Dads and Babies

Father & Child

A resource for everyone working with young families.

Foreword

At the International Fatherhood Summit in Oxford (UK) in 2003 access of men to health services emerged as one of the top areas of concern amongst delegates from both the developed and developing world. Increasingly, men's access to health services also determines children's access to such services as in many countries men reclaim an active role as fathers, and sometimes as sole or primary caregivers even of very young children. It is increasingly recognised that targeting only the mother with education or intervention services is less effective for the outcomes for children than targeting mothers and fathers.

The perinatal period is a crucial time, and a window of opportunity, for service providers to model and support democratic models of childrearing. During pregnancy and the early months professionals working with young families play a significant role in how that family makes their choices regarding childrearing, accessing health services, and division of roles between the parents. *Not* involving the father in home visits, health checks for the baby or other such services is as strong a message as involving him, and has an impact on the father's own confidence as a parent, the mother's confidence in him, and both parents' level of experience and knowledge in raising the child. The new parents' insecurities makes them look for help and advice. Professionals working with young families should never underestimate the impact of the messages they send, not just by what they teach but also by how they teach it.

Hands-on involved fatherhood is by no means a new phenomenon, but for most dads it used to be restricted to older children and there was an expectation to be more involved with boys. Since the mid-1980s, however, father involvement in early childhood has become mainstream, regardless of the sex of the child. While researchers started examining the impact of such changed roles on child

development (also with an eye on attachment theory), practitioners have been slow to respond overall. Various reasons have been put forward for this, and the limited availability of fathers during standard working hours is not the smallest of them. However, research by the Office of the Children's Commissioner has found that about 2/3rds of fathers do *not* see work commitments as an obstacle to hands-on parenting involvement, and anecdotal evidence suggests that making time during standard working hours for visits of a professional (for example) is not a problem for the majority of fathers, if the professional herself makes an effort to see both parents.

This resource updates and extends the Father & Child Trust booklet "Dads in Ante Natal Classes" to include more recent thinking on relationship changes, men's mental health during and after pregnancy, and their role during the birth of their child. We hope that you will find it useful for your practice when trying to include fathers in your service, and that it will give you some food for thought while leaving you hungry for more.

Christchurch, November 2009

Harald Breiding-Buss

Contents

Pregnancy

It is common for men to feel impatient about the birth especially of their first baby. Pregnancy is often perceived as 'waiting time' before the much craved for interaction with baby can begin. Pregnancy and birth are major events in a woman's life, and women often find it hard to look *beyond* the birth. The birth is, most of all, an *end* to their current predicament, whereas for men it is the *beginning* of their fatherhood. In antenatal classes, men are often more interested in parenting issues or information about postnatal depression than women, as this is part of their attempts to create the right environment for the baby once it has arrived.

In pre-natal men's groups, discussions about parenting, or about possible health complications in either mother or baby, tend to flow most easily. If available, it makes sense to target men with father-specific resources about issues such as baby health or postnatal depression at this stage. Such information is a natural part of a father's growing identity as someone who looks after his family.

Men are often *not* keen to discuss their own changes and possible mental health complications with women, or while their partners are present; to do so would compromise their understanding of their role as looking after their families. Men do not want to "burden" their partners with their own feelings, and women may unconsciously give cues to their partner that talking about their (the father's) needs is not welcome. The idea of being unable to meet this role as a support for the mother – due to depression or even a physical handicap in the father – can be a very frightening thought for a new father.

Because the mother's and the child's wellbeing are so closely related in the father's perception, feelings of having failed the mother may lead to a father being absent in his baby's life. Where mother and father do not live together at the time of the birth, this can lead to the father showing no open interest in the child at all. Fathers still tend to be unaware of the

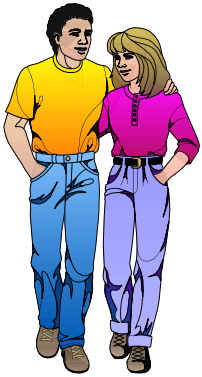
During pregnancy men start to think about how they would relate to a child that is their own.

importance of their direct interaction with their offspring *independent* from their relationship with the mother, or, if aware, they believe society is unsupportive of it.

Where parents do not live together the midwife or parent educator should contact the father directly to invite him to attend antenatal classes. If his presence distresses the mother, it makes sense to put them in different classes. Providers with large numbers of births may also offer a specific information evening for non-resident expecting fathers, giving information about the birthing process, the importance of fathers and the ways they can interact with their child. The group should also be asked if they wanted to continue meeting and/or networking (i.e. passing around a phone- and address list).

