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MenCare
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Fatherhood:

Parenting Programmes and Policy

A Critical Review of Best Practice

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The Fatherhood Institute <http://www.fatherhoodinstitute.org> is the UK's fatherhood 'think-tank'. Its mission is for a society that gives all children strong and positive relationships with their father and any father-figures; supports both mothers and fathers as earners and carers; and prepares boys and girls for a future shared role in caring for children. FI has an international presence through sale of publications, delivery of training, consultancy and key note addresses on almost every continent, and via its information-rich website which is drawn on by policy makers, practitioners and researchers all over the world. The Institute's model of 'father-inclusive' practice has aroused international interest and been widely copied.

Promundo <http://www.promundo.org.br/en/> is a Brazilian-based NGO, with offices in the US and Rwanda, established with the purpose of promoting gender equality and ending violence against women and children by engaging men and boys and advocating for their inclusion in programmes, policy and advocacy.

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<http://www.bernardvanleer.org/>

A four-page summary of this paper can be downloaded for free at www.fatherhoodinstitute.org/?p=3744, www.men-care.org/targeting-areas and www.promundo.org.br/en/reports/

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1. Executive Summary

Introduction

The brief for this Review is to review policies and programmes that promote or facilitate the involvement of fathers and father-figures from the pre-natal period through the first eight years of their children's lives; and to establish evidence of these programmes' potential to impact on family violence, child abuse or children's health or learning outcomes. Twenty case studies primarily from the Global North with some from the Global South are presented, plus a catalogue of additional projects and discussion of key issues. While there were numerous challenges in developing this review (see below), valuable insights have emerged. The paper concludes with recommendations for future research, policy and programme design and evaluation. It also draws attention to ways in which best practice in programme areas in the Global South which have successfully addressed men and fathers (e.g. HIV prevention, women's economic empowerment and maternal and child health) may be transferred to interventions more directly related to parenting.

Rationale

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. High levels of father involvement are associated with positive outcomes for children including better physical and mental health, higher educational achievement and lower criminality and substance misuse. Furthermore, mothers who feel supported by their children's fathers suffer less parenting stress and parent more positively. Therefore, parenting programmes that foster paternal responsiveness and involvement are likely to be beneficial. Also significant will be factors that contribute to 'what works' with men as fathers in maternal and child health settings where men can be viewed as allies and advocates for the welfare of their children and their children's mothers.

Challenges of Establishing an Evidence Base

As work on the Review progressed, it became clear that there were major challenges in building an evidence base of best practice:

- **Few parenting interventions** address father engagement or men's roles in parenting and/or child maltreatment; and most evaluated interventions to promote child well-being, development and violence-prevention focus exclusively on mothers.
- **Few have undergone systematic and robust evaluation.** Where this has been undertaken, the findings are based on a short-term follow-up, and little is known about longer-term outcomes.

- **Few of the ‘parenting’ interventions disaggregate findings by sex** – so hardly any tell us anything about the impact of the programme on fathers in comparison with mothers. Fathers are still for the most part invisible “others” in such programming or assumed to be absent.
- Most of the more rigorous impact-evaluated programmes come from wealthy nations in the Global North, and there was a considerable **challenge in identifying appropriate case studies from the Global South**.
- In the Global South, while there is much information on evaluated interventions with men promoting reproductive health and preventing HIV transmission and violence against women, there has been **little evaluated practice in the area of engaging men as fathers and caregivers**.

Key Programmes Reviewed

Among the thirty five programmes identified (twenty explored in some detail), the following are among the most promising.

- **Early Head Start (EHS - US)** is based on a three-pronged approach: to increase economic self-sufficiency and health of families; monitor and enhance child development; and support and enhance parenting skills. In a sample of 3,000 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) than fathers in the control group.
- **The Father Support Programme (FSP) by ACEV (Turkey)** aims *‘for fathers to play a more effective and positive role in the development of their children’* (Population Council, 2009:9). Topics addressed include child development, fathers’ experiences of being fathered, positive discipline, the importance of play and improving communication in families. Fathers who participated in the quantitative and qualitative evaluation of the programme showed an increase in 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.
- **Becoming a Family Project; School Children and their Families Project;** and the **Supporting Father Involvement Project (US)** were all carried out by Philip and Carolyn Cowan to explore family functioning via randomised controlled trials, carefully incorporating and studying fathers alongside mothers. Among other things, they found that involving both parents in preventive interventions to be more beneficial than working with just one. Changes at home were made more quickly and gains were maintained when both parents were engaged; and the couples-intervention was more successful than the men-only intervention in sustaining fathers’ participation. The Cowans believe that *‘the question is not whether to intervene with fathers or with couples but, in either approach, how to involve both parents’* (Cowan et al, 2009: 677).

- **Écoles des Maris ('Schools for Husbands') (Niger)** is a UNFPA-funded project (working in partnership with a local NGO, SongES) that aims to transform the attitudes and behaviour of whole communities by training *maris modèles* ('model husbands') to spread the word about the benefits of using local health services. Whilst we do not have rigorous evaluation evidence of the effectiveness of Ecole des Maris, testimony from the men involved, and from pregnant women and new mothers, indicates that the scheme has transformed attitudes towards healthcare, as well as substantially increasing the rates of attended labour in a country where maternal and child death rates at birth remain high.

Parental Leave Policies

Parenting leave design has recently been identified by the OECD as *'one of the few policy tools that are available to governments to directly influence behaviour among parents'* (OECD, 2011: 137). Clearly, parenting leave is not a panacea or one-size-fits-all for engaging men in care work, but its design is one of the strongest public statements that societies can make to show that they value the care work of men, and care work in general. It also has the added benefit of reducing gender-based work inequalities when both male and female employees take time off to care for children. A study by the Swedish Institute of Labour Market Policy Evaluation showed that a mother's future earnings increase on average 7% for every month that the father takes parental leave (2010).

There is an immense diversity of provision of parenting leave globally (World Bank, 2011: 20). The Nordic countries have the best-established and most generous provision for fathers – both with regard to wage replacement rates and amount of time allocated. The rest of Europe and Australia have begun following the Nordic countries more recently. No Southern Asian economy offers paternity leave (although in Hong Kong public service employees are now granted five days); and this provision is described as 'rare' on the African continent (World Bank, 2011:16). OECD (2011) Fathers' take up of leave can be best encouraged by increasing payment rates for leave that fathers can take; offering financial incentives to take leave; reserving non-transferable leave for fathers on a 'use it or lose it' basis; and facilitating flexible leave options. The most effective approach is viewed as a combination of these strategies, always including non-transferable leave for fathers (OECD, 2011:138).

Some of the positive effects of fathers taking parental leave include:

- Higher levels of contact with children, should mothers and fathers subsequently separate (Duvander & Jans, 2009).
- Fathers' adoption of healthier lifestyles and reduced mortality risk (Månsdotter et al, 2007).
- A decreased risk of "all-cause mortality" among men who take between 30 and 135 days of parental leave (Månsdotter & Lundin 2010).
- Fathers taking an increased role in caretaking later (Nepomnyaschy & Waldfogel, 2007)
- Women less likely to smoke or become depressed and more likely to breastfeed (Kiernan & Pickett, 2006)

Recommendations

Engage fathers in existing family support, child development and MCH programmes.

At the very least, existing parenting, maternal and child health and early child development programmes must identify men who are significant to children, ask men themselves what their needs and perspectives are, and identify starting points for increasing their engagement. When provision of parenting and other support to families with children remains predicated on the daily availability of mothers as at-home primary care-givers, ‘parent’ comes to mean ‘mother’ and fathers (and working mothers) remain marginal to services and interventions, as well as to their evaluation.

Involve fathers early on.

Reaching out to fathers with programmes that encourage their early involvement in their children’s lives (including before they are born) is vital because levels of father-involvement established early on tend to endure (Hwang & Lamb, 1997; Duvander & Jans, 2009). This often requires changing the mindset of health and other providers to sensitize them to the value of engaged fatherhood and caregiving by fathers. Parental leave policies, which enable and encourage men to play an important role in their children’s lives from the beginning, will clearly be significant here.

Targeted versus universal intervention.

When special services are ‘targeted’ at fathers in place of wider engagement in the service or programme, fewer fathers may be reached, outcomes may be less positive and some negative effects may even be seen. If fathers are not ‘welcomed’ in universal provision, those vulnerable or problematic fathers who may require targeted support risk remaining invisible or ‘hard-to-reach’. [The Leksand model \(Case Study 3.5\)](#), is relevant here. Uniquely among the interventions covered, it demonstrates a high rate of retention of fathers in a programme lasting over five years. The reason for this would appear to be an open route to attendance *from pregnancy*, whereby all fathers- and mothers-to-be were invited to join the group, and health professionals operated *at the service of the group*, rather than mothers and fathers being ‘taught’ by professionals.

A multi-pronged, *evaluated* approach.

From the evidence available from substance misuse and domestic violence programmes, as well as interventions to enhance parenting skills and reduce child abuse risk, a picture emerges of holistic, multi-dimensional programmes as having the greatest chance of success. Programmes that are coupled with community-based and national level advocacy campaigns, such as MenCare (www.men-care.org) are among the most effective approaches to achieving attitudinal and behavioural change. And of course, one cannot determine the level of effectiveness of these approaches without rigorous process and impact evaluation. More evidence is needed to determine ‘what works’ with fathers and men as caregivers, especially in the Global South as the paucity of evaluated interventions from developing country contexts shows.

Carry out pilot research to engage men in existing, large-scale programme areas in the Global South.

Although parenting support programmes, including efforts to promote child development and reduce violence against children, are limited in scale in the Global South, micro-credit and conditional cash transfer programmes (nearly universally targeting women), Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS, and maternal health and child survival programmes are widespread. Much more could be done to use these existing programme areas in the Global South to encourage and support men's involvement in child well-being and to evaluate the impact of diverse approaches to doing so.

Conclusion

Current research on fathers' involvement in family interventions linked to child outcomes is bedevilled by a lack of data collected systematically from and about these men. There is a consensus - and much descriptive evidence - that involving fathers in their children's lives is a good thing; and a small evidence base that engaging both parents in parenting interventions is significantly more effective than working with just one. As we undertake this work we are aware of the need to modify, change or extend elements of any given curriculum, not only to make the intervention culturally and gender-relevant but also to introduce other elements of good practice of which we have become aware.



2. Introduction – Research overview and methodology

The state of the evidence

'[the authors] summarise the extensive research on existing couple-relationship and father-involvement interventions, noting that only a few of the programs for couples and a handful of fatherhood programs have been systematically evaluated' (Cowan et al, 2010)

'Although a broad range of programmes for prevention of child maltreatment exist, the effectiveness of most of the programmes is unknown' (MacMillan et al, 2009)

The brief for this project is to review policies and programmes that promote or facilitate the involvement of fathers from the pre-natal period through the first eight years of their children's lives¹; and to establish the evidence for these programmes' potential to impact on family violence, child abuse or children's health or learning outcomes. Twenty case studies primarily from the Global North and a few from the Global South² are to be presented here, plus a catalogue of additional projects.

As the quotations from prominent researchers above suggest, our task is not without its challenges. Firstly, the evidence base is methodologically weak: few interventions dealing with father engagement or men's roles in parenting and/or child maltreatment have undergone systematic and robust evaluation anywhere in the world. Where this has been undertaken, the findings are normally short-term and little is known about the longer-term impact on participants' family lives and behaviour. Secondly, in evaluation very few of the 'parenting' interventions disaggregate findings by gender – so hardly any tell us anything about the impact of the programme on fathers in comparison with mothers, the nature of fathers' participation in / satisfaction with the programme, the impact of fathers' participation on their children – or the impact of *both* parents' participation versus simply one of them. And thirdly, the most rigorous impact evaluation in father interventions comes predominantly from the wealthy nations of the Global North, and the challenge of identifying appropriate case studies from the Global South is considerable. Whilst there is a body of impact evaluation of interventions with *men* to promote reproductive health and prevent HIV; and other interventions to prevent violence towards women, there has been relatively little evaluated practice in the area of engaging men as *fathers* and caregivers in the Global South (see WHO, 2007).

¹ We therefore did NOT include in this review even established programmes aimed at fathers of older children. Programmes aimed at separating and separated parents – e.g. Divorcing Parents' Education Programmes (DPEs) – are another omission. While similar numbers of fathers and mothers tend to participate, children of all ages are involved and a meta-analysis found generally positive outcomes for the couple and for parent-child relationships, even in RCTs in this field of study, neither age of child nor sex of parent is normally included as a variable when outcomes are described (Fackrell et al, 2011).

² Global North and Global South are terms used to distinguish between countries with higher economic and human development and those with lower economic and human development. Broadly these categories coincide with geography, as 'Global North' includes the 'industrialised West', the former Soviet bloc and Japan, but also Australia and New Zealand. 'Global South' includes middle-and low-income countries in Africa, Asia and Latin America. As the emerging economies of the world develop, the geographic definition of Global North and Global South may become more tenuous.

We have liaised with contacts in academic institutions and NGOs worldwide, greatly assisted by collaboration with Promundo in Brazil and Washington D.C. and other partners involved in the global MenCare³ campaign to locate relevant programmes.

Given the gaps in the evidence base and the need to explore best practice globally, we have elected to learn from existing systematic reviews, rather than replicate a meta-analytic approach here. Therefore we have worked in the spirit of MacMillan et al (2009), who note in their review of interventions to prevent child maltreatment that

‘Although we did not do a formal systematic review, our search strategies were designed to identify recent systematic reviews, meta-analyses, and randomised control trials where available, with evidence from non-randomised designs only included if no higher level of evidence was available’ (Macmillan et al 2009: 2).

In our field of study, randomised control trials (RCTs) are rare and meta-analyses and formal systematic reviews typically include only small numbers of father-related findings. For example, Bakermans-Kranenberg’s (2003) meta-analysis of 70 studies dealing with 88 interventions aimed at influencing parental sensitivity and attachment in early childhood contained only three studies where interventions included fathers. These interventions were found to be ‘significantly more effective’ than those addressing mothers alone, but involved only 81 participants. And in a catalogue of 77 studies of 63 interventions involving low-income fathers in the United States, only seven appear to have obtained a ‘HIGH’ rating, meaning that they are based on RCTs with control groups (Avellar et al, 2011).

In compiling our case studies we have been interested to note that some of the issues related to engaging fathers *in practice* appear also to apply *in research*. It has long been argued by the Fatherhood Institute and others (e.g. Hawkins & Dollahite, 1997) that men are passively (and sometimes actively) excluded from child and family services and often overlooked by professionals and practitioners for a range of reasons. These include: lack of awareness of the importance of fathers in children’s lives and development; a conscious or sub-conscious ‘deficit perspective’ through which fathers are perceived to be optional at best and risky at worst; and a belief that including fathers means bolting men-only programmes on to existing services, rather than mainstreaming engagement with them in general provision via truly father-inclusive practice.

³ MenCare is a new global campaign and platform to promote men’s participation as responsive caregivers. It aims to both provide a global framework and media images for promoting men’s involvement as caregivers, but also to develop and evaluate new interventions to reach fathers, carry out policy analysis and advocacy and provide a platform for the exchange of programme experiences and research related to men’s involvement as fathers. For more information see www.men-care.org.

In the Global South, trends are extremely varied in terms of how men as caregivers or fathers have been included in public health and other social policies and services, but we can offer this brief overview:

- Most discussion of (and funding for) engaging men has been in the area of HIV prevention, including in the areas of Prevention of Mother to Child Transmission (PMTCT, a name which already ignores men's roles), sexual and reproductive health and in the area of the prevention of gender-based violence;
- Limited social welfare policies (including conditional cash transfers or other income support programs) for low income families have been mother-focused, formulated based on research showing that women or mothers pass more of their income to the household than men do⁴;
- Only fairly recently have specific publicly supported initiatives sought to include men explicitly as fathers, either in maternal and child health; participation in birth or pre-natal visits; and as partners in child development. Most of these have been in middle income countries in Latin America;
- Although programmes and policies focused on engaging fathers or men as caregivers are still relatively limited in the Global South, there is a growing body of research on men's participation both in caregiving activities and as fathers⁵;
- In a few Global South settings, there has been a resistance to engage men in maternal and child health with the argument that women's rights and access to services has not yet advanced enough. Increasingly, however, men are being acknowledged and included in such programming, although still in relatively limited ways;
- While there is relatively little programme development around engaging men in caregiving and fatherhood as specific, stand-alone themes, there has been a rich and varied development, implementation and evaluation of interventions with men in the areas of HIV prevention, GBV prevention and SRH. While not included in this review, these may provide important insights that could be transferable at least in part to engaging men as fathers and in caregiving in the Global South (UNFPA, 2011; WHO, 2007).

