



Fathers and fatherhood in young carers' families

A research review for practitioners



Executive summary

Aim

The aim of this review is to summarise what we know about fathers and fatherhood in young carers' families, and to explore how father-inclusive practice might improve the support provided to young carers themselves, and their families. This review was researched and written by the Fatherhood Institute as part of the Young Carers in Focus project, coordinated by the Children's Society and funded by the Big Lottery Fund.

Key findings

Section 1. Why focus on fathers?

- Fathers have impact on their children and their children's mothers that lasts a lifetime. This is true even if they're dead, or otherwise entirely 'out of the picture'.
- Positive paternal involvement is associated with a wide range of beneficial outcomes for children. Low or no involvement by fathers is strongly linked with delinquent behaviour in teenagers and school failure in boys.
- Fathers' presence or absence, and behaviour, has profound impacts on mothers' relationships with their children.
- Parental conflict can cause serious damage to children; successful co-parenting between mothers and fathers predicts positive outcomes for children (and mothers).
- There is growing evidence that men's capacity to care for children is just as great as women's and that, given the right support, they can – and do – become sensitive, hands-on caregivers.
- Fatherhood can be a life-changing experience for men, including those whose behaviours are negative – for example those with drug and alcohol problems.

Section 2. Fathers and fatherhood in young carers' families

Who are carers and who do they look after?

- Carers generally, and young carers specifically, are more likely to be female – but a sizable minority are male.
- There are no clear estimates of how many, or what proportion of young carers are living with, looking after and/or in touch with, fathers and father-figures.

What do we know about young carers' families?

- Roughly a quarter of young people identifying as young carers are estimated to be looking after a mother or father.

- Young carers' families are more likely to experience economic and social disadvantage. They are estimated to have £5,000 less annual income than average.
- Families where the father is the recipient of care may experience a disproportionate loss of income, because men are still more likely to work full time and to be the sole or main breadwinner.
- Disability and/or illness places strain on parents' relationships; separation is more likely when the ill person is a woman.
- Post-separation/divorce, children are more likely to live with their mothers, but in most families children continue to have regular contact with the father, often including overnight stays.
- Fathers whose children care for their mothers may be a particularly vulnerable group, often overlooked by services (whether or not the family has separated).

Young carers' relationships with their fathers/father-figures

- Young carers help their ill family members with a range of problems, including physical and mental health problems, learning difficulties and sensory impairments. They provide personal and emotional care, do household chores and look after siblings.
- Caring by young carers creates a different dynamic in their relationships with their parents, which often become more reciprocal and interdependent.
- Fathers with mental health problems may report stronger relationships with their children, but may also feel disengaged and shameful.
- Young carers whose parents have mental health problems may lack information, and report a range of negative emotions and experiences.
- Fathers who misuse alcohol and other substances, often struggle to be positive, sensitive parents, and their children's outcomes can suffer as a result.
- There is a lack of research on young carers' relationships with non-resident parents, most of whom are likely to be fathers.

Fathers' illness/disability and its impact on young carers

- Children of fathers with poor mental health experience a wide range of negative outcomes, including poorer mental health. They are also more likely to experience poverty and other socio-economic disadvantage, especially if they are from black or minority ethnic backgrounds.
- Young carers' educational outcomes are lower than average.
- Parents' substance misuse (which is more likely among fathers) correlates with heightened risk of physical abuse and neglect, and a range of negative child outcomes.
- Stigma, including from professionals, may affect many young carer families.
- Children of parents with mental health problems may be over-represented in the UK child welfare system.

Services' engagement with fathers in young carers' families

- Until recently, adult and children's law did not join up, making services more likely to overlook many young carers' support needs.
- Young carers report negative experiences of services, and many adult services fail to provide support around parenting, especially to fathers – despite evidence that this could help both the children and the adults.
- Many family practitioners operate from a 'deficit' perspective on men and fathers; this can become institutionalised and result in services routinely ignoring and/or failing to see, engage with or support men as fathers.
- Mothers often act as 'gatekeepers' to fathers, effectively hiding them from services.
- Services often operate in ways that set up women as solely or primarily responsible for children, and may in many cases leave young people inadequately protected as a result.

Section 3. Recommendations

Based on the findings of the literature review, and insights drawn from the Fatherhood Institute's long experience of working with services to maximise father-engagement in a variety of settings over more than a decade, we have identified a range of ways in which services for young carers could be improved upon.

For service providers/practitioners

1. Wherever your service is situated in the complex systems with which young carers' families might interact – whether you're an adults' or children's service, or are focused on drug and alcohol, for example – it is important to take steps to equip your service to recognise and actively support positive father-child relationships. Helping a young person reflect on and improve their relationship with their father and/or father-figures, or to reconnect with them if the relationship has broken down, could have a huge impact on his or her life as a carer, and beyond.
 - Adult services should, as mentioned above, identify the parental status of every male client and his connections with children – and seek ways to ensure that these connections remain fruitful. Drug and alcohol services should also consider using men's fatherhood as a motivating factor to help them change their behaviour.
 - Children's services should seek to identify and engage with the father as early as possible, unless to do so is assessed as unsafe (and even then alternative ways of working may be feasible). This is the case whether or not he has Parental Responsibility, and whether or not the mother consents (see box on page 24). Children's records on the integrated children's system should clearly state the name and the full and up to date contact details of the birth father and any other significant father figures; AND whether they have been assessed and are actively involved in the child's life.
 - If a child becomes looked after, the first choice of placement is with the other parent provided it is consistent with their welfare (s.22C Children Act 1989); so

the birth father should always be consulted (and where appropriate assessed) when a placement is being considered - whether or not he has Parental Responsibility. If a father or father figure disagrees with the outcome of your assessment, his views should be recorded, placed on the child's file and responded to accordingly.

