice versa. Describe what a new mother's "normal" emotional behaviour tends to be like. Mention that fathers, too, can get quite 'down'. Explore sleep with them both: can they take it in turns for a 'lie in'? What opportunities are there for the father to care for the baby on his own?

(For additional information on this topic, see the Module 7 on Parental Wellbeing).

Similarly, talk to both about breastfeeding. Most fathers know vaguely that it's a 'good thing' but can't list many benefits. You can mention these, and underline his important role: feeding and caring for his partner, ensuring she doesn't rush around or get dehydrated. Show the fathers how the baby should be positioned, properly 'latched on'. Talk with them both about the many ways of getting close to babies that don't involve feeding, as well as how to express milk while still keeping up the flow, if they ask about this.

Engaging the fathers actively can be very valuable, for example in physical checks, massage, neo-natal bathing. In breastfeeding you may invite him to stand behind his partner during suckling and put his arms round them both and his hand on the baby's head, to 'feel' the correct position. Show them both how to communicate with tiny infants, and let them both try this...

**In a well-designed randomized controlled trial, fathers who observed the Brazelton Neonatal Behavioural Assessment Scale performed on their 2- to 3-day-old infants showed significantly higher quality interactions with those infants four weeks later (Beal, 1989). (This scale shows the amazing skills and responsivity of infants and can enhance a parent's bonding with the newborn).**

You may want to spend time alone with the mother at some point, not least if you have worries about her physical safety or wellbeing. Fathers are unlikely to be at all sessions, so this should not pose a challenge. Remember that it can be very useful to see both of them individually from time to time: fathers, like mothers, may feel able to raise concerns when on their own with you. If the father is always present it is easy to say: "I now need to see each of you on your own for a bit".

As you leave, give friendly eye contact/shake hands etc. with both of them. If the father is at home but not in the room at that point, try to see him to say goodbye. Ensure that he too has your contact details and re-state that he, as well as his partner, is welcome to contact you with questions or concerns. If he hasn't been at the visit at all, talk to the mother about this and about setting up a visit where he can be there, too.



**Self-assessment** - Helping Fathers Feel 'Seen' and Acknowledged

Suggest four things you could do to help fathers feel, in your presence, that you value and respect them as parents.

1.	
2.	
3.	
4.	



1) Information cards that accompany this module:

- FOR FATHERS: HOLD YOUR CHILD!
- FOR FATHERS: KEEPING YOUR FAMILY SAFE
- FOR PRACTITIONERS: DE-BRIEFING FATHERS
- FOR PRACTITIONERS: 'ROUGH GUIDE' TO ENGAGING FATHERS



2) The best DVD we know on father-infant communication (every Home Visitor should have a copy!)

'Hello Dad: infant communication for fathers. New South Wales Institute of Psychiatry (Australia). Order from <http://www.goodbeginnings.org.au/shop/hello-dad/>



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## IX

## ANNEX



## INFORMATION CARD 1: FOR FATHERS: HOLD YOUR CHILD!

Children whose fathers spend a lot of time with them, have higher self-esteem, do better at school, cause fewer problems in adolescence and grow up more confident and successful. This starts right from the beginning: when fathers cuddle and care for their babies, play with them, read with them and take them out:

- Their babies grow up to be cleverer than other babies (even with higher IQs!)
- They are more popular than other children (starting in nursery)
- They connect better with their mothers, too
- Parents are happier with their relationship and their sex lives



Remember! Women do NOT have special skills or talents with babies that men lack. Practice makes perfect for fathers AND mothers: whether you're a man or a woman, the more hands-on parenting you do, the more skilled you become and the more relaxed and confident you feel. So . . .

**Hold your baby:** Wear her in a sling, give her a bath, change her nappy, sing to her. This actually changes your BODY to make you a more effective father. Testosterone drops (don't panic – it comes back later!) and nurturing hormones swish around: oxytocin (which helps build tolerance and trust) and prolactin which helps you respond more sensitively.

**Never miss an opportunity:** at home, or when out as a family, THINK: could you be holding your baby? Are you unconsciously leaving the carrying or cuddling to mum? Sitting in a café – is he on your lap? Whenever you can, look after your baby on your own: solo childcare is how you make your own mistakes and learn.

**Get talking – and reading:** Gaze into your baby's eyes. Screw your face up. Poke out your tongue. Now wait for her to copy (she will – give her time). 'Talk' to him: copy his noises, and respond. Show him little books and tell him stories. Do this PARTICULARLY with baby boys. Parents tend to do this much more with girls, which may be one reason boys' language development is often behind girls'. Sing and rock, dance and sing. All this is serious business: it's for your baby's BRAIN DEVELOPMENT! These early games and connections help develop the synaptic pathways in your baby's brain.