In the Global North, fathers often appear to be overlooked in evaluation of parenting programmes. The number of participating fathers may be low and evaluators may decide to exclude them from analysis; data relating to fathers and mothers may not be gathered by gender or reported by gender; and the programme may not be delivered to both parents in the same way ([see Case Study 3.9 Triple P, below](#)). In addition, account may not be taken of impact of the participation of dyads (both parents) v. singletons (one parent of a couple only). Finally, the tendency to obtain data about fathers and programme effectiveness from mothers or professionals working mainly with them provides only a limited perspective on the interventions from the fathers' point of view.

⁴ While this finding has been confirmed consistently across settings in the Global South, there are also critiques as to whether focusing social policy and income support programmes on mothers inadvertently contributes to the gender divide in which women are viewed as caregivers and responsible, while men are seen as inherently derelict in their support of their families.

⁵ See for example, the recent study "Men Who Care" <http://www.promundo.org.br/en/wp-content/uploads/2012/06/Men-Who-Care.pdf> the recent report on the multi-country International Men and Gender Equality Survey <http://www.promundo.org.br/en/wp-content/uploads/2011/01/Evolving-Men-IMAGES-1.pdf> and the recent UN publication, Men in Families and Family Policy in a Changing World <http://www.un.org/esa/socdev/family/docs/men-in-families.pdf>

In looking at the evidence from some of the best-known and best-evaluated programmes for ‘parents’ (in which fathers are known to have participated) it has been striking to us that the evidence relating to fathers, where it is presented, is commonly secondary to that pertaining to mothers (see Case Studies 3.1., 3.2 & 3.9 – Early Head Start, Family Nurse Partnership, Triple P). Our knowledge and understanding of men’s participation in parenting interventions and the impact of that participation is therefore still in its infancy, and the generalisability of findings is far weaker for fathers than for mothers. It is also difficult to extrapolate globally from the experience of practitioners and participants in the high-income North.

Some may argue that the purpose of evaluating parenting programmes is to measure their effectiveness for *all* parents, in terms of the knowledge absorbed, or emerging behaviour changes, and that to differentiate by gender would somehow imply that there are essential differences in men’s and women’s capacity to learn productively about parenting. We disagree. Whilst mothers’ and fathers’ *capacity* to learn is independent of gender, the gendered nature of parenting in practice (and as a cultural phenomenon) means that fathers and mothers arrive in the room with expectations and experiences which are often different and which should not be overlooked. The effectiveness of programmes for different groups of *mothers* (e.g. teenage mothers, low income mothers, substance-misusing mothers, mothers from different cultural groups) has been widely studied and it is our contention that sex-of-parent should also be a variable of interest. Taking account of gender- or sex-based differences in goals, expectations, circumstances and experience may prove important; course content and goals may need to be adjusted; facilitators may need to be trained to be sensitive to gender⁶ issues. For example, a major goal for many fathers (but not most mothers) attending a course may be to spend more time with their child; and because fathers are far less likely than mothers to rate their own importance as a parent very highly, reinforcing men’s value and impact as parents may be required during a programme in a manner that would be unnecessary for most mothers (Johnson & Palm, 1992). Similarly, where discipline/boundary setting is concerned fathers may not want to be seen as ‘too soft’, out of control or manipulated by their offspring, whereas mothers may be more concerned about the risks to the mother-child relationship if they respond forcefully to misbehaviour (Thevenin, 1993). Practitioners who do not understand this, particularly if they are women, may not engage fathers as effectively as they engage mothers on this issue.

⁶ ‘Gender’ not simply in the sense of women’s oppression but of socio-cultural factors impacting on both women and men and creating ‘femininities’ and ‘masculinities’

With such observations in mind, we have named this project ‘**Fatherhood: Programmes and Policy - A Critical Review of Best Practice**’. Our view of best practice has two elements: evidence for effectiveness of a given programme *and* its incorporation of a gender perspective in terms of engaging men and collating findings from and about them. In light of the foregoing, it is perhaps not surprising that few programmes manage both elements equally well and that a great deal of the evidence we have found and present here is extrapolated from father-only programmes. While this evidence is important, one must not be drawn into thinking that father-only programmes are the best way forward. Indeed, research would suggest that in some if not many situations they are not (Rienks et al, 2011; Spaulding et al, 2009; Cowan et al, 2009). Reasons include very many men being unwilling to attend men/father-only groups; men-only services being seen as an add-on and tending to be unsustainable; and change within families being unlikely to be introduced as quickly or gains maintained as well when only one parent (mother or father) is worked-with in an intervention..

Method: our search strategies and criteria for choosing case studies

Due to the paucity of RCTs and quasi-experimental evaluations⁷ in our field of study, and the requirement to adopt a global perspective, we have used a mix of search strategies that have enabled us to look at the most widely used and best-documented parenting programmes; the evidence concerning preventive work involving fathers in violence and abuse; programmes which indicate successful strategies in father engagement; and programmes which evidence links between fathers’ programme participation and child outcomes. This cannot for now be a perfect science, but is a thoroughgoing endeavour to cover what it means to work with fathers throughout the world today.

We have searched forward from recent systematic reviews of father involvement in parenting interventions, to examine reviews of preventive programmes related to prenatal health and sexual health, as well as programmes which address child abuse, target particular problems (i.e. domestic violence; alcohol abuse), engage men in different settings (e.g. children’s centres, prisons) and involve men in gender equality and care work.

⁷ Quasi-experimental studies do not allocate participants to groups randomly, but do allow comparison between measures before and after interventions, and between recipients and non-recipients of programmes

Our sources include:

- Articles from searches on Medline and Cochrane databases (searches: fathers; parenting program; parenting program fathers; father intervention; father engagement)
- Systematic reviews relating to parenting programmes and child maltreatment
- Programmes conducted by UNICEF worldwide
- Databases/Clearing houses on fatherhood; child abuse and neglect
- Conference proceedings from voluntary organisations; research networks; Childwatch etc
- Fatherhood.gov ACF/OPRE in USA
- Calls to contacts: e.g. the reference group for this project, as well as that convened our *Fairness in Families Index* (2010), US, Asian, Russian and South American contacts; Australian men's organisations
- OECD
- Google and library searches of relevant terms; references from sourced articles
- Global Child Development Network
- African Child Policy Forum
- WHO
- World Bank
- Co-operation with Promundo on global NGO activity on father involvement including Spanish and Portuguese sources in Latin America; Asian NGO activity (UNICEF/Save the Children/Promundo Global South contacts); Francophone Africa sources via UNICEF/UNFPA
- Swedish Government and international development web sources

In selecting interventions for review, we started with the idea of a hierarchy of criteria, which we endeavoured to apply in order to produce a range of well-evaluated, established case studies. However, the gaps in evidence mean that we are a long way from having the research evidence we need to apply strict criteria worldwide, and so our case studies vary in length and depth, reflecting the variability in nature of international evidence. A major strand in this review is to highlight the current gaps in knowledge, and thereby to make the case for more robust gender-differentiated programme design and evaluation, in both universal and targeted interventions and in both the Global North and the Global South.

Ultimately, therefore our approach has been to collate and present a selection of case studies which demonstrate effectiveness and impact to varying degrees, but which all offer informative perspectives on involving fathers and father-figures in interventions to support their parenting. Those that we highlight originate in both the Global South (although with the caveats mentioned earlier of the limited attention to the issue in the Global South) and the Global North; are often relatively robustly evaluated; and demonstrate potential to impact positively on family violence, child abuse, health and/or learning outcomes.

Following these case studies, we offer further discussion of the evidence base in relation to child maltreatment, domestic violence, maternal and child health, and children's learning outcomes. These sections are followed by our thoughts on implications for policy and practice, including parenting leave regimes. The paper is completed by a catalogue of additional programmes, forthcoming research, useful web resources and of course References/Bibliography.

3. The Twenty Case Studies

We begin by presenting our twenty main case studies.

3.1. Early Head Start

Early Head Start (EHS) delivers over 700 programmes to 62,000 pre-school children and their low-income parents throughout the United States. EHS is based on a three-pronged approach: to increase economic self-sufficiency and health of families; to monitor and enhance child development; to support and enhance parenting skills. Services provided *'include child development services, child care, parenting education, case management, health care and referrals, and family support'* (Vogel et al 2011:39).

Seventeen research sites were selected as representative of parenting contexts across the country, and 3000 children and their parents took part in the impact evaluation. A randomised control trial was constructed, with participants randomly assigned to receive EHS or not. The control group was matched to EHS recipients. In a subset of 12 centres impact was measured on 700 fathers using EHS and control groups.

Ninety-five percent of primary caregivers in the baseline sample were mothers. Fathers were recruited into the evaluation via mothers; non-resident biological fathers were invited to participate with mothers' permission. If there was a father figure, as well as a biological father, mothers nominated the more involved man for interview⁸. It is difficult to ascertain exactly which interventions fathers in the study experienced: 97% of EHS sites 'encourage'⁹ fathers to take part in home visits and centre socialisations; around three-quarters have father-only events¹⁰; two-fifths provide employment support for fathers (Vogel et al, 2011:40)

Data were collected when children were 14, 24 and 36 months old. Mothers were asked about children's fathers and father figures in all 17 sites; at 24 and 36 months fathers were interviewed in 12 sites; in seven of these sites video studies were carried out to measure father-child interaction at 24 and 36 months.

Only 10% of children had no father figure in their lives at 36 months; 73% of EHS children and 71% of control group children had regular contact with their biological father.

⁸ If a substantial percentage of the 'fathers' studied were father-figures (which cannot be gauged from the published evaluation) this may skew the findings, since father-child closeness and other measures, including parenting style may be affected by biological/non-biological father-child relationship status (Radhakrishna et al, 2001)

⁹ Though how systematic this was and how much training in father-engagement staff had received is not known

¹⁰ While fathers can benefit from father-only activities, there is increasing concern that staff may 'ghettoise' fathers into men-only activities, and this may mean mainstream services do not become father-inclusive and that only a very small number of fathers are reached. When men-only activities are the main or only way in which a service engages with fathers, this is a contra-indicator of substantial engagement with fathers (Raikes et al, 2005)

The EHS fathers were significantly less likely to use harsh discipline than fathers in the control group: 25.4% reported spanking children in the last week compared to 36.5% without EHS. In video-taped interactions, EHS fathers were less intrusive and more easily engaged by their children (who were also more attentive) than was the case for other fathers. EHS fathers used more child development services than did the control group fathers.

EHS families where fathers were interviewed were more advantaged, less likely to be from a minority ethnic group, or to contain a teen mother or a mother who had lived alone at baseline. The EHS fathers were also more likely than other fathers to have completed high school and to be married. As the researchers comment:

'findings about the interviewed group may not generalize to the larger group of fathers and father figures in families in the entire sample, nor to the population of families eligible for Early Head Start' (Love et al, 2002b: 37)

Even in a study as relatively well-constructed as EHS, findings must be regarded with caution. Intriguingly, mothers' participation in, and completion of, EHS programmes was predicted by her residing with the father; being supported by the father and reporting that the father took a part in childcare (Love et al, 2002a:142). So it seems that fathers have a role in supporting positive family practices, as well as in using programmes themselves.



3.2. Family Nurse Partnership, UK (Nurse Family Partnership USA appended)

The Family Nurse Partnership in the UK (FNP) has been implemented since 2007. Building on the Nurse Family Partnership (NFP) in the United States, the programme of structured home visits by trained nurses targets young mothers-to-be in pregnancy and seeks to engage them until their children turn two.

FNP's goals are: 'to improve the outcomes of pregnancy by helping women improve their prenatal health; to improve the child's health and development by helping parents¹¹ to provide more sensitive and competent care of the child; to improve parental life course by helping parents plan future pregnancies, complete their education and find work' (Barnes et al, 2008:6)

Formative evaluation data are currently available from implementation of the first 10 pilot sites covering the pregnancy and post-partum stage and the toddler phase of FNP. These findings do not compare FNP recipients with a control group, and the fathers who participate are recruited via mothers.

In the ten pilot sites, all pregnant women under 20 were eligible to take part, as well as those aged 20-23 who were: NEET¹² and never in paid employment; NEET and no qualifications; AND/OR had no support from their baby's father. Evidence from randomised control trials will be available in 2013.

Provided no risk to the mother is perceived, nurses make it clear that the father's participation will be welcomed. Some of the course materials are intended to be used with both parents as a couple and there are some specifically for fathers/partners. In addition, although only minimal training in father-engagement has been delivered to the nurses, the UK implementation team have prepared some additional materials for fathers, based on the FNP material for mothers.

Engagement levels with fathers are said to vary substantially site-by-site. At intake, 9:10 of the expectant mothers' partners are the biological father of the baby. Fathers were involved at least one home visit alongside 51% of pregnant women, and present at 23% of visits. Fathers attended all visits to pregnant women in only 5% of cases.

Both mothers and fathers reported being '*more confident about becoming parents*' (Barnes et al, 2008: 14). Over 58% of mothers asked for materials to share with fathers and this was felt to be useful. Fathers reported that they benefitted from being involved, and found the programme positive and informative, but only 30 were interviewed.

¹¹ Although the term 'parents' is used here, the contract is with the mother so in contractual terms only support to the mother is required in, for instance, completing education/finding work. Anecdotal evidence suggests some Family Nurses trying to provide such support to fathers, within the constraints of the programme's focus

¹² NEET = 'Not in employment, education or training'

In the toddler phase of FNP, the programme addresses life course as well as health and parenting issues. Fathers or father-figures attended at least one home visit in 56% of cases and were present at 19% of visits. The findings related to fathers are based on the nurses' observations, rather than data collected from fathers themselves. Nurses noted that fathers were positively engaged in play activities with toddlers, and that course materials were highly-rated. They had considerable success in engaging fathers, many of whom have complex needs. Nurses characterise many fathers as 'dip[ping] in and out' of FNP (Barnes et al, 2011: 48). Some practitioners noticed that toddlerhood gave new opportunity for engagement, as fathers or father-figures may become more involved in childcare as their partners study or work more.

When couples separate the programme is supposed only to follow the mother, although anecdotally some nurses are attempting to continue to work with both partners. Nurses can be worried about this, feeling a duty of care to the baby's father which the programme is not designed to fulfil.

Outcome findings from these preliminary evaluations suggest that the FNP is a promising mode of engagement for vulnerable mothers (e.g. increased sense of control over their lives; higher breastfeeding rates than average; lower smoking rates, etc), and that it can involve their partners. But we will have to wait for the RCT (and hope that the research focuses on fathers as well as mothers) to describe FNP's impact in detail.

The Nurse Family Partnership (USA), from which the UK's Family Nurse Partnership is derived, is perhaps the most extensively evaluated parenting intervention in the world and for this reason is nominated by the Coalition for Evidence-based Policy (a non-partisan, not-for profit organisation) as being in the 'Top Tier' of evidence-based parenting programmes. Whilst the programme claims that it places considerable emphasis on father-involvement it is impossible to discover the extent of this or of any effectiveness, since the evaluations only report on outcomes for mothers and children. The only outcomes that could in any way be linked with fathers are (a) the finding in the second evaluation (Denver Colorado), that NFP mothers had longer duration of partnerships than those in the treatment group, although this was not found in the other NFP studies; and (b) mothers in the most recent evaluation site (Memphis Tennessee) reporting half the rate of domestic violence in the last 6 months of the control group. Olds et al (2007) noted that there are plans to augment NFP in terms of training nurses to deal with domestic violence, and to look in more detail at father engagement. However, as of 2011 nothing further has been reported.

Sources: <http://evidencebasedprograms.org/wordpress/wp-content/uploads//NFP-updated-summary-for-release-Jan2011.pdf> Accessed 04.10.2011

3.3. **Becoming a Family Project; School Children and their Families Project; Supporting Father Involvement**

Philip A. Cowan & Carolyn P. Cowan (University of California, Berkley)

The Cowans have been exploring family functioning over four decades via randomised controlled trials, carefully incorporating and studying fathers alongside mothers, charting couple-relationship quality and satisfaction, and reporting on outcomes for mothers and fathers (individually), the couple relationship and children. Three studies are summarised here.