2. Count how many fathers your service is engaging with. There is strong evidence that father-child relationships are hugely important to children and mothers, as well as to fathers themselves – and collecting data on father-engagement is a vital first step towards recognising this and offering a father-inclusive service to young carers and their families. Fathers can be a vital resource with whom you could work to improve a young carer's situation – even if at first they may appear to be absent, or inaccessible due to work commitments.
3. Learn to 'see' men as fathers or potential fathers – just as you 'see' women as mothers. Services will often ask women but not men about their family commitments, leading to provision of support and/or information/advice. The failure to recognise men's fatherhood may lead to young carers' caring for fathers and father-figures remaining hidden.
4. Make clear that fathers' positive involvement in their children's lives is both desirable and expected. This can help make clear to men themselves, and to those around them, that you value and support young carers' relationships with their dads. Sometimes small changes can make a big difference. Health visitors found that changing their introductory letter so it said 'Dear Mum and Dad' rather than 'Dear Parent', and explaining why dads' presence was important too, dramatically increased dads' attendance at appointments.
5. Fathers, like mothers, may benefit from a range of support, as part of a 'whole family' approach to supporting a young carer. This may range from intensive support (for example where a father has mental health problems or is a substance user) to provision of information and advice to help separated fathers whose children are caring for their mother or other family members, to stay connected with, and support, their children.
6. If you are engaging with a 'lone parent' family you should, as a matter of course, enquire about the 'other' parent (normally the father), and strive to support the children to develop or maintain a positive relationship, including regular contact, with both parents – unless it is unsafe to do so. This may require sustained and sensitive work with the young carer, the other parent (usually the mother) and potentially with other family members.
7. Couple support for mums and dads whose children are young carers may bring huge benefits, helping them work through the problems they may have experienced individually and together – and enabling them to work effectively as a parenting team.

For the government and commissioning authorities

8. The government and other service commissioners should require services to measure, monitor and improve services' engagement with fathers (as well as mothers). For example, early years services and schools could collect data on 'parental' engagement by gender and publish the findings, along with plans to make year-on-year improvements. By being required to do so, services would be in a stronger position to identify hitherto 'hidden caring' by children and young people looking after fathers (including lone and separated fathers), and to be in a position to support young carers to develop and maintain positive relationships with their fathers.
9. The government should give greater priority to separated fathers in social housing to enable their children to stay overnight - including rescinding the bedroom tax for these families. This would remove a significant obstacle (lack of space) to continued contact between fathers and their children. This change is likely to be particularly helpful for fathers in young carer families, who are more likely to be economically disadvantaged – and could bring disproportionate benefits, given that positive father-child relationships can be especially beneficial and transformative for children from such backgrounds.
10. To support all the above recommendations, the Government, local and voluntary authorities should invest in father-inclusiveness training to ensure all managers and practitioners in adult and children's services understand fathers' importance and act on this by reaching out to and engaging with fathers effectively.

For the research community

11. More research on fathers and fatherhood in young carer families is needed, including research to better establish how many young carers are looking after fathers only; fathers and mothers; and mothers only; and to better explore the family contexts in which young carers are caring.
12. Researchers should take care to design studies that take into account the strong body of evidence demonstrating fathers' and father-figures' importance to children (including those children whose fathers may appear on the face of it to be 'absent'); they should explore young carers' and other family members' (including fathers') experiences with this in mind.
13. Exploring young carers' experiences through a gendered lens could also improve our understanding of the similarities and differences between the challenges boys/young men and girls/young women face as carers.

Section 4. References

See pages 26 - 31 below.

Main report

Introduction

The aim of this review is to summarise what we know about fathers and fatherhood in young carers' families, and to explore how father-inclusive practice might improve the support provided to young carers themselves, and their families.

This review was researched and written by the Fatherhood Institute as part of the Young Carers in Focus project, coordinated by the Children's Society and funded by the Big Lottery Fund.

The review begins with a brief overview of why engaging with fathers matters (Section 1).

It then goes on (in Section 2) to review the literature on young carers and their families, focusing on four key themes:

- What we know and don't know about young carers, who they are caring for, and their families
- The nature of young carers' relationships with their fathers/father-figures (including fathers with whom they live less than full time, or rarely or never see)
- The impact of fathers' illness/disability and/or absence on young carers
- Services' engagement with fathers in young carer families.

We consider the general tendency of public services not to engage effectively with fathers, and the relative paucity of evidence about fathers within young carer families – suggesting a similar lack of engagement.

We suggest some key factors that may lie behind this, with the aim of helping readers to reflect on whether these may hold true for services known to them.

And in Section 3 we make a series of recommendations for service providers and practitioners; the government and other authorities responsible for commissioning services for young carers; and for researchers – all aimed at improving the father-inclusiveness of such services.

Section 1. Why focus on fathers?

Research studies across a range of academic disciplines suggest that fathers have impact on their children and their children's mothers that lasts a lifetime. This is true even if they're dead, or otherwise entirely 'out of the picture'.

Young children whose fathers spend a lot of time with them, are less likely to use drugs or get involved with the police as adolescents. They tend to do better in school, develop more positive friendships, exhibit fewer behaviour problems and experience greater self-esteem and life-satisfaction (Lam et al., 2012; Sarkardi, 2008; Flouri, 2005; Pleck & Masciadrelli, 2004).

The father-child relationship is especially important in disadvantaged families where children suffer more from a poor relationship with their father and benefit more when this is good (Dunn, 2004). This is crucial, since – as outlined in the literature review below – young carers' families are more likely to suffer from various forms of disadvantage.

Positive father-child relationships are important for all children, and that includes those whose parents divorce or separate. Indeed, after separation, a high quality father-child relationship is one of five factors most likely to result in positive child outcomes (Lamb, 2007).

Research has also shown that fathers can 'buffer' children from other disadvantage such as mother's depression (e.g. Jackson, 1999; Field et al, 1999; Brunelli et al, 1995) and a secure attachment with their father can be just as beneficial to children as a secure attachment to their mother (Kochanska & Kim, 2012). Father-figures matter too: stepfathers have a particularly strong impact on children's self-esteem – for good and for ill (Dunn et al, 2004).

One of the most important reasons for intervening with fathers, as with mothers, is when their behaviour is negative. Fathers' impact may sometimes be more profound than mothers', possibly because their children may perceive them as socially more powerful (Khaleque & Rohner, 2012) or more frightening (Cawson et al, 2000). For example, fathers' harsh parenting has a stronger effect than mothers' on children's aggression (Chang et al, 2003). Getting on badly with even one parent more than doubles the likelihood of a young person engaging in anti-social behaviour (Wood, 2005).

What about 'absent' dads?

It is sometimes in children's best interests not to see their dads, but this should not be viewed as a simple solution. Children denied access to their father tend to demonise or idealise him (Kraemer, 2005; Gorrell Barnes et al, 1998); blame themselves for his absence; (Pryor & Rodgers, 2001); and suffer substantial distress, anger and self-doubt, often persisting into adulthood (Fortin et al, 2006; Laumann-Billings & Emery, 2000). Low or no involvement by fathers is strongly linked with delinquent behaviour in teenagers and school failure in boys (Blanden, 2006).

What about the mother-father relationship?