**Tackle the Mothers' Mafia:** 'Mother and Baby' Groups are for dads too. There'll be toys, activities and good parenting information. Even if you don't fancy them for yourself, go there for your baby's sake – and for the sake of other fathers who will feel more comfortable if they see you there regularly. One such 'pioneer dad' who is a veteran of baby/toddler groups advises:

- Look first for a group that is trying to include dads – but don't back out if you can't find one
- If all the other adults there are female, think of them as parents, not mothers
- Remember mothers usually feel unwelcome when they first attend: your feelings of awkwardness may be more because you're new, than because you're a man
- Recruit other fathers. And if it's still called a 'Mother and Baby' Group after you've been there a while, get it renamed!

**Be acknowledged!** Make sure your name is on your baby's birth certificate and that you meet your Home Visitor, breastfeeding counsellor, family doctor or pediatrician. Note their contact details so you can get hold of them in an emergency.

**BE AT MEETINGS AND CLINIC APPOINTMENTS:** You and your baby's mother may ask different question and one of you may pick up on things the other misses (two heads are better than one). Also YOUR perspective will be very useful to the professionals so open your mouth and share what you know about your baby. You and your child's other parent are the experts on YOUR child.



## INFORMATION CARD 2: FOR FATHERS: KEEPING YOUR FAMILY SAFE

### **BREASTFEEDING**

**Your support here is crucial.**

Breastfed babies are healthier, less likely to be overweight children or adults, and may even do better at school! Breastfeeding is also good for the mother's health and figure, and her bonding with baby. Plus it's free – saving you a fortune on baby formula. Find out about breast pumps: when breastfeeding is well established, you can help by feeding your baby with expressed milk. And when she's ready for solid food (at about 6 months), you can help with feeding then too.

### **SMOKING**

**You want to live to see your children grow up.**

You also know that smoking can make them sick, and that children whose parents smoke are more likely to grow up to smoke themselves. As a new father, you need to stop smoking now. At the very least NEVER smoke in the house or car. Your smoking affects your partner's smoking, too. So when you control your smoking, you help everyone. Talk to your Home Visitor. There's a lot of support out there. And you'll save a fortune.

### **DEPRESSION**

**Having babies is off-the-chart stressful.**

About half of new mothers and fathers feel pretty low at some point in the first year after the birth, with 10-14% of new mothers (and 7-10% of new fathers) experiencing serious depression. Be wary of 'self-medicating' by burying yourself in work, alcohol or other drugs, or an affair. Talk to your Home Visitor if you have worries about your partner or yourself.

### **ALCOHOL / DRUGS**

**Heavy use of alcohol/drugs exposes your child to physical danger and damages your relationship with your family:**

when a father regularly drinks a lot, the baby doesn't feel happy or safe with him, or with her mother, who is likely to be worried and distracted. Babies with a heavy-drinking mum or dad are on course to grow up emotionally and physically hurt. Talk to your Home Visitor. Help's available.

### **PHYSICAL EXERCISE**

**Regular aerobic exercise helps us feel happier as well as making us healthier,**

so think of this as a priority for you and your baby's mother. Look after your child while she runs or walks or goes to the gym and sort out your own exercise plan too. Look into buggies designed for jogging! Having physically active parents also will keep your child more active and reduce the possibility for overweight.

### **EATING WELL**

Gone are the days when mothers controlled the kitchen. **Today's dads shop and cook for their families.** As a father you need to know how different foods affect your children. Ask your Home Visitor for nutrition information. And your child will copy your eating habits so make sure you eat healthily, too.

**SERIOUS HARM**

**To avoid Sudden Infant Death (“cot death”) babies should be put to sleep on their backs.** Accidental injury is common, so keep your baby’s environment safe and baby-shaking can cause brain damage, and even kill your baby. Your Home Visitor has all the tips and information you need. If you’re at the end of your patience, put your baby somewhere safe (like on her back in her cot) and go into another room or outside nearby until you’re calmer. Other people may tell you to smack your child to ‘teach them’ but that’s old-fashioned rubbish. Research shows that children behave better when boundaries are set quietly and without frightening them. Give it a try. Stay consistent.

SHOUTING, INSULTING, HITTING

Just don’t do it – to your child or your partner! **You’re a grown-up and if you can’t control your temper, it’s time to get help.** Even if you’re fighting in another room or outside, it will affect your baby. He soaks up tension like a sponge. This not only makes him distressed but also stupid: babies whose parents fight ‘shut down’ their learning capabilities. And if you hit or insult your child’s mother, you’re teaching your son to do the same to his partner, and your daughter to marry someone who beats her up too. If this is happening in your home, even if you are quite sure it’s your partner’s fault, talk with your Home Visitor and get help. The sooner the better.