The **Becoming a Family Project** randomly assigned expectant first-time-parent couples to a six-month weekly group intervention (with two comparison groups receiving only minimal interventions) across the three months before and the three months after the birth. Decline in couple-relationship-satisfaction postpartum and over the first six years was experienced by the non-intervention couples. By contrast, by 18 months postpartum the intervention couples were operating more flexibly in terms of division of labour and were more satisfied with it; reported fewer negative changes in their sexual relationship and experienced a smaller decline in couple relationship satisfaction. Over time, the intervention couples' relationship satisfaction tended to remain stable, while relationship satisfaction in the non-intervention couples continued to decline. Both mothers' and fathers' parenting was more positive among intervention couples; and, at 42 months, their children were rated more flexible and adaptable in approaching new tasks (Cowan, C.P. 1988). At age 5, children of the couples who were more satisfied with their relationship and more effective as parents were described by their teachers as more academically and socially competent, and exhibiting fewer acting out/aggressive or withdrawn/depressed behaviours. (Cowan et al, 1994)

In the **School Children and their Families Project**, two-parent families were recruited in the year before their children entered kindergarten. One hundred couples took part in an RCT which assigned them into a low-dose intervention (annual consultation over three years); 16-week couples groups in which couple-issues rather than parenting-issues were highlighted; and 16-week couples groups in which parenting issues were highlighted. There were follow-ups at 4 points in children's schooling: children's educational progress and behaviour were rated by teachers; parents were assessed in terms of couple-relationship satisfaction; couple communication and parenting style – videos of conflict resolution exercises and mother-child and father-child interaction were used (Cowan et al, 2011: 241-242).

After five years, parents who had experienced the couple-focussed intervention had improved markedly in communication quality and problem-solving as well as in co-parenting interactions. This was not the case for those who had experienced the parenting-focussed intervention. And the control group parents actually showed decline in communication quality and increases in negative communications. *Parenting* improved among parents in *both* the 16-week interventions, as did child adjustment (though in slightly different ways). Children from the couple-focused intervention also achieved better in school. At 10 year follow up, the positive impact of both the couple-focused and parenting-focused interventions was still seen in greater couple-relationship satisfaction and improved parent-child relationship quality; and in reduced couple-conflict and child behaviour problems. Interestingly, the effects of the couple-focused intervention were always equal to, or greater than, the effects of the parenting-focused intervention (or, the controls). The authors conclude that intervening to strengthen the couple relationship is important in the effectiveness of parenting interventions over time (Cowan et al, 2011:248; 250)

In the **Supporting Father Involvement study**, Cowan and Cowan and colleagues Pruett and Pruett (Cowan et al, 2009) sought to identify the processes and impact of a father-only v. a couple intervention, with mainly low income and Mexican-American couples – either expectant parents, or with a youngest child under 7. Over 18 months nearly 300 couples were followed in an RCT which assigned them to one of three interventions: couples receiving a one-off information meeting about the importance of fathers to child outcomes (a low dose comparison group); a 16-week fathers' group (attended by the men alone, with the women coming to 2 of the sessions); and a 16-week couples group. The interventions were conceptualised as preventive, so did not include families with known problems or active cases of domestic violence or child abuse.

Curricula for fathers and couples covered the same topics: couple communication, parenting principles, supports and stressors, and reflecting on intergenerational patterns of behaviour in families. Fathers' *involvement* in child care was measured using a questionnaire and fathers' *engagement* was measured using a pie chart of how much 'space' fathering took up in their lives. For the low-dose comparison group, these measures did not change significantly over 18 months, whilst relationship satisfaction declined and children's problem behaviour increased. For the fathers-only intervention, fathers' engagement and involvement both increased significantly, and children's problem behaviour remained stable, but couple-relationship satisfaction declined. In the couples' group intervention, however, improvements in fathers' engagement/involvement were found and children's problem behaviour remained stable – but so also did relationship satisfaction, instead of declining (normatively) as in the comparison groups. Where parents attended as couples, positive changes occurred more rapidly, and they reported significantly lower levels of parenting stress (Cowan et al 2009: 674). As poor relationship quality and high parenting stress are key risk factors for child maltreatment (op cit: 676) these are important findings. The Supporting Father Involvement approach was subsequently tested with 300 additional low-income families in couples or fathers groups, and a third set of 300 families in which half were referred by the child welfare services because of domestic violence, child abuse, and neglect. The results from these trials have not yet been published.

Cowan et al (2011; 2009) discuss how their findings show that involving both parents is crucial in preventive interventions: in addition to the benefits outlined above, the couples-intervention was more successful than the men-only intervention in sustaining fathers' participation. In the men-only group intervention, fathers' participation was only achieved by inviting mothers to the first meeting and offering two additional mothers' groups over the 16-week period. The Cowans therefore assert that *'the question is not whether to intervene with fathers or with couples but, in either approach, how to involve both parents in the intervention programme'* (Cowan et al, 2009: 677).

3.4. UNICEF Better Parenting Programme (BPP)

The UNICEF Better Parenting Programme (BPP) has been rolled out internationally in low- and middle-income countries. In Jordan, which was an early adopter in the 1990s, an evaluation was carried out 2008.

UNICEF works with 13 partners to deliver BPP throughout Jordan. Programme facilitators in 200 centres conduct two series of 16 parenting sessions annually in a variety of settings: women’s groups; men’s groups; youth groups.

The BPP aims to give parents and caregivers *‘skills and information to enable them to promote the psychosocial, cognitive, and physical development of their children aged 0-8 years’* (Al-Hassan, 2009: 10). BPP uses four sets of books on child development for parents, and videos are also included the sessions.

The impact of BPP was evaluated through a purposeful representative sample of programme recipients throughout the country. A total of 336 participants took part, and were randomly divided into two groups – one who received the whole BPP programme; the others who were invited to take part later.

Unfortunately, the numbers of fathers in the study were very low, in spite of the programme objective to encourage male participation¹³. Results of the evaluation are based on feedback from only 18 fathers, and so the evidence must be treated with caution¹⁴.

The evaluation indicated that the men who attended the programme showed greater mean scores (18.7) on obtaining and retaining knowledge of child development and parenting skills than mothers (16.8) (Al-Hassan, 2009: 77). This is encouraging in that it shows that the programme taught men effectively. It may also be a by-product of the fact that fathers were initially less knowledgeable in these matters, as few are actively engaged in child care. Other impacts of the courses were not disaggregated by gender, but the fact that 93% of participants felt that BPP was ‘very highly useful’ in conveying the role of fathers in children lives, suggest that there is a base to work from in promoting father involvement (Al Hassan, 2009: 79).

¹³ Information relating to the strategies used to encourage fathers’ participation is not available. It is the experience of the Fatherhood Institute that most agencies have limited understanding of strategies for engaging men and fathers and the Institute has published widely on this topic (e.g. Fatherhood Institute, 2010; Fatherhood Institute, 2011)

¹⁴ The limited number of fathers is indicative of trends in other Global South settings as highlighted earlier – and also in many settings in the Global North: programme staff do not see the need to engage men as fathers and caregivers[and may not view men as useful or necessary for child development and well-being.

BPP also appeared to have impact in reducing the likelihood of participants' using harsh discipline (spanking, verbal abuse) and using positive strategies to resolve problem behaviour. However, changes in reports of harsh discipline were also observed in the control group, and the researchers speculate that limited knowledge acquired through the evaluation questionnaires had impact on parents' knowledge of strategies for behaviour management. The programme therefore shows some promise in changing fathers' as well as mothers' levels of knowledge and behaviour, but the evidence remains too weak to draw firm conclusions.



3.5. Leksand model, Sweden

The municipality of Leksand in Sweden has taken an innovative approach to involving both mothers and fathers in ongoing parenting activities and education over the early years of their children's lives. The scheme has begun to be replicated throughout Sweden and is cited as a useful intervention model in a variety of sources - e.g. Hoskings & Walsh (2010), Nilsson & Wadeskog (2008) - with potential for prevention of social exclusion of children, and for producing positive outcomes for adults and children. However, precise impact studies of the model are elusive so far.

The model seems worthy of attention as – uniquely – it has record of successfully engaging and retaining fathers' involvement over the first five years of children's lives. The key to the programme's success appears to be that the municipality, rather than the health service, 'owns' the group jointly with participants. Midwives and other professionals are invited to share their expertise. This seems to have fostered high attendance and loyalty to the groups and means that the split between maternity and early childcare services (which often means that groups of parents are discontinued as they move between stages and services) has been avoided.

In 1999/2000, pregnant mothers-to-be and fathers-to-be from 91 families joined ante-natal parenting groups run by midwives invited by the municipality. In 2004 when the children were aged between 3 and 5, 46 mothers *and* 46 fathers were still meeting in the groups. The groups have proven to be a platform for introducing parents to evidence-based programmes. Bremberg (2006) notes that

'The content has until now been open. Parents in the group have invited people to start the meetings, the parents have formulated a question which has then been discussed in groups made up of mothers and fathers respectively. A structured interaction method (COPE) has also begun to be tested in these groups in 2004.'
(Bremberg, 2006:201)

As yet outcome studies have not been located, but should results be published (and be disaggregated by gender), they will give insight into the impact of programmes on mothers, fathers and their children in a context where men have participated equally from the start of their babies' lives. It might also be useful to trial the popularity and efficacy of the mother-only father-only discussion groups v. mixed sex discussion groups.

3.6. UNICEF ‘Papa Schools’ in Ukraine

In 2004 UNICEF started a campaign co-funded by IKEA to address the ‘Health Needs of Children affected by Chernobyl’. In a pre-assessment programme, UNICEF had discovered that mothers’ and fathers’ knowledge of child health and development was lacking – and this was reflected in poor health and high rates of injury among their children. People were unaware of the value of breastfeeding and fed their children unsuitable foods very early, leading to high rates of anaemia. Fathers were found to have 20% less knowledge of health and development issues than mothers, and low rates of participating in childcare (UNICEF, 2010d). Parents’ knowledge of the value of playing, reading and interacting with their children was also low.

The areas affected by Chernobyl are often rural, with poor access to health and family services. UNICEF set up Child Development Centres, which are health centres for mothers and children, and often host Papa schools. There is an emphasis on getting men involved as partners at birth, which rarely happened in Ukraine previously. The results seem striking: in one area male attendance at birth has risen from 4% to 75% (UNICEF, 2010e); whilst in the Zhtomyr region 80% of births are attended by fathers (UNICEF, 2010d). The director of the hospital in Ivano-Fankivsk region reports that child morbidity is down 15%; exclusive breastfeeding is up 10% and anaemia in children is now 69% lower. The programme has also resulted in postnatal complications dropping by 48% and childhood trauma rates falling by 58% (UNICEF, 2010c).

The expectant fathers meet in groups for two-hour sessions 6-7 times before the birth and once or twice afterwards. Main goals are: for fathers to recognize their importance in children’s lives, prepare for the baby’s arrival, take parental leave, support breastfeeding, understand child development and children’s rights and see these as central in family life and create a safe family environment. Other goals are to strengthen couple relationships and prevent violence against women and children.

The Papa Schools were rolled out in 2007, and now cover 10 oblasts (municipal regions) of Ukraine. The programmes built on Swedish Papa Schools programmes and schools prepare men for attending childbirth, supporting the mothers, and equip them with valuable information about child nutrition and development. That this is being achieved against a background of often very poor healthcare and hygiene resources is impressive. The programme also works to achieve cultural change in a society where gender roles have been rigid. Volodymyr Martseniuk, the founder of the Papa school movement, says that ‘after the first class, men start to understand that gender isn’t a dirty word’ (UNICEF, 2010d).

3.7. Program H – Promundo and partners: Brazil evaluation

(the programme has also been rolled out in Mexico, India, the Balkans, Central America, to a limited extent in the USA, Ethiopia, Namibia and Tanzania)

Program H, while not a parenting programme as would be understood in the Global North, addresses issues of violence prevention and active fatherhood in an intervention centred on promoting gender equality. It aims to strengthen the understanding in young men (aged 15-24) of their role in relationships; to inform them about sexual health and women's sexuality; and to encourage them to care for themselves and others. Evaluation shows significant changes in attitudes.

The Brazilian participants were mostly (70%) sexually active. Young fathers took part in sessions, although they were not enumerated, nor were their results considered separately. Young fathers may benefit particularly from aspects of the teaching; but they may also be harder to reach than their childless counterparts. Future roll-out may usefully address this gap in knowledge.

Program H has two main elements: workshops dealing with relationship, sexual health and fatherhood issues; 'social marketing campaigns' where sexual health messages are conveyed through 'cool' slogans encouraging men into protected sex, caring roles and respecting women. Popular figures such as singers and sportsmen advocate active fatherhood and safe sex. Branded merchandise is also promoted in some settings.

In quasi-experimental evaluation in 3 favelas of Rio de Janeiro, over 700 young men were assigned into groups: in one area men participated in the workshops; in a second area there was also a social marketing campaign; in the third men were recruited as a control with the programme mounted six months later. To measure impact, men were assessed at baseline and post-intervention using the GEM (Gender-equitable Men) Scale, a validated inventory of attitudinal questions which tap into gender norms in five main areas: (1) violence, (2) sexual relationships, (3) reproductive health and disease prevention, (4) domestic chores and childcare, and (5) homophobia and relationships with other men (Pulerwitz et al, 2006:15)

At baseline, support for inequitable gender norms and gender roles was significantly associated with HIV risk, manifested in reported STI symptoms; lack of contraceptive use, and both physical and sexual violence against a current, or most recent, partner.

After the intervention, at 6 months and one year later, participating men showed significant changes in attitude, moving towards gender equitable views on most GEM items. This did not occur in the control group. (Pulerwitz et al, 2006 : 18/19).

At baseline in the combined intervention area, 38% of men believed that changing diapers, bathing and feeding children were mothers' responsibility, whilst one year on only 26% agreed. Condom use in regular partnerships increased significantly amongst participants, again with the combined intervention group showing the most positive results (87% using condom in last intercourse one year later, compared to 58% at baseline). Similar condom use declined over 6 months in the control group. However, young men also engaged in casual sex with other women, and condom use in these encounters was not affected (Pulerwitz et al, 2006:24)

Inequitable attitudes towards women form a cultural justification for gendered family roles, unsafe sex and family violence. Program H suggests that such attitudes can be changed even in low income settings where rigid, inequitable norms continue to prevail. In parts of the Balkans, India, Brazil and Mexico, where the activities have been implemented, young men (the majority of whom are not yet fathers), have been encouraged, as part of the intervention, to take on new caregiving and domestic roles in their homes (tasks normally carried out by their sisters).



3.8. Rozan, Pakistan

Evidence relating to father-involvement in programmes dealing with child abuse is hard to find, especially in low-income countries. A Regional Capacity- building workshop hosted jointly by Save the Children, UNIFEM and Promundo in 2005 included the work of Rozan, an NGO in Islamabad, which works in the areas of emotional health, gender and violence against women and children. A key part of their approach is to engage men.

A project working with emotional issues for victims of child sexual abuse, 'Aangan', led Rozan to find ways of involving fathers, following interest from women in doing so. Rozan appointed a child abuse specialist to set up a local committee to involve the whole community, including police, teachers, and health professionals in child protection. Local religious leaders were offered awareness training and encouraged to publicise appropriate 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 on positive discipline and child abuse issues. Rozan's experience indicates that *'There will always be some men or one man in the community who is sensitive. The challenge is to find them.'* (Bhandari & Karkara: 29) Sometimes agencies themselves overlook men's role in children's safety, as when only female teachers were sent to a Life Skills workshop organised by Rozan. Rozan's community work has led it to be seen to be possible and productive to involve fathers and male professionals in securing better outcomes for children. With enhanced documentation and evaluation, the impact of such involvement could be measured precisely. Evaluating the processes of men's engagement would also be useful.

While the father involvement component is relatively small, this is one of the South Asian examples of activities specifically targeting men as fathers or in their caregiving roles in the region.¹⁵

¹⁵ The NGO, Centre for Health and Social Justice recently organized a one-day seminar on engaging men as allies in children's rights and has carried out some initial research on men's roles as fathers. They are also launching an Indian version of the MenCare campaign.

3.9. Behavioural parent training programmes: e.g. Triple P – Positive Parenting Program, Australia

International award-winning behavioural parent training programmes (BPTs) such as Triple P claim effectiveness with ‘parents’ and are widely endorsed by governments¹⁶. These programmes commonly address child behaviour problems and focus on child behaviour management. Families with young children are often targeted. Evaluations include RCTs. Long term follow up is rare, as are reports of child behaviour change by anyone other than mothers¹⁷. Interestingly, while only 10-17% of participants in the BPTs we examined were fathers, several programmes (including Triple P) urged fathers’ attendance, probably because treatment gains are known to be better maintained when fathers have participated too (Webster-Stratton, 2006; Bagnier & Eyberg, 2002¹⁸).