Very few men will reject their offspring once it has arrived, provided they are given a chance for contact. For men who take it hard, the foremost aim should be to bring the family safely through the pregnancy, and to establish long-term support for the father (as well as the mother) to help him with the adjustment. This may require a (possibly male) support worker establishing good and regular contact to the father throughout the pregnancy.

Relationship Changes During Pregnancy



Lack of awareness of the changes in the relationship that having a baby brings about is increasingly recognised as an important factor in relationship breakups.

Having a first child is a major transition in both a man's and a woman's life, and in many cultures has high spiritual relevance. The change in the relationship between the expecting mother and father is triggered by:

- the expecting parents' ideas about *themselves* as father or mother,
- the expecting parents' expectations on the *other* as a father or mother, and
- the expecting mother's higher physical support needs.

Our ideas of a good girlfriend or boyfriend are not necessarily the same as our ideas about a good mum or a good dad. What we expect from those roles changes how we see the person we have possibly lived with for years. For men it may be the first time that they held anything back from their partner, for fear of upsetting them during a time when she is fragile.

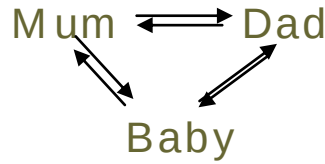
Many expecting mums become quite assertive about their needs during pregnancy, and are encouraged to be. Coupled with a man's sense of responsibility for his partner this may lead to a relationship no longer being *mutually* supportive, but becoming a one-way street.

For men this can have devastating effects, if their partner has been their *only* emotional support so far, as is so often the case in Western culture relationships. Traditional male support networks, such as working men's clubs, sports clubs, or even the evening in the pub, have broken down in many communities, or they include mixed-gender situations, which can make it difficult for a man to talk about relationship issues without appearing disloyal in front of women.

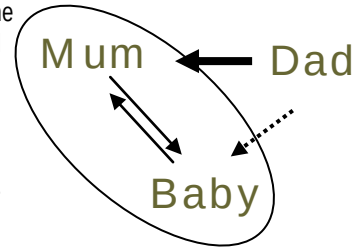
Some studies have shown that relationship counselling during pregnancy is very effective in keeping relationships intact after the baby is born. While an expecting mother's support needs are arguably high during pregnancy , and her partner plays a significant role in delivering such support, it may literally drain a father's emotional resources if he himself does not have outside support. Yet, because so much attention is focused on the mother, he is even *less* likely to ask for outside support than in other life situations.

Men also often cannot see the difference between their relationship to their partner and to their baby. It can be said that while a mother has individual relationships to her partner and to each of her children, a man has a relationship with his family. Her actions will be directed towards what she perceives as being best for the individual child or her partner, his actions towards the wellbeing of the family as a whole. Fathers tend to feel they are doing a good job if they can provide their partner and child with *choices*: career opportunities for mum that do not arise from financial necessity, a safe "nest", opportunities for activities as a family, and for quality childcare or education. While this attitude was useful at a time when a provider/caregiver split in men's and women's roles existed, it can be counterproductive in modern situations. It can lead to significant role confusion and adjustment problems in situations where the father is either the main caregiver, or spends significant time with the children due to shift work or self-employment.

Not much stays the same in the relationship after a couple has had a baby.



Relationships after childbirth: How *SHE* sees it...



...and how *HE* sees it...

Antenatal Classes

Fathers should be invited to all sessions, but specifically those about birth complications, breastfeeding and relationship changes. It is strongly recommended to have at least one session where men can discuss father issues by themselves.

New Zealand research found expecting fathers themselves to be very strongly in favour of such a men-only session, especially *after* they have had the experience. Negative stereotypes about male support groups can often lead to reluctance initially to take part, and it may be necessary to give the men the opportunity to meet the facilitator of the group at the session before.

If your antenatal classes contain a relationship module, the group can be split in men and women for a period of time, but no less than half an hour. The groups should be physically separated and be out of earshot of each other, and the men's group should be facilitated by a male. Most important is not to dodge the difficult issues and to model your classes on reality, not ideals.

Further modules where more focus on fathers make sense are: preparations for the birth, breastfeeding and postnatal depression.

Topics that should be discussed in the ***men's group*** *are*:

- expectations for future involvement: how long do the guys expect the provider/caregiver split in the family to last? Are those expectations realistic?
- change in the relationship: men develop into fathers, women into mothers, and at least for the first few years they live in very different and separate worlds. This is a permanent change that impacts on communication.
- support for the men: As all attention is on the baby and mum, fathers may be left "high and dry", cut off from the emotional support they are used to from their partners. As their realities become so different from their partners' they need to find support from other dads to help them in the adjustment (see chapter ":Networking Fathers")

Topics that should be included in the ***birth module*** *are:*

- Encourage the couple to think about how they make their decisions under stress, and the mother to spell out what her expectations on her partner are during the birth.
- Encourage the men to think how they would react if their partners call on them to make all the decisions that arise in the heat of the moment.

