Good Practice Points for Health Visitors



Engaging with Fathers

Health Visitors (HVs) become skilled, confident and enthusiastic about engaging with fathers when they realise WHY it's so important to do this and HOW easy it is.

A health visiting team in Lincolnshire increased the participation of fathers in the Primary Birth Visit from 20% to 70% simply by changing the wording of their 'invitation letter'. Instead of addressing the family as 'Dear Parent', they wrote 'Dear new Mum and Dad' and made clear their intention of 'making an appointment that is convenient for you both' (Suffolk County Council et al, 2010).

Fathers are having a positive impact on mothers and babies

- Only 1 in every 20 mothers say they have no relationship with the baby's father at the time of the birth, and even some of those fathers are around and quite long-term. 1 in 4 of the alleged 'not involved' fathers are still in touch with mother and baby 9 months later (Kiernan and Smith, 2003) and 4 out of 5 teenage mothers register their babies' births jointly with their baby's father (DH/DCSF, 2009). HVs should always ask about the father.
- When fathers do more baby care and housework mothers experience less stress and depression, fathers are happier and adjust better to fatherhood, and babies do better. By 12 months babies whose fathers have been highly involved from the start even have higher IQs. HVs should always explain to both mothers and fathers how important hands-on fathers are.
- Bad or sad fathers also have an impact another very important reason for engaging with fathers. When their behaviour is challenging (e.g. violence, substance misuse) mother-child attachment is less secure (and of course father-child attachment is less secure, too). (See iHV fact sheets about Promoting attachment and Working with Domestic Violence). When the father is depressed or, for other reasons is awkward or distant with his baby, his child can develop long-lasting behaviour problems. HVs should observe and discuss fathers' needs, experiences and behaviour and make referrals when necessary.

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Good Practice Points for Health Visitors



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It is so important to engage with fathers because policy now sees it as core business in health visiting.

- The Healthy Child Programme: pregnancy and the first 5 years of life (DFE/DH, 2009) bit.ly/1wtLkIS stresses the importance of engaging with fathers.
- NICE public health guidance 40: Social and emotional wellbeing: early years (2012) bit.ly/1rvdQH4 recommends that HVs develop the father—child relationship as part of a 'whole family' approach.
- NHS Choices engages with fathers in pregnancy, birth and beyond by providing a dedicated online pathway for dads to receive information bit.ly/1|NtZXr

It is important to develop fathers' caretaking as they are 'hard-wired' to care for infants.

- A substantial body of research finds no biologically based differences between mothers and fathers in sensitivity to infants, capacity to provide intimate care or acquisition of parenting skills (Lamb et al, 1987).
- Within 15 minutes of holding a baby, human males experience raised levels of hormones associated with tolerance/trust (oxytocin), sensitivity to infants (corti sol) and brooding/lactation/bonding (prolactin) (Gray & Anderson, 2012).
- Levels of 'nurturing hormones' are the same in men and women exposed to 'infant stimuli' before their babies are born (watching a video of a baby, listening to an audio-tape of babies' cries, holding a doll wrapped in a blanket recently worn by a new born) and when interacting with them afterwards (Storey et al, 2000). HVs should have confidence that the 'father

can do it', offer him a chair, use his name, look at him and smile, ask about his experiences, what's helping him, what's getting in the way.

Additional Good Practice Points for HVs:

- Make clear from the start that you expect him to engage and that YOU know it's important
- Underline the benefits to his child
- Encourage mothers to think about the fathers' importance and help to involve them
- Adopt a strengths-based approach which supports the father's capabilities
- Give fathers good warning of appointments and schedule to include them (they can often be more flexible/available than you think)
- Send text reminders and follow up 'no shows'
- Send information to both parents' emails
- Assess the father's capabilities and needs, including his mental health

Additional Reading

The Fatherhood Institute:

bit.ly/1qHwUnZ

Gray, P.B. & Anderson, K.G. (2010) Fatherhood: Evolution and human paternal behaviour. Cambridge, Mass: Harvard University Press

Parke, R.D. (2008) Fathers in families. In Marc H. Bornstein (Ed), Handbook of parenting Vol 3: *Being and becoming a parent*. Mahwah, NJ: Lawrence Erlbaum Associates

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Kiernan, K.E. and Smith, K. (2003) Unmarried Parenthood: New Insights from the Millennium Cohort Study, *Population Trends*, 114, 23-33

Lamb, M.E., Pleck, J.H., Charnov, E.L. and Levine, J.A. (1987) A biosocial perspective on paternal behaviour and involvement, in Lancaster, J., Altmann, J., Rossi, A.S. and Sherrod, L.R. (ed.) *Parenting across the Lifespan: Biosocial Dimensions*. Hawthorne NY: Aldine de Gruyter

Suffolk County Council et al (2010). Guide to Delivering a Father-Inclusive Workforce. bit.ly/1q5HKnL (Accessed 30.5.14)

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For additional fact sheets see www.ihv.org.uk