



50: Fatherhood: the impact of fathers on children's mental health

Summary

There is growing awareness about the importance of mothers' mental health and the impact they can have on their children's mental health. However, less is known about fatherhood and the impact fathers can have on their child's mental health. This briefing paper explores the direct and indirect impact of fathers on children's mental health, from positive supervision and language development, to emotionally buffering mother and child against environmental stresses.

From pregnancy to adolescence, fathers are a major influence on a child's emotional and behavioural health. The relationships a father builds within a family are far more important to a child's mental health than traditionally valued paternal characteristics such as

intellect or masculinity. Fathers can create a high quality co-parenting alliance with their partners, including when fathers are not living with their children, and help their children to build positive, trusting relationships.

However, fathers have received little support to be the best parents they can be, and the importance of fathers' own mental health has been neglected. Chaotic or conflict-ridden family circumstances, work pressures and stereotypes about masculinity can get in the way of being the best parent they can be.

This briefing specifically explores the role of fathers and focuses on their positive potential to have an impact on the wellbeing of their children. ►

The impact of fatherhood on children's mental health

Assessing the impact of fathers on children's mental health is challenging. Fatherhood is not a clearly defined state and fathers' roles in western societies have been changing over time. Expectations of fatherhood can also be different according to different cultural contexts.

There is, however, good evidence suggesting that responsible and involved fathering starting from the prenatal period and continuing into adolescence has positive effects on the wellbeing of children well into adulthood.

What is fatherhood?

Traditionally, research has focused on very narrow conceptualisations of fatherhood when considering the impact of fathers on children's mental health and development. For example, studies focused on fathers' roles as breadwinners, as gender role models, or on their presence or absence in the family structure.

More recent research has recognised the evolving nature of fatherhood and that fathers often assume a range of roles in their families which can include breadwinner, companion, playmate, caregiver, spouse, protector, model, moral guide and teacher. Fathers often differ with respect to the relative importance they place on these diverse roles (Lamb, 2004).

Father's influence on child mental wellbeing

Fathers exert influence on children's development and mental health through both their direct interactions with children, and through indirect influence (e.g. providing instrumental or emotional support to their partners). For instance, a father's function as a source of maternal emotional support tends to enhance the quality of mother-child relationships and in turn facilitates positive adjustment by children. Conversely, when fathers are unsupportive and marital conflict is high, children may suffer (Cummings, Goeke-Morey & Raymond, 2004; Cummings & O'Reilly, 1997).

A good example of indirect influence starts well before a child is born. It begins with a father's relationship with the child's mother and includes active involvement during the prenatal period. Starting from conception, both parents have a responsibility to provide a safe and nurturing environment for the foetus. Stress and lack of support can trigger or exacerbate maternal mental illness that can have negative impacts on the evolving mental health of the unborn child. Fathers can therefore assist in buffering mothers from environmental stresses and in sustaining a stable *in utero* environment by providing emotional and physical support to the mother during her pregnancy. Post-birth, a father can also ease the mother's workload, buffer the infant from overexposure to stress during critical early months and provide compensatory support to the infant should a mother need to recover from maternal mental illness (Gere, 2014).

Aspects of fatherhood associated with good child mental health

Involved fathers are considered to more effectively promote the mental health and wellbeing of children and young people. Involved parenting comprises of three dimensions:

- A father's engagement with children and families;
- Their accessibility to their children;
- Their assumption of responsibility for their children.

(Lamb, Pleck, Charnov & Levine, 1987)

Research also reveals more similarities than differences in the way that fathers and mothers positively influence the mental health and wellbeing of their children. Evidence has consistently found that the following features are associated with positive child outcomes, regardless of whether the parent involved is a mother or a father:

A warm child-parent relationship – warm, nurturing relationships and closeness are important features of a father-child relationship and are protective features for children's mental health. Warm paternal parenting has also been shown to be positively associated with improved child cognitive outcomes, during both primary and secondary school years (Bronte-Tinkew, Carrano, Horowitz & Kinukawa, 2008; Fagan & Iglesias, 1999; Chen, Liu, & Li, 2000).

Sensitive parenting – this involves a parenting style that is empathetic to the needs of children and which is neither too intrusive nor too distant. Sensitive fathering (responding, talking, 'scaffolding', teaching and encouraging children to learn) predicts children's cognitive and linguistic achievements in the same way that sensitive mothering does (Lamb, 2004).