We are including this programme because it seems likely that Triple P, like other widely implemented BPTs, can and does help fathers develop more sensitive and positive parenting. But what do we actually know about this programme’s effectiveness with fathers? A recent meta-analysis (Fletcher et al, 2011) of the few Triple P evaluations which have disaggregated outcomes by gender, found that mothers showed moderate to very large increases in positive parenting practices across all Triple P formats. Fathers showed much smaller improvements, with the exception of the one study that used the Triple P Stepping Stones¹⁹ format with mothers and fathers of young children with disabilities. Where attendance was reported by gender (again rare) fathers were significantly less likely than mothers to attend all sessions.

However, the intervention may not be being delivered in the same way to both parents, and this may partly explain attrition and less positive effects for fathers. For example, both Connell et al (1997) and Bodenmann et al (2008) report Triple P interventions where only mothers were required to fill out homework sheets and only one parent, almost exclusively mothers, took part in between-session “*individual*” (our italics) telephone consultations.

¹⁶ We could just as easily have examined any of the established BPT programmes such as Webster-Stratton’s Incredible Years, Nobody’s Perfect, Strengthening Families/Strengthening Communities etc. which are used across the world and, like Triple P, frequently endorsed by governments. By focusing on Triple P, we do not suggest it is superior to any of these other programmes but, rather, is representative of them in the extent to which it does, or doesn’t, assess the impact of involving fathers.

¹⁷ Teachers are sometimes asked for feedback

¹⁸ These researchers, in their RCT, tried to create a control group of co-resident fathers who did not take part in the intervention, but could not find enough of them to create a viable comparison group: as soon as it was explained to fathers why their participation was important for their children’s wellbeing, they attended in similar numbers to mothers. In the end, the researchers could only create a comparison group of fathers who did not actually live with their children.

¹⁹ Not related to the Gender Based Violence ‘Stepping Stones’ programme <http://www.steppingstonesfeedback.org/index.php/page/Resources/gb?resourceid=20>

A meta-analysis of 28 studies of father-engagement in BPTs including Triple P (Lundhal et al, 2006) confirmed fathers reporting fewer positive changes in their children’s behaviour, their own parenting behaviour and their perceptions of parenting. The authors, however, warn against excluding fathers from BPTs as a result of these findings, pointing not only to the frequently differential engagement with mothers and fathers but also to programme design, which may be substantially less appealing to men. This view is shared by both Fletcher et al (2011) and Palm (1997) who suggests that to deliver good outcomes for fathers conventional programmes will need to adapt content, methods and goals.

Anecdotally facilitators delivering Triple P report adapting the curriculum “as I go along” so it will “work better with dads”. Some provide handouts they have developed themselves – for example, on the legal position for unmarried fathers.

While to date Triple P has not developed materials/approaches/processes for fathers this has been tried with another BPT programme (Fabiano, 2007). More positive results for children and fathers were achieved when they were engaged using a sports-coaching method/activities. Similarly, when a couples-based ante-natal intervention that had shown some success with fathers was re-designed to incorporate the men’s concerns, their satisfaction was greater and behaviour change more positive (Diemer, 1997).



3.10. Écoles des Maris, Niger

Écoles des Maris ('Schools for Husbands') in Niger is a UNFPA-funded project (working in partnership with a local NGO, SongES) based on the theory that men's social power can act as a brake on rates of improvement in maternal and child health. Men's dominance in household and community decision-making, coupled with their lack of knowledge about the advantages of clinical care in childbirth, mean that many women are continuing to give birth at home, unattended. A mother dies in childbirth, and 6 newborn babies die, every two hours in Niger.

The project began with 11 pilot Écoles in 2008, and by 2011 there were 130 schools in the Zinder region. A further 45 are under development in the Maradi region. Expansion has been justified by the success of the Écoles in raising the rate of assisted births (for example in Bilmari district only 10 women per month gave birth in the clinic; since Écoles des Maris were established locally there are often 30-40 attended births in a month (UNFPA, 2011:5)). A total of 1600 men are now involved in the scheme. In one district (Guigidir) the work of the Écoles has seen the rate of attended childbirth rise from 15% to 74% of births (UNFPA, 2011:6).

The project aims to transform the attitudes and behaviour of whole communities by training *maris modèles* ('model husbands') to spread the word about the benefits of using local health services. Each week the École convenes to discuss new reproductive health topics and how best to communicate knowledge to men. Health workers give 'model husbands' the information they need to convey to other men about the risks of birth complications for women and babies who are unattended, or who only seek help late in labour. Meetings are also sometimes attended by local elected representatives or religious chiefs. These links ensure that health messages are reinforced throughout the community.

The job of the *maris* is to convince men and their wives that clinical assistance can be beneficial, even in relatively poorly-resourced clinics. Écoles have taken this further, by mobilising community fundraising to pay for the construction of new clinical facilities – and the men have also donated building labour. The health centres provide information about hygiene and healthy eating, and communities have come together to grow fruit and vegetables, and to work to combat malnutrition.

Heads of clinics report that the Écoles des Maris are a powerful intermediary between the health services and the community. Through the men, they are often able to recapture women who have stopped coming to pre- or post-natal consultations.

Whilst we do not have rigorous evaluation evidence of the effectiveness of Ecole des Maris, testimony from the men involved, and from pregnant women and new mothers, indicates that the scheme has transformed attitudes towards healthcare. And the change in rates of attended labour are striking in a country where maternal and child death rates at birth remain high. Men and women respect the *maris modèles* and listen to their advice. Women are encouraged to attend all their pre- and post-natal appointments, and the Écoles are also working to boost take-up of childhood vaccinations. Involving men – most of whom are already fathers – has impacted positively on maternal and child health, and on community relations. The clinics provide a focus for positive community involvement in health and wider well-being.

3.11. Primary prevention of Shaken Baby Syndrome, Buffalo, NY, USA

Primary prevention involves addressing a broad section of the population – here new parents – as opposed to looking at ‘at risk’ populations or perpetrators of abuse. In Buffalo, NY in 1998, investigators at the Women and Children’s Hospital began a 5 year programme to measure the effectiveness of a brief intervention to inform new mothers and fathers about the risks of shaken baby syndrome. Parents were provided with written information about the risks of shaking babies and resulting head trauma, and educational posters were displayed in all maternity wards in an 8-county region of western New York State. Mothers and fathers were also encouraged to view an 11-minute documentary video on preventing shaken baby syndrome. The materials included strategies for dealing safely with babies’ persistent crying.

Mothers and fathers or father figures were invited to participate in the programme, and before discharge from hospital they signed a ‘commitment statement’ (see below) to acknowledge their receipt and understanding of the information. A randomized 10% sample was recruited to take part in follow-up telephone surveys seven months later. Nurse managers received training and instructions to use to train nurses in their units. This included active encouragement to seek out fathers, father figures or partners of mothers as participants, for it is known that the majority of perpetrators of shaken baby syndrome is made up of these men: (37% fathers or stepfathers; boyfriends 21%).

Rates of abusive head injuries occurring in the first three years of children’s lives were observed over a five year period, and compared to a historical control period of incidence in the region in the 5 years prior to the study, and also to rates of head trauma in Pennsylvania as a whole 1996-2002. This method was preferred to an RCT model, as head injuries are relatively rare. It would have been difficult to recruit enough parents to analyse the difference between treatment and control groups with adequate statistical power. Moreover, the poster campaign meant that it would be hard to isolate control groups from relevant information.

Over the study period, 69% of live births (65, 205 out of a total of 94,409) were supported by a commitment statement signed by at least one parent: 96% were signed by mothers and 76% by fathers/father figures. The incidence of abusive head trauma in the region almost halved: standing at 22.2 cases per 100,000 live births, compared to 41.5 cases in the historical control period. No decrease in incidence was observed in Pennsylvania state. This indicates that informing both women and men about shaken baby syndrome and seeking active commitment from them to avoid shaking their baby, had a significant impact on rates of head injuries in young children.

Dias et al (2005) note that signing the commitment statement seems to have been particularly effective in instilling knowledge about shaken baby syndrome – 92% recalled it 7 months later and 98% remembered the leaflets. There was less adherence by nurses to showing the video, and so the effectiveness of this element is less certain, with only 23% remembering it later.

The authors compare the success of the programme to a vaccination model. Reinforcing the dangers of shaking at the time of birth can mean that *‘parents, once ‘inoculated’ with information are ‘immunized’ against violent infant shaking during this critical period’* (Dias et al, 2005:475). The transition to parenthood represents a ‘teachable moment’ for fathers as well as mothers, and whilst this initiative did not achieve universal reach, the inclusion of around half of all new fathers/father figures in the study period is likely to have been an important factor in the lower rates of abusive head trauma observed.

3.12. Father Support Programme, ACEV Turkey

The Father Support Programme (FSP) was established in the late 1990s, when mothers and workers at ACEV ('Mother Child Education Foundation') realised that fathers could benefit from the kinds of knowledge and support around parenting available through the Mother Support Programme. After training schoolteachers to deliver the 13-session weekly programme designed specifically for fathers, and extensive piloting in Istanbul and Kocaeli, the programme has grown to reach fathers of children aged 2-10 across all socio-economic groups.

By 2007, 533 male teachers had completed training to become group leaders, often recruiting fathers through their schools. As of 2009, 200 were still actively leading groups – 805 of which had been formed, reaching 9,935 fathers and benefiting even greater numbers of children. The programme aims *'for fathers to play a more effective and positive role in the development of their children'* (Population Council, 2009:9), addressing topics including child development, reflection on fathers' own experience of fatherhood, positive discipline, the importance of play and improving communication in families.

FSP was evaluated in the early 2000s (Kocak, 2004) using a pre-and post-course attitude inventory, designed to capture the aims of the course, and through in-depth interviews with fathers who completed the course and mothers who were wives of male participants (not all were married to one another). Fathers attending the course ranged in age from 20-50 (most were in their thirties) and most were employed; most of their partners were housewives. Men had to be literate to take part in the programme, and pamphlets covering the topics discussed were distributed for men to take home and share with their partners. Factor analysis was used to analyse 400 responses to the attitude inventory across 4 key dimensions: non-traditional roles; non-authoritarian attitude in parenting; non-permissive attitude in parenting and open communication. Scores demonstrated positive change on each dimension following completion of the course.

The scores on the inventory and the qualitative interviews indicated that men increased their time spent with children, used less shouting and harsh discipline, became more involved in parenting and in housework (also according to mothers) and showed improved communication and greater respect towards their wives. Although the course is not delivered from an explicit gender equality perspective, fathers are encouraged to think of the needs of their daughters as well as sons, in what is a relatively patriarchal and sex-segregated society. Men are encouraged to think about contributing more to domestic chores and family life. More recently, sessions on sexual and reproductive health issues have been added to the curriculum and whilst these issues are rarely discussed by Turkish men, these sessions have proved positive and were used to encourage fathers to educate their peers as well. The FSP appears successful in encouraging Turkish fathers to move beyond authoritarian models of fatherhood and to express emotions more openly in their family relationships.

3.13. Support for Prisoners as Parents: Safe Ground's 'Family Man' and 'Fathers Inside' programmes, UK²⁰

Many incarcerated men are fathers, and maintaining family ties and relationships whilst in custody has been found to reduce men's reoffending rates – by 39% according to UK Government statistics (DfE, 2009). While programmes to support father-child relationships are not specific to relationships with younger children, many offenders are relatively young and do have young children. For this reason we think it appropriate to include programmes with offenders as relevant to this review.

Safe Ground charity works with male prisoners in a range of projects. *Family Man* is a seven-week family relationships programme which explores the importance of being part of a family and community through role play and other creative activities. The family focus is combined with activities (e.g. structured letter writing) which help the men to develop basic social and life skills while understanding the benefits of being part of a family and a community. As the course is accredited, students can credit their capabilities, which have often been unrecognised in family, school or work situations. Since 2003 over 2000 male prisoners – many of them fathers – have taken part in it. *Family Man* has recently been adapted to encourage every participant to nominate a family member participate alongside him in supporter-only and family events inside prison, and in the crucial 'What next' event at the end of the programme, where men and their supporters are informed about post-release services and resources. Small-scale qualitative evaluations indicate that both participants and supporters (usually female partners or mothers) have found the programme valuable in showing prisoners how their behaviour has impacted on family members, and in making the men more responsible and responsive to the needs of others (<http://www.safeground.org.uk/evaluations-and-impact/family-man-and-fathers-inside-evaluations/>)

²⁰ Other UK and US programmes for incarcerated fathers are probably as effective as the Safe Ground programmes, but also tend to be patchily evaluated. Avellar et al (2011) give the *Responsible Fatherhood for Incarcerated Dads* programme a 'Moderate' rating for a quasi-experimental evaluation design, which found statistically significant differences in knowledge of and attitudes towards fatherhood between participants and control group, but no differences in levels of father-child contact or quality of relationship between fathers and partners post-release. Evaluation of a UK programme found increased interaction and involvement with children in prison populations where positive changes in fathers' behaviour during children's visits were recorded by prison staff after the men had finishing a fathering course, including significantly greater interaction with children (Pugh, 2008) Other studies in prison populations have identified improvements in children's self-perception after their fathers had taken part in an intervention (for review, see Meek, 2007).

Safe Ground's *Fathers Inside* is a bespoke parenting programme for male offenders which has reached over 2000 imprisoned fathers since 2003. It is delivered over five weeks as a full-time course (accreditation is awarded for completing it) and again uses drama techniques to examine how the men can engage with their children and through, for instance, sharing a book explore the value of their own learning to them personally, and in their role as father. Safe Ground are currently developing a supporters' component to the course, so that local authorities can work with the prisoners' children and mothers 'outside' in parallel to the men's participation 'inside'. *Fathers Inside* also ends with a 'What Next' session linking the fathers, their families and children to post-release support-resources. Small-scale evaluation again indicates that prisoners and family members value the course and see positive attitude change in participants. Following *Fathers Inside*, 78% of graduates continued in some form of further education in 2011-12. Only 37% had been engaged in education beforehand. This is likely to be particularly valuable in a group of men who often have little positive experience of education, and may increase their chances of faring well as employees and parents in future.

Both the Safe Ground courses are offered at Parc prison in Wales, embedded in its 'Supporting Families' programme - a multi-agency approach to '*support and develop innovative ways that healthy family ties can be established, maintained and enhanced whilst one of the family members is in a custodial setting*'. Uniquely in Britain, HMP Parc took the ground-breaking step of shifting the management of the Visits Department from Security to Interventions, thus encouraging a more family-focused approach. Volunteers work to support family visits through a café, special family days and more focused interventions. Strengthening family connections inside-outside while helping the imprisoned fathers develops relational and parenting skills via the Safe Ground courses, may reduce reoffending and enhance active fatherhood.

See <http://www.fatherhoodinstitute.org/2011/case-study-innovative-provision-for-imprisoned-dads-and-their-families/> for HMP Parc's work supporting families

3.14. Caring Dads – intervention for maltreating fathers, Canada

Caring Dads is an intervention for fathers who have maltreated their children and/or engaged in violence towards their partner. Established in Canada, it is now available in several countries, including the UK, where evaluation is ongoing.

It is a 17-week group intervention for men which aims to ‘*help men end the use of abusive parenting strategies; recognize attitudes, beliefs and behaviours which support healthy and unhealthy father-child relationships; and understand the impact of child maltreatment and domestic violence on children*’ (Scott and Crooks 2007:225).

The programme seeks to integrate knowledge from several fields: parenting, child maltreatment, behaviour change and batterer intervention, and so represents a multidisciplinary approach to curbing violence amongst abusive men. Links to referral agents are key to successful implementation of the programme, as is contact with partners and children to ensure their safety. Fathers must not use course attendance to manipulate or harass partners or children in ways which lead to further abuse. Some groups (e.g. Respect in the UK, Respect (undated)) have expressed concern that *Caring Dads* may be seen as a stand-alone intervention, and that it should not be delivered without parallel services specifically addressing the prevention of domestic violence. The original developers of *Caring Dads* stress the importance of securing men’s accountability for their violence, and liaising with other agencies and family members throughout (Scott and Crooks 2007: 225-226).

