The kids are alright

Adolescents and their fathers in the UK

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RESEARCH REVIEW

Other reports in this series can be found at: www.fatherhoodinstitute.org/contemporary-fathers-in-the-uk

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This research review examines associations identified in empirical research between 'father-factors' (fathers' behaviours, circumstances, characteristics, attitudes, relationships with their child/ren and 'genetic bequests') and young people's outcomes in the UK:
(i) mental health and wellbeing; (ii) risk behaviours; and (iii) educational outcomes.

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Underpinning this work is the Fatherhood Institute's online digital library, also supported by the Nuffield Foundation. Held in Endnote Software and with its contents now available beyond the Institute, this currently contains 4,259 categorised records – mainly academic articles, book chapters and research reports – about fathers, fatherhood and interparental relationships in the UK and related policy and practice issues, together with international research reviews, methodology papers and publications relating to genetics and epigenetics.

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Executive summary

Overview

Content

This research review examines associations identified in empirical research between 'father-factors' (fathers' behaviours, circumstances, characteristics, attitudes, relationships with their child/ren and 'genetic bequests') and young people's outcomes in the UK: (i) mental health and wellbeing; (ii) risk behaviours; and (iii) educational outcomes. Context is provided for each of these topic areas.

Aims

This review (which is for policy makers, practitioners, the media, families and researchers) aims to (i) influence policy, practice and research; and (ii) identify substantively important gaps in research, in order to influence new research, analyses of existing datasets, and enhancements to ongoing studies.

Methods

We employ systematic methods and narrative synthesis suitable for scoping reviews rather than for full systematic reviews, drawing for associations between father factors and adolescent outcomes on 118 records (mainly journal articles, book chapters and reports) in the Fatherhood Institute's systematically collected digital Literature Library (find out about our services for researchers and research funders). All contain empirical quantitative research directly relevant to fathers and their adolescents in the UK.

Context

'Catastrophising' (in relation to, for example, alleged fatherlessness, teenage pregnancy and 'crises' in youth mental disorders) is the order of the day. In this review, however, we let sober research tell the stories – and some are surprisingly positive.

Findings: 21st-century trends

Fatherlessness?

Contrary to public perception, most teenagers in the UK reach adolescence either living with their birth father or in contact with him if he lives elsewhere. For example, new analysis of the Millennium Cohort Study conducted for this review finds that even at ages 14 and 17, 85% of young people in the UK are either living with or in contact with their

birth father, even though the percentages living with both parents together at the same address at these ages has fallen to 55% and 53% respectively[1].

Adolescent risk behaviours

Adolescent risk behaviours have been declining steadily (Ball et al., 2023; Brooks, Zaborskis, et al., 2015; McVie, 2023). Proven offences committed by 10–17-year-olds in England and Wales dropped 81% between 2012 and 2022 (YJB, 2023) – with homicides of young males 'by a sharp instrument' an outlier, increasing in England but decreasing in Scotland.

Far fewer young people now smoke, drink alcohol excessively or use drugs. In 2002 in England, 28% of 15-year-old girls smoked every week; by 2018 across the UK only 3% had smoked at least three times in the last 30 days (Brooks et al., 2020) with 12% regularly using e-cigarettes (NHS digital, 2022b). In 2002 in England, half of 15-year-olds drank alcohol weekly; in 2018, across the UK, only 7% had drunk alcohol at least three times in the previous month (Brooks et al., 2020; Brooks, Magnusson, et al., 2015). In 2002, 40% of 15-year-olds had ever used cannabis, compared with 25% (boys) and 17% (girls) in 2018 (Brooks et al., 2020).

Early sexual activity is also very much in decline: the percentage of 15-year-olds in England saying they have already had sexual intercourse almost halved from over 35% in 2002 to 20% in 2018 (Brooks et al., 2020).

Young people's mental health

An important study that tracks probable mental disorders in children and young people has found an increase in probably mental disorders from early in the 21st century to 2022 ((Marcheselli et al., 2022; Sadler et al., 2018), although some researchers suggest this trend may, in large part, reflect increasing awareness rather than actual mental health deterioration. The link between poverty and poor mental health is strong. Young women (16–34) living in the most deprived households are five times more likely to self-harm than those the least deprived (McManus, 2020). And transitory and (particularly) persistent poverty (previously experienced) is more strongly associated with poor adolescent mental health than their father's own poor mental health (Fitzsimons et al., 2017).

[1] Analysis provided by Professor Stephen McKay, University of Lincoln, personal communication, October 2023. The figures of 55% and 53% have been calculated on the base of responding study households (in which more than one cohort member can live if multiple births, in a small proportion of the sample).

Findings: parent-adolescent relationships – young people's perspectives

Young people in the UK consider their relationship with their birth father to be very important and, in the main, positive. In Scotland in 2017, 65% of 12-year-olds said they could 'always count' on the father/father figure they lived with; and around half of those whose birth father lived elsewhere felt the same about him (Scottish Government, 2019). Other studies have found, for example, 68% of 13–14-year-olds reporting getting on 'very well' with their father (2013/14) (Baker et al., 2014); and 45.2% of 10–15-year-olds speaking with him at least once a week about 'things that matter' to them (2016) (ONS, 2018).

Many more young people confide in their mother than their father (for example, among 11–14-year-olds, 51% v. 28%) (Keung & Rees, 2010). This is not surprising, given that mothers generally work fewer hours than fathers and almost always live full-time with their child from their birth. However, a significant minority of young people do not report being close to their mother: an earlier survey of 11–15 year olds found 28% rarely confiding in their mother (Arber et al., 2012); and more recently 21% of 12-year-olds said they do not feel they can always 'count on' her (Scottish Government, 2019). Since fathers tend to be more supportive when mothers are supportive (Parkes et al., 2017) some young people will benefit from supportive relationships with both parents, while others – possibly around 20% – will not enjoy a supportive relationship with either parent.