Topics that belong in the ***breastfeeding module*** *are:*

- How is dad's bonding to baby affected by breastfeeding (don't dodge!)
- Storage, expression and use of breast milk at times when mum is away.

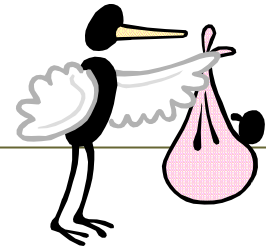
Topics to include in the discussion about ***postnatal depression*** *are:*

- What should a father do if he thinks his partner has PND?
- What options are available for men suffering from depression after childbirth?

Pregnancy Checklist

- ☐ Do you address relationship changes and issues of becoming a father in your classes?
- ☐ Do you address issues for men around breastfeeding and birth, especially when problems develop?
- ☐ Do you have a male co-facilitator for relevant antenatal sessions (breastfeeding, birth, relationship)?
- ☐ Do you have a policy on non-resident fathers?
- ☐ Can you provide additional support for, or refer to another agency, men who will become primary caregivers, are very young, or separated?

Birth



Being present at your child's birth has become almost mandatory for New Zealand fathers, and for many expecting parents being together at this time is as much a bonding exercise for the relationship as it is about the baby. Witnessing the birth of a baby can be a watershed event for a man, after which nothing will ever be the same again. And it may trigger a multitude of sometimes conflicting emotions.

A father's first concern will usually be for the mother; however, there is often very little he can actually do to help. Holding hands or providing hot towels to ease the birth pain, for example, may make him feel more useful. Midwives and doctors, whose first concern is also for the mother, may sometimes perceive the father as mainly being in the way.

Regardless of how the father sees his own role when he goes into the birth process, for the service provider he must be considered a *client*.

Delivering a baby is a health service for a woman, an infant *and a man*. This includes procedures and policies to look after him when things take an unexpected turn; such as an unforeseen Caesarean section, or the father developing health problems himself.

Where a mother has chosen a private support person for her birth, it may make sense to suggest this for the father also. This is especially important if a difficult birth, such as a Caesarean Section, is expected. Often, a mother is expected to make a decision about, for example, if forceps should be used when the birthing process seems stalled. Effectively, she often refers this decision to her partner (or another private support person present). Many men carry a feeling of guilt around with them for years about possibly having advised the wrong course of action at this point in time. What he feels is right may also conflict with what the partners had discussed before about how they would like the birth to be (e.g. as 'natural' as possible), and this will put him on the spot when a decision is referred to him. A (preferably male) support person for the father cannot free the father from the responsibility he will feel about this decision, but he can make the difference in coping with having to make it.

Having a support person actually attend the birth often

does not appeal to men, as they see this as a private experience which should involve as few people as possible. After the birth men will be keen to have some time alone with mother and baby, and this is policy in most hospitals. *A support person for the father may be someone who is not actually present, but who is available for a get-together* after *the event.*

Unlike a new mother, a new father will often feel like celebrating and relating the birth story to others. You may suggest to a pregnant father to find a friend who won't mind to go for a drink with the new dad on short notice. Such de-briefing is invaluable, and it can be the seed of an ongoing support network for the father.

Problem Births

Like women, men can suffer from Posttraumatic Stress Disorder after a particularly difficult birth or pre– or post-natal period. Any father witnessing a difficult birth may later have feelings of shame, guilt, helplessness and failure. The resulting mental health problems are rarely picked up by health professionals, and have been associated with relationship break-up and suicide.

After a difficult birth, being able to debrief with a - preferably male – counsellor can make all the difference.

The father may also have to shoulder the larger part of the baby care in the early weeks, if a difficult birth requires an extended recovery period for the mother. *Support persons for the mother – midwives or Plunket nurses – should make a particular effort in these cases to establish a relationship with the father and facilitate access to relevant resources and help.*

Childbirth Checklist

- Is there a professional or voluntary support person available to the father?
- Has the father all the information about pain-relieving drugs and assisted delivery?
- Does the father know how to help his partner?
- If a Caesarian section becomes necessary, or other major complications arise, can you arrange counselling after?
- Do you have other resources for the father (books, newsletters etc.)?

Postnatal

Support in the period after the birth of the first child is very important to assist the role change both parents are going through. Action during this time is most effective in pre-empting complications later which may be in areas of mental health, relationships or child abuse.

