Institute of Health Visiting
Excellence in Practice

Local Authority Child Public Health Briefing (7): The Health Visiting contribution to working with fathers

Men go through a number of complex changes when they become fathers, making the transition to fatherhood a particularly meaningful yet vulnerable time in a man's life.

The Public Health Challenge

The transition to parenthood brings about a number of changes and challenges for both parents – mothers and fathers. While the importance of maternal needs during this period is widely recognised, fathers' needs remain poorly understood and often unmet. New fathers may experience many of the same stresses as mothers such as sleep disruption, lifestyle changes, relationship conflict, and financial strain. In addition to this, fathers may experience additional stress from having to be a 'good father' as well as a supportive partner (Wee et al, 2013). Other factors affecting new parents' skills and confidence during this period include:

- Economic/social issues (social capital).
- Own experience of being parented/adverse childhood experience.
- Cycle of poor aspiration.
- Exposure to domestic violence.
- Alcohol and substance misuse.
- Mental health problems.
- Poor couple relationships (Department of Health, 2014).

Supporting fathers as well as mothers during this period is crucial to ensure positive outcomes for the whole family because:

- Fathers make 'unique' and 'irreplaceable' contributions to the lives of their children.
- Fathers, who are affectionate, supportive and involved, contribute positively to their child's cognitive, language and social development, often resulting in social, academic and economic benefits in the future.
- Fathers play a crucial role in supporting the health and wellbeing of mothers.
- Positive couple relationships result in reduced parental stress.
- Close, non-violent connections between fathers and their children are linked to positive outcomes for fathers themselves.

Shifting the curve

The contribution of fathers to family stability and to outcomes for children is systematically under-recognised by services, and difficulties are under-reported by men owing to a combination of socio-cultural factors. Interventions of most impact at population level are likely to be those that are universal, non-stigmatising and delivered through channels that are culturally aligned with contexts and issues with which men can identify. As far as services are concerned, these will include universal services that do not depend on men initiating contact or uptake. The prevention paradox, as outlined initially by Geoffrey Rose (2008), explains that the greatest impact will be achieved by addressing needs across the population as a whole in order to improve health, as well as reducing the severity and number of cases with the greatest needs that make the greatest demands on public services over the long term. This requires 'proportionate universalism' in the foundation years for which health visiting is a core component.

The evidence base

Paternal mental health

A significant number of fathers suffer from poor mental health in the perinatal period. Fathers report pregnancy as the most demanding period for the psychological reorganisation of self; labour and birth as the most emotional moments; and the postnatal period as the most demanding due to having to balance the various demands placed on them (Genesoni and Tallandini, 2009) against a backdrop of disturbed sleep.

- Anxiety and stress co-exist frequently with depression in pregnancy and in the postnatal period in men (Matthey et al, 2003; Johnson and Baker, 2004; Gao et al, 2009; Moss *et al*, 2009; Skouteris et al, 2009; Figueiredo and Conde, 2011).
- Fathers frequently express fear for the safety of the mother and child, anxiety and fear about observing their partner in pain, feelings of helplessness, lack of knowledge about the birthing process, and concerns about risks of interventions such as operative delivery, limited finances and parenting skills (Hanson *et al*, 2009).
- High anxiety and depressive symptoms during pregnancy are the most significant predictors of depression in men in the postnatal period (Ramchandani *et al*, 2008).

- A recent systematic review of forty-three papers reported the prevalence rates for 'any' anxiety disorder in men ranged between 4.1% – 16.0% during the antenatal period and 2.4% – 18.0% during the postnatal period (Leach *et al*, 2016).
- Estimates of depression in fathers vary significantly, ranging from 1.2 – 25.5% (Goodman, 2004).
- A meta-analysis of forty-three studies reported depression in 10.4% of fathers both pre- and postnatally (Paulson & Bazemore, 2010).
- New fathers' depression rates are double the national average for men in the same age group in Denmark (Madsen *et al*, 2007) and also in the US (Paulson *et al*, 2006).
- The peak time for fathers' depression is between 3 and 6 months after the birth (Paulson & Bazemore, 2010).

Impact of paternal depression on the child

- Depression in fathers can impact negatively on their capacity for sensitive parenting, which can result in poorer outcomes in children.
- Severe depression in fathers is associated with high levels of cognitive, emotional and behavioural problems in children.
- If the mother is depressed, then this increases the risk of depression in fathers. Children with two depressed parents are at a higher risk of poor development outcomes.
- Depression in fathers may contribute to conflict between the father and child, which is strongly associated with behaviour problems in children.
- Fathers suffering from depression may not have the capacity to engage or be involved in their child's education. Low interest by fathers in children's education also has a strong negative impact on the child'seducational achievements.