Effective parenting skills – The important dimensions of fathers' influence are those that have to do with parental characteristics

and the quality of relationship that a father builds with his children, rather than being related to gender-specific characteristics (Lamb, 2004). Evidence suggests that the individual characteristics of fathers (such as their masculinity or their intellect) are much less important than the characteristics of the relationships they build with their children. Children who have secure, supportive, reciprocal and sensitive relationships with their parents are much more likely to be well adjusted than children whose relationships are less satisfying (Lamb, 2004).

Paternal communication

There is good evidence that effective paternal communication with children is important for a range of reasons from infancy right up until adolescence and young adult years. During infancy, fathers have been noted to have communication styles which are particularly beneficial to child development. Research has noted that fathers can often be less in-step with communication patterns between a mother and infant, and may therefore engage in more complex forms of communication with their offspring. Because these more complex forms of speech place greater linguistic demands on children, fathers are thought to serve as an important bridge to the outside world (Ely, Gleason, Narasimhan, & McCabe, 1995). Thus, fathers' unique communicative styles teach children about the linguistic and communicative demands of social exchanges.

Furthermore, open, involved and interested communication between fathers and children is noted to be beneficial to young people's wellbeing right up until adolescence - particularly for girls. Findings from the ongoing Health Behaviour in Schools survey indicated that children whose fathers engaged in open and ongoing communication had better body image satisfaction and (particularly for girls) higher levels of wellbeing (Brookes, 2014).

Secure paternal attachment

The establishment of a secure attachment with a caregiver is a fundamental building block for good mental health. Studies suggest that an independent attachment relationship between the child and each parent is formed within the first 18 months of the child's life (Gogineni and Fallon, 2014). And fathers' caregiving and play sensitivity are equally as important as maternal sensitivity in determining toddlers' later security (Grossmann et al., 2002).

An important developmental stage during infancy is building resilience and moving away from reliance on the primary caregiver as the sole buffer against external environmental stress. Studies suggest that secure infant-father attachment and paternal play are related to cognitive and social development encouraging active, autonomous, curious and safe exploratory attitudes and behaviour, rather than avoidance of new social situations (Paquette et al., 2003). Research in the area of developmental psychopathology suggests that if fathers are not involved, are not warm, if they do not encourage the autonomy of the child, and if they display anxiety, the children themselves can be at risk of anxiety (Bogels and Phares, 2008). As such, warm attachment relationships and play between children and their fathers can have a huge impact on self-esteem, social competence and managing adversity.

Authoritative parenting

Consistent boundary setting and positive supervision promotes positive child mental health rather than authoritarian, controlling, harsh or, alternatively, lax parenting. Many parenting programmes help parents develop effective parenting techniques to promote children's mental health and to help children calm themselves in the face of frustrations (NICE, 2013).

Fathers are still largely not accessing parenting programmes; neither are they promoted or delivered in father-friendly ways. Such programmes are often run at times when fathers are least likely to be able to attend (Lamb, 2004). Some pilots have been completed in Scotland running proven programmes in male prisons with some positive early results.

Ongoing engaged fathering

As children begin developing into late childhood and adolescence, the mental health benefits related to having an involved and positive father influence become more evident. For both boys and girls, engaged paternal care is associated with lower levels of impulsivity and higher ratings of inhibitory control (Meece and Robinson, 2014). And in low socio-economic status families, a father's engagement has been shown to reduce the frequency of behavioural problems in boys and psychological problems in young women, as well as decreasing delinquency (Sarkadi *et al.*, 2008). Positive father-child relationships also help with future interpersonal relationships. For example, the better the father-child bond, the more an individual will use constructive conflict resolution (Tastan, 2013). And men who experienced interactive fathers were more likely to become interactive with their own infants (Johnson, 2008). Fathers should be encouraged to nurture their relationships with their children throughout all stages of their childhood.

Paternal accessibility

It is not just the amount of time that a father spends with a child that is important in terms of promoting their mental health. It is also the quality of contact and the extent to which this contact reflects effective parenting approaches and contributes to a high quality and warm attachment with a child (Amato & Rezac, 1994). Fathers should be informed of the vital importance of developing and nurturing secure attachments with their children early in their lives.

Fathers as part of a wider family structure

Family context and dynamics are often at least as important to children's mental health as the individual relationships fathers forge with their children. Fathers' influence on children's mental health must thus be viewed in the broader familial context; positive paternal influences are more likely to occur not only when there are supportive father-child relationships but when the fathers' relationships with their partners, ex-partners and other children establish a positive familial context.