Preliminary evaluation in Canada indicated that around half of men attending *Caring Dads* fitted the profile of abusive men as having ‘*sense of entitlement, self-centred attitudes and overcontrolling behaviour*’ Scott and Crooks 2007: 229). The other half of the men exhibited emotional unavailability to their children, coupled with domestic violence; or domestic violence alongside relatively positive knowledge of their children. These distinct categories in a group of 40 men indicate that abuse in families can operate in a number of different ways, and that the links between domestic violence and child maltreatment are not uniform. Roughly one third of fathers still lived with their partners and children, whilst the rest had varying degrees of contact as non-resident fathers.

The Canadian evaluation reported attrition rates of around a quarter, which is relatively low compared to batterer interventions, and for courses where many attend reluctantly and/or are mandated to do so. Men reported having learned to think before acting, to develop more patience with children and increased knowledge of child development. Scored pre- and post-intervention interviews rating risk of child maltreatment, showed positive change on dimensions including emotional unavailability; failure to respect child’s boundaries; hostility and rejection of child; exposure of child to hostile interactions with mothers. Men said that they would have liked the programme to carry on for longer.

These results indicate that *Caring Dads* has capacity to influence fathers’ attitudes and behaviours towards children and their mothers. Further independent evaluation will improve our knowledge of the power of interventions in this complex field.

3.15. Children's Centres' work with fathers, UK

Children's Centres, funded under the Sure Start²¹ programme in England and Wales, act as hubs of childcare and family services provision. In 2003 an evaluation of fathers in Sure Start found that many Children's Centres were positive about involving fathers, but opportunities to engage them were routinely missed. Recommendations included employing more men (including specific fathers' workers); enlisting mothers to involve fathers; making sure both the environment and activities offered appealed to fathers; extending opening hours to include activities for working fathers; evaluating with father involvement in mind (Lloyd, O'Brien & Lewis, 2003).

In 2010, the Fatherhood Institute compiled information on father engagement in services for children aged 0-19 (Fatherhood Institute, 2010c). The Children's Centres' responses showed that there were areas of good practice where the review recommendations were being heeded.

The most innovative services were taking steps to reach out into the community and to other local services. Several Children's Centres had begun to address the issue of father engagement ante-natally, by discussing its advantages with women attending midwife appointments.

Two London Children's Centre, working in diverse and at least partially deprived boroughs, were able to show that they had employed strategies to increase father engagement. In Barking and Dagenham, fathers' attendance had more than doubled from 200 in 2007, to 550 fathers using services in 2010. In Greenwich, 8% of registered fathers in the borough used Children's Centres in 2008, compared to 30% in 2010. The work of these two Centres exemplifies much of what is written elsewhere about engaging men effectively:

These Children's Centres took time to look at the work they were doing and how they were engaging with local fathers. A survey established what experience staff had in working with fathers. When this audit had been carried out a number of consultations took place with fathers to find out what type of services they would access and when.

Monitoring of fathers' and father figures' engagement within Children's centres in Barking and Dagenham is a routine process. Male data is collected in the same way as female, and includes information such as employment status, religion and smoking behaviour. This data has been routinely collected for over 3 years, and has enabled the centres to monitor which services are engaging with men, and which services need more work to positively engage.

One particular success is "Sports Fit" which works in partnership with Dagenham and Redbridge Football club and is aimed at getting families active. The session runs on a Saturday morning when "The Daggers" play at home. The football club has been key in the engagement of the dads accessing this service. Other successful services are Health and Benefits advice services, which men take up enthusiastically.

²¹ A major national early intervention programme in England

The Greenwich Children’s Centres meanwhile carried out a survey of registered fathers, from which they analysed the men’s preferences for service provision, and how these matched outcomes for children identified in current central government policy frameworks.

They recruited fathers of under 5s from around the Borough to form a Dads Advisory Group ensuring that each post code was represented. The advisory group has achieved several notable successes: 13 centres now offer activities for fathers; an introductory message is distributed to all council tenants in the borough; links have been established with local NHS providers to address fathers’ concerns; links have been forged with local antenatal support groups involving fathers. Greenwich Children’s Centres have also addressed staff training needs in working with fathers and intend to implement more services for specific types of fathers, such as young fathers and fathers from ethnic minority families.



3.16. The 24/7 Dad Curriculum or Siempre Papa (Spanish Edition)

Developed by the US National Fatherhood Institute, the **24/7 Dad Curriculum** or **Siempre Papa** is a programme that is designed to provide men with the skills that they need to be involved and engaged fathers (Identity, 2011). The curriculum covers a wide range of topics around 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. The programme comes in two versions, A.M., which is the programme's basic information, and P.M., which allows the facilitator to delve more deeply into the activities and topics. Both versions contain 12 two-hour sessions that can be implemented with groups of men or individuals. The curriculum has been adapted throughout the United States, and with different populations (incarcerated fathers, Latino fathers).

Between 2006 and 2011, Identity, a community-based organization, conducted an evaluation of the Spanish version of the curriculum, Siempre Papa, with Latino fathers in Montgomery County, Maryland in the United States as part of their Responsible Fatherhood Programme. Identity utilized all 12 sessions in their programme and provided mental health as well as case management support. Each group contained anywhere from 6 to 8 fathers, inmates with the Montgomery Correctional Facility and young fathers. Evaluation results included a total of 211 men who had completed both baseline and exit-programme surveys. All of the responses to the evaluation questions were self-reported. Programme participants ranged in age from 17 to 60, and 91% of the fathers were immigrants coming mostly from countries in Central America.

Some of Identity's evaluation results reveal:

- At baseline, 50% of fathers reported a poor relationship with their children and after their involvement in the programme, 41% reported an increase in the amount of time they spent with their children.
- At baseline, more than half of fathers reported that they used authoritarian styles of discipline with their children. After completion of the programme, 47% of fathers reported an improvement in parenting skills.

Other evaluations of 24/7 Dad show:

- Significant increases in fathers' parenting knowledge (Hyra, 2011; Evans-Rhodes et al, 2010).
- Significant increases in fathers' ability to communicate effectively with partner and children (Hyra, 2011).
- Significant positive changes in fathers' attitude toward parenting (though no changes in perceptions that harsh punishment shows that he is serious) (Hyra, 2011; Evans-Rhodes et al, 2010).
- Significant positive changes in how fathers' perceive their partners' role in parenting (Hyra, 2011).
- Significant positive change in how fathers' perceive gender role (Hyra, 2011).

3.17. The Fathers in Action Project “Proyecto Papa en Accion”, Peru

Healthy childhood development is often dependent on the amount and quality of interaction a child has with his or her adult caregivers. From 2006-2008, the **Fathers in Action** project began working directly with fathers, families and communities to strengthen early childhood care using Kolb’s (1984) Experiential Learning Cycle as the model for their trainings. David Kolb emphasized the central role “experiencing” plays within the learning process, as opposed to passively observing or listening how to perform a new skill.

The project was piloted for three years in a rural district of Peru, Vantania-Provincia Callao in five different sectors. The principal objective was to promote fathers’ involvement in early childhood, as well as promote equitable sharing of caregiving tasks with the mother. Formative research was conducted prior to the pilot with a total of 122 participants ranging from 27-39 years old (52% of women and 46.1% of men had completed secondary school Centro de Estudios Interdisciplinarios para el Desarrollo Humano (2009)). In qualitative interviews, mothers reported that they wanted their partners to be more involved with caring for children. Fathers acknowledged their lack of participation in caregiving, but often cited work as the principal reason for their absence. Other more institutional barriers to fathers’ participation included social programmes that promote only the tasks that mothers can carry out in early childhood care such as breastfeeding, men’s beliefs that childcare workshops are only for women, low educational attainment that forces men to work 10-12 hours a day in the informal labour sector, and gender inequality and restrictive norms.

A total of 500 participants took part in the programme (125 were men, 175 were heads of single-mother households, 100 were family members, and 100 were mothers). The intervention itself consisted of five fatherhood workshops that cover the basics of positive parenting, the importance of reading to young children, a support session for fathers having a difficult time adjusting to their caring role, and a session that included the importance of visual and verbal stimulation for early childhood development.

Qualitative results revealed that fathers felt more involved in the family, that they learned to respect family members and grow together, that they felt more connected to their children, learned how to refrain from using violence, and shared more of the domestic and caregiving work. The evaluation did not include any quantitative baseline or follow up measurements.

3.18. Family Foundations and Childbirth Plus, the Prevention Research Center, Pennsylvania State University, USA

Co-parenting (the extent to which parents support each other's parenting) is of great significance (Feinberg & Kan, 2008) as is the gender-division of labour: when earning and breadwinning are more equally shared both parents tend to be more satisfied with their relationship (Craig & Sawrikar, 2006) which also tends to be more stable (Oláh, 2001). Research from the Global North has identified the first year post partum is a difficult time for the majority of couples, with couple relationship satisfaction declining severely for 1:3 couples (Cowan & Cowan, 2000). Despite these findings, it is rare for ante-natal education to address co-parenting, gender roles or couple relationship issues. This may be a contributing factor to the generally poor outcomes recorded for ante-natal interventions (MacMillan et al, 2009).

Family Foundations, developed by Dr Mark E. Feinberg, is an eight-session, two-hour intervention for couples, who do not need to be living together but must be expecting to raise a child together. Four sessions take place before the birth, ideally in the second trimester of pregnancy, with four after the birth and homework between sessions. Childbirth Plus extends the pre-natal sessions by up to 40 minutes, to incorporate birth preparation/education.

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 while there are opportunities for reflection the sessions are active, with exercises rather than discussion. Topics covered include parenting values and goals, couple communication, managing emotion, managing conflict, stress management, child and parents' temperaments, parent-infant communication, team parenting, sleep, feeding, attachment and security, fun and affection, fathers' roles.

In the US, positive outcomes from Family Foundations have been found in an NIH-funded randomized trial. These include lower maternal depression and improved father-infant relationship, improved co-parenting, couple relationship quality, parenting quality and infant self-regulation; and fewer emotional and behaviour problems at 3 years of age. For certain outcomes, FF had the *greatest* benefits for families at higher levels of risk (based on baseline levels of mother education, father emotional security, mother depression or couple relationship conflict). A slightly reduced version (7 sessions) of Family Foundations is currently being introduced and evaluated in the UK. In the US, adaptations of Family Foundations in development include: (1) A home study version, with a DVD/workbook package for couples (currently in a randomized trial). (2) A version of the DVD series for adoptive families. (3) Adaptation of FF classes for teen parents. (4) Adaptation for home visitation programmes targeting at-risk 'fragile families'.

3.19. A home visiting parenting intervention for first time fathers, using video self-monitoring, Canada

In many countries, home visits are paid to new parents. There are often with mothers only, but research has shown that if fathers are invited to participate, they will often go out of their way to do so (Fatherhood Institute, 2010d).

The purpose of this study (Magill-Evans et al, 2007) was to evaluate a parenting education intervention in the home setting with a community sample of first time fathers of healthy infants. The 'active ingredient' in the programme was 'video self-monitoring' where the 'intervention' fathers viewed and discussed videotapes of themselves showing their infant how to play with a new toy at five, and again at six, months of age.

Social interactions between infants and parents provide babies with the opportunity to acquire nonverbal communicative competencies, an antecedent to formal language development (Holdgrafer & Dunst, 1991). This intervention was designed to increase the father's skill in interactions; in particular, his ability to recognize and respond to the infant's behavioural cues and to promote cognitive and social-emotional growth. Direct interaction was selected as the focus of the programme as father-infant interaction is related to child development. Furthermore, fathers are known to be interested in helping their infants learn; and also to prefer parenting education programmes with elements of active participation.

Further, Pasley, Futris & Skinner (2002) argue that rewarding, active engagement with a child may affect the father's self-perceptions. For example, a father who accurately interprets his infant's behaviour and successfully soothes or stimulates the infant could feel more competent. Therefore a secondary expected outcome of the Magill-Evans evaluated programme was an increase in the father's sense of competence as a parent.

Their randomized controlled study evaluated the programme effects of two one-hour home visits with mainly English-speaking fathers in two western Canadian cities. In both sessions, immediately after the videotaping, fathers in the intervention group ($n=81$) reviewed the videotape together with the home visitor who identified where the father's behaviour had been sensitive and responsive to the child or had promoted cognitive or social-emotional growth. For example, fathers were praised for recognizing and responding to their infant's cues, pacing the interaction to allow their child to respond, verbally encouraging or praising their child, and using language to describe the task clearly. At times the behaviours reviewed were only approximations of the desired behaviour or were extremely low frequency. However, focusing always on the positive, the home visitor encouraged the father to refine his skills. New information was shared in the form of a handouts: in Session 1, a handout which described infant behavioural cues; in Session 2, a handout outlining the components of the 'teaching loop' (alert the baby, show and explain, give baby time to try, praise, suggestions). A copy of the videotape was mailed to the father after each home visit. The 81 fathers in the control group were also videotaped, but the contents of the video were not shared with them and they were given no hand-outs. Instead, they discussed age appropriate toys with the home visitor.

Although first-time fathers in both the intervention and control groups reported increased competence in parenting over time, fathers in the intervention group were significantly more skilled in fostering cognitive growth and maintained their sensitivity to infant cues when the baby was eight months old. This was particularly encouraging, since previous research has shown that fathers of both term and preterm infants show a *decrease* in parent-infant interaction skills during the infant's first year of life (Harrison & Magill-Evans, 1996).

3.20. Mobilising Men: a transnational effort to challenge gender-based violence in local institutions

Mobilising Men is sponsored by the Institute for Development Studies and UNFPA, which works in partnership with civil society organisations to engage men in challenging sexual and gender-based violence. Like Program H (3.7, above) this is not a parenting programme as such. However, a central concern of this review is programmes which reduce children's exposure to violence and we have chosen to include *Mobilising Men* because of its systemic approach to challenging gender-based violence²² and its adaptability as evidenced by roll-out in countries as diverse as India, Kenya and Uganda. Success has not been demonstrated through rigorous evaluation, but through narrative change amongst participants. Its mix of 'tools, stories and lessons' is both recently published and indicative of the power of strengths-based approaches adopted worldwide (Greig with Edström, 2012).

In India, *Mobilising Men* has recruited men to work in three contexts: universities; local government; the Dalit community. Activists were trained in awareness of gender-based violence; documentation of such violence; structuring campaigns to change attitudes and practice. Amongst *Mobilising Men's* successes are the establishment of Anti-Sexual Harassment Committees on each of the seven campuses of Pune University; and gender-based violence being addressed as a *public* issue in *Panchatyas* (village governments) where men continue to lobby for adequate institutional responses to domestic violence.

In Kenya, the initiative has worked in universities, not only through students and faculty, but also amongst Boda Boda drivers – the bicycle taxis relied on for transport. It was known that women passengers were suffering from sexual harassment and assault by Boda Boda drivers, so the trainers recruited influential drivers to educate them about gender-based violence and to construct effective preventive campaigns. This has led to the drawing up of an official code of conduct for drivers, many of whom have slogans speaking against violence and for women's rights clearly pasted to their bikes. The activists have worked alongside female survivors of abuse to press for change.

²² There are numerous Global South initiatives and interventions that have taken similar approaches to changing social norms related to masculinities in schools, the community, the workplace, the military and other institutions. For linkages to some of these see www.menengage.org; www.engagingmen.net; Promundo et al (2010); WHO (2007)

Mobilising Men in Uganda concentrated efforts on the refugee population, where gender-based violence is rife. They have worked in settlements with activists from local youth organisations and the Refugee Law Project to document high rates of sexual violence; examine institutional and attitudinal barriers to female equality; identify effective campaigns. By working through drama, music and dance, activists have informed female refugees of their rights in churches and schools, and have sought to influence institutional cultures which encourage silence on these issues. This work has been challenging in every way, but through enlisting the co-operation of the Office of the Prime Minister’s Representative, the activists continue to campaign for change.

These stories show how education can be most effective when it works to ensure that men are equipped to have their voices heard in the institutions which are most influential locally.



4. Impact of Fathers' Participation in Programmes on Child Maltreatment and Domestic Violence

4.1. Definitions and prevalence

Gilbert et al (2009) define child maltreatment as physical abuse, sexual abuse, emotional (psychological) abuse, neglect and/or intimate partner violence (commonly called 'domestic violence')²³. Un- or under-reporting is common and rates are difficult to compare cross-nationally. WHO, UNICEF and the OECD all compile statistics, and the Lancet Series on Child Maltreatment, from which we cite Gilbert et al (2009) and MacMillan et al (2009), is widely seen as a benchmark source of information on prevalence. Gilbert et al (2009:69) report that parents or guardians perpetrate 80% of all forms of maltreatment except sexual abuse. Biological fathers are less likely than biological mothers to be identified in official statistics as maltreating their children. However, professionals may be more likely to report abuse by mothers (Ryan, 2000)²⁴ and mothers' greater time spent with children provides them with many more opportunities for maltreatment. For both maltreating mothers and maltreating fathers, access to children is the strongest predictor of recidivism (U.S. Department of Health and Human Services, 2005).