Networking Fathers

Health professionals are becoming increasingly aware of the use of networking new mothers. As a new mother's circle of friends will change drastically after the birth of her first baby, it makes sense to use antenatal and postnatal education to facilitate the formation of a new network. Most hospitals or other birthing providers make some efforts to put mums in touch with each other postnatally.

The same efforts should be made for new fathers, although a different approach may be needed. While men's or father's groups have lost much of their 'new agey' label that was so off-putting to many men, they still often respond better to the concept of playgroups, supporting their partners or giving their partners a break, i.e. a gathering with a purpose other than just

talking or looking after themselves. In other words: get the babies along to it.

Many well-intended initiatives for fathers fail, because they don't distinguish between men's *needs* and men's perceived *purpose*, which during pregnancy and childbirth can come into conflict with each other. A father's perceived *purpose* is to support his partner and build a framework for the family. This makes him very anxious not to present himself as fragile or not in control. Groups or courses that offer men advice on how to look after their *own* needs don't go well with this self-image.

Men may be more attracted to events that are about men's unique contribution to early childhood development, such as Father & Child's Dads + Babies talk, or to playgroups that give mum a break (i.e. Saturday morning). Once the men are in a group setting together, mental health, relationships and other needs of the men are usually quite freely discussed. They tend to *hold* a group together better than those issues that *brought* them together. *The challenge of pulling fathers into support which addresses their needs is not an unwillingness by men to talk, but in finding socially acceptable (i.e. non-selfish) ways to form such a group.*

Timing: Father's or men's events are typically put on in the evenings to accommodate men's standard working hours. However, as new parents new dads tend to be tired, and particularly so after a full day's work.

There is great flexibility in many men's employment, and many do not work the standard hours. There will always be some who are not in paid work at all. In general, men will be in a much better space to engage in the mornings, and this is also when their babies are more settled and more ready to be in a room with others.

Opportunity antenatal class: If fathers are introduced to each other during the antenatal classes (for example by providing a men-only setting as part of one class), chances are high that they will return to get together with their babies later, if such an event is organised.

You may also consider to radically change the format of your antenatal classes, by offering a weekend retreat instead of a series of weekly classes. This would leave enough time for social activities and would give men more opportunities to get to know each other.

Postnatal Depression—Partner's Perspective

Fathers can be affected by postnatal depression directly or indirectly. Where they are affected indirectly (through their partner's depression) common issues are:

- not knowing how to help partner through her depression, or attempts to help are frustrated.
- Not understanding that his partner is asking him to *listen*, not to *act* on what she tells him.
- disappointment: a father may have expected the birth of his baby to be a joyful event, and the time after a happy time. He may feel his partner is not 'pulling her weight'.
- partner's anxieties 'rub off' on him
- feeling overwhelmed by responsibilities, heightened by partner's limited functioning. A father may have long days at work and have the baby thrown into his arms as soon as he comes home. Some fathers may go without sleep, if they come home after a nightshift to a partner that is not coping.
- his ability to function properly as a parent may be reduced through the extra pressure. A father may also crash when his partner begins to recover, as the events of the past months catch up with him.
- feeling guilty about spending any time on himself.
- waiting for the depression to be 'over' so that they can get on with happy family life.

Most men will cope well for a period of time with the extra pressure—they are conditioned to rise to challenges and put their own needs on the backburner. It is important to realise that postnatal depression in mothers often leads to a particularly strong father-baby attachment.

Medical studies have shown that men's hormones

respond very similar to women's when being close to a baby—there are increases in prolactin and cortisol and decreases in testosterone. This puts fathers in a great dilemma when the mother recovers from depression and is asked to assume the role that the father may have played so far. His suddenly reduced role is likely to trigger a feeling of loss and grief, but it would be unacceptable for him to talk about it. If a father has bonded with baby very strongly, a change in role which means much less involvement by him is devastating. Under no circumstances should a father's attachment to baby be viewed simply as a 'placeholder' arrangement.

If a mother becomes enrolled in a programme for the treatment of postnatal depression, the father should be given relevant information about the structure and content of this programme as well as general resources about becoming a father.

This plays an important role in starting a process of thinking about how the father sees himself in the relationship and in relation to the child. *The worker dealing with the mother most should also try to establish a relationship with the father.* This is to keep an eye on the father's own mental health, and it may also aid the depressed mother in giving her the feeling that her family is looked after as a whole, not just her in isolation. Where parents are separated, establishing contact with the father may also be useful, unless this would distress the mother even further.