Mothers and their relationships with their children are profoundly affected by fathers – their presence/absence and their behaviour. For example when fathers are heavy drinkers, mother-child attachment is less likely to be secure (Eiden & Leonard, 1996), and high father-involvement is linked to lower parenting stress and depression in mothers (for review, see Fisher et al, 2006). When dads are perceived to be supportive, new mothers (including teenage mothers) are more closely bonded to their babies and more responsive and sensitive to their needs (Feiring, 1976) and experience less postpartum distress (Stapleton et al, 2012).

The damage done to children by parental conflict and hostility is also well documented (Faircloth, 2012) and problematic couple relationships are strongly connected with child maltreatment by mothers and child neglect (Guterman & Lee, 2005). Conversely, ‘team parenting’ where parents develop positive co-parenting strategies and implement them consistently is a powerful predictor of positive outcomes for children and mothers (Feinberg & Kan, 2008).

Can men learn to be better fathers?

Yes, they can. Just like women can learn to do traditionally ‘male’ things, like fixing a car.

We’re all used to portrayals of men as uncaring, insensitive and ham-fisted – and to populist conceptions of gender like those put forward in the bestseller *Men are from Mars, Women are from Venus* (Gray, 2015) emphasising differences between how men and women think, feel and act.

In fact scientists now recognise that we’re much more similar than we might think (see for example Eliot, 2010). Certainly men are not less suited to caring for children than women: when similarly supported, men and women develop childcare skills at the same rate; and there seem to be no biologically-based differences in sensitivity to infants (for review, see Lamb et al, 1987) or capacity to provide intimate care (Parke, 2008).

What is also clear from the research is that the act of care-taking causes hormonal changes in men (as in women) that facilitate nurturing and bonding. Within fifteen minutes of holding a baby, men experience raised levels of hormones associated with tolerance/trust (oxytocin), sensitivity to infants (cortisol) and brooding/lactation/bonding (prolactin); and the more experienced a male is as a caregiver, the quicker and more pronounced are the changes (Gray & Anderson, 2010; Hrdy, 2009). Higher oxytocin levels can lower testosterone levels, which are themselves associated with more sensitive care-taking; and babies’ hormone levels and behaviour also change in response to changes in fathers’ hormones – those whose fathers have inhaled oxytocin look more directly at them and are more responsive and exploratory, for example (Weisman et al, 2012).

Men with lower testosterone levels are more alert to babies’ cries, and feel more sympathetic and keen to comfort them (Fleming et al, 2002) This is a complex issue: baby cries decrease testosterone in men when coupled with nurturant responses. By contrast, baby

cries uncoupled from nurturant responses increase testosterone in men (van Anders et al, 2012).

So given substantial opportunities for caretaking, it's possible for men to learn (just as women do) to be sensitive, hands-on caregivers. The sooner fathers of pre-term infants hold their babies, the sooner they report feelings of warmth and love for them (Sullivan, 1999); the more infant care fathers undertake, the more satisfied and sensitive they tend to be (Barclay & Lupton, 1999; Henderson & Browse, 1991; Donate-Bartfield & Passman, 1985; Zelazo et al, 1977).

As with some mothers, concern for their children may also be a strong motivator for change among some fathers. Fathers' behaviour changes are of great significance to children (Bakernans-Kranenburg et al, 2003); ignoring men or expecting them to change their behaviour without support, achieves nothing. In fact, when fathers are not engaged-with, negative or abusive behaviour by them goes unchallenged and is less likely to change. Removing them from the family will in some cases be necessary, but this brings additional risk in that his interaction with the family may become less visible. Additionally, studies suggest that when an abusive man leaves a family, he normally interacts (or continues to interact) with between 6-10 other children or step-children (Scott & Crooks, 2004).

While all the above evidence does not specifically come from studies on young carers' families, there is no reason to believe that fathers are any less important to young carers or their mothers (nor to the young carer's relationship with their mother). Indeed, given the often complex range of challenges faced by such families – as outlined in the next section of this guide - the need to support positive father-child relationships is arguably even greater than in the 'average' family.

Section 2. Fathers and fatherhood in young carers' families

Who are young carers and who do they look after?

Latest estimates suggest there are more than 166,000 young carers in England; nearly 15,000 of them provide more than 50 hours' care per week (Census 2011). There is a common assumption that women do the vast majority of caring, and figures from the 2011 Census confirm that 58% of known carers are female, leaving a significant percentage (42%) who are male. Female young carers (those aged less than 24) account for 2.8% of unpaid care provision in England and Wales; male young carers provide 2.2% (Office for National Statistics, 2013).

However, it is notoriously difficult to estimate numbers of young carers for a variety of reasons, including young people's tendency not to self-identify as carers; parents' reluctance to admit they are so reliant on their children; and the absence of questions about drug and alcohol misuse from census forms (Children's Society, 2013). In 2010, a BBC and University of Nottingham survey suggested there could be four times more young carers than the official census figures in 2001 showed – which would mean there could be approximately 700,000 young carers in the UK (BBC, 2010).

There are no clear estimates of how many, or what proportion of, young carers are living with fathers or father-figures.

A 2004 survey of young carers supported by UK specialist young carer projects, found that 66% of them were looking after 'parents', but it failed to specify which. A tenth of young carers in this survey were looking after more than one person (again, it is unclear *which* people were being looked after), but more than half (56%) were living in lone parent families (Dearden and Becker, 2004). This figure represents more than twice the national average, since the latest UK figures suggest that 26% of families are lone parent families (Office for National Statistics, 2012).

Of those young carers living in lone parent families picked up by the 2004 survey, 70% were looking after their mother or stepmother, compared to only 7% looking after their father or stepfather (Dearden and Becker, 2004). Lone parent families generally tend to be headed by mothers: latest figures show that 91% of lone parents with dependent children are mothers (Office for National Statistics, 2012).

The same survey found that young carers living with both parents were more likely to be looking after a sibling (46%) or mother/stepmother (42%) than a father/stepfather (14%) (Dearden and Becker, 2004).

What do we know about young carers' families?

Many studies on young carers are small-scale and qualitative, and have sought to give voice to young carers' experiences of caring, without focusing on their parents' experiences. Thus we lack good data about young carers' parents' life stories, including their past and current working and caring commitments and attitudes, and their couple relationships.

One small UK qualitative study which addressed itself, unusually, to parents' perspectives on their children's caring role, involved ten respondents, eight of whom were mothers. Five had no partner and among those who did, the partner was reported to either no longer be living in the family home, to have refused to take part in any caring commitments, or to have left when diagnosis occurred (Aldridge and Becker, 1994). The researchers suggested that fathers had opted out of caring and were, instead, 'electing' children into such roles.