How is child maltreatment distributed across the Global North and South? In high-income countries, neglect is the most common form of substantiated abuse (Gilbert, 2009:70). All types of child maltreatment including fatal abuse are more frequent in low-income countries (WHO, 2006:11). UNICEF (2010:21) showed in survey data from countries in Africa, Asia and Eastern Europe (including the former Soviet republics) that on average, three-quarters of children had experienced violent discipline in the previous month.

In the USA, UK, Canada and Australia, Gilbert et al (2009:70) finds between 0.3% and 1.21% of all children having their abuse cases substantiated in a given year. But survey evidence based on self-reports yields higher figures: rates of 3.7%-16.3% reporting severe physical abuse per year for example (Gilbert et al, 2009:70)²⁵ with incidence of up to 15% for neglect (Gilbert et al, 2009:71). Rates of child abuse in the new republics of Eastern Europe are higher: the cumulative prevalence of physical abuse in Serbia, Russia and Romania stands at 24-29% (Gilbert et al, 2009: 70).

²³ Children are regarded as victims of domestic violence even when the violence is not directed at them; and men who use violence towards their partners are more likely than other fathers to be violent towards their children (Sternberg, 1997).

²⁴ Conversely, maltreating mothers may be less likely than maltreating fathers to be reported to the authorities by family members: the closer the relationship between an abused child and a perpetrator, the less likely family members are formally to report the offender (Wallis, 1992).

²⁵ Actual maltreatment aside, it is worth noting that in the UK 10% of children describe themselves as frequently fearful of their fathers, compared with 5% who are similarly afraid of their mothers (Cawson et al, 2000). Some men may underestimate the power of height, loudness of voice etc. to frighten children – a point which may be worth making to fathers in general.

Prevalence of domestic violence reveals a similar pattern, with rates ranging from 13% of women in urban Japan to 61% of women in rural Peru (WHO, 2005: 6). OECD evidence indicates that rates of domestic violence are higher in Eastern than Western Europe, with 10% of Swiss women experiencing physical or sexual violence by a male partner in a given year, compared to 38% of Lithuanian women (OECD, 2010:3).

4.2. Risk factors for child maltreatment – and relevant interventions

Socio-economic characteristics associated with child maltreatment (including accidental child mortality) include poverty, child poverty and national income inequality. Hence, in part, its greater magnitude in low-income countries (OECD 2011:253). Using official records to measure abuse may include poorer families disproportionately, due to their higher rates of contact with child welfare services.

Family structure may also be a risk factor, but in complex ways. Single parent families tend to be poorer than couple-headed ones. New partners or step-parents present a risk for some children, with, for example mothers' boyfriends accounting for 21% of cases of head trauma in infants (Dias et al, 2005).

Individual characteristics may also be important: low education, high parental stress, addiction etc. As with socio-economic characteristics, these may provide entry-points for interventions to prevent child maltreatment by fathers. Economic insecurity and job loss have been found to contribute both directly and indirectly to heightened physical child abuse and neglect risk by fathers via multiple pathways, including paternal irritability, tension and explosiveness (which increase their tendency to be punitive towards their children) and stresses arising from greater transience in residence, which is associated with economic hardship (Guterman & Lee, 2005).

In a study of fathers and non-fathers entering substance abuse treatment it was found that where fathers also suffered from Post-Traumatic Stress Disorder, this correlated significantly with negative parenting, whilst substance abuse itself did not (Stover et al, 2012). Other studies have found a simple link between fathers' abuse of alcohol and negative/insensitive parenting (Eiden et al, 2002; Eiden & Leonard 2000). Andreas et al (2006) found that when alcoholic fathers entered a treatment programme, the simple fact of their receiving treatment was associated with improvements in their children's adjustment; and a clinically significant reduction in child problems was found with fathers' alcoholism recovery. Lam et al (2009) found that fathers with alcohol problems who received parent training as well as behaviour couples therapy and individual treatment, fared better than those receiving individual treatment or individual and couples treatment together. Those receiving all three inputs showed improvement on parenting measures and follow-up through Child Protection Services. While child outcomes were not measured, the results do suggest possible benefits of more holistic approaches to male substance abuse. Replication in larger trial studies is required.

Many studies have noted that men who use violence with their partners or children were often abused themselves (e.g. Pittman et al, 2006). Heilman, Contreras, Barker et al (2012:30) found that having witnessed domestic violence as a child was a predictor of use of such violence as an adult amongst Brazilian and Indian men. Early assessment of at-risk men is likely to lead to harm reduction (Florsheim & Ngu, 2003). Assessment is not possible if practitioners fail to engage with men. In child protection in the UK, professionals' failure to engage with males as risks or resources in children's lives has been noted in many Serious Case Reviews and identified as a key concern in SCR summaries (e.g. Brandon et al, 2009; OFSTED, 2011). Thus it may be that relevant *programmes* to meet the needs of fathers in families where there are safeguarding concerns are 'second order' requirements – 'first order' being training and support for practitioners in identifying and engaging with the men.

4.3. Systematic review evidence relating to programmes to prevent or reduce child maltreatment

Systematic reviews relating to parental abusive behaviour and treatment interventions are unfortunately of limited use to our enquiry, because the evidence base which they interrogate is often gender-blind. A search on 'parenting program' in the Cochrane Reviews database produced a list headed by reviews where, variously, the small numbers of participating fathers were excluded from analysis; 'parents' were undifferentiated; or studies reviewed were explicitly mother-only.

Lundahl et al (2006) conducted a meta-analysis to assess the capacity of parent-training programmes to prevent physical and emotional abuse and neglect. The authors conclude that programmes are more effective if they include both one-to-one and group-based elements; if they deliver in a variety of settings (home-based and office); and if they include both non-behavioural (attitudinal change) and behavioural (child-management) approaches. These may be useful pointers to bringing about behaviour change in maltreating fathers but we cannot be sure: there is no information on how many men participated in the studies, nor how – or if - findings differed by gender.

Mikton & Butchart (2009) conducted a 'systematic review of reviews' relevant to child maltreatment prevention. They found that home visiting, parent education, and abusive head trauma and multi-component interventions all 'showed promise' in impacting on rates of child maltreatment. However, methodological problems (e.g lack of control groups; non-randomized control designs) prevented firm conclusions. Furthermore, Mikton & Butchart do not report findings by gender – probably because the interventions they were reviewing did not do so either²⁶.

²⁶ Those cited in this review which we were able to access had not done so

The overview by MacMillan et al (2009) of ‘what works’ in child abuse interventions again fails to address gender of perpetrator as a primary concern. These authors point to the [Nurse Family Partnership \(Case Study 3.2, above\)](#) and to [Early Head Start \(Case Study 3.1, above\)](#), as programmes showing best evidence in preventing child maltreatment. As we have seen, these two programmes are based primarily on mother-child engagement and investigation. However, EHS appears to work effectively for fathers as well as mothers in preventing physical abuse of children.

It is likely that many of the programme elements found in the systematic reviews to be valuable in preventing child maltreatment by mothers could be usefully incorporated in work with maltreating fathers. This does not however suggest that a gender-neutral approach will be sufficient. For instance, a particular feature of maltreating fathers 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 et al, 2006).

4.4. Domestic violence perpetrator (‘batterer’) programmes

It would not be unreasonable to include in this review ‘perpetrator programmes’ – i.e. programmes which have succeeded in preventing, halting or reducing intimate partner violence - as ‘proxies’ for reducing the tension and violence to which children are exposed. Brown & Hampson (2009) surveyed over 60 perpetrators taking part in a behaviour change programme and a counselling intervention. They conclude that:

‘The study showed that services for perpetrators are actually services for the perpetrators and their adult and child victims, all of whom gain considerably from services to perpetrators. The study showed that services should include a range of strategies and interventions integrated within any one organisation as well as within local service networks.’ Brown and Hampson (2009:49)

Rigorous evaluation of perpetrator programmes is rare. Gondolf's (2002) multi-site work in the USA remains a primary source. Gondolf (2002) recommends that batter interventions are seen in the context of wider justice/welfare services to which men and their families have access, and that women's reports of recidivism are included in programme evaluations. Some have argued (Parker Hall, 2012: 19) that perpetrator programmes are less effective when they adopt control-centred punitive approaches (the traditional 'Duluth' model), rather than attempting to address underlying experience of abuse and/or developing culturally sensitive approaches²⁷. Better evaluation could help determine which strategies work best and whether and how addressing the fatherhood of participating men is a useful strategy in halting violence and other controlling behaviours. While hard evidence is currently elusive, anecdotally, practitioners tell us that fathering is included as a lever for behaviour change in a wide range of perpetrator programmes today. Such programmes are also starting to be implemented in parts of the Global South (Latin America, South Africa, Indonesia, among others) although evaluation research on them has so far been limited.

4.5. Parenting programmes for fathers who have used violence

Caring Dads (our Case Study 3.14) is perhaps the best-known intervention in which fathering and abuse and violence issues are handled together; and we refer to *Fathering after Violence: breaking the cycle* in our catalogue of additional programmes (below).

In Norway (Rakil, 2006), a project working with fathers within an established treatment and research centre ('Alternative to Violence' <http://atv-stiftelsen.no/engelsk>) found considerable work was needed for fathers to integrate the reality of their violence with their role as parents. ATV's experience suggests that interventions need to address: men's perceptions of themselves as fathers; the ways in which their violence is affecting their relationship with their child and the mother's relationship with the child; the effects on the children in both the short and longer term; children's developmental needs and how these are violated by the presence of violence.

Scott, with Mederos (2012) in her review of pioneering parenting programmes for men who batter postulates: use of a motivational approach ('motivational interviewing'); continued emphasis on the need to end violence against their children's mothers; addressing accountability for past abuse; and intervention to reduce fathers' use of harsh discipline.

²⁷ For example, in a US agency that provided court ordered domestic violence treatment, practitioners observed that recently arrived Latino immigrant men failed to respond to the Duluth model. This observation led to implementation of a culturally sensitive intervention that took into consideration Latino cultural values and environmental stressors on immigrant families. Healing themes were selected that required the men to confront personal trauma and negative acculturation experiences, connect these to conflict and partner abuse and help the men to gain the attitudes and relationship skills needed for respectful and compassionate family leadership (Hancock & Siu, 2008).

In the UK, Action for Children (2011) have recently highlighted the importance of involving fathers in interventions related to neglect, but they do not cite evidence from any specific programmes. A study by Dubowitz et al (2000) found that father presence did not affect rates of neglect in a group of American children recruited from an inner city primary care clinic and a second group at risk of HIV; however fathers who had a greater sense of parenting efficacy were less likely to neglect their children. Such results may provide tentative suggestion that parenting programmes addressed to fathers could assist in reducing rates of neglect.

Given the paucity of data in high-income countries, it is not surprising that rigorous studies relating to child maltreatment from middle- and low-income countries are elusive. There is a feeling that many NGOs are active on the ground challenging cultures of abuse. Indeed, harsh discipline (physical abuse) seems to be susceptible change through awareness campaigns. A campaign promoting positive discipline in Montenegro resulted in the numbers of parents reporting using physical discipline in the past week being halved (55% using physical punishment before the campaign and 22% afterwards (UNICEF country reports 2010, personal communication)). Future evaluation could usefully address effectiveness by gender of parent.



5. Impact of Fathers' Participation in Programmes on Children's Health and Learning Outcomes

Our knowledge of the associations between fathers' involvement in their children's lives and their children's health and educational outcomes is based on a relatively extensive evidence base; however our focus in this report is on evidence of fathers' impact on child outcomes *via interventions and programmes which involve them*, and in this respect the evidence base is more scant.

We know from cohort and other studies in a number of countries in the Global North that substantial involvement by fathers with their children correlates with better health and learning outcomes through childhood and into adulthood. A recent review covers much of the existing picture with respect to fathers' involvement in children's education (Fatherhood Institute, 2010e). Benefits to children of high father involvement also include children's better peer relationships; fewer behaviour problems; lower criminality and substance abuse; higher occupational mobility relative to parents'; greater capacity for empathy; non-traditional attitudes to earning and childcare; more satisfying adult sexual partnerships; and higher self-esteem and life-satisfaction (Sarkardi, 2008; Flouri, 2005; Pleck and Masciadrelli, 2004). Conversely, low levels of father involvement have been associated with a range of negative child outcomes (for review, see Flouri, 2005).

Programmes that set out to increase the *quantity* of fathers' involvement with their children can therefore be considered to be addressing an important proxy for positive child outcomes. We found a number of programmes, including Early Years father-child activity programmes, that explicitly set out to increase the amount of time men spent interacting with their children, or claimed that as an outcome – (for example, [case study 3.1 Early Head Start promotes father engagement and involvement](#); [case study 3.6 Papa schools seek for fathers to recognise their important role and take up parental leave at birth](#)) Evaluations, however, were few and far between and rarely rigorous.

We also looked at programmes which set out to improve parenting *quality* by, for example, developing parents' understanding of child development or their skills in child behaviour management. Programmes of this kind were found in a range of settings, including in prisons. Many of our Case Studies have a child development component, and in low- and middle- income countries this often reflects a lack of experience among many men in primary care for infants or constructive play with children. Some were father-only programmes and therefore reported on outcomes in relation to men but, sadly, most of those did not benefit from rigorous evaluation. The vast majority did not disaggregate parents' experiences or outcomes by gender and so could not answer whether or how father involvement impacts on programme effectiveness or child outcomes. The FAST programme in schools, for example, has been evaluated through participants' feedback as effective in increasing family well-being and child educational outcomes and it seems reasonably likely that its effect on and through fathers is positive. However, in the UK only 9% of participating parents were fathers and results were not collated by gender (McDonald et al, 2010).

In the Global South – as illustrated in a number of our case studies (e.g 3.6 UNICEF papa Schools, 3.7 Program H, 3.10 Ecole des Maris, 3.12 ACEV Father Support Programme) – involving men in reproductive and perinatal health can encourage attitudinal change among men (towards gender equality and valuing of daughters) and better attendance in health settings. Such involvement can be life-saving at best. Similarly, small-scale studies in the Global North have engaged seriously with fathers on the topic of breastfeeding - and found higher breastfeeding rates (Chung et al, 2008); and have engaged fathers in supporting mothers suffering from post-natal depression - and found associations with the women’s earlier recovery (for review, see Burgess, 2011). In the Global South, involving fathers in the prevention of mother-to-child transmission of HIV correlates with the percentage of pregnant women being tested and treated (WHO, 2012)²⁸. Such findings suggest that working to involve fathers more in perinatal and early child health could contribute to achieving better outcomes in public health policy to which many countries aspire. However, rigorous evaluation of fathers’ involvement in health-related interventions remains rare.

²⁸See also <http://blog.firelightfoundation.org/2010/06/20/fathers-matter-a-lot/>

6. Relating the Evidence to Policy and Practice

6.1. Parenting leave policies and fathers: what works?

6.1.1. Introduction

Parenting leave design has recently been identified by the OECD as *'one of the few policy tools that are available to governments to directly influence behaviour among parents'* (OECD, 2011: 137). It is through its capacity to 'de-gender' the early years of childcare that this influence is chiefly felt.

There is an immense diversity of provision of parenting leave²⁹ globally (World Bank, 2011: 20) with the global picture remaining differentiated - largely between a more gender-equitable, higher-income North and a more traditional, lower-income South (World Bank, 2011: 20). With the exception of the United States, OECD countries grant an average of 19 weeks paid maternity leave (OECD, 2011:130) but the levels at which this is paid vary. Parental leave provision is even more diverse: 10 OECD countries provide no paid parental leave, whilst the rest have provision covering a wide range of leave duration and payment rates³⁰ (OECD 2011: 130/131). OECD countries enjoy four to five weeks of father-specific leave (sometimes called 'paternity leave') on average (OECD, 2011:135).

An increasing realisation that long maternity leave may make women more expensive and less attractive to employ, has contributed to a desire to provide leave that can be used by fathers (World Bank, 2011:16). Eighty-two countries worldwide provide paternity leave and this is paid in 73 countries. The Nordic countries have the best-established and most generous provision for fathers – both with regard to wage replacement rates and amount of time allocated. The rest of Europe and Australia have followed the Nordic countries more recently. No Southern Asian economy offers paternity leave (although in Hong Kong public service employees are now granted five days); and this provision is described as 'rare' on the African continent (World Bank, 2011:16).