Running a partner evening can go a long way in establishing a support network for the fathers. For a part of the evening the group should be split in men and women, and the male group facilitated by another man. Relationship issues can then be discussed more easily in the re-united group between men and women.

Questions you may ask a father with a postnatally depressed partner, or when facilitating a men's group during a postnatal depression programme could be:

- What is it like to come home from work at the moment?
- Does she appreciate your trying to help?
- How do *you* feel about having a baby?
- Are you worried about baby?
- Do you know what to do to help her out of it?
- Do you want to know more about postnatal depression?

Postnatal Depression in Fathers

Fathers can also suffer from postnatal depression themselves. According to some studies postnatal depression is as common in men as in women (10-20% of all births). At the core of such adjustment problems for men are often:

- uncertainty about their role (how much or how little does their partner want them to be involved)
- mixed messages about role from friends, family, media.
- own understanding of fatherhood may not match that of his peers.
- bonding with baby is frustrated, for example through a particularly exclusive mother-baby bond.
- he may feel he is not earning enough money to make him a useful part of the family.
- reality very different from expectations, especially about the extent of his emotional bond with the baby
- feeling 'trapped' in the family, i.e. loss of emotional attention from partner while no real gain in emotional attention from offspring may make a father perceive family life as unrewarding, while at the same time social pressures prevent him from doing other things he might enjoy.
- feeling trapped in a relationship he feels ambivalent about.

Adjustment issues can be particularly strong in fathers who become primary caregivers of their babies. When taking over from their partners they may feel less skilled in handling the baby. There may be doubts about whether they are doing the right thing or whether it is 'unnatural', i.e. the baby's development may suffer from not having a primary bond with its mother. There are virtually always feelings of failing the family by not providing an income. Isolation can be a particularly strong issue as they find themselves as males in an almost entirely female world.

A postnatally depressed father will most likely be referred through his partner, or his parents. At this stage no formal programmes are in place anywhere in New Zealand to treat postnatal depression in men separately

from other types of depression. However, as the issues that led to the depression tend to be very specific to the situation of fatherhood, it is important that support is given by another male with sufficient experience and knowledge in raising children and the postnatal adjustment process for men.

Recognising depression in new fathers may be the main challenge, as admitting to it would put many fathers into a major conflict with his role of a support person for the mother, and with his perception of looking after the family as a whole. Furthermore, health professionals as well as volunteers in the early childhood area are predominantly females working with women and babies. Not only are there no specific treatments available for fathers in this situation, there are also no avenues through which depression in men could be picked up in the first place and referrals could be made. At this stage, it is very much up to the health professional dealing with a particular family to trust her instincts about whether a man is coping well or not, and to act on them. The father's own parents, siblings or friends may often recognise signs of depression earlier than his own partner, and a professional may want to involve them.

Two behavioural symptoms have proven to be strong indicators of depression in new fathers:

1. Apparent lack of 'pride': A typical new father is prone to brag about his baby when given an excuse, usually commenting on the baby's developmental progress, receiving the first smile etc. A new father tends to be enthusiastic about being a dad, and, when asked, won't easily refer to problems there might be. Men tend to play down problems. If a father doesn't, this is usually as much of a cry for help as you will get.
2. Not supporting mum: A new father who is passively unsupportive, for example does not go along with mum to partner appointments, is probably struggling himself: he does not have the energy to support others.

The Edinburgh Postnatal Depression Scale can be used to screen fathers also, and offer a talking point. The use of the EPNDS in men has been researched and appears to return lower scores (by about two points) than would be expected for women for the same level of distress. This means a cut-off score of 10 would be recommended if 12 is used for mothers.

Priority should be given to reduce the father's isolation as a male parent. He might be open to suggestions of contacting a local men's group (for example mensline), but, if available, initial home visits or one-on-one sessions by a staff of the health service provider may have to break some ground first, and take away anxieties about joining a group. Such one-on-one visits can also take place at a café during

the father's lunch break, or while having a drink together somewhere in the evening; initially, fathers are more likely to open up to a female than a male.

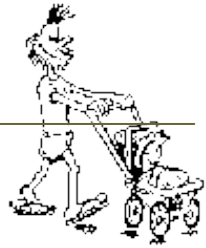
An informal network can also replace a formal group, and there may be friends or family who could be enlisted to provide ongoing support and communication lines. A male volunteer – perhaps a previous client – could network with this father on an informal basis. Many men shy away from an analytical and cognitive approach (especially if it involves probing into their childhood), and a 'good mate' worker may need to break the ice first.