This was a tiny study and both it and its predecessor (which focused on the young carers' own perspectives on caring) were based entirely on self-reports; there was no attempt to contact fathers and capture their accounts of who was doing what and why.

More recent research has called into question the idea that young carers are more likely to live in lone parent (mother-headed) families. The Children's Society explored young people's experiences reported in a 2004 Department for Education survey of 15,000 young people aged 13 and 14, with follow-up surveys completed by 9,000 of them in 2010. Of the 4.5% who identified themselves as having caring responsibilities, just over a quarter (28%) were looking after a mother or father. There was no strong evidence that they were any more likely than their peers to live in lone parent households (Children's Society, 2013).

Even regardless of household composition, evidence suggests young carer families are likely to experience considerable economic and social disadvantage. For context, disabled people generally are twice as likely to live in low-income households. By the age of 26, young disabled people are four times more likely than their non-disabled peers, to be unemployed. The Disability Rights Commission found that disabled people with mental health problems have the lowest employment rates of all impairment categories, at only 20%. Overcrowding, poor physical housing conditions, and/or housing which is physically

unsuitable are correlated with low income and can have particular consequences for disabled parents and parents with additional support needs (SCIE, 2005).

There are no estimates of unemployment rates for parents being looked after by young carers, but the Children's Society has estimated that young carer families have an annual income £5,000 lower than the average (Children's Society, 2013), so many are likely to be struggling financially. A Department for Work and Pensions analysis of Labour force survey statistics found that couples with children where neither was disabled had a household employment rate of over 97%; this dropped to 78% when at least one of the couple was disabled. For non-disabled lone parents the employment rate was almost 60%; the figure for disabled lone parents was 40%.

Despite shifts towards greater equality of earning and caring in recent decades, men are still more likely to be the main breadwinner and to be out at work full-time (Scott et al, 2013). So it's likely that if it is the father who becomes ill or disabled, the loss of income to the family will be felt more strongly; and if it is the mother who becomes ill or disabled, the father may be less able than a mother might be, to adapt to the increased level of caring required. A mother's removal from paid work through illness or disability may also place pressure on a working father to bring in greater income, further reducing his capacity for substantial caring.

It has been suggested that men may find it difficult to cope with their wife/partner's illness and become depressed – and therefore less capable of caring – as a result (Frank, 1995). It is the case that, upon onset of serious illness, separation is much more likely when the person who becomes ill is a woman (Glantz et al, 2009). Women experience more psychological distress than men (Chandra and Raghunandan, 2008). Mental illness is a substantial predictor of relationship breakdown (Breslau et al, 2011), and men are more likely to misuse alcohol and drugs (Wilsnack et al, 2000) – another predictor of relationship breakdown. Services to support couples who face serious issues to deal with these together effectively and maintain a positive relationship are few and far between and likely to be unaffordable and therefore out of reach for many young carer families.

However, even where separation or divorce occurs, fathers often remain more present in their children's lives than family and other public services assume. A Fatherhood Institute review of existing research suggests that around two-fifths of children from separated families see their non-resident parent (usually father) at least weekly; just over half see him at least monthly; and between one quarter and one third rarely, if ever, see him. In around a tenth of separated families, children share their time equally between both parents (Fatherhood Institute, 2008).

There is no evidence that separated fathers in young carer families are any more or less engaged with their children, but research does suggest that relationships between ill/disabled fathers and their children can face considerable challenges (see section 2 below). The fathers of children who care for their mothers may also be a highly vulnerable group (whether or not the family has separated): for example, concordance between spouses for psychiatric illness has been consistently reported in numerous studies (Merikangas, 1982). Vulnerable fathers who live alone generally struggle to access the kinds of housing, benefits and support services that could help them sustain long term contact with their children. This is likely to be true of many fathers in or attached to young carer families, especially if they themselves have suffered from illness or a disability, because services are not set up to see them as parents (SCIE, 2005).

Young carers' relationships with their fathers/father-figures

Young carers look after mothers, fathers, siblings and other family members with a range of problems. When researchers asked young carers about the needs of the people they cared for, 50% said they were caring for someone with a physical health problem, 29% for a person with a mental health problem, 17% for someone with a learning difficulty and 3% for someone with a sensory impairment (Children's Society, 2013).

Regardless of the gender of the person they look after, young carers take on a range of caring responsibilities which can include personal and emotional care (including things like monitoring their health, administering medication and helping them through acute episodes, for example of psychosis or self-harming); performance of household chores; and taking care of siblings (Le Francois, 2010). A range of studies have highlighted many different aspects of young carers' experiences of caring (for example Abraham and Aldridge, 2010; Eley, 2007; Smyth et al, 2010; Earley et al, 2007; Thomas et al, 2003).

It has been suggested that rather than representing the 'parentification' of the children's roles as was once thought, caring may involve children and young people taking on some of their parents' parenting role, but that the parents retain the 'status' of parent (Aldridge, 2006) so their relationships become more reciprocal and interdependent (Reupert and Maybery, 2007, cited by Le Francois, 2010).

Researchers have argued that young carers' caring roles can adversely affect children's development – and their experience of childhood – if they are long-term or disproportionate with their abilities (Aldridge, 2006).

Le Francois' review suggests that most fathers with mental health problems, and most children living with a parent with a mental health problem, view their relationship with each other in very positive terms. Fathers express pride in their parenting and fathering roles; both they and their children talk about having a more intense bond as a result of their mental health problems. Greater interdependency and getting through tough times together can result in stronger relationships; some fathers also feel that their relationship with their children helps them to recover (Le Francois, 2010).

But the picture is not all positive. One study (Evenson et al, 2008, cited by Le Francois, 2010) which explored the perspectives of fathers diagnosed with psychosis, found that they experienced feelings of alienation and disengagement from their children. They also felt that medication side-effects such as irritability, blocking of emotions, lethargy, concentration difficulties and blacking out, affected their relationships with their children negatively; some talked about experiencing a sense of shame and failure as fathers.

Studies have found that children with a parent with mental health problems may lack adequate information about his or her condition – and can, as a result, assume responsibility for it. Children have reported feeling distressed by their parents; feeling ignored by them; being fearful of family breakdown; creating a distance in their relationship with their parents in order to get through difficult episodes; feeling drained and stressed; wanting to protect their parents but also wanting autonomy from them. Children may experience a full range of strong emotions – from love, pride and joy to anger, despair and loathing - on a daily basis.

