

Summary of Published Fatherhood Engagement Literature

Below is a summary of the fatherhood engagement literature based on a review and consolidation of the literature conducted by the NU team. Thanks to the TIPP/PASS Staff who helped with the individual article reviews. This review incorporates the findings from the literature and at the end summarizes how these findings interface with the DCFS Core Practices. Further work can be done to integrate the Core Practices with the literature in the next iteration if needed. A full list of references is also provided at the end of this document.

Father involvement refers to the *type and level of a father's interaction with his child/children*. Involvement has three main dimensions: 1. **Engagement**, a father's involvement in shared activities with his child, 2. **Accessibility**, availability to his child, and 3. **Responsibility**, the extent to which a father ensures that his child is safe and provides his child with resources (from www.fatherhood.gov article on Employment, Economic Stability, and Father Involvement). There is no single father role to which all fathers should aspire... "A successful father is one whose role performance matches the demands and prescriptions of his socio-culture and familial context" (Featherstone & Brid, 2001).

The percentage of children living with two parents has decreased significantly over the past few decades. Being raised in a single parent family has been identified as a risk factor for delinquency (Eitle, 2006). While a majority of African-American fathers are non-residential, approximately 40% live in the same home as their children, including 4% who are the sole parent (U.S. Census Bureau, 2000). Research suggests that many unwed fathers are engaged in their children's lives (Letiecq, et al, 2003). In fact, between 72-88% of children at risk of maltreatment or reported to child welfare services have an adult male who plays a fathering role in their lives and the majority of child welfare-involved families have male relative involvement (Lee et al., 2009).

Perception of Fathers: The commonly held belief that absent fathers are disengaged by choice, and are generally not as influential in a child's development as mothers, is a fallacy (Sieber, 2008). Children with secure, supportive, reciprocal and sensitive relationships with their parents are more likely to be well-adjusted. Both fathers and mother seem to influence their children in similar ways and it is the parental role, not gender-related characteristics that appear to impact the children the most. Additionally, the quality of the father's relationship with the mother appears to greatly impact the positive paternal influences on the child (Featherstone & Brid, 2001).

Father involvement has clear benefits and father absence or problematic relationships with fathers have negative effects within the context of child development (Lee, 2006; Carr, 2006). Fathers are influential figures even when they are not present on a regular or consistent basis. Their role can promote a sense of security, foster an integrative view of the parental separation/divorce, and may help to modulate the aggressive drive in young children (Sieber, 2008). Across racial groups, a more positive father-child relationship contributes significantly to the emotional and intellectual well-being of children, and is related to fewer behavioral problems at school, greater social integration, and later marital success and supportive social networks (Bronte-Tinkew, Moore & Carrano, 2006). Literature suggests that young children have fewer internalizing symptoms (depression, anxiety, somatic) when they have regular visits with their fathers (Stover, et al., 2003) and when fathers are involved, especially with externalizing behaviors, the benefits of therapy are longer lasting (Carr, 2006).

Father absence from the home and single motherhood have been identified as factors that increase risk of child physical abuse and neglect (Berger, 2004, in Lee, et al., 2009). More than his physical presence, a father's educational attainment and positive involvement with the child can lower risk for maternal child physical abuse. Father involvement in daily child-care giving activities is another protective mechanism that may lower the risk of child physical abuse by mothers (Lee et al., 2009).

Barriers to Engaging Fathers in Child Welfare: Social work literature often praises the resilience of single mothers, forgetting the implication for absent fathers. Non-custodial fathers experience a sense of isolation when professionals are reluctant to undermine the integrity of the single-parent family system; when they have an attitude of leaving well enough alone by not including the father and when they believe that fathers are

disengaged by choice and are not as influential in the child's development at the mother (Sieber, 2008). Staff within the child welfare system acknowledge that fathers are marginalized and have described them as "invisible", "ghosts", or an "afterthought" in child welfare services (Lee et al., 2009). There is a historical role of women working with women in children's services. Staff often have preconceived notions including viewing men as the breadwinner vs. mom as full time parent. Some workers may view men as a threat, viewing abusive men as offenders, rather than fathers, and may have confusion about whether men are more of a risk than a resource (Scourfield, 2006).

Research identifies multiple factors that contribute to fathers being left out. These include time constraints (outreach and follow-up telephone calls often fall to the wayside to administrative tasks such as mandated documentation and high caseloads), crisis situations, resistance from single mothers, and preference to work with voluntarily engaged clients. Likewise, novice workers and clinicians may have a lower level of comfort dealing with interpersonal conflicts with separated spouses. Fathers are also passively excluded in many ways including: intake forms that do not specifically ask for the father's opinion/report, a lack of magazines in the waiting area pertaining to male interests, an absence of male clinicians and acceptance of mother as gatekeeper (Sieber, 2008).