Fathers can contribute to the wider complex family system to support children's mental health:

- By establishing an effective high quality co-parenting alliance. Co-parenting relates to the behaviours a parent displays which support or undermine the other parent, (whether they are present in the household or not) (Palkovitz *et al.*, 2013). Positive co-parenting relationships enhance parent-child relationships. However, poor co-parenting has been noted to contribute to higher levels of anxiety in children in infancy and early school years (McHale and Rasmussen, 1998).
- Marital harmony and positive relationships between parents prove to be a resilience factor for children, while negative relationships (such as marital conflict and exposure to aggression) are seen as a risk (Fagan and Palkovitz, 2007) and are consistently associated with poor child adjustment. Marital discord has been noted to affect men and women in different ways, with men tending to withdraw more from children in the face of marital disharmony. This pattern of withdrawal carries with it knock-on risks to children's mental health and should be highlighted to fathers.
- Fathers have been noted in research to fulfil a pivotal buffering or protective role within the family system when children are faced with poor maternal mental health. For example, the presence of a non-depressed father was associated with lower rates of

later behavioural problems among children of depressed mothers. Furthermore, if a mother suffered from depression during pre- and post-natal periods, it was the father's depressed status within the same period which became a predictor of the child's greater likelihood of experiencing poor mental health (Lamb, 2004). Poor mental health during the perinatal period is not uncommon among men. Therefore, we must be aware of the mental health of fathers and provide early identification, support and treatment when indicated.

- Fathers have beneficial effects on their children when they have supportive and nurturing relationships with them as well as with their siblings; when they are competent and feel fulfilled; and when they are successful and supportive partners. There is no single father's role to which all fathers should aspire. Rather, a successful father, as defined in terms of his children's development, is one whose role performance matches the demands and prescriptions of his socio-cultural and familial context.

The importance of family structure for children's mental health

There is good evidence that family structure is an important influence on children's mental health. For example, children from lone parent and divorced families have consistently poorer mental health than those living in married families. This is concerning given the UK's rising divorce rates. In the past, research has focused merely on the presence and absence of fathers to explain these poorer outcomes. However, more recent studies recognize the broader range of variables which may contribute to these negative outcomes, including:

- High levels of family discord, conflict and exposure to displays of aggression (Amato, 2000, 2005; Pryor & Rodgers, 2001);
- The absence or discontinuation of a high quality, supportive ongoing relationship with fathers (Lamb, 2004);

- Poorer socio-economic circumstances due to lone parenting or family breakdown (Lamb, 2004);
- Higher levels of stress faced by the remaining caregiver which impacted both on the caregiver's and child's wellbeing (Lamb, 2004);
- Greater social isolation of the remaining caregiver and absence of a co-parent to help out with core parenting tasks and decision making (Lamb, 2004).

Studies also noted that poorer outcomes could be mitigated in lone parent households or where family breakdown had occurred if:

- Non-resident fathers were encouraged and able to maintain a positive relationship with children (sometimes avoidance and low motivation on the part of fathers prevented ongoing contact, but sometimes this was prevented by maternal gatekeeping);
- Non-resident fathers adopted ongoing responsibility for economically maintaining children, supporting them emotionally and buffering them from economic or environmental stresses;
- Parents attempted to minimise discord in ongoing dealings concerning the children.

Following divorce, children consistently do better when they are able to maintain meaningful relationships with both parents unless the levels of safeguarding risk or inter-parental conflict remain unusually high (Kelly, 2000; Lamb, 2004).

In both intact and non-intact families, ongoing father involvement and nurturing is positively associated with children's intellectual development, social competence, internal locus of control, ability to empathise and lower levels of young adult distress (e.g. Yongman, Kindlon & Earls, 1995; Fagan & Iglesias, 1999). Interestingly, frequency of contact with the father on its own did not contribute to young adults' wellbeing, so it seems that the quality rather than quantity of father involvement is more important in supporting their wellbeing (Bogels and Phares, 2008).

There is good evidence from longitudinal studies that paternal closeness and involvement, more than maternal closeness and involvement, promote competence and protect against psychological distress in adolescents and young adults. The effect of paternal involvement is irrespective of high or low maternal involvement, irrespective of divorce, and appears to be irrespective of child gender.