Le Francois' review found that children living with a parent with mental health problems may be exposed to hostile or unpredictable behaviour; chaos; neglect; and emotional unavailability; they may also be aware of parents attempting suicide or self-harming. Children use a host of coping strategies to help them deal with the negative effects of their environment; these can range from actively engaging with the parent and doing helping things around the house, to taking time out, leaving the scene when something disturbing takes place or, at the negative end of the spectrum, opting out entirely from having a relationship with the parent and/or abusing alcohol or drugs (Le Francois, 2010).

Little research has been conducted into substance misusing fathers' parenting capacities, but studies have suggested that alcoholic fathers are less sensitive and more negative towards their infants, and their infants are less securely attached (Eiden et al, 2002; Eiden and Leonard 2000). Fathers' alcoholism is also associated with greater irritation with their infant and aggression towards the mother (Leonard et al, 2002; Eiden and Leonard, 2000). There are twice as many drug abusing fathers as there are drug abusing mothers - and one third of these men are estimated to be co-resident with their children (Advisory Council on the Misuse of Drugs, 2003). Study of 'dual disorder' (mental illness plus substance abuse) is moving up the agenda. In one extensive, community-based study, nearly half of those with a diagnosis of schizophrenia and nearly one third of those with a mood disorder misused or were dependent upon alcohol or drugs (Register et al, 1990, cited by Velleman, 2004, p.193).

Fathers' substance abuse, like mothers', has powerful negative effects on child and adolescent development and also on children's physical safety (Velleman, 2004). Children of substance-misusing parents can feel that their parents are not 'there' for them, both emotionally and physically; they can feel afraid for their parents' wellbeing, and may become so anxious that they don't want to leave them to go to school or play with friends. Studies suggest it is these emotional impacts, rather than heightened risk, which the children find hardest to cope with (Le Francois, 2010).

Research based on interviews with children in contact with children's social services and with experience of parental physical or mental health problems or substance abuse, has suggested that the most common feelings experienced were 'love and loyalty, feeling frightened, worried, sad, angry, embarrassed and isolated' (SCIE, 2005).

The Social Care Institute for Excellence interviewed children and young people whose parents had a physical or sensory impairment but who had not been identified as 'young carers'. What they wanted was help from people who were friendly, reliable, flexible and non-interfering; they wanted their parents to have the help they needed to still remain involved, for example taking them to school, a football match or on a shopping trip. They didn't like seeing other people stare at their parents or get embarrassed about disability (SCIE, 2005).

Despite the fact that most children of separated parents live with their mothers and see their fathers regularly (and even among those families where there is no, or limited, face-to-face contact, there may be other forms of (indirect) contact (Fatherhood Institute, 2008)), none of the research reviewed has sought to ask young carers about their relationships with their 'other' parent, who is not in receipt of care and/or with whom they do not live full-time, and who is likely to be the father. Nobody has sought to gather such parents' accounts of and/or views on their children's situations, either; nor to consider the extent to which services engage with them as a potential resource and/or risk.

Fathers' illness/disability and impact on young carers

Le Francois' review (2010) found a wide range of negative child outcomes associated with poor paternal mental health, including negative impacts on child development, decreases in children's life satisfaction, poorer adolescent functioning in girls, poorer functioning in the early years for boys; limited father-involvement; impaired father-child interactions; poorer physical health; and parents judging children's behaviour less positively.

There is some evidence that children of fathers with mental health problems may be at greater risk of developing a range of mental health problems themselves; and that children with co-residential parents who both experience poor mental health are at increased risk of emotional and behavioural problems. Poor paternal mental health can also impact negatively on mothers' mental health; on the positive side, good paternal mental health can buffer against the negative effects of poor maternal mental health on children; and children's sense of happiness can help improve fathers' mental health.

In terms of long-term effects, poorer quality care from fathers with poor mental health may increase the risk of children experiencing depression and other mental health problems when adults; however, other compounding factors may include environmental factors and marital discord, and poor paternal mental health is also associated with poverty, unemployment and social and economic disadvantage – all of which are also associated with poor child outcomes.

As outlined in section 1, parents who experience mental health problems are at a higher risk of living in poverty and experiencing other forms of socio-economic disadvantage, including social isolation; and vice versa. This is particularly the case for parents from minority ethnic backgrounds. So any effects on children are likely to be compounded by the effects of poverty, poor housing and social isolation.

Adaptations to the home such as stairlifts, accessible bathrooms and kitchen alterations can have a significant impact on parents' ability to look after their children and keep them safe – so when they are missing, children can suffer as a result. Parents' other support needs can be many and various: parents with learning difficulties may need help to learn how to respond to and look after their child, for example; those with HIV or AIDS may need help to establish positive relationships with their child's school; where one or more parent has mental health problems there may be a greater risk of domestic violence.

Around 5% of young carers miss school because of their caring responsibilities; young carers have significantly lower educational attainment at GCSE level (the equivalent to nine grades lower overall than their peers), and are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19 (Children's Society, 2013).

The Social Care Institute for Excellence found that a range of factors can create poor outcomes for children, and that it is 'very difficult to disentangle the effects of different factors'. So while there is a considerable amount of research which shows a correlation between parental mental health problems and difficulties for children (extending into

adulthood), for example, very little of it looks at the effects of other factors such as family conflict, lack of informal support or parenting styles.

Research does suggest clearly that fathers' substance abuse (like mothers') has powerful negative effects on child and adolescent development – and on their physical safety. For example it is correlated with heightened child risk for both physical abuse and physical neglect; for aggression in children and adolescents; and for difficulties at school, mental ill health and stress. Family rows and arguments, parental absence resulting from separation, divorce or imprisonment, and the poverty and poor housing which can accompany substance misuse, are also factors that can impact negatively on children.

Le Francois found that while some research suggests that the parenting practices of fathers with mental health problems may be poorer than those of other fathers, and that depressed parents may struggle with their parenting role, the research is not conclusive. However it is likely that stigma plays a significant role in families affected by parental mental health problems, and can find many forms including prejudice, discrimination, harassment, verbal abuse and social exclusion – from friends, family and neighbours but also from mental health professionals. Mental health and child protection staff may make working assumptions about there being a link between mental health problems and poor parenting by fathers, and Aldridge found that parents may at times understand that their parenting is ineffective, but not seek support because of fears that child welfare agencies may be contacted, and their children placed in care. Children of parents with mental health problems may be over-represented in the UK child welfare system.

If parents are hospitalised at any point, this can lead to disruption and anxiety among both parents and children, although it is less likely that children will be taken into care if it is the father hospitalised, than if it is the mother. Fathers experience grief over separation from their children and partners during hospitalisation, but many do not allow their children to visit them in hospital, so as to protect their relationship and because of shame.