Barriers to Father Involvement in Therapy: The child's therapist may not involve fathers due to his/her own stereotypes, gender roles assumptions, and the perceived 'peripheral role' of a father in child care. Therapists may assume that fathers are resistant to being involved in treatment and/or may want to avoid dealing with potential interpersonal conflict (Carr, 2006; Lee, 2006).

Personal Barriers to Engagement: Fathers' personal experience of limited parenting from their own fathers impacts their degree of involvement with their children; but may also motivate them to be more of a father to their own children. Men are less likely than women to seek help for themselves and this non-help style may inhibit their involvement (Carr, 2006; Lee, 2006). Fathers may be skeptical of services and view involvement as stigmatizing and a sign of mental and/or character weakness. African American men may perceive the caseworker/clinician to be an agent of control, as opposed to an empathic or compassionate figure (Sieber, 2008). Privacy-related concerns have been identified as one factor that influences how involved a father is in services (Gavazzi & Schock, 2004).

Engaging and Supporting Fathers: Overall, there is very little known about how to successfully engage fathers in existing child welfare services such as case management, parent training, and other interventions (Lee et al., 2009); however, research overwhelmingly shows that child welfare practice should strive to involve men who take on fathering roles for children in the system (Letiecq et al., 2003). Ideally, child welfare services provided to families should be balanced to allow for and support positive male involvement while at the same time protecting children from negative male influences (Bellamy, 2009).

Several factors have been associated with father's participation rates in family-based services. A father's previous experiences with family-based services are a predictor of whether he will be involved in future services. Therefore, if his initial experiences are positive ones, we may increase the likelihood of future engagement and participation (Gavazzi & Schock, 2004). The more a father believes his child has a need, the more likely he is to be involved in treatment. Therefore, helping a father see the "evidence" of a problem (e.g., sharing information and assessment results) may encourage him to take part in services. If a father has a positive expectation for the program, and believes in the program's applicability to the family's situation he is more likely to participate. A father's view of his own parenting competency has been associated with higher participation rates, indicating a need for workers to highlight father's strengths and empower him as a method for getting him engaged (Gavazzi & Schock, 2004). Finally, some research suggests that religious fathers tend to be highly involved with their children and are less likely than nonreligious fathers to exhibit behaviors that harm children; so, helping a father connect to faith-based community organizations may serve to increase his interest or motivation to be involved with his children (Dollahite, 2004).

Several factors to consider when determining if /when to involve absent fathers: When it is safe, father involvement in child-focused therapy is beneficial and provides children with an opportunity to learn appropriate roles, rules and routines that can become part of everyday family life. Likewise, a father's participation in therapy may enhance his ability to recognize their children's need for love, respect and autonomy (Lee, 2006).

The safety of the child must always be the primary consideration when determining whether to bring a non-resident father into therapy and involve him in the treatment of his child(ren) (Parke, 1995; Seiber, 2008). A cost-benefit analysis can be conducted to determine whether or not it is beneficial, especially in cases that involve certain dynamics such as instances of father and/or grandfather perpetrated incest (Phares et al., 2006). If there is a history of domestic violence or father criminal behavior, one can consider using telephone conferences rather than face-to-face, in-person sessions. Research indicates that father inclusion in therapy should be prioritized as part of conjoint sessions (both parents) when: 1) the child is engaging in externalizing as opposed to internalized behavior, 2) the father plays a major role in parenting the child, 3) it is convenient for the father to be involved, and 4) there are no clear reasons (e.g., Domestic Violence, extreme interparental conflict) that would make conjoint sessions more harmful than beneficial (Carr, 2006). When fathers are absent and unable to participate in treatment, a focus of treatment should be to help children accept their father's limitations and recognize that the children are not to blame for the father's absence (Lee, 2006; Sieber, 2008).

Sometimes, fathers may need individual therapy or other services. One initial focus in individual therapy may be on modifying father attitudes and/or approaches that reflect a need for abusive control. Only after this has been achieved can abusive fathers benefit from regular parent training that focuses on developing effective child management skills (Carr, 2006). Cognitive therapy may help fathers to modify restrictive masculine attitudes that interfere with men's parenting roles (Carr, 2006). There is early evidence that treatment of fathers with alcohol use disorders, particularly treatment that includes a parent skills training component, may decrease likelihood of parental involvement in CPS (Lee et al., 2009).