Leave that can be shared by mothers and fathers is available in 48 economies worldwide, and paid in 34.

²⁹ "We using the term 'parenting leave' to cover as an umbrella to cover maternity leave (granted to women only at or immediately around the time of birth), paternity leave (granted to men only at or immediately around the time of birth) and parental leave (granted to either or both parents after the initial birth leaves have expired, and up to a variety of ages in childhood in different countries). Some confusion of terminology can arise because some countries use 'parental leave' to describe leave which can be used by either parent, be transferred from mother to father, or even be reserved for one sex exclusively. We will distinguish between leave types as necessary and possible (from Fatherhood Institute, 2010a: 8)

³⁰ In practice, the relatively low rate of pay for parental leave means that even in countries where it is available to either parent, mothers are more likely to take it up than fathers

It should not be forgotten that the provision of maternity leave alone may have an indirect effect of increasing father-involvement. This is because maternity leave enables women to participate substantially in paid work; and women's greater participation in paid work correlates with men's greater participation in family work, at least in the Global North.

Payment for maternity and paternity leave is generally by government, by government-and-employers or by employers alone. Payment is usually only for parents who are employed (i.e. not self-employed) and who are employed in the formal economy (hence paid maternity leave may reach fewer women in low- and middle- income countries). Payment (especially by government) for paternity leave is rarely found outside, the Global North (WHO, 2010:11; World Bank, 2011:21). In Brazil and Chile, where 5 days paternity leave is available via national social security taxes, 61% and 21% of men respectively report taking paid leave after birth (Barker et al, 2011).

6.1.2. Increasing fathers' take up of leave

OECD (2011) suggests that both gender equality and fathers' take up of leave can be best encouraged by increasing payment rates for leave that fathers can take; offering financial incentives to take leave; reserving non-transferable leave for fathers on a 'use it or lose it' basis; and facilitating flexible leave options. The most effective approach is viewed as a combination of these strategies, always including non-transferable leave for fathers (OECD, 2011:138). In Norway, these insights led to 10 weeks leave being reserved for fathers and nine for mothers, as women needed no encouragement to take unreserved leave (Brandth & Kvande, 2009). Most Norwegian fathers now take paternity and parental leave.

In Germany, a recent reform has doubled the proportion of men taking parental leave (from 8.8% in 2007 to over 17% in 2008 (OECD, 2011:138): parents are given a bonus of two months paid parental leave if *he* uses his entitlement. Iceland reserves three months' leave for mothers and three for fathers, with a further three months to be used as suits – either his, hers or theirs. This 'parental leave' can be taken in one block, or flexibly, until the child is aged three. Alongside a large increase in the proportion of men taking leave (88.5 men for every 100 women in 2007), Icelandic men took about a third of the parental leave (Einarsdóttir & Pétursdóttir, 2010). This is a remarkable figure, given that 20 years ago Icelandic fathers took no parental leave whatsoever³¹. Iceland also has some of the best records in the world for sustaining breastfeeding³² and a high return-to-work rate for women. In 2009, Iceland showed the greatest narrowing of the gender pay gap in the world (Hausmann et al, 2009)³³.

³¹ http://www.nikk.no/Nordic+family+policies+%E2%80%93+between+quotas+and+freedom+of+choice.b7C_wjK2l.ips

³² Even though 36% of Icelandic mothers have returned to work by six months post partum, breastfeeding rates at that point are 74% (O'Brien, 2009).

³³ A full discussion of these issues can be found in the Fatherhood Institute's Fairness in Families Index (2010a).

6.1.3. The impact of fathers' take up of leave on parents' and children's health and wellbeing

In Sweden, high take up of parental leave by fathers has been linked to lower rates of separation /divorce (Olah, 2001) and is associated with higher levels of contact with children, should mothers and fathers subsequently separate (Duvander & Jans, 2009). Furthermore, Swedish men who took paternity leave in 1978-1979 tended to adopt healthier lifestyles and had a 16% reduced mortality risk (Månsdotter et al, 2007). Another large scale Swedish study found a decreased risk of "all-cause mortality" among men who took between 30 and 135 days of parental leave (Månsdotter & Lundin 2010). Norwegian men's quality of life was improved through take-up of parental leave (Holter et al, 2009: 260).

British data has shown fathers' failing to take paternity leave or share childcare responsibilities increasing the likelihood of a 3 year old child having developmental problems (Dex & Ward, 2007). And evidence is mounting for the benefits of fathers' take up of leave. For example, controlling for the likelihood of leave-taking fathers being prone to high involvement with their infants, Nepomnyaschy & Waldfogel (2007) found a minimum of two weeks' leave associated with greater caretaking later. Another study (EHRC, 2009) found that the 69% of British fathers who took paternity leave said it improved the quality of family life, and 56% believing it had helped them take a greater role in caring for their children. Tanaka & Waldfogel (2007) found UK fathers who took formal paternity leave 25% more likely to change nappies and 19% more likely to feed their 8-12 month old babies and to get up to them at night. Kiernan & Pickett (2006) found partnered women less likely to smoke or become depressed and more likely to breastfeed.

6.1.4. Father-involvement, gender equity, violence and abuse

Like mothers' participation in the paid workforce, fathers' participation in caretaking is linked to greater equality in decision making which, in turn, is linked to lower rates of violence and physical punishment of children (Holter et al, 2009:239). Causation in this area remains to be proven, but it seems likely that a male who respects his female partner's rights and needs and the value of 'women's work' will be less likely to consider violence an acceptable form of dispute resolution or exercise of power within the home. It may also be that caring for a partner and/or children influences behaviour in biological (i.e. hormonal, neurological or physical) ways, leading to less likelihood of responding to stress through anger and violence (Gray & Anderson, 2010). Furthermore, higher levels of paternal caretaking are associated with lowered risk of father-daughter incest (Williams & Finkelhor, 1995; Parker & Parker, 1986). but these theories need thorough testing before causation is established. The examples in our case studies of programmes in low-income countries aimed at changing men's views of women and gender roles (e.g Program H, ACEV, Mobilising Men) provide at least preliminary support for connections between gender equal values and reduction of violence/stereotypically macho behaviour.

Holter et al (2009:239) conclude that: *‘the results convey a strong message, both in terms of policies and regarding the international research debate. What is “best for the children” cannot be isolated from issues of gender equality and democracy among the adults’*. Availability of parenting leave to fathers, and measures that promote take up, are likely to play a role in ultimately increasing gender equality. Thus parenting leave for fathers can be seen as playing an important, if indirect, role in decreasing children’s exposure to violence and abuse.

6.2. Parenting interventions and fathers: what works?

6.2.1. Engaging fathers

The first recommendation for policy and practice in this arena must be to address fathers directly and draw them in. When provision of support remains predicated on the daily availability of mothers as primary care-givers, ‘parent’ comes to mean ‘mother’ and fathers (and working mothers) remain marginal to services and interventions, as well as to their evaluation. While this is the case, our capacity to learn about the impact of programmes on fathers, and about the impact of their participation in programmes, will remain limited. Policy, data collection, monitoring and evaluation must therefore disaggregate ‘parents’ into ‘mothers’ and ‘fathers’; fathers’ data must be collected on the same basis as mothers’; and analysis of effectiveness at all levels must include gender as a variable.

When services and interventions actively seek to recruit, attract and retain fathers as an integral part of their work with families and shift the delivery of interventions to meet the needs of working fathers and mothers also, fathers are in effect given permission to enter the world of women and children and their participation in services and interventions greatly increases (Raikes et al, 2005). It is important to bear in mind, however, that such a shift in delivery often requires overcoming cultural barriers to father engagement. Some of these barriers may exist at institutional level or amongst individual staff members and need to be addressed through training; some may come from fathers’ own perceptions of having a role (or not) in various settings, and may be overcome through dissemination of information about services, as well as through positive encounters with services themselves. There is also a need to change social norms or the social imagination about the roles of women and men in households.

6.2.2. Intervening early

Evidence suggests early intervention to be the most effective in paying educational, social and health dividends (Allen, 2011). This may be particularly relevant to involving fathers both in programmes and in their children's lives, because levels of father-involvement established early on tend to endure (Hwang & Lamb, 1997; Duvander & Jans, 2009). As already mentioned, more equal parenting leave policies, which enable men to play an important role in their children's lives from the beginning will clearly be significant here.

Some interventions, many of them in the Global South, have sought to intervene even earlier. Like Case Studies 3.7 Program H and 3.20 Mobilising Men (above) these are often aimed at young, low-income men *before they become fathers*. The aim is to move them from more traditional non-involvement in caregiving to more egalitarian views, encouraging better, more respectful treatment of women and valuing parenting and domestic life as activities in which men may usefully and fruitfully be involved. Alongside this goes discouraging negative behaviour (unprotected sex, violence towards women, absent/abusive fatherhood).

6.2.3. Targeted v. universal intervention

Early intervention is often primary or 'universal' intervention, i.e. aimed at a broad population, rather than 'targeted' to address a particular set of risks for a particular group of people. [The Leksand model \(Case Study 3.5\)](#), is relevant here. Uniquely among the interventions covered, it demonstrates a high rate of retention of fathers in a programme lasting over five years. The reason for this would appear to be an open route to attendance *from pregnancy*, whereby all fathers- and mothers-to-be were invited to join the group, and health professionals operated *at the service of the group*, rather than mothers and fathers being 'taught' by professionals.

It is well established that 'targeting the neediest' may not, especially in terms of prevention, be more cost-effective or more useful than providing a universal service, within which support for 'needy' families is nested (Bremberg, 2006: 65-67).

The same may well apply to engaging with fathers. When special services are 'targeted' at fathers in place of wider engagement in the service or programme, fewer fathers may be reached, outcomes may be less positive and some negative effects may even be seen. If fathers are not 'welcomed' in universal provision, those vulnerable or problematic fathers who may require targeted support risk remaining invisible or 'hard-to-reach'.

6.2.4. An holistic approach in specialist interventions

From the evidence available from substance misuse and domestic violence programmes, as well as interventions to enhance parenting skills and reduce child abuse risk, a picture emerges of holistic, multi-dimensional programmes having the greatest chance of success.

The home visiting programmes of the Nurse Family Partnership and Early Head Start both show positive results in reducing child maltreatment by mothers (and in the case of EHS, where child maltreatment trajectories among some fathers were also measured, by fathers). This is probably because the programmes are relatively intense and cover a range of parenting and personal issues including self-confidence and self-efficacy as well as more direct parent training. The value of a multidimensional aspect is also apparent in the domestic violence interventions of Gondolf (2002) and Brown and Hampson (2009) which recommend that a range of programmes and approaches be available for men being treated for their use of violence.

The recommendations for a multi-pronged approach to abusive behaviour echo perspectives elsewhere that it is by dealing with *relationships* that interventions can be most effective. [The Cowans' work with couples in various interventions \(case study 3.3\)](#) suggests that the quality of what is going on *between* fathers and mothers in their couple relationship should be addressed as an integral part of providing support for parenting. When parents live apart and when they live together there is scope for interventions to work on positive coparenting strategies for the benefit of their children and their ongoing involvement as parents (McHale & Lindahl, 2011).

A slightly different perspective on the importance of relationships is provided by programmes in low- and middle- income countries (e.g. Cases 3.13, 3.20) which take a community perspective on positive practices in healthcare and the mobilisation of men to combat abuse. More detailed evaluation of both of these perspectives would improve our understanding of how male involvement in programmes enhances outcomes for all family members.

As important as the interventions themselves may be the capacity and willingness of practitioners to engage with men and view them as people, partners and parents with a role in children's lives (and to question their own attitudes as practitioners about men's capacity to be caregivers). This will also require practitioners to view children holistically, with a good understanding of the constellations of relationships surrounding them – and of how men who are significant to them are connecting with them, or not.

The Fatherhood Institute (UK) is currently piloting an intervention with child protection teams to develop their skills and self-confidence in engaging with both abusing and non-abusing males, improve data collection relating to them and identify and remedy other gaps in practice that inhibit engagement with men, in a sustainable manner. An application has been made to a European Fund to extend this pilot into mainland Europe. It may well be that simply routinely engaging with men where there are child protection concerns, as well as in families in which concerns have not yet surfaced, will be as useful as any specific intervention with fathers in child protection in reducing child maltreatment.

7. Conclusion

Current research into fathers' involvement in family interventions linked to child outcomes is bedevilled by a lack of data collected systematically from and about fathers. There is a consensus - and much descriptive evidence - that involving fathers in their children's lives is a good thing. And there is an emerging consensus that involving them in interventions to reduce harsh parenting and increase positive parenting and the amount of time they spend with children is also worthwhile. However, hard evidence of this is sparse for the many reasons outlined earlier. Because of the way programmes are conceptualised and delivered, we still know more about the issues around engaging fathers in interventions, than we do about the differences they make once they are there.

It is important to remember that interventions differ not only in locale but also in goals; some attempt to engage fathers in programmes; others focus on the quality of involvement; within that category, some attempt to change attitudes while others focus more on behaviour. We have to recognise that the simple question "what works" is hard to answer, because "what works" depends in part on what the goals are and how they are measured. In a global context, both the goals, and the measurement strategies employed to assess them, vary enormously as this report has shown.

Some will naturally hope that, in intervening with fathers, 'off-the-shelf' programmes can be imported and applied locally. At the Fatherhood Institute we have, and are currently, delivering programmes derived from and, in some cases ([e.g. see Case Study 3.18](#)) adhering closely to models imported from outside our own country. However, as we undertake this work we are aware of the need to modify, change or extend elements of any given curriculum, not only to make the intervention culturally relevant but also to introduce other elements of good practice of which we have become aware. Providing fathers with support for their parenting is an emerging field and requires flexibility and innovation.

We think that were one designing a programme from 'scratch' – for example, a Behavioural Parent Training intervention or a curriculum for an intervention with incarcerated fathers - a fruitful way forward could be learn from a number of programmes and then develop and pilot a new approach. This would likely incorporate training for facilitators on gender issues and on recruiting and engaging with men and couples, including engaging with them not just in specific parenting interventions but more widely: across a particular service and/or, where possible, in universal provision. Also relevant would likely be to introduce multi-dimensional programme elements, where these are missing, as well as particular exercises or approaches known or thought to appeal to fathers. Piloting interventions and evaluating effectiveness, even if internally and simply, must be a priority, as should dissemination of 'what works' in appropriate forums – such as via the Fatherhood Institute and the international MenCare and MenEngage networks.

8. Catalogue of Additional Programmes

This catalogue adds to the 20 case studies outlined above. Those represent, as far as possible, the full range (geographically, issues addressed, outcomes measured) of our brief. The catalogue programmes (below) are all programmes of interest, too. Reasons for not including them among the more extensively-described case studies included, for instance, a weaker evidence base, a topic/geographical area already covered and methodological issues, such as the children targeted not being in the proscribed age range.

DADS FOR LIFE³⁴

The Dads for Life program aims to reduce the risks of divorce for children by targeting their recently divorced noncustodial fathers. In evaluation, 214 fathers of children aged 4-12 participated in the study; 127 were assigned to the treatment group, and 87 to the control group. Dads for Life was shown to have a positive impact on conflict between noncustodial fathers and mothers who were recently divorced.

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Source: Bronte-Tinkew et al (2007)

RESPONSIBLE FATHERHOOD PROGRAM FOR INCARCERATED DADS - FAIRFAX COUNTY

The Fairfax County Responsible Fatherhood Program for incarcerated dads was 'implemented to educate incarcerated fathers about child development, responsible fathering and to re-ignite child-father relationships'. Evaluation involved 56 men in the treatment group and 31 in the control group. Fathers in the treatment group (who had attended at least 4 programme sessions) had significantly higher frequency of contact with their children; improved knowledge and attitude towards fatherhood; and improved knowledge of the justice system.