Paternal depression and couple relationships

"Children who have supportive, reciprocal and sensitive relationships with their parents are much more likely to be well-adjusted psychologically than individuals whose relationships with their mothers and fathers are less satisfying" (Featherstone, 2003).

- Couple relationships often change after having a baby due to the pressures and practicalities of parenting, often leading to substantial changes in intimacy between couples.
- Research shows that many parents show a decline in positive couple communication after having a baby (Cowan & Cowan, 2000; Pinquart and Teubert, 2010), and the use of destructive problem-solving between couples is highest three months after the birth (Houts *et al*, 2008).
- A study of first-time fathers found that distress in men during the antenatal period was associated closely with a perceived poor marital relationship, and the transition into fatherhood was linked with a perception of a 'vast decline' in the sexual relationship (Condon *et al*, 2004).
- Some couples (18 – 33%) however report an improved relationship following the birth of a baby (Gottman *et al*, 2010; Cowan & Cowan, 1995; Belsky & Kelly, 1994).
- Couples in relationships characterised as being close, warm and affectionate before the birth of their child are more likely to make better adjustments into parenthood (Cox *et al*, 1989).

Health Services

- Research suggests that fathers continually feel excluded and marginalised by health professionals and health services. For example, research into midwifery services has shown that men often feel that their questions and opinions are ignored by midwives (Dheensa *et al*, 2013), while health visiting is often perceived as a service provided by women, for women (Williams *et al*, 2013).
- Often information resources are aimed at women and mothers and not written from a father's perspective. This includes information around pregnancy, birth, childcare, and balancing work and family responsibilities (St John *et al*, 2005; Deave et al, 2008; Bäckström and Hertfelt Wahn, 2009).

Interventions

Transition to parenthood has been identified by the UK government as one of six high impact areas where health visitors can make a significant difference to outcomes for children and families (DH, 2014). The transition to parenthood is a time when parents may require additional support in relation to the changes taking place in their lives. Evidence suggests that the period from conception to age of 2 is a crucial time for child development and experiences during this time can influence the rest of the child's life (WAVE, 2015).

Success factors for intervention

The Fatherhood Institute provides a systematic review of evidence on interventions with fathers and guidance on good practice. These include:

- Addressing fathers directly in their own right as well as their specific interests, needs, concerns and contribution to parenting and family health and wellbeing.
- Providing opportunities for men to address health and parenting issues in one-to-one as well as group settings.
- Developing strategies and practice that reflects strengths and assets that men as fathers and partners bring to their children and family life.
- Challenging ideas and practices that see men as intrinsically secondary to those of women, as dangerous or irrelevant.
- Including men as fathers in the development and evaluation of programmes.
- Normalising fathers as central to child and family health and wellbeing.
- Developing a workforce that is more representative of men and women of varied backgrounds with critical attention to the attitudes, skills and cultural and emotional sensitivity to engage with men and fathers confidently.
- Deploy skills in stimulating awareness and facilitating enhancement of the quality of father-infant interaction and couple relationships.

Strengths of health visitors and the health visiting service model

Health visitors and health visiting team members are ideally placed to support fathers, as well as mothers, during their transition to parenthood. Because the health visiting service is unsolicited and universal it is non-stigmatising to fathers, enabling health visitors through their holistic, family-centred approach to identify needs and risk factors, and provide appropriate information and early intervention. This is required to 'shift the curve' in respect of health outcomes rather than 'addressing the tail' of the most 'troubled families' (NCB, 2012). Health visitors' adoption of proportionate universalism means that they identify, engage and support 'pre-troubled' families.

Health visitors play a crucial role in supporting couple relationships and helping both mothers and fathers with their transition to parenthood. One Plus One bit.ly/2aSOgIV has produced an informative guidance for health visitors to help understand why relationships matter and the importance of working with the couple relationship for improving outcomes for babies, children, and families. It is designed to help health visitors work with parents to:

1) Recognise the signs of relationship distress.
2) Respond effectively to offer support.
3) Review and refer to more specialist services.

The role of the Institute of Health Visiting

iHV training

The iHV can offer training on working with fathers and fathers' perinatal mental health.

iHV Parent tips:

Looking after your relationship as new parents bit.ly/2bhNqqM

Sex and intimacy: understanding changes to your sexual wellbeing following the birth of your baby bit.ly/2brfLLQ

Bringing Fathers In: resources for advocates, practitioners and researchers from the Fatherhood Institute bit.ly/2b4cST2

iHV and professional standards

The iHV has established National Standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years;

The iHV has developed resources to support practitioners and managers/ employers to maintain resilience with compassion. bit.ly/2b3x9q3

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