

Reaching out to fathers: 'what works' in parenting interventions?

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In parenting support programmes, the word 'parents' is often used interchangeably with 'mothers'. This article discusses the importance of specifically including fathers, surveys the limited evidence base on working with fathers, and identifies ten interventions of proven effectiveness.

A review of child welfare practice in a number of countries has found systemic overlooking of fathers and father-figures in the lives of children at risk (Zanoni *et al.*, 2013). In child protection contexts this has been linked with child maltreatment and deaths (OFSTED, 2011; Brandon *et al.*, 2011).

Marginalising of fathers and father-figures in these families, as well as in families where children are not deemed to be at risk, takes place in routine practice (Raikes *et al.*, 2005; Featherstone *et al.*, 2007; Harwin *et al.*, 2014). One outcome is that few fathers are known to participate in formal parenting programmes; another is that mothers are made unfairly responsible for introducing and maintaining changes within families.

Because of low participation by fathers in parenting interventions, and because evaluations have rarely disaggregated parental outcomes by gender and have, instead, lumped mothers and fathers all together as 'parents' when presenting their findings, the evidence base on fathers' participation in formal interventions is small and methodologically weak.

In a systematic review, Panter-Brick and others (in press) identified only 92 parenting interventions worldwide that disaggregated findings by sex of parent and thus could describe outcomes in relation to fathers' participation. Most of these interventions were in developed countries, with 57 from the USA and Canada. Only 12 were found in more diverse contexts: in Turkey, Ukraine, Israel, Jordan, Iran, Mexico, Brazil, Peru, China, Niger and Pakistan. In all these cases, sample sizes of fathers were usually small, the impact of engaging with both parents was almost never measured, and outcomes (which mainly relied on fathers' self-reporting) were recorded only in the very short term.

Only 11 of 34 programmes identified by these authors as 'exemplars' benefited from evaluation in randomised controlled studies (8 of these were in the USA); and only 11 reported impacts on children (none of these was in a developing country).

Programme elements likely to be effective against maltreatment by fathers

Lundahl *et al.* (2006) conducted a meta-analysis to assess the capacity of parent-training programmes to prevent physical and emotional abuse and neglect of children. Few disaggregated findings by gender. The authors conclude that programmes are more effective if they include both one-to-one and group-based elements, are delivered in more than one setting (home- and centre-based), and include both non-behavioural (attitudinal change) and behavioural (child-management) approaches. A 'systematic review of reviews' by Mikton and Butchart (2009) relevant to the prevention of child maltreatment found that home visiting, parent education, abusive head trauma prevention, and multi-component interventions all 'showed promise' in improving rates of child maltreatment by mothers.

It is likely that many of the programme elements found to be valuable in preventing child maltreatment by mothers could usefully be incorporated in work on maltreatment by fathers. This does not however suggest that a gender-neutral approach will be sufficient. For instance, a particular feature of fathers who maltreat seems to be rigid attitudes about appropriate child behaviour and parenting practices *linked to possible adherence to gender-role stereotypes*. If so, addressing such stereotypes will be an important element in intervention (Pittman and Buckley, 2006).

Which programmes?

The Fatherhood Institute (for example, Burgess, 2009; McAllister *et al.*, 2012) has identified formal parenting interventions which have engaged with fathers and either been found to reduce abusive parenting or to have clear potential for doing so. Ten of these are briefly described here. Many are men-only (single-sex) interventions. However, this does not mean that

engaging with fathers separately from mothers or with men separately from women is, in most contexts, the best way of approaching them. The opposite may be the case (Cowan *et al.*, 2009; Spaulding *et al.*, 2009; Wadsworth *et al.*, 2011). Indeed, many men are extremely unwilling to attend men/father-only groups (Russell *et al.*, 1999) while from a programmatic point of view, men-only services are often an add-on to other programmes, and deemed unsustainable when resources are short.

1 Primary prevention of Shaken Baby Syndrome

(USA). In Buffalo, NY, new mothers and fathers were informed about the risks of shaking babies, given strategies to deal safely with, for example, persistent crying, and urged to sign a ‘commitment statement’ acknowledging receipt and understanding of information. A video was also produced but not widely recalled by parents, who had possibly not been shown it in some settings. Rates of abusive head injuries occurring in the first 3 years of children’s lives almost halved over the 5-year study period (Dias *et al.*, 2005).

2 Early Head Start (EHS) (USA) is based on a three-pronged approach: to increase economic self-sufficiency and health of families; to monitor and enhance child development; and to support and enhance parenting skills. In a sample of 3000 children and their parents, it was found that fathers who participated in EHS were significantly less likely to use harsh discipline than fathers in the control group. EHS fathers were also less intrusive and more easily engaged by their children, who were also more attentive (Vogel *et al.*, 2011).