Father Engagement Techniques, Strategies, and Considerations (*Note: the majority of the published literature on father engagement focuses on the fathers' involvement in child-focused therapy. Much of this literature can more broadly be applied to involvement in the child welfare system.*)

Father engagement at the beginning of any therapeutic/clinical process is critical. Research indicates that the earlier an absent father is involved in treatment the more likely he is to stay engaged throughout the course of treatment (Winston-LeCroy, 1987 ; Sieber, 2008). The significance of timing in connecting with fathers is grounded in research that shows that caseworkers are more successful in engaging fathers if they are able to identify, locate, and contact the nonresident fathers within 30 days after case opening (Malm et al., 2006) Attempts to engage fathers becomes more difficult as treatment progresses; caseworkers and clinicians acknowledge that engaging a father in all phases of treatment is most difficult when he has not been previously involved in the case (Sieber, 2008). Additionally, inclusion from the beginning may help to empower the disengaged parent, contain the child's anxiety regarding divided loyalties, and sustain relationships with other family members. Active engagement of fathers promotes wider definitions of masculinity for themselves and subsequently for their children. This latter point could help to prevent violence further against women (Lee, 2006).

Clinicians may need to first establish a therapeutic alliance with and validate the mother's efforts at parenting before suggesting involvement of the absent father. Mothers should be provided psycho-education and guidance about how a father's presence and participation in therapy is beneficial to a child (e.g., differentiate father's role as parent from that of spouse/significant other/paramour, etc) (Sieber, 2008).

It important to consider how much fathers understand the process and the benefits of treatment. A fathers' perception of therapist [or other professionals] competencies is important. (Sieber, 2008). Therapists must be clear and concise about the goal of treatment with a sense of structure and focus, keep the focus on the needs of the child rather than on the mother-father dyad, and assess what information the father may need about the child (developmental milestones, behavioral techniques.) Clinicians should build an alliance with both parents and encourage their skill and ability to co-parent effectively on behalf of their child (Sieber, 2008). It may help if

professionals begin to view fathers from a “protector” perspective, as this is a positive role that may be readily accepted by fathers (Letiecq et al., 2003).

Techniques to engage and involve fathers (Sieber, 2008; Lee et al., 2006; Carr, 2006;Gavazzi & Schock,2004)

- Using geograms as part of the initial work with the family may increase likelihood that all parental figures are included in the case.
- Acknowledge the father’s contributions and respect the father’s opinion.
- Provide explicit invitations for fathers to participate in services.
- Schedule prep sessions exclusively devoted to engaging fathers and brief them on their role in the process.
- Consider fathers’ readiness to change when engaging them in psychological services.
- Use clear and concise language to speak of the benefits of treatment – focus on the problem solving aspect of treatment.
- Go the extra mile: make extensive telephone outreach, schedule additional meetings as needed to address the fathers concerns as they arise, and be flexible when scheduling appointments and sessions to suit father’s availability.
- Consult with fathers on what changes they want for the family
- Be aware that many fathers don’t want to participate in services due to privacy-related concerns, take steps to ensure privacy and confidentiality to whatever degree possible
- Consider the unique way that many men communicate and cope with family problems
- Be directive during the early stages of treatment; set a structure and clear goals for treatment that help fathers to become attuned to their child’s needs.
- Encourage active involvement on their part during visitation and therapy sessions.
- Provide education about the needs of the child at all developmental levels and offer behavioral techniques to assist with behavior management.
- Follow-up and troubleshoot around information learned and tested out.
- Share information otherwise unavailable to fathers.
- Focus on the child and parenting roles rather than the relationship between parents.
- Support and strengthen the co-parenting relationship and maintain this focus for the benefit of the child(ren).
- Focus on short-term problem solving and not open-ended insight oriented therapy.
- Help fathers build social supports. Research suggests that fathers who experience a high level of social support may be more active in the lives of their children. Letiecq et al.(2003) found that fathers were more proactive in developing and teaching their young children appropriate safety procedures than fathers who lack such support.

Special Populations of Fathers:

Teen Fathers: Unfortunately teen programs that include fathers often overlook the teen father’s role as a partner and a parent (Moore et al, 2008).

Fathers in Prison: Nearly half of all prisoners lose contact with their families while in prison. Seventy-two percent of imprisoned 18-20 year-olds are reconvicted within a two years of release; however, reoffending drops by up to 6 times if they stay in touch with their families. By their own report, the best form of parenting support prisoners can receive while in prison is help maintaining contact with their children and families, and 75% of respondents emphasize the need for longer, more frequent or less disturbed visits with their children (Meek, 2006).

Single Fathers: At least one study suggests that living with a single father may increase the risk of delinquency and substance use among adolescents; this has implications for the types of services that may be needed for fathers who are single parents in order to assist them in supporting the well-being needs of their children (Eitle, 2006).

Fathers Living in Two-Parent Families with their Children: In intact, father-present families, the “quality” of father involvement is more clearly linked to positive outcomes than is the “quantity” of involvement. One study conducted with adolescents who live with two parents found that an authoritarian parenting style among fathers is associated with an increased participation in risky behaviors, but also found that a positive father-child relationship can override the effects of authoritarian style. In other words, a strong father-child relationship, regardless of parenting style, was associated with a reduced risk of first delinquency and substance use. The positive influence of the father-child relationship on risk behaviors is stronger for male than female adolescents (Bronte-Tinkew, Moore & Carrano, 2006).