There is very mixed evidence from studies focusing on paternal involvement or non-involvement of any differential effect on the mental health of children of different genders. The overall message from findings suggests that there is equal benefit from paternal closeness and involvement for both female and male offspring (Lamb, 2004). Positive effects are also noted regardless of the age of the child.

Impacts of negative paternal behaviours on child wellbeing

Just as positive paternal interactions have benefits for the wellbeing of the child, so negative interactions also carry with them potential risks for children's mental health.

Fathers often don't seek help for mental health difficulties. This can be problematic in many ways, as evidence shows that fathers with better mental health can buffer children from the worst effects of a second parent suffering from mental illness. Fathers may also be more likely, through their own poor mental health status, to undermine the future mental health of their children. Furthermore, parental attitudes to mental health and mental illness very much influence children's attitudes towards seeking help (Khan, 2016). If a parent experiences a high level of stigma and avoids help seeking, children are also more likely to be affected by stigma and adopt avoidant strategies preventing essential early help.

Longitudinal studies have also shown consistent associations between paternal alcoholism and an increased risk of conduct disorder and substance abuse in children, with a possible higher risk in the sons than in the daughters of affected fathers. Paternal

alcoholism is also associated with an increased risk of mood disorders and depressive symptoms in adolescents (Chen and Weitzman, 2005), academic underachievement, low self-esteem and relationship-based difficulties. Given that substance misuse is often adopted as a self-medication for poor mental health, it is important that fathers model effective coping mechanisms for managing poor mental health rather than coping mechanisms which may increase familial/paternal distress and shame.

Paternal incarceration

Every year, about 200,000 children have a parent who is in prison (Prison Reform Trust, 2016). Wakefield and Wildeman's (2014) study provided compelling evidence that parental imprisonment (particularly of fathers) uniquely contributed to substantial increases in children's behavioural problems. Furthermore, girls with multiple health, safeguarding and social vulnerabilities in the youth justice system who were also involved in gangs were six times more likely than other female offenders to have a parent who had been to prison (Khan, 2013).

Exposure to damaging behaviour through contact with fathers

The majority of incidents of domestic violence and more damaging forms of abuse (such as sexual abuse) are perpetrated by a small minority of men and some by fathers. Domestic violence has been noted to affect both girls and boys while sexual abuse more frequently impacts girls. Ongoing unsupervised contact with fathers who are unable to develop appropriate, safe and secure attachments with their children is highly likely to be detrimental to children's longer term mental health.

Where an ongoing relationship with a father is not desirable, a warm relationship with the remaining resident caregiver can still help to promote children's mental health. There is also evidence of the protective benefits of building warm, positive attachments with alternative adult role models who develop trusting and good quality attachments, such as grandparents, step-fathers, teachers, peer mentors, and youth workers.

What men feel about fatherhood

Fathers generally express enjoyment with time spent with children – even as children move into adolescence (Larson & Richards, 1994). Fathers generally say they want to spend more time with their children (Lamb, 2004). Many men set their goals depending on their own recollections of their own childhood, choosing either to compensate for their fathers' deficiencies or to emulate their own father figure. Longitudinal studies of men in more chaotic and conflict-ridden family circumstances who had split from partners indicated that they also had high hopes for being a good father, despite their later loss of contact with children. These and other findings have indicated that there is an important opportunity to build on this early enthusiasm for fatherhood and to nurture effective co-parenting and fatherhood skills during these preparatory and early years of pregnancy and birth.

Barriers and facilitators to effective fatherhood

- Fatherhood and its anticipation is a golden opportunity to support positive parenting; enthusiasm is high among men at this time.
- Traditionally there have been fears about the compatibility between traditional notions of masculinity and active fatherhood (Haas, 1992; Lamb & Levine, 1983; Russell & Hwang, this volume). This may now be changing with the evolution of changing notions of masculinity in the UK.
- Father involvement is affected by multiple interacting systems operating at different levels over the life course including:
 - **Psychological factors** (motivation, confidence in parenting, skills, self-confidence) - Men often cite lack of self-confidence, skills and maternal disapproval of greater paternal involvement as a barrier to getting more involved in supportive child rearing (Lamb, 2014);
 - **Individual child characteristics** (e.g. temperament and gender);

- **Social support** (relationships with partners and extended family members, partner approval, validation and gatekeeping of increased paternal involvement);
- **Community and cultural influences** (socio-economic opportunity, cultural ideologies);
- **Institutional, legal and public policy practice** (e.g. supportive and father-friendly employment policies, welfare support, child support enforcement, contact arrangements).