Overall, SCIE found that in most cases, the risk to children arising from their parents' additional support relates to a threat to their attachments and normal development, rather than, for example, to physical or sexual abuse. A range of factors may combine to disrupt attachment and development, and children may develop behavioural problems and experience mental health difficulties as a result; associated with this will often be problems with school attendance and learning (SCIE, 2005).

Services' engagement with fathers in young carer families

In its report on hidden caring, the Children's Society found that despite improved awareness about young carers, there is no strong evidence that they are any more likely than their peers to come into contact with support agencies – and that until recently adult and children's law did not join up, which prevented 'whole family' working. So very few young carers are identified and referred for support by adult social care and health services; only 4-10% of referrals to young carers services are from adult social care, for example (Children's Society, 2013).

The Care Act 2015 and Children and Families Act 2015 came into effect as of the 1st April 2015.

Summary of the new rights for young carers and their families:

- Local authorities must take reasonable steps to identify and assess young carers in their area who have support needs. All young carers under the age of 18 have a right to an assessment of their need, no matter who they care for, what type of care they provide, or how often they provide it.
- Young adult carers in “transition” from receiving services from children’s services to receiving them from adult services also have the right to an assessment. This should consider how to support young adult carers to prepare for adulthood by thinking about their own outcomes and aspirations, and how they might fulfil their own potential in education, employment and life.
- Local authorities also have a role in preventing future need. This means that they may provide services to a young carer, or the person they care for, if this would prevent a caring role having a negative impact on the young carers’ wellbeing in future.

SCIE found that there were consistent messages from small-scale, qualitative research about young carer families’ experiences of formal services, which were described as ‘intrusive and of limited value’ and ‘slow and rigid in their delivery’; there was a lack of communication and coordination between children’s and adults’ services; and children often said that professionals did not understand their situation or pay enough attention to their knowledge or concerns.

Allied to this, SCIE identified a general failure to recognise parenting roles adequately within the policy framework around supporting disabled parents and parents with additional support needs; and, as a result, a failure by adults’ services to address parents’ roles and responsibilities. Some adult learning disability services, for example, reported a lack of confidence and experience in addressing the needs of parents.

Men’s parenting roles and responsibilities were particularly invisible, SCIE found. Parents with HIV/AIDS said that services for men, and especially single fathers, were few and far between, for example; fathers featured little in the research literature; and drug and alcohol treatment services (more likely than many services to be in touch with men) still focused on treating clients as individuals, not on the family context in which they were living.

In this way, it is likely that many young carers are missing out on much-needed support because nobody is ‘seeing’ their father as a parent. As outlined above, there can be all sorts of reasons why men may not present themselves as in need of parenting support – even though research has shown that, as with some mothers, concern for their children may be a strong motivator for change among some fathers who misuse drugs and alcohol; and even though it is known that fathers’ behaviour changes are of great significance to children (Bakernans-Kranenburg et al, 2003).

It is likely that supporting whole families could in many cases help services find solutions that work to young carers' benefit. Le Francois found that the negative impact of poor parenting by one parent can be counteracted by the presence of another supportive parent, for example (Le Francois, 2010). The Commission for Social Care Inspection has recommended a raft of approaches that councils should take to better support disabled parents in their parenting roles, through a 'whole family' approach (CSCI, 2009).

However, even where staff *are* motivated to help families affected by serious illness or disability, staff may often operate from what is known as the 'deficit' perspective on men and fathers: they dismiss or ignore them, or fail to reach out to them, because of underpinning beliefs that to do so would be damaging, or a waste of time. The 'deficit' perspective (Hawkins and Dollahite, 1997) is underpinned by such beliefs as:

- men can't cope with children without women to help them
- men don't love their children as much as mothers do
- men generally pose a risk
- men are unwilling/unable to change, and
- men are largely irrelevant to children's development.

In family services, this perspective can be institutionalised (Ashley et al., 2006; Ferguson and Hogan, 2004; Fagan and Palm, 2004). So despite practice guidelines and other initiatives such as a Government-funded campaign urging services to engage more effectively with them, a range of public services including schools, maternity services, social care, housing and child protection agencies can still routinely ignore fathers and/or fail to see, engage with or support men as fathers.

Children's services in particular may feel they have done their job if they have provided information or support to a mother, and may therefore fail to explore how they could be of further assistance (to the mother, to the children and/or to the father) by also engaging with a father.

A 2009 Fatherhood Institute poll found that a fifth (21%) of fathers felt ignored or sidelined when they accessed services relating to their children; 28% felt they were regarded with suspicion or not taken seriously as a parent. Almost half (46%) said that when they and their partner accessed services together, staff tended to address their partner rather than them; and 67% felt the information provided was geared more towards mums than dads.

At the 'heavier' end of social care, Scourfield has argued that practitioners may form impressions of fathers as 'good' or 'bad', sometimes on the basis of little or no evidence; and that mothers may also act as 'gatekeepers' to fathers, effectively hiding them from services for a variety of reasons, ranging from fear of violence or losing their children, to not wanting the father to encroach on their 'territory' as parents.

Worryingly, when professionals have very negative views of men they may overvalue positive behaviour in a perceived 'good dad' and thereby underestimate risk (Brandon et al, 2009). Those who overwhelmingly prioritise work with mothers – or see only women as responsible for bringing up children - may set them up to fail, making them unfairly

responsible for implementing and maintaining change in families, and leaving children and young people – including those with caring responsibilities - inadequately protected.

Services addressing themselves only, or primarily, to women - and hoping they will pass on key information and/or learning or invitations of support to fathers - may also be adding to their difficulties, and especially when the women concerned are in insecure or strained relationships (as they may well be if they are experiencing mental health problems or after diagnosis of illness, for example). It is worth noting that research has identified a common feature of difficult couple relationships as being the man's unwillingness to accept influence from his female partner (Gottman et al, 1998).

On pages 20-22 we consider some key factors underlying services' tendency not to engage effectively with fathers.*

Research suggests that there are many ways in which services can become more effective at engaging with fathers and father figures. These include identifying them early and getting them involved; being proactive in reaching out to them; making services relevant to their needs and interests; and adapting interventions with fathers in mind. Raikes et al (2005) found fathers almost three times as likely to engage with parenting support/education when the service had reached 'Stage 5' in 'maturity' of engagement with men, meaning that services:

- have an agency-wide commitment to involving fathers
- employ a father-involvement co-ordinator/champion
- consistently view fathers as co-parents
- see services as being as much for fathers as for mothers
- adjust service delivery to meet the needs of working fathers/mothers
- help both mothers and fathers to reflect on how each father contributes to his child's health and development, and
- have managers and staff committed to ongoing critical evaluation of services' engagement with fathers.