Where postnatally depressed fathers are primary caregivers there may be similar concerns for the child's safety as in postnatally depressed mothers. Even a healthy parent may 'snap' under adverse circumstances, for example difficult older children, unsupportive families/partners, financial worries.

Postnatal Checklist

- Do you try to organise postnatal get-togethers for fathers?
- Do you give resources about postnatal depression (in both, women and men) to fathers?
- Does your PND programme/group/facility include men?
- Is there a male in your organisation who could look after the father in difficult family situations?
- Can you organise support for fathers suffering from depression, or whose partners suffer from depression?

Special Cases



Single Fathers

Single fathers with babies are rare – probably no more than 100 infants under one year nationwide are in the sole – or main – care of their fathers, who live alone. Nevertheless they present a special challenge as most likely they have missed out on antenatal education, tend to come from lower socio-economic backgrounds, and may have gone through some trauma due to problems with the child's mother.

These fathers and babies may need more extended one-on-one support as they don't integrate easily in mothers' groups. Like most fathers they are also often cut off from much of the parenting information. *Plunket nurses or other community health workers play a crucial role in assisting the father with baby care issues.* If there are any father support networks in your area (except those for non-custodial fathers), he would benefit from accessing those.

The likelihood for a child to be in the sole care of their father increases with age (5% of children overall are), and if the father has not been engaged by services in the early days, the child may literally 'drop off the radar' once in the father's care. This provides the strongest argument for inclusion of all fathers in all ante– and postnatal services as a matter of course.

Single fathers may initially struggle with feelings of guilt, especially of not having been able to provide baby with a 'proper' family. However, like mothers, they quickly gain confidence as parents and resent patronising advice.

Single fathers with babies may suspect a professional to observe him with an eye on having the baby taken away from him, and they are particularly vulnerable to allegations of abuse. This is the single most common reason for a single father to fail accessing child health or support services. He may expect to be watched rather than supported, and past experience may give him reason for this

Househusbands

There is no way to exactly determine the number of full-time male caregivers in New Zealand, but community health workers and family support workers have been reporting increased contact with such family set-ups for some time. It is estimated from research evidence that in New Zealand 10-20% of fathers of pre-schoolers will be in a primary caregiver situation for at least a few months.

The most common situation is a dual income family, where the father's working hours deem him to be more present during the child's waking hours than the mother. As these fathers meet traditional stereotypes of the good provider as well as modern expectations, and as they are likely to get emotional rewards from their involvement with their child, complications in the wellbeing of these men tend to come from factors that existed before baby came along, such as an unsatisfactory relationship with his partner and/or her extended family; low job satisfaction etc. There is also a danger of "burning out" as these fathers tend to cope with very small amounts of sleep, and a deterioration of the relationship with his partner, as spending time together has become a major logistical exercise.

A non-traditional father, who provides no income, may have to deal with a significant amount of role conflict. He might be lacking in confidence, be very isolated (especially in rural areas), and may in addition display any of the problems young mothers are struggling with: lack of intellectual challenge; changes in relationships with friends/ own family; little previous experience in handling babies; uncertainty about his attachment to baby.

Research has found no significant difference in the development of children that have been in the primary care of their fathers compared to those cared for by their mothers. Research has also found no significant differences in parenting style between men and women in primary caregiver situations, with both learning quickly to take their cues from baby.

Single and At-Home Fathers Checklist

- Do you have a policy for involvement of non-resident fathers in the antenatal process?
- Do you have a referral contact for separated new fathers?
- Do you involve all fathers in all antenatal classes, visits, postnatal checkups?
- Do you have resources at hand for solo fathers or at-home dads?

Teenage Fathers

Teenage fathers are no more or less capable or motivated than older fathers, but this is not often recognised. A study by the Father & Child Trust showed teenage fathers exceptionally strongly motivated about getting involved with their offspring, but receiving exceptionally little support even compared to other fathers.

Teen males can make excellent fathers—given a chance.

Lack of money is one of the most obvious reasons why a teenage father may not feel he has a useful contribution to make. Other factors that lead to an absent teen dad include:

- volatility of relationships at this age.
- being ignored by professionals working with the mother
- negative attitudes by her, or his own, family
- the young man trying to protect himself from emotional harm
- lack of time management skills, leading to great unreliability.

However, many teen mums do not necessarily embrace motherhood wholeheartedly either, and it seems that a substantial number of teen (or early twenty) dads assume main or shared responsibility for the baby. This may often go unnoticed even by social workers or nurses working with the young mother, as she may not want to reveal just how much time she spends away from baby, and as it may have financial implications if the

"system" becomes aware of the actual care arrangements.