Fathers Who Have Engaged in Domestic Violence: Intimate partner violence (IPV) and child physical abuse co-occur at high rates, with an estimate of approximately 40% (Lee et al., 2009). Overall, there has been very little study of the actual parenting behavior of men who engage in domestic violence (Featherstone & Brid, 2001; Fox & Benson, 2004). There seems to be a clear division within the literature whether it is possible or advisable for children of abused women to maintain a positive relationship with the offending partner (Featherstone & Brid, 2001). Some research supports the importance of maintaining relationships with fathers and the recognizing the power of attachment, even when DV was present in the parental relationship (Stover et al., 2003). Other studies do not. One study suggests that martially violent men are more likely to engage in harsh verbal and physical discipline of their children and that they perceive family life in more negative terms (Fox & Benson, 2004). This study also proposes that parenting behaviors are negatively affected by whether violence occurs at all in the home, regardless of the frequency of the abuse (Fox & Benson, 2004). Some research indicates that IPV perpetrators involved with the criminal justice system seem to be unaware of the effects of IPV on children (Fox & Benson, 2004; Lee et al., 2009). High rates of inter-partner hostility prior to childbirth have predicted high rates of hostility among fathers in later play with their children (Moore et al. 2008). Men who batter often may have chronic but well hidden psychological disorders and problems stemming from childhood traumas that are often not apparent to evaluators and judges (Saunders, 2007). Some states have used virtual visitation services to supplement or replace face-to-face visits in DV cases (Saunders, 2007). Programs designed to increase warmth and decrease hostility between couples could decrease the odds that child abuse will occur (Moore et al., 2008).

Latino Fathers: Cross-cultural competency is the single most important factor in effective interaction with fathers of color (Behnke & Allen, 2007). Building trust, and sometimes friendship is vital to helping fathers of color. Being aware of cultural specific values (e.g., familismo and personalismo) when recruiting and working with Latino fathers may be essential to the ability to build sound working relationships with these fathers. Many Latino fathers bring with them a custom of telling about themselves and developing a relationship before they are willing to commit to a professional relationship. Personalismo is a cultural value that emphasizes interpersonal closeness and connectedness. Latino fathers may expect professionals to open up to them as well, and share information about their self and families to create mutual trust. Familismo is an emphasis on extended family relationships (Behnke & Allen, 2007).

The IDCFS Core Practices as they relate to the Fatherhood Engagement Literature Summary

Child Welfare Professionals as Agents of Change

There are many barriers to engaging fathers and some of those include misattributions held by child welfare professionals (see Barriers to Engaging Fathers in Child Welfare, page 1). As an agent of change, it is essential that professionals are aware of and work to challenges the stereotypes and assumptions they currently have about fathers. It is also essential that they make efforts to engage fathers from the very beginning of the case, as research suggests that it is more difficult to engage fathers later in the process.

Relationships

Fathers also come with personal barriers to engagement based on their own perceptions. Professionals in child welfare can use the information provided in the Personal Barriers to Engagement section (page 2) to build relationships that will address and disprove fathers negative or misperceptions about involvement.

Assessment

It is important to involve the father from the initial contact and assessment and throughout the life of the case. See section on Father Engagement Techniques, Strategies, and Considerations (page 3) for supporting literature.

Trauma-focused Education

Some fathers struggle with their own trauma histories and will benefit when professionals are aware of and empathic to this. Fathers can also benefit when casework professionals share trauma-related information about the effects of trauma on parents, parenting and children.

Advocacy

Knowing the positive outcomes related to the inclusion of the father in children's lives (see pg 1), child welfare professionals can and should advocate to make sure the father is involved in every aspect of the case.

Behavioral Support

See the engagement techniques (page 3) for ideas about how to not only engage fathers but also prepare fathers to provide behavioral support to their children.

Linkage

It is important that fathers are recognized as a viable parenting resource. Child welfare professionals should ensure that fathers are referred to and linked with appropriate services that will support them in achieving their parenting goals. It is important to note that some services may passively exclude fathers (as noted in Barriers section on page 2) and workers can bring this to the attention of service providers to further advocate for fathers.

Teamwork/Coordinated Care

As child welfare professionals work together to serve fathers, they should consider the techniques to engage fathers (listed on page 3) and make sure they are communicating with one another, are coordinated in their efforts with other professionals and across systems, and sharing resources and successful techniques for engaging fathers with other professionals as well.

Cultural Competence

There is no one particular definition or composition of a "healthy family" or one example of an "engaged father." As the literature review implies it is important to consider each family, each father and each child individually and give weight to their particular situations, beliefs, goals, strengths and weaknesses.

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www.fatherhood.gov

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