In our Recommendations, we suggest ways in which services and practitioners themselves; Government and other commissioning authorities; and researchers; could better engage with fathers and father-figures, and thereby improve the support provided to young carers and their families.

***Why don't services engage with fathers?**

Some services are better than others at engaging successfully with whole families, rather than with just one member of it (the young carer, perhaps – or his or her mother), but father-inclusive practice is still relatively rare.

There are four key factors that lie behind services' tendency to focus on working with mums or other women in the family...and their failure to focus on fathers and father-figures. These factors can impact on how your service engages with a young carer's family – and can also shape your interactions with the young carer him or herself.

1. Social constructions and perceptions of gender

Traditional assumptions about gender roles, casting mothers as the primary caretakers of children, are often reflected in social work practice. Child welfare services frequently underestimate fathers' involvement in children's lives and their value and impact, both positive and negative. Men may be seen as unreliable by social care staff and their views disregarded - particularly if they run counter to the view of the mother, with whom the agency usually has most contact.

Fathers may be dismissed as uninterested, incapable, irrelevant and inherently problematic - assumptions which may also be shared by some mothers, and by fathers themselves.

It is worth remembering also that carelessly passing on such beliefs, and failing to model a more inclusive appreciation of who might 'do' caring, may add to young carers' sense of isolation – it may suggest to girls that their caring role is somehow 'deserved', and to boys that their caring runs contrary to what is expected of their gender.

2. Organisational structures

Family services' policies often reflect lack of clarity about how important it is to engage fathers as well as mothers. Services may in a rather vague way see 'parents' as important, but without a clear emphasis on the need to engage with both of them, they tend to default to providing mother-centric support. This can leave fathers marginalised and mothers burdened with being held mainly or solely responsible for keeping their children safe. Especially if mum is the person being cared for, shouldering the weight of this responsibility may add considerably to her difficulties, and by extension to those of the young carer.

Time constraints can encourage the view that including fathers is time consuming and secondary – and especially where families are separated. Social workers may also have already seen one father figure and take the view that to engage another is a low priority, particularly if he doesn't live with the child - but it's worth noting that 25 per cent of families known to social care have more than one father (Fathers Matter 2), and each of them may be a resource on which the young carer could draw.

Another key factor that acts as a barrier is fear of violence or aggression, and the failure to address these concerns systematically in ways that do not unnecessarily exclude men (for more on this, see the Fatherhood Institute's *Engaging with men, protecting children: A guide to working with fathers and other men to protect at-risk children*).

3. Men's own reluctance

Fathers' failure or refusal to engage with services is complex and may be linked to constructions of masculinity that stress men's invulnerability and 'independence'.

Some men may appear reticent – but this doesn't necessarily reflect a fundamental lack of interest. For example, they may be waiting to be given permission to step forward and be invited to participate. They may feel that getting involved will cause problems with their child's mother, the benefits she receives, or other partners or children, or may not regard themselves as competent or important in child care.

Many fathers are simply unaware of the services on offer; others perceive parenting programmes as being 'for mothers' and not relevant to their needs, concerns or preferences. Fathers may also have a perception (often justified) that social care is a largely female domain and feel self-conscious or intimidated, and believe that they will not be valued or listened to. They may fear that raising issues, particularly critically, will lead to services' being suspicious or dismissive of them – and this feeling will be heightened if the agency has a critical view of them already.

4. Women acting as gatekeepers

A mother whose partner uses violence or drugs, is involved in criminal activities, or is an illegal immigrant may fear his reaction to service involvement and services' reactions to him; and may fear losing their children.

But there can be many other reasons why a mother may act as a gatekeeper. She may have 'internalised' messages that fathers are unimportant. She may believe he can't change, or fear for her own or her children's safety, or feel that he won't follow rules in parenting the children.

She may fear that involving him might weaken her relationship with a key worker or 'open the door' to his (or his parents') being able to claim greater contact or even residence or sole custody. Or she may be reluctant to let him know that child welfare services are involved, or for him to find out information about her that she has kept secret (eg her own drug use).

A mother's reluctance may stem from anger at the father for being in a new relationship, for their earlier separation, or for not paying child maintenance or contributing in other ways. Or she may receive informal financial contributions from him and fear she will lose benefits if he is known to be closely involved with her or their child.

So a mother's motivation in gatekeeping the father's involvement can be complex –don't just make the assumption that she doesn't want the father to receive services, nor that her views about his involvement won't change.

5. Assuming dads aren't around or interested

The myth of the 'absent' father is a powerful one, and is subscribed to by many staff working in adult and children's services. But the reality is that at the time of the birth, 90 per cent of parents in the UK are in a couple relationship (with half of the rest describing themselves as 'friends'). And even among parents who claim to be 'uninvolved', one third of fathers are still in touch with mother and infant nine months later. Very few fathers are totally out of the picture early on, and the father's name is usually on the hospital records and/or the birth certificate.

Services serious about supporting father-child relationships should certainly have no problem getting and staying in touch with a child's father in the early years, then – but few do.

Things may become more tricky where the mother and father separate, but even then, if a service is engaging with a mother and makes clear to her that it understands the importance of father-child relationships, gaining the dad's contact details should not prove too tough a challenge.

Interestingly, where children are identified as 'at risk', it is quite common to find a father's name and (unfortunately, less frequently) a phone number or other contact details on the file. But little is done with this information. The father's legal status in relation to his child may not be recorded, and there is rarely information to show whether attempts have been made to contact him, and even less about his personal qualities and circumstances and the family and other networks attaching to him – all of which may prove to be important and useful.

Section 3. Recommendations

Based on the findings of the literature review, and insights drawn from the Fatherhood Institute's long experience of working with services to maximise father-engagement in a variety of settings over more than a decade, we have identified a range of ways in which services for young carers could be improved upon.