Barriers imposed by the workplace have traditionally ranked among the most important reasons fathers give to explain their low paternal involvement (Lamb 2004). Although there have been some improvements (e.g. increased paternity leave, flexible working), it is unclear how much take-up there has been of flexible working by fathers to support parenting activities. It is also difficult to assess the extent to which attitudes promoting positive fatherhood exist in the workplace. Research indicates that for every free hour a parent has, fathers spend a smaller proportion of this free time with children than mothers (Lamb, 2004). Finally, in social policy, there has been more focus on promoting ongoing economic provision for children by fathers than the policies and opportunities which promote ongoing emotional involvement.

Implications & recommendations

There is good evidence that initiatives aimed at maximizing self-confidence, motivation and the potential contributions of fathers should begin at birth, when many fathers (even those at high risk of family breakdown) are highly motivated to remain involved in their child's life (Lamb, 2004). Fatherhood programmes should take a preventive approach by providing services to new fathers well before they distance themselves from their children (Tamis-LeMonda & Cabrera, 1999, 2002). Policymakers and practitioners should focus their efforts early on to strengthen fathers' capabilities and support stable couple relationships.

In many cases, current parenting programmes could easily be renamed 'mothering programmes', as the involvement of fathers and a focus on co-parenting is unusual. To address this, parenting skills programmes should also be made more widely available in employment settings or scheduled at father-friendly times with benefits sold in gender-engaging ways.

There has been insufficient focus on the development and evaluation of fatherhood programmes. This should be rectified with longer term evaluation and follow up of their impact on children's mental health and cognitive outcomes.

More broadly, there has been less research focus on aspects of fatherhood which promote positive child and adolescent development and mental health.

For every family going through divorce, a post-divorce parenting plan supporting children's emotional wellbeing should be developed focused on co-parenting and maximising children's wellbeing. Post-divorce parenting programmes which help parents to minimise negative impacts on children's wellbeing should be accessible.

Fatherhood, parenting programmes/ information and father-friendly employment practices (e.g. leave policies, flexible working practices) should be encouraged in the workplace.

There should be greater focus on the mental health of the entire family by primary and specialist mental health providers. At present there is a fragmented focus on either child or adult mental health. Parents with mental health difficulties should receive swift support and be helped to consider the impact of their conditions on the broader family unit. There should be more help specifically for children whose parents have a mental illness. There needs to be more recognition of the protective potential of fathers with good mental health on the family when a mother experiences poor mental health. This is particularly important at high risk times such as during and after pregnancy. Maintaining good paternal mental health at this time is essential as fathers can make compensatory adjustments to mitigate

any impact of maternal mental illness on child mental health and development.

Given that a father's good mental health can be a protective factor for children's mental health, therapeutic interventions should consider more centrally paternal mental health assets in the family unit (Gere *et al.*, 2013). Evidence suggests that at present fathers are largely left out of child and adolescent therapeutic interventions when a child has diagnosable mental health difficulties.

Conclusion

From the first spark of life, fathers can make a difference to their children's mental health. From pregnancy and early years through to adolescence, fathers are a major influence on a child's emotional and behavioural health. Fathers, like mothers, can boost their child's mental health through warm and sensitive parenting, good communication, boundary-setting and positive supervision. The relationships a father builds within a family are far more important to a child's mental health than traditionally valued paternal characteristics such as intellect or masculinity. Fathers can create a high quality co-parenting alliance with their partners, including when fathers are not living with their children, and help their children to build positive, trusting relationships.

There is also evidence that fathers can sometimes have a distinctive and complementary role to mothers. For example providing emotional and physical support during pregnancy can buffer both mother and baby against environmental stresses, with major short- and long-term benefits. And the ways fathers communicate and play with infants may be more challenging and help them to engage in more complex activity, acting as a safe 'bridge' to the wider world.

Yet for too long, the role of fathers in their children's mental health has been ignored and poorly understood. Fathers have received little help and support to be the best parents they can be. And the importance of fathers' own mental health has been neglected.

Many fathers struggle to make the most of their potential. Chaotic and conflict-ridden family circumstances, work pressures and stereotypes about masculinity can get in the way for some. Most fathers want to do the best for their children, but some end up distancing themselves from their families and, in the worst cases, cause harm.