3 AÇEV Father Support Programme (Turkey) aims ‘for fathers to play a more effective and positive role in the development of their children’. Topics addressed during the 13-week programme include child development, fathers’ experiences of being fathered, positive discipline, the importance of play and improving communication in families. Fathers who participated in the programme evaluation showed increased time spent with children, used less shouting and harsh discipline, became more involved in parenting and in housework (mothers’ reports) and

showed improved communication with and greater respect towards their wives (Population Council, 2009).

4 UNICEF ‘Papa’ schools (evaluation in the Ukraine),

groups for expectant/new fathers (2-hour sessions, six or seven times before the birth and once or twice afterwards) in UNICEF Child Development Centres. Main goals are to strengthen couple relationships and prevent violence against women and children. Fathers are encouraged to recognise their importance in children’s lives, prepare for their baby’s arrival, support breastfeeding, understand child development and children’s rights, create a safe family environment and take parental leave where this is available to them. Results include: massive increases in male attendance at birth (for example, from 4% to 75%), child morbidity down 15%, postnatal complications down 48%, childhood trauma rates down 58% (Al-Hassan, 2009; Al-Hassan and Lansford, 2011).

5 Caring Dads (Canada), a single-session 17-week group intervention for men who have exposed their children to violence. The programme integrates knowledge from parenting, child maltreatment, behaviour change and domestic violence perpetrator programmes. Caring Dads is successful in keeping fathers engaged: attrition rates (25%) are low when compared with established domestic violence perpetrator programmes. Evaluation found that participants had increased knowledge of child development and reported more patience with children and more positive co-parenting. Reduced risk of child maltreatment was also found, as well as positive changes in emotional unavailability, failure to respect the child’s boundaries, hostility and rejection of the child and exposure of the child to hostile interactions with mothers (Scott and Crooks, 2007; Scott and Lishak, 2012).

6 Dads on Board (Australia). This intervention consists of eight 2-hour weekly therapeutic groupwork sessions with a ‘therapeutic newsletter’ (reporting on each session) sent to the participating parents during the week. Two facilitators (male and female) are closely supervised. Participants were

men who had participated in a behaviour-change programme for their use of violence or who had maltreated their children. Positive impact was found on father–infant and mother–infant attachment and on fathers’ curiosity/respect for their child, ability to read infant cues, and understanding of the impact of their own behaviour on their baby or toddler (Bunston, 2013).

- 7 **Aangan, Rozan: capacity-building workshops on child sexual abuse (Pakistan).** This NGO, Rozan, appointed a child abuse specialist to set up a local committee to involve the whole community, including police, teachers and health and child protection workers. Religious leaders were offered awareness training in child sexual abuse and encouraged to publicise referral systems. Once men realised that there was a collective space to act in children’s interests, they were motivated to attend fathers and couples groups discussing early child development, and a male group leader was appointed to deliver counselling to men on positive discipline and child abuse issues (Bhandari and Karkara, 2006).
- 8 **Proyecto Papa en Acción (Peru).** This intervention consists of five workshops covering the basics of positive parenting and the importance of reading to young children, with a session on visual and verbal stimulation for early childhood development and a support session for fathers facing particular difficulties. Qualitative impact data revealed that fathers felt more involved in the family and had learned to respect family members and grow together. The men felt more connected to their children, had learned how to refrain from using violence, and shared more of the domestic and caregiving work (McAllister *et al.*, 2012).
- 9 **Family Foundations (USA),** an eight-session, 2-hour couples intervention, with four sessions pre-birth, four afterwards, and between-session homework. Programme goals are to decrease postpartum depression; improve parenting sensitivity/warmth in both parents; decrease harsh parenting; foster positive couple relations, secure attachments and positive child self-regulation; and decrease child behaviour problems. Video resources are used and

sessions are active, with exercises rather than discussion. Positive outcomes include better births, lower maternal depression, improved father–infant relationships, better co-parenting, couple relationship quality and sexual satisfaction, higher parenting quality, better infant self-regulation and better child adjustment and school adaptation. For certain outcomes, the greatest benefits were shown for families at higher levels of risk (Feinberg and Kan, 2008; Feinberg *et al.*, 2009, 2010; Feinberg *et al.*, under review, a and b).

- 10 **Siempre Papa (Spanish edition): the 24/7 Dad Curriculum (USA).** This programme consists of 12 2-hour sessions that can be implemented with groups of men or with individuals. The curriculum addresses masculinity and fatherhood, including what it means to be a man, power and control, disciplining and rewarding children and how to form emotional bonds with children. Evaluation (through fathers’ self-report) found improved parenting skills, knowledge and attitudes, more time spent with children, ability to communicate effectively with partner and children, and improved perceptions of gender roles and partner’s role as a parent. There was no change in the perception that harsh punishment shows that a father ‘is serious’ (Evans-Rhodes, 2010; Hyra, 2011).