For service providers/practitioners

1. Wherever your service is situated in the complex systems with which young carers' families might interact – whether you're an adults' or children's service, or are focused on drug and alcohol, for example – it is important to take steps to equip your service to recognise and actively support positive father-child relationships. Helping a young person reflect on and improve their relationship with their father and/or father-figures, or to reconnect with them if the relationship has broken down, could have a huge impact on his or her life as a carer, and beyond.
 - Adult services should, as mentioned above, identify the parental status of every male client and his connections with children – and seek ways to ensure that these connections remain fruitful. Drug and alcohol services should also consider using fatherhood as a motivating factor to help men change their behaviour.
 - Children's services should seek to identify and engage with the father as early as possible, unless to do so is assessed as unsafe (and even then alternative ways of working may be feasible). This is the case whether or not he has Parental Responsibility, and whether or not the mother consents (see below). Children's records on the integrated children's system should clearly state the name and the full and up to date contact details of the birth father and any other significant father figures; AND whether they have been assessed and are actively involved in the child's life.
 - If a child becomes looked after, the first choice of placement is with the other parent provided it is consistent with their welfare (s.22C Children Act 1989); so the birth father should always be consulted (and where appropriate assessed) when a placement is being considered - whether or not he has Parental Responsibility. If a father or father figure disagrees with the outcome of your assessment, his views should be recorded, placed on the child's file and responded to accordingly.
2. Count how many fathers your service is engaging with. There is strong evidence that father-child relationships are hugely important to children and mothers, as well as to fathers themselves – and collecting data on father-engagement is a vital first step towards recognising this and offering a father-inclusive service to young carers and their families. Fathers can be a vital resource with whom you could work to improve a young carer's situation – even if at first they may appear to be absent, or inaccessible due to work commitments.
3. Learn to 'see' men as fathers or potential fathers – just as you 'see' women as mothers. Services will often ask women but not men about their family commitments, leading to provision of support and/or information/advice. The failure to recognise

men's role in fatherhood may lead to young carers' caring for fathers and father-figures remaining hidden.

4. Make clear that fathers' positive involvement in their children's lives is both desirable and expected. This can help make clear to men themselves, and to those around them, that you value and support young carers' relationships with their dads. Sometimes small changes can make a big difference. Health visitors found that changing their introductory letter so it said 'Dear Mum and Dad' rather than 'Dear Parent', and explaining why dads' presence was important too, dramatically increased dads' attendance at appointments.
5. Fathers, like mothers, may benefit from a range of support, as part of a 'whole family' approach to supporting a young carer. This may range from intensive support (for example where a father has mental health problems or is a substance user) to provision of information and advice to help separated fathers whose children are caring for their mother or other family members, to stay connected with, and support, their children.
6. If you are engaging with a 'lone parent' family you should, as a matter of course, enquire about the 'other' parent (normally the father), and strive to support the children to develop or maintain a positive relationship, including regular contact, with both parents – unless it is unsafe to do so. This may require sustained and sensitive work with the young carer, the other parent (usually the mother) and potentially with other family members.
7. Couple support for mums and dads whose children are young carers may bring huge benefits, helping them work through the problems they may have experienced individually and together – and enabling them to work effectively as a parenting team.

Fathers and Parental Responsibility

While it is important to record whether a father or father-figure has Parental Responsibility (PR), this does not mean that professionals should only engage with men who have it. Many of the men who pose the greatest risk to children will not have PR; and others, who may be a resource, including stepfathers and some unmarried fathers, may not have it either.

Whether or not the father has PR, you should involve him in the assessment and planning process and tell him what is happening. The only exception to this would be if involving him would place the child or the mother at risk of harm. It is also important to engage effectively with paternal as well as maternal relatives. If the mother objects to this, her concerns should be explored sensitively and carefully, and you should explain clearly why you need to engage with him, and how you will ensure that this does not place the child at additional risk of harm. If there is potential risk to any staff there must be a thorough risk assessment.

You can find out more about PR on the FI website:

<http://www.fatherhoodinstitute.org/2014/fathers-and-parental-responsibility-a-factsheet-for-practitioners/>.

For the government and commissioning authorities

8. The government and other service commissioners should require services to measure, monitor and improve services' engagement with fathers (as well as mothers). For example, early years services and schools could collect data on 'parental' engagement by gender and publish the findings, along with plans to make year-on-year improvements. By being required to do so, services would be in a stronger position to identify hitherto 'hidden caring' by children and young people looking after fathers (including lone and separated fathers), and to be in a position to support young carers to develop and maintain positive relationships with their fathers.
9. The government should give greater priority to separated fathers in social housing to enable their children to stay overnight - including rescinding the bedroom tax for these families. This would remove a significant obstacle (lack of space) to continued contact between fathers and their children. This change is likely to be particularly helpful for fathers in young carer families, who are more likely to be economically disadvantaged – and could bring disproportionate benefits, given that positive father-child relationships can be especially beneficial and transformative for children from such backgrounds.
10. To support all the above recommendations, the Government, local and voluntary authorities should invest in father-inclusiveness training to ensure all managers and practitioners in adult and children's services understand fathers' importance and act on this by reaching out to and engaging with fathers effectively.

For the research community

11. More research on fathers and fatherhood in young carer families is needed, including research to better establish how many young carers are looking after fathers only; fathers and mothers; and mothers only; and to better explore the family contexts in which young carers are caring.
12. Researchers should take care to design studies that take into account the strong body of evidence demonstrating fathers' and father-figures' importance to children (including those children whose fathers may appear on the face of it to be 'absent'); they should explore young carers' and other family members' (including fathers') experiences with this in mind.
13. Exploring young carers' experiences through a gendered lens could also improve our understanding of the similarities and differences between the challenges boys/young men and girls/young women face as carers.

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About The Fatherhood Institute

The Fatherhood Institute is one of the most respected fatherhood organisations in the world. Our vision is of a society in which there's a great dad for every child – a society that:

- gives all children a strong and positive relationship with their father and any father-figures
- supports both mothers and fathers as earners and carers, and
- prepares boys and girls for a future shared role in caring for children

In working towards this vision we collate, participate in and publicise research about fathers and fatherhood; lobby for changes in law and policy; train public services, employers and others to become more father-inclusive; and offer a range of evidence-based, father-inclusive family interventions.

About The Children's Society

It is a painful fact that many children and young people in Britain today are still suffering extreme hardship, abuse and neglect. Too often their problems are ignored and their voices unheard. Now it is time to listen and to act. The Children's Society is a national charity that runs local projects, helping children and young people when they are at their most vulnerable, and have nowhere left to turn. We also campaign for changes to laws affecting children and young people, to stop the mistakes of the past being repeated in the future. Our supporters around the country fund our services and join our campaigns to show children and young people they are on their side.

About Young Carers in Focus

Young Carers in Focus is a partnership programme funded by the Big Lottery Fund and run by The Children's Society in conjunction with Rethink Mental Illness, Digital Me, YMCA Fairthorne Group and The Fatherhood Institute. It works with 200 young carers across England, as Young Carer Champions, to provide them with skills, knowledge and confidence to support them during transitions into adulthood and supports them to advocate for change locally and nationally for young carers and their families. It also hosts a National safe social network for young carers via www.makewaves.es/ycif.