Young men are very easily motivated by acknowledgement of their role - and very easily discouraged by lack of such acknowledgement. A positive word in passing, making eye contact, inviting the teen dad to attend a visit will all go a long way in boosting the young man's confidence.

Some young men take on full day-to-day care of their baby, often for reasons beyond their control. A Christchurch study has found that in such cases key health information about the child is often not passed along, and the teen dad is cut off from all services.

Just as it often makes sense to involve the parents of a young mother, this also applies to the parents of a young father. If problems develop later which may require a change in care arrangements for the baby, the paternal grandparents are another part of the baby's support network.

Mismatch between Motivation and Support

How Do You Feel About Being a Dad?
(5=very positive; 1=very negative)

How Much Support Have You Had From Midwives, Nurses etc.?
(5=plenty of support; 1=no support at all)

From the Christchurch Teen Dads Survey (2002). Average age of respondents at birth of child: 18; spread: 15-21. Average ratings on a scale from 1-5 given.

Choosing men to help you

Inclusive service provision is not about getting in an (often untrained) male facilitator to look after the dads. It is about integrating men into your programme, including planning and content, and listen to their viewpoints and ideas. If they are the same as yours, you probably have the wrong guy!

Fathers want to be part of the family, not separate from it. Rather than providing a male viewpoint to the men only, integrate fatherhood into the whole programme, and let the women be part of it just as the men are part of the women's journey,

To get value out of a men's group the facilitator should be:

- A father with at least three years parenting experience.
- Informed about the issue at hand. He needs to be able to give accurate information and talk competently about the subject.
- A good listener and empathetic.
- Paid for his work if the other facilitators of the course/group are.

Providers who run a fathers group as part of a programme or course aimed mainly at mothers need to:

- Involve the fathers' facilitator in the planning and content of the session.
- Make sure the mothers hear the fathers' voices and concerns, and vice versa.
- Have learning objectives and outcomes as for any other session.

If you provide an individual service, such as home visits:

- You do not need to be a man to talk to a father, but
- You may need to specifically invite the father to join in the session.

Good Practice

Identify Your Client: The two *biological* parents have rights and responsibilities under the law, and therefore both should be involved in your service. Sometimes other caregivers are significant and might be useful to involve, however this must not replace work with the parents.

Gender-Appropriate Resources: Most, but not all, resources for early childhood are geared towards a female readership. Make sure you have at least some accessible resources which men will feel comfortable reading too. If there are groups or services for fathers in your area, make sure this information is accessible through you.

Inclusive Environment: The decoration of a parent room should include images of men and children (as well as women and children), and should not put down anyone because of age, gender or ethnicity.

Inclusive Conversation: Make sure you make regular eye contact with both parents, address them individually, ask open-ended questions of both. Do not ask for mum straight away if dad answers the phone. Accept men's and women's different ways of communicating, as well as ethnic differences in communication.

Accepting Caregiving Choices: People may choose different caregiving arrangements than you would like to see. If you consistently work with one parent only, you are also likely to misjudge the actual distribution of caregiving roles in the household, and underestimate the contribution of the parent, or other people, you are not working with. In Men's Movement literature, fathers are often referred to as the "invisible parent" for this reason.

Knowledge of Postnatal Complications: Having a child has mental health effects on both parents, potentially impairing their capabilities as parents. Relationship changes are a big factor in postnatal depression for both men and women.

Don't Underestimate Your Influence: The information you give, the way you relate to new or expecting parents, and the signals you send, consciously or unconsciously, has a tremendous impact on people who are likely to feel insecure and inadequate about their roles as yet. Professionals working in the perinatal area play a significant role in how parents make decisions about parenting or role division, and how confident they feel as parents.

Resources - Dads

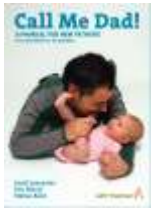
Father & Child magazine

Quarterly magazine published by Father & Child Trust, PO Box 26040, Christchurch. Subscription: $15 per year, also available in some Books & More and Paper Plus bookstores and some libraries.
Covers parenting and fathers issues.

Father & Child—New Babies Edition

Delivered to new fathers at the hospital via the Bounty Birth Pack when in print.

NZ Books for new dads



"Call Me Dad" - DIY Fathers (2009). Best for the more educated, 'professional' dads who know how to plan ahead.
"Beginning Fatherhood" - Warwick Pudney, Judy Cottrell (1998). Similar to 'call me dad', more advisory.

For Shorter Attention Spans

"How to Survive the First 26 Weeks". Wyeth (Australia) Don't be put off that it's a formula manufacturer. Brief, to the point, and still plenty of food for thought.
"New Dads". Family Planning. More detailed then the above, but friendly, factual and covering the important bits.