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Source: Bronte-Tinkew et al (2007)

³⁴ Not to be confused with Singapore's 'Dads for Life' initiative, which is a city-wide programme of events and advocacy for higher father involvement: <http://dadsforlife.sg/about>

YOUNG DADS

This program targeted African American adolescent fathers (aged 16-18) to help them become more confident and responsible fathers. Evaluation revealed statistically significant changes for fathers who participated in the program, as opposed to control group fathers. For example, they had three times the employment rate at second follow-up (97% compared to 31%), enjoyed better current - and anticipated better future - relationships with their child (77% of participants said their relationship was good/excellent compared to 50% in control group; 96% predicted it would be good or excellent in future compared to 73% in the control group)

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Source: Bronte-Tinkew et al (2007)

'FRAME' – AND ADAPTATION OF 'PREP' FOR FATHERS/PARENTS

PREP (Prevention and Relationship Education Programme) provides resources for those who teach relationship education, and many of their programmes have been evaluated – details can be found here

<https://www.prepinc.com/main/Articles.aspx?ID=10>

FRAME (Fatherhood, Relationship and Marriage Education) is a 14-hour intervention delivered either to couples or individuals: to be eligible for study, couples are living together with children under 18 and on relatively low household income. In evaluation, 102 couples were assigned to attend couples-based intervention; male-only intervention; female-only intervention or non-participating control group. Attendance was associated with a reduction in negative communication in couples. Non-attending partners of people attending the individual workshops confirmed these findings. Whilst negative communication was reduced in all interventions, men in couples groups did not show significant change on this measure, whilst those in men-only programmes did. Further information is available at

<http://www.relationshipeducation.info/downloads/pdf/05%20Markman.pdf>

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PARENTS AS TEACHERS, USA

An evaluation was funded in 2010 to 'increase father participation in Parents as Teachers; to increase fathers' knowledge of child development;

To enhance fathers' parenting skills; and to encourage fathers to become more engaged and influential in their children's everyday lives.'

175 low-income resident fathers participated, and those who received at least 8 hours of skills-based parenting education through fatherhood group meetings had higher participation rates in home visits; improved skills and knowledge of parenting, enhanced communication/relationships with children, and improved patience and understanding of age-appropriate behaviours.

Parents as Teachers

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St. Louis, Mo. 63146

<http://www.parentsasteachers.org>

FAST (FAMILIES AND SCHOOLS TOGETHER), UK

Primary School FAST is a two year after-school, multi-family group programme, which begins with eight weekly sessions led by a team of parents working in partnership with professionals, and then becomes a monthly programme led by parent-graduates with professional support. The professionals are from health, education, social care and work with parents to adapt the programme to local needs. FAST has been positively evaluated in the USA, and here in the UK the evaluation also reported positive outcomes in terms of parents' experience of the course and the quality of their family relationships and participation in school and community activities. Parents and teachers reported improvement in children's behaviour as well. However, only 9% of parents were fathers. FAST are considering evaluating future implementation by gender and seeking to involve more fathers.

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PARENT-CHILD INTERACTION THERAPY (PCIT)

PCIT is a highly focussed intervention whereby specific skills and parenting behaviours are conveyed to parent-child pairs, with the aim of changing parental behaviour. It is a rare example of an intervention delivered to parents with a history of child maltreatment, and focussed on lowering recidivism. A randomised control trial (Chaffin et al, 2004) found that recipients of PCIT had less than half the rate of re-report for physical abuse as those in a standard community-based parenting group (19% recurrence compared to 49%). These are encouraging results, but although we know that 35% of participants were fathers, the results are not disaggregated by gender.

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FIJI WOMEN'S CRISIS CENTRE

The Fiji Women's Crisis Centre is an NGO working to provide advice and counselling for women and child victims of violence. It also works in advocacy and community education, raising awareness about violence against women. Since 2002 the Centre has been involved in male advocacy, beginning with workshops for community leaders, such as policemen and religious leaders, but also moving towards campaigns for men in general, raising awareness around gender issues and violence against women. A UNICEF report described their work in engaging men as 'exemplary' because of the participatory nature of workshops, focussing both on gender attitudes and violence prevention.

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THE FATHERHOOD PROJECT (SOUTH AFRICA)

In 2003, the Human Sciences Research Council (HSRC) launched the Fatherhood Project with the purpose of supporting child protection and men's caregiving at an ecological level (Richter & Morrell, 2006). The project began as a result of three realities in South African families: 1) High rates of child sexual abuse perpetrated by men; 2) absence of men from households where 42% of children in 1998 lived with only their mother (Budlender, 1998 as cited in Richter, 2004); and 3) increased care needs of children whose parents died of AIDS.

Though the project was not intended to change "widespread" behaviours and attitudes, it aimed to change agencies' agendas regarding how they fund social science research, change the discourse around men and caregiving, and support the inclusion of fatherhood in programmes that target women and children (Richter, 2004). Since the evaluation targets were not as easily quantifiable, the results were provided via a narrative. There were three phases to the project: 1) awareness raising and advocacy, 2) information dissemination and 3) research and publication.

One of the main successes from the first phase was the South African Navy's incorporation of the Fatherhood Project images onto their materials to promote fatherhood when men had to be away from home. The second phase, information dissemination, included a website which had 15,503 hits on July 2004, up from 1,654 in January of that same year. The third phase, research, focused on conducting formative research with children on their views of fatherhood and the publishing of a book entitled *Baba: Men and Fatherhood in South Africa* available at <http://www.amazon.com/Baba-Men-Fatherhood-South-Africa/dp/0796920966>

This project, though now closed, laid the groundwork for other fatherhood campaigns and projects in the region, contributing to the lessons learned around how to engage men in caregiving.

Sources:

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MAMA'S CLUB (UGANDA)

Established in 2003, Mama's Club is a programme that trains HIV-positive mothers as peer educators to train Club members in life skills, and prevention of mother-to-child-transmission of HIV (PMTCT) (AIDSTAR-One, 2008). Peer educators use song and dance to communicate positive messages while also talking publicly on radio and television to raise awareness around the existence of discrimination against positive mothers. An important component of Mama's Club is addressing harmful male norms and behaviours through the use of counselling and peer education. By engaging men as allies they, in turn, sensitize other men to the needs of HIV-positive women and mothers by discouraging them from leaving their partners and becoming more active fathers. The fatherhood mentor Program Has 25 male peer educators to date who are currently reaching out to families in their communities. As a whole, the programme currently utilizes 100 peer educators (about 20 mothers for each of the 5 districts in which they operate). Working with groups such as the Positive Men's Unions that train mentor fathers, the programme implementers found that it is possible to change men's thinking around fatherhood, as well as have them support positive health seeking behaviours for the benefit of their partners and children.

Though Mama's Club collects data on who and how many people it reaches, impact evaluation data is not yet available.

Source:

AIDSTAR-One. (2009). Excerpt from Integrating multiple gender strategies to improve HIV and AIDS interventions: A compendium of programmes in Africa. John Snow Inc. Retrieved from: http://www.aidstar-one.com/sites/default/files/Gender_compendium_Final.pdf

THE PARENT CENTRE (CAPE TOWN, SOUTH AFRICA)

The Parent Centre in South Africa is a violence prevention organization that aims to eliminate child abuse through the use of positive parenting and discipline. They began working with fathers as a separate group several years ago by focusing primarily on their roles within the family. They currently have three trained staff members, all men, dedicated to this work. In partnership with the Department of Social Development, the Parent Centre trained several more men in rural areas to act as mentors to new and existing fathers. There are currently 67 men who have been trained in positive parenting and sensitized to the importance of fatherhood involvement in children's lives. Continuing education workshops are also provided to the trainers so that they are consistently reminded of the principal messages around positive fatherhood involvement and have a support system in place to address their specific needs.

Source:

The Parent Centre. (No date). Fatherhood workshops. Retrieved from:

<http://www.theparentcentre.org.za/p/225636/fatherhood-workshops>

SONKE GENDER JUSTICE: A RANGE OF PROGRAMMES INVOLVING FATHERS (OR CHILDREN'S PERCEPTIONS OF FATHERS) IN SOUTH AFRICA

The Fatherhood and Child Security Project encourages and supports men to play a more active role in the lives of their families, to work to eliminate violence against women and children, to prevent the spread of HIV, and to promote support for orphans and vulnerable children. Using focus groups with fathers in rural South Africa, the intervention works to stimulate discussion and provide information on gender issues, positive fatherhood, violence prevention and sexual and reproductive health. Pre- and post-surveys indicate shifts towards gender-egalitarian attitudes, rejection of violence, improved knowledge of HIV/AIDS.

One Man Can Fatherhood Program (Campaign) South Africa provides a comprehensive set of tools for communities to mobilize for health, human rights and gender equality, especially by engaging men and boys. In the One Man Can Fatherhood Program, implemented in the rural districts of South Africa, the curriculum was used with groups of fathers to form small community action teams. One example of action taken was when the fathers started a vibrant after school care initiative. The fathers assisted learners with their school homework in various subjects. In addition they also ran HIV prevention information sessions for the learners. After the homework sessions the fathers would prepare meals for the learners and accompany some back to their homes, to ensure that they arrive home safely.

One evaluation of the One Man Can campaign showed that participants were more likely to access health services and to report incidences of interpersonal violence.

The Role of Men in Our Lives (Sonke Photovoice): In 2008 Sonke assembled groups of children in rural South Africa to talk about the role of men in their lives and the types of relationship they would like to have with fathers. Children used participatory photography to capture their experiences of the men in their lives, with journals that documented descriptions of the images. It was striking that in deprived circumstances where many parents work away and many fathers are harsh disciplinarians who often abuse alcohol, the children had a sense of what a positive and loving father might be.

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FATHERING AFTER VIOLENCE, USA

San Francisco's 'Fathering after Violence Project' (FAV) has not only worked with men's fatherhood to end their use of violence but has also introduced a reparative framework for fathers who are in the position to start healing their relationships with their children in a safe and constructive way. Breaking the Cycle, Fathering After Violence: Curriculum Guidelines and Tools for Batterer Intervention Programs offers information, exercises and more to help perpetrator programs begin these essential conversations.

See

<http://www.endabuse.org/programs/display.php3?DocID=197>

(last accessed 10 April 2012).

9. Forthcoming Research of Relevance to our Report

Multi-Site Research into Perpetrator Programme Outcomes

London Metropolitan University/Durham University/London School of Hygiene and Tropical Medicine with Respect, UK

This is an ongoing study of what works in community-based (as opposed to court-mandated) programmes for perpetrators of domestic violence. The study will follow 600 cases where men have participated in perpetrator programmes, compared with outcomes for 200 cases where men have not attended a programme. Reports from female partners will be the main source of data, with a subset of men interviewed in depth as well as their partners. The project is adopting a nuanced approach to definitions of ‘success’ of such programmes and will be a valuable contribution to knowledge in this field.

<http://www.respect.uk.net/pages/multi-site-research-into-perpetrator-programme-outcomes.html>

U.S. Centers for Disease Control

These publish details of child maltreatment programmes currently being developed and evaluated by the U.S. Centers for Disease Control. CDC collates information and disseminates in health promotion and prevention in the USA. Two studies are currently underway looking at ways to engage fathers more effectively in intervention programmes aimed at reducing risk of child maltreatment, but have not yet reported outcomes:

Source: <http://www.cdc.gov/violenceprevention/>

Enhancing Fathers’ Ability to Support their Pre-School Children

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10. Additional Web Resources

http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/ehs_fathood.html

The US Administration for Children and Families, Office for Planning Research and Evaluation – links to the findings on fatherhood research in the Early Head Start programme and other federally-funded projects

www.aracy.org.au

Includes Australia's Fatherhood Research Network

<http://www.childandfamilypolicy.duke.edu>

Wide range of research and policy resources, including a number of family support programmes/prevention of abuse approaches which are currently undergoing evaluation and will report in next year

http://www.childwelfare.gov/pubs/usermanuals/fatherhood/chaptereight_m.cfm

Good review of father engagement strategies and list of a number of local fatherhood projects in the USA. These include 'Project Fatherhood' an LA-based parenting education and abuse prevention programme for low-income high-risk fathers in LA, which is currently undergoing evaluation. The programme's founder, quoted in April 2011's APA journal

<http://www.apa.org/monitor/2010/04/fathers.aspx>

Says: "I'd love to have people call upon the fatherhood groups instead of calling the police," "I'd like for there to be one on every corner."

<http://www.controlled-trials.com/>

Database of RCTs recruiting/ongoing and completed – parenting programs often deal with adolescents and/or do not provide information about fathers, but worth keeping an eye for forthcoming work in the field

<http://www.crcw.princeton.edu/workingpapers>

Fragile Families research – not so much on interventions, but info on fathers in Fragile Families and incarcerated fathers

<http://www.ecdgroup.com/download/cc115aci.pdf>

UNICEF - fathers' roles in Africa and Latin American countries

<http://www.engagingmen.net>

Engagingmen.net is designed for practitioners, policy makers, academics, students and all who are interested in effectively working with women and men in partnership for gender equality and addressing the negative consequences of unequal power relationships. Engagingmen.net has a theoretical focus on men, gender, and masculinities and practical focus on initiatives that encourage boys' and men's involvement and support of women's empowerment, ending violence, and work towards healthy relationships for all. Engaging boys and men is a strategy that is central to the content of this site, but it is not an end. The goals are gender equality, peace and justice.

<http://www.fatherhood.gov>

US's National Responsible Fatherhood Clearinghouse – featuring federally-funded father-oriented programs and Obama's Fatherhood Pledge

<http://www.fatherhood.org>

US National Fatherhood Initiative – which collates evidence on father involvement in children's lives and intervention programmes (including [case study 3.16, 24/7 Dad/Siempre Papa](#)); and negative aspects of father absence

<http://www.fatherhoodinstitute.org>

Based in the UK. Engages directly with fathers and mothers in a range of interventions; publishes internationally-used research summaries to evidence the value of engaging with fathers; works with policy makers in the UK and around the world to help them develop father-inclusive policy; and trains, and provides resources for, practitioners to help them develop father-inclusive practice.

<http://www.fathers.com>

(National Center for Fathering) U.S. non-profit organisation which provides research-based training for men to meet their children's needs, advocates for involved fatherhood and compiles research on benefits of father engagement and father involvement and child outcomes.

http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/bibs/father_involvement.pdf

Studies looking at issues of father engagement in US welfare system; a few resources look at father involvement and child outcomes

<http://www.men-care.org>

MenCare – A Global Fatherhood Campaign – officially launched in November, 2011 in Washington, D.C. and is coordinated by Promundo, Sonke and the MenEngage Alliance, as an effort to promote men's involvement as fathers and as caregivers. It seeks to provide support materials, messages, policy recommendations and research to encourage local MenEngage partners, NGOs, women's rights organizations, governments and UN partners to implement campaign activities in their settings.

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<http://www.menengage.org>

MenEngage is a global alliance of NGOs and UN agencies that seeks to engage boys and men to achieve gender equality. International Steering Committee Members include Sonke Gender Justice Network (co-chair), Promundo (co-chair), EngenderHealth, Family Violence Prevention Fund, International Center for Research on Women, International Planned Parenthood Federation, Men's Resources International (United States), Salud y Genero (Mexico), Save the Children-Sweden, Sahoyog, White Ribbon Campaign, WHO, UNDP, UNFPA and UNIFEM.

<http://ndacan.cornell.edu/>

National Data Archive on Child Abuse and Neglect – gives access to datasets and library resources on child abuse and neglect

<http://www.oecd.org/social/family/database>

The OECD Family database is the go-to resource for cross-country, comparable statistics on all aspects of family life in Europe and selected countries worldwide

<http://www.parentinginfrica.org/>

Brings together information on parent training, father involvement, child protection and family strengthening initiatives from across the continent

<http://www.preventionaction.org/>

Looks at what works in preventive programs – some father-related findings but mostly with adolescent children

<http://www.researchconnections.org/files/childcare/keytopics/FatherInvolvement.pdf>

Overview of father involvement findings and list of articles dealing with father engagement – notably in EHS and Head Start

<http://www.unfpa.org>

The United Nations Population Fund, gives details of projects related to reproductive health and gender equality and discusses the role of engaging men in reaching equality and health goals worldwide. Includes news that [Ecole des Maris \(case study 3.10\)](#) was honoured as among the 'Women Deliver 50' most inspiring ideas or solutions in terms of delivering for women. The competition, organized by Women Deliver in conjunction with [International Women's Day](#), celebrates the progress made on behalf of girls and women worldwide.'

The UNFPA's annual State of the World Population publication has different themes each year, and the two example below show how including men in gender equality work, and as part of culturally sensitive gender mainstreaming, has been discussed and implemented in projects worldwide.

<http://www.unfpa.org/swp/2005/english/ch6/index.htm>

http://www.unfpa.org/swp/2008/en/03_promoting_gender_equality.html

<http://www.unicef.org/evaldatabase/>

Shows evidence on UNICEF programs around the world, promoting child welfare and preventing abuse

<http://www.who.org>

World Health Organisation - WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

<http://www.worldbank.org>

The World Bank is a vital source of financial and technical assistance to developing countries around the world. The site provides access to extensive research and publications on development and poverty reduction worldwide, including gender equality data and projects.

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