Yet with greater attention to the importance of fatherhood and more support for fathers, we could give many more children, whatever their family background and circumstances, a better and healthier start in life.

References

- Amato, P.R. and Rezac, S.J. (1994) Contact with nonresident parents, interparental conflict, and children's behavior. *Journal of Family Issues*, **15**(2), pp.191-207.
- Amato, P.R. (2000) The consequences of divorce for adults and children. *Journal of Marriage and Family*, **62**(4), pp.1269-1287.
- Amato, P.R. (2005) The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children*, **15**(2), 75-96.
- Bögels, S. and Phares, V. (2008) Fathers' role in the etiology, prevention and treatment of child anxiety: A review and new model. *Clinical Psychology Review*, **28**(4), pp.539-558.
- Bronte-Tinkew, J., Carrano, J., Horowitz, A. and Kinukawa, A. (2008) Involvement among resident fathers and links to infant cognitive outcomes. *Journal of Family Issues*, **29**(9), pp.1211-1244.
- Brookes, 2014 Brooks, F., Zaborskis, A., Tabak, I., Alcón, M.D.C.G., Zemaitiene, N., de Roos, S. and Klemers, E. (2015) Trends in adolescents' perceived parental communication across 32 countries in Europe and North America from 2002 to 2010. *The European Journal of Public Health*, **25**(suppl 2), pp.46-50.
- Cabrera, N.J., Tamis-LeMonda, C.S., Lamb, M.E. and Boller, K. (1999) *Measuring Father Involvement in the Early Head Start Evaluation: A Multidimensional Conceptualization*.
- Chen, X., Liu, M. and Li, D. (2000) Parental warmth, control, and indulgence and their relations to adjustment in Chinese children: a longitudinal study. *Journal of Family Psychology*, **14**(3), p.401.
- Chen, Y.Y. and Weitzman, E.R. (2005) Depressive symptoms, DSM-IV alcohol abuse and their comorbidity among children of problem drinkers in a national survey: effects of parent and child gender and parent recovery status. *Journal of Studies on Alcohol*, **66**(1), pp.66-73.
- Cummings, E.M. and Watson O'Reilly, A. (1997) Effects of marital quality on child adjustment. In Lamb, M. E. (Ed). (1997) *The role of the father in child development*, 3rd ed. (pp. 49-65). Hoboken, NJ, US: John Wiley & Sons Inc.
- Cummings, E.M., Goeke-Morey, M.C. and Raymond, J. (2004) Fathers in Family Context: Effects of Marital Quality and Marital Conflict. In Lamb, M. E. (Ed). (2004) *The role of the father in child development*, 4th ed. (pp. 49-65). Hoboken, NJ, US: John Wiley & Sons Inc.
- Ely, R., Gleason, J.B., Narasimhan, B. and McCabe, A. (1995) Family talk about talk: Mothers lead the way. *Discourse Processes*, **19**(2), pp.201-218.
- Fagan, J. and Iglesias, A. (1999) Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. *Early Childhood Research Quarterly*, **14**(2), pp.243-269.
- Fagan, J. and Palkovitz, R. (2007) Unmarried, nonresident fathers' involvement with their infants: A risk and resilience perspective. *Journal of Family Psychology*, **21**(3), p.479.
- Gere, M.K., Hagen, K.A., Villabø, M.A., Arnberg, K., Neumer, S.P. and Torgersen, S. (2013) Fathers' mental health as a protective factor in the relationship between maternal and child depressive symptoms. *Depression and Anxiety*, **30**(1), pp.31-38.
- Gogineni, R. and Fallon, AE. (2013) The adoptive father. In Brabender, VM. and Fallon, AE. (Eds.) *Working with adoptive parents: Research, theory, and therapeutic interventions*. Hoboken, NJ: John Wiley & Sons Inc.
- Grossmann, K., Grossmann, K.E., Fremmer-Bombik, E., Kindler, H. and Scheuerer-Engelisch, H. (2002) The uniqueness of the child-father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development*, **11**(3), pp.301-337.