Internet

Www.fatherandchild.org.nz. Father & Child Trust's own. Most comprehensive NZ resource for both dads and family workers.
Www.teendads.org.nz. Also by Father & Child Trust for the young dudes.
Www.diyfather.com. International site run from NZ, backed up by podcasts, twitter etc.
Www.fatherhoodfoundation.org.nz. Some useful stuff here.

Resources - Professional

The Nelson research team Philip Chapman and David Mitchell have put out several research reports on fathers in the last few years, including couple's views on the transition to fatherhood, and new fathers' perceptions of family services. For a list of reports please contact Philip at pchapman@ts.co.nz, or (03) 546 1537 (Nelson Public Health)

'Supporting Fathers' - results from a 2009 representative survey of NZ men by the Families Commission. Online: www.nzfamilies.govt.nz/research/fathers/supporting-kiwi-dads

'Going Further With Fathers'—2007 Literature Review by Auckland-based Maxim Institute. Online: www.maxim.org.nz/files/pdf/going_further_with_fathers.pdf

'The Support Needs of Teenage Fathers'—Father & Child 2001 research including literature review. Online: www.fatherandchild.org.nz/Papers/teendads.htm.

'Perspectives on Fathering' (1999) and 'Perspectives on Fathering II' (1999): Issues Paper Series No 4 and 6 by Massey University centre for Public Policy Evaluation. Includes papers by NZ's most experienced fathers advocates such as Rex McCann, Warwick Pudney, Harald Breiding-Buss, Paul Callister or Stuart Birks. Online at: http://tur-www1.massey.ac.nz/~wwcppe//Publications.htm
In the same series: Proceedings of Social Policy Forum 2001 and 2002. Covers blended families, family court, inclusive practice and others. For copies or more info email Stuart Birks, K.S.Birks@massey.ac.nz.

Fathering in the New Millennium (1999) - Rae Julian. Published by Office of the Children's Commissioner. Results of a telephone survey of 2,000 New Zealanders about fatherhood, shared parenting and more.

Referring to Father & Child

Father & Child Trust is funded to provide services in Auckland and Christchurch.
Fathers do not need to have a specific problem to drop in or phone us. However there are some situations when we recommend they see us:

- PREGNANCY : 1. If he feels uncomfortable about his partner's behaviour. 2. If he or his partner have children from other relationships and he is worried whether it'll come together; 3. If he feels overly anxious about becoming a dad.

- AFTER CHILDBIRTH: 1. If the birth was a Caesarian or otherwise complicated and difficult. 2. If his partner has postnatal depression. 3. Any of the reasons listed under 'Pregnancy'.

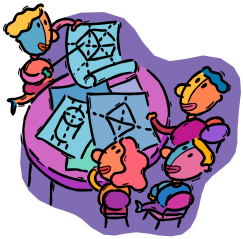
- WITHIN THE FIRST YEAR: 1. If his child has developmental problems that worry him. 2. If he feels sidelined and has problems asserting himself. 3. If he feels down regularly. 4. If he is the primary or sole caregiver of his baby.

Procedure

- No referral form is needed.
- Ask the father's permission for his contact details to be passed on to us.
- Pass his details on to us with a description of what help you think he needs, by phone or email.

Auckland: PO Box 11 931, Ellerslie. Ph 09-525 1690
Christchurch: PO Box 26040, North Avon. Ph 03-982 2440
Drop–in opening hours Christchurch office at 1/369 Hereford Street:
Mon—Fri 10—2
Email (all areas): referrals@fatherandchild.org.nz

Need to Know More?



We pride ourselves on our customised approach to training. Fathers are a very diverse group, and different approaches are needed at different times in their lives. We look at what kind of families *you* work with first to ensure that our presentations and seminars contain the kind of information that you can use in your practice. Here are some of the issues that you might want your staff to know more about:

- Demographics of fatherhood in New Zealand today: what you need to prepare parents for.
- Best practice for working with two parents and for involving non-residential fathers.
- Relationship changes after childbirth and what you can do to help the transition.
- Emotional issues for men during pregnancy and after.
- The father's role in postnatal depression.
- Depression issues for fathers in the early months.
- Father's influence in early childhood development.
- Fathers in special situations.

Cost

Please talk to us about what you need and what you can afford. We will charge a reasonable hourly rate and, for areas outside Christchurch or Auckland, actual travel expenses.

Contact:
Auckland: PO Box 11 931, ph (09) 525 1690
Christchurch: PO Box 26 040, ph (03) 982 2440
Email: enquiries@fatherandchild.org.nz