How important are formal parenting interventions?

Most professionals’ engagement with families (and therefore, potentially, with fathers) does not involve formal parenting programmes. Support is provided, sometimes almost casually, through relationship building between the professionals and the parents (usually mothers).

Without being sent on ‘a programme’ fathers, like mothers, can be supported informally by professionals and by their partners and extended family and friends to become confident and substantial caregivers. Tamis-LeMonda *et al.* (2013), looking to support fathers’ contributions to their young children’s language development, suggest that simply encouraging verbal interactions between fathers and their young children

in the course of normal caretaking may be effective. Similarly, Pruett (2000) observed that fathers who nurture and take substantial responsibility for basic infant care (such as feeding, changing nappies) are significantly less likely to abuse their children sexually. Thus, raising awareness among the professionals who interact with families to encourage fathers' routine active caretaking and interactions with their children may be an important first step (McBride and Rane, 2001). Mothers and other female relatives, who can have important influence on fathers, can also be encouraged to facilitate fathers' confidence and sensitivity as intimate caregivers, for example by encouraging *solo* caretaking by them.

Bearing this in mind, and also bearing in mind that unless services are already in direct contact with many fathers, they will find it very difficult to recruit sufficient dads onto formal parenting courses or to meet them in substantial numbers in home visits, the Fatherhood Institute has developed a training programme for managers and frontline staff to help them 'bring fathers in'. Known as training in 'father-inclusive practice', this is delivered to whole teams before any attempt is made to deliver a formal parenting intervention.

Managers are encouraged to support practitioners to develop and implement strategies to engage with fathers routinely in their daily work. This includes reviewing letters, websites, newsletters, brochures, signage and session/course materials to ensure that these address fathers as well as mothers. For example, services often use the term 'parent' thinking that this will be inclusive and attract fathers. In fact since the word 'parent' is routinely used synonymously with 'mother', fathers *do not feel included* when that term is used. They need to be explicitly addressed and invited in, with liberal use of terms such as 'dad' and 'father'.

Another important strategy in father-inclusive practice which is also important in home visiting is for staff routinely to record fathers' and father-figures' names and contact details when a child is registered. This

requires proactive enquiry and invitation. Here again, management commitment is required: data collection 'fields' on computer systems or registration forms may need to be revised to enable such information to be collected.

Addressing staff attitudes and beliefs is another important element in training staff in father-inclusive practice. Beliefs (often unconscious) that men are less suited 'by nature' to care for children or that they 'don't love their children as much as mothers do' or 'are unwilling' or 'cannot multitask' inhibit workers from trying hard to draw them in.

Staff must be strongly motivated if they are to change their usual practice. For many, specific understanding of *why* including fathers matters for the well-being of mothers and children can be transformative, as can the realisation that delivering a parenting intervention to both parents is generally more effective than delivering it to just one (Fatherhood Institute, 2013, online).

Fathers and mothers, too, have often internalised notions of fathers as 'second-class' caretakers. Identifying their strengths and the relative contributions of nature/nurture in the capacity of human males and females for caretaking (see the downloadable resources listed below) can be an important first step in supporting fathers' involvement with young children.

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Free, downloadable resources

Supported by the Bernard van Leer Foundation, the Fatherhood Institute (2014) has produced a series of well-designed and accessible one-page Topic Sheets for practitioners, advocates and researchers to address the how and why of engaging better with dads and evaluating outcomes. These resources are backed up by short, high-quality research summaries, showing their evidence base: <http://www.fatherhoodinstitute.org/2014/bringing-fathers-in-resources-for-advocates-practitioners-and-researchers/>

Also available online

Fathers and Parenting Interventions: What works? by A. Burgess (2009): <http://www.fatherhoodinstitute.org/shop/fathers-and-parenting-interventions-what-works/>

Dads Included, free online course from the Fatherhood Institute (2013): <http://www.fatherhoodinstitute.org/training-and-consultancy/dads-included-free-online-course/>

Engaging with Men in Social Care: A good practice guide by the Fatherhood Institute (2014): <http://www.fatherhoodinstitute.org/wp-content/uploads/2013/03/FAT-91768-FI-SafeGuarding-A4-16pp-aw1.pdf>

Fatherhood Institute Newsletter, free e-newsletter: <http://www.fatherhoodinstitute.org/contact-us/sign-up-for-fi-emails/>

Fatherhood: Parenting Programs and Policy – A critical review of best practice by F. McAllister et al. (2012): <http://www.fatherhoodinstitute.org/wp-content/uploads/2012/07/Parenting-Programs-and-Policy-Critical-Review-Full-Report.pdf>

MenCare, a global fatherhood campaign (online): <http://men-care.org/Programs/MenCare002B.aspx>