- Haas, L. (1992) *Equal parenthood and social policy: A study of parental leave in Sweden*. Albany: SUNY Press.
- Johnson, A.N. (2008) Engaging fathers in the NICU: taking down the barriers to the baby. *The Journal of Perinatal & Neonatal Nursing*, **22**(4), pp.302-306.
- Kelly, J.B. (2000) Children's adjustment in conflicted marriage and divorce: A decade review of research. *Journal of the American Academy of Child & Adolescent Psychiatry*, **39**(8), pp.963-973.
- Khan, L. (2013) *A need to belong: what leads girls to join gangs*. London: Centre for Mental Health.
- Khan, L. (2016) *Missed opportunities: A review of recent evidence into children and young people's mental health*. London: Centre for Mental Health
- Lamb, M.E. ed. (2004) *The role of the father in child development*. Hoboken, NJ: John Wiley & Sons.
- Lamb, M.E., & Levine, J.A. (1983) The Swedish parental insurance policy: An experiment in social engineering. In Lamb, M.E. and Sagi, A. (Eds), *Fatherhood and family policy* (pp. 39-51). Hillsdale NJ: Erlbaum
- Lamb, M.E., Pleck, J.H., Charnov, E.L. and Levine, J.A. (1987) A biosocial perspective on paternal behavior and involvement. In Lancaster, J., Altmann, A., Rossi, & Sherrod, L. (Eds) *Parenting across the life span: Biosocial dimensions*, pp.111-142.
- Larson, R., & Richards, M. (1994) *Divergent lives: The emotional lives of mothers, fathers, and adolescents*. New York: Basic Books.
- Yongman, M.W, Kindlon, D., Earls, F. (1995) Father involvement and cognitive/behavioral outcomes of preterm infants. *Journal of the American Academy of Child and Adolescent Psychiatry*, **34** (1995), pp. 58–66
- McHale, J.P. and Rasmussen, J.L., (1998) Coparental and family group-level dynamics during infancy: Early family precursors of child and family functioning during preschool. *Development and psychopathology*, **10**(01), pp.39-59.
- Meece, D. and Robinson, C.M. (2014) Father–child interaction: associations with self-control and aggression among 4.5-year-olds. *Early Child Development and Care*, **184**(5), pp.783-794.
- National Institute for Health and Clinical Excellence (2013) *Anti social behaviour and conduct disorders in children and young people: recognition, intervention and management. Clinical guideline number 158*. London: National Institute for Health and Clinical Excellence
- Palkovitz, R., Fagan, J. and Hull, J. (2013) Coparenting and children's well-being. In Cabrera, N.J. and Tamis-LeMonda (Eds.) *Handbook of Father Involvement: Multidisciplinary perspectives* (2nd. ed), pp.202-219. New York: Routledge.
- Paquette, D., Carbonneau, R., Dubeau, D., Bigras, M. and Tremblay, R.E. (2003) Prevalence of father-child rough-and-tumble play and physical aggression in preschool children. *European Journal of Psychology of Education*, **18**(2), pp.171-189.
- Prison Reform Trust (2016) *Bromley Briefings Prison Factfile: Autumn 2016*. London: Prison Reform Trust.
- Pryor, J. and Rodgers, B. (2001) *Children in changing families: Life after parental separation*. Blackwell Publishing.
- Ramchandani, P. and Psychogiou, L. (2009) Paternal psychiatric disorders and children's psychosocial development. *The Lancet*, **374**(9690), pp.646-653.
- Russell, G. and Hwang, P. (2004) The impact of workplace practices on father involvement. In

ME Lamb (Ed.), *The Role of the Father in Child Development*. Hoboken, NJ: John Wiley & Sons.

Sarkadi, A., Kristiansson, R., Oberklaid, F. and Bremberg, S. (2008) Fathers' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Paediatrica*, **97**(2), pp.153-158.

Tamis-LeMonda, C. and Cabrera, N.J. (2002) Cross-disciplinary challenges to the study of father involvement. In Cabrera, N.J. and Tamis-LeMonda (Eds.) *Handbook of Father Involvement: Multidisciplinary perspectives* (2nd. ed), pp.202-219. New York: Routledge.

Tastan, N. (2013) Effect of father-child bonding on conflict resolution during emerging adulthood. *Social Behavior and Personality: an International Journal*, **41**(8), pp.1339-1345.

Warin, J., Solomon, Y., Lewis, C. and Langford, W. (1999) *Fathers, work and family life*. London: Family Policy Studies Centre.

Wildeman, C. and Wakefield, S., 2014. The long arm of the law: The concentration of incarceration on families in the era of mass incarceration. *Journal of Gender, Race & Justice*, **17**(2) p.367-389

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