**Home visitor contact details:**



## INFORMATION CARD 3: FOR PRACTITIONERS: DE-BRIEFING FATHERS

### **Questionnaire: The “And – how was it for you dad?”**

This questionnaire was developed by researchers for Health Visitors to use with fathers. You don't need to hand it out to dads, but we think the questions are good ones to include in conversations with the couple or the father. Fathers almost never have an opportunity to 'de-brief' after the birth.

#### **Q1: If you attended antenatal classes, did the classes prepare you for the birthing experience?**

The aim of this question was to find out if the father had attended antenatal classes and if the classes were useful. Research has indicated that health professionals are not addressing the needs of couples in the transition to parenthood, and that there should be greater emphasis on fathers' roles in parenting.

#### **Q2: How was the delivery for you?**

It has been argued that often men can feel detached and marginalised by health professionals during the ante- and postnatal care given to their partners. Pregnant and postnatal women today often lack the traditional support given to past generations during childbirth. This role has now been given to men who are frequently emotionally unsupported. The aim of this question is to encourage the 'new dad' to explore his feelings about his child-birthing experience.

#### **Q3: Have you been able to discuss the birth?**

Research suggests that men in western cultures are less expressive about negative emotions than women. It has been argued that women are better able to talk about how they feel. The aim of this question was to encourage men to talk about their feelings following the birth of their child, rather than 'bottling up' their emotions and increasing their stress.

#### **Q4: How have you found the changeover to fatherhood?**

The current trend is for fathers to take an active part in childbirth, but there is still limited research concerning the ability of men to adjust to the new and expanding role of fatherhood. Research has discovered that men often found fatherhood more difficult and distressing than expected. This question was designed to help them to think about their transition to parenthood and to aid discussion about their feelings.

#### **Q5: How do you see the future with your new baby?**

Research reveals that the transition to fatherhood challenges male identity and many men remain on the fringes of parenthood. The aim of this question was to try and make them think about their future family life. The questionnaire concludes by giving the 'dad' the opportunity to contact the health visiting service if they wish, as health visiting is often perceived as a service exclusively for women and children. The aim of the questionnaire was to encourage men to access the health visiting service and to acknowledge the important role of being a parent.

Source: Greening, L. (2006). And – how Was It for You Dad? *Community Practitioner*, 79(6): 184-187



## INFORMATION CARD 4: FOR PRACTITIONERS: YOUR 'ROUGH GUIDE' TO ENGAGING FATHERS

### 1) HAVE HIGH EXPECTATIONS OF FATHERS

Don't assume: investigate. Value the positive. Challenge the negative – and be intolerant of fathers' slipping out of children's lives.

### 2) COLLECT DATA

Every time you register a child, register a father. Collect and report on parents' engagement with your service by gender. If a mother is uneasy about sharing the father's details, go gently. You need to find out why. This information could be critical. Include non-resident fathers.

### 3) INVITE DADS PERSONALLY TO HOME VISITS AND CLINIC APPOINTMENTS

Consult with the father as to when he can attend, and try to adjust to his schedule. Given sufficient warning, many employed fathers can get to daytime appointments. Include non-resident fathers.

### 4) LIMIT YOUR USE OF THE 'P' WORD!

P is for Parent but it's often heard (and used) to mean 'mother'. Most fathers don't feel included when it is used. Whenever possible, say (and write) 'mums and dads' or 'fathers and mothers'.

### 5) TELL FATHERS HOW THEIR ENGAGEMENT BENEFITS OTHERS

Fathers are most likely to engage with you when they understand why their presence benefits their children or their children's mothers.

### 6) LEAD FROM THE TOP

Work with fathers should never be the responsibility of individual staff. It only succeeds when senior management's expectations are robust and their behaviour supportive.

### 7) BE INTOLERANT OF OTHER AGENCIES' FAILURE TO ENGAGE WITH DADS

Refuse to accept a referral without reference to the biological father and to any key father-figures: if this information is not given, go back to the other agency and find out why.

**You are most likely to engage keep a father engaging with you and supporting his partner when you;**

- behave reliably and professionally
- present his engagement, from the start, as expected and important
- adopt a strengths-based approach; don't treat him as an object of concern
- acknowledge his parental role and recognise his expert knowledge of his child and family
- engage with his version of events in an open and exploratory way
- underline the benefits to his child of his engagement with you
- set out the goals/content/expectations of your engagement clearly
- introduce information on child development and on fathers' roles in child development
- create opportunities for both parents to reflect on their understandings of gender, masculinity and care
- assess his capabilities and needs, including his mental health
- help him create a baseline of his engagement with his child and track this over time
- remind him about upcoming meetings (e.g. by text) and follow up if he doesn't show
- introduce 'active' elements into the intervention (e.g. video playback, massage, father-infant interactions)
- address couple-relationship issues

## X

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