Findings: fathers and young people's mental health

Father-adolescent closeness

A UK study found that 14-year-old girls who reported *not* having a close relationship with their resident father or father-figure were at significantly greater risk of mental health difficulties, low life satisfaction, low self-concept and persistent negative feelings (Benson & Mckay, 2018; Hartas, 2021). Conversely, in England, *greater* adolescent-father closeness was linked to a lower likelihood of a young person self-harming (Klemera et al., 2017). and in a UK sample how often young people talked to their father about 'things that mattered to them' was associated with both their wellbeing and self-esteem (Keung & Rees, 2010).

Father involvement (time spent)

In longitudinal research, a strong association was found between father involvement at age seven and closeness to father in adolescence (Flouri, 2005b); and the MCS found father involvement at age 11 strongly associated with father-child closeness at age 14 (Vanchugova et al., 2022).

Cross-sectional research found higher levels of involvement by fathers and father-figures *at the time* correlated with lower levels of 'total difficulties' and hyperactivity and higher levels of 'prosocial' behaviour, self-esteem and happiness in adolescents of both sexes (Flouri, 2008). Conversely, low father involvement *at the time* was associated with low prosocial scores, high 'total difficulties' scores, and lower levels of happiness in both boys and girls; and, among boys, with low life satisfaction and being bullied (Flouri, 2005b, 2008; Flouri & Buchanan, 2003a, 2003c).

Fathers' mental health

The father-factor most frequently researched in relation to adolescent mental health and wellbeing in the UK, is fathers' own mental health. A longitudinal study found fathers' depression in the postnatal year associated with higher depression scores in those children at ages 9–11 (Opondo et al., 2017; Opondo et al., 2016); in daughters at age 18 (Gutierrez-Galve et al., 2019); and, when the father's level of education was low, in both sons and daughters at age 16 (Pearson et al., 2013).

Young people living with a father who is suffering mental distress, rather than one who has been depressed in the past, are the most likely to be negatively impacted (Brophy et al., 2021).in one study, 15% of fathers of 12-year-olds reported significant depression within the previous two years and 21% severe anxiety (Golding et al., 2023). However, not all young people suffer. One recent study found low well-being in only 13% of 14-year-olds living with a severely depressed father (The Children's Society, 2014).

Fathers' behaviour

One 'mechanism' through which a father's poor mental health may impact his adolescent is via his parenting: negative expressiveness, hostility towards his child, time (not) spent with them, conflict with his child's mother, harsh parenting and low levels of warmth (Sweeney & MacBeth, 2016). A review of international research found Post Traumatic Stress Disorder in fathers associated with negative parenting, including overt hostility and controlling behaviours (Christie et al., 2019). And high psychological control by fathers, invalidation of his child's experiences and low involvement with them are linked to adolescents' disordered eating (Haslam et al., 2008; McEwen & Flouri, 2009).

In the UK very little is known about the impact of fathers' substance misuse, actual child maltreatment or violence towards their children's mothers on adolescent mental health and wellbeing. This is mainly because UK research almost always measures effects only by 'parental' behaviour, without disaggregating mother/father effects.

Findings: fathers and young people's risk behaviours

Fathers' behaviour

In the UK, an early study found a correlation between boys 'being in trouble with the police' at age 16 and their father's criminality (Flouri, 2005b); and a more recent study found fathers' problem drinking associated with boys' early sexual activity (Boynton-Jarrett & Harville, 2012). A review found adolescent smoking uptake more likely when either parent smoked (Leonardi-Bee et al., 2011); and young people's alcohol consumption, risky drinking, alcohol problem severity and conduct problems have been associated with either parent's alcohol use (White, 2012).

Father involvement (time spent)

Longitudinal research found 16-year-old boys more likely to be 'in trouble with the police' when their father's involvement with them at age seven had been low (Flouri, 2005b). Conversely, a more recent study found high levels of father involvement at child-ages 9–10, associated with lower self-reported 'violent perpetration' by both boys and girls at ages 18–20 (Tracy et al., 2018).

A cross-sectional study found low involvement by fathers *at the time* with their adolescents aged 14–18 years associated with the young people's bullying behaviour. Conversely, when the father was highly involved at that time, their teenager's bullying behaviour was less likely (Flouri & Buchanan, 2003c).

Higher levels of adolescent risk behaviours are associated with a young person never having lived with their father, or with their father having left the household during their childhood. However, father 'absence' on its own is not usually the problem, but the many social and economic factors associated with it: living in violent neighbourhoods, low family income, low parental education, poor parental mental health, and so on.

Father-adolescent relationship quality

As always, fathering *quality* matters. Higher scores in both the amount of father involvement and the 'closeness' of the father-child relationship are significantly associated with less risky behaviours at child-age 14 (Vanchugova et al., 2022). In fact, frequent father-child conversations about things that mattered to the young person was the *only* type of parent-child interaction that reduced the risk of adolescent smoking experimentation (White, 2012). Higher quality fathering, 'closeness' to father, father's interest in school achievement and father-adolescent communication about sex were all associated with lower sexual risk behaviours (both boys and girls) – possibly through increased parental monitoring and decreased affiliation with peers who promote risky sexual behaviours (DelPriore et al., 2017).

Findings: fathers and young people's educational attainment

Fathers' mental health

An early study found fathers' depression in the postnatal year associated with poorer school performance at child-age 16 (Psychogiou et al., 2019). And, more recently, in Wales, the likelihood of a young person failing to achieve age 11 educational milestones was associated with both their father's prior and concurrent depression (Brophy et al., 2021).

Father involvement (time spent)

An early study revealed a positive association between high father involvement in early childhood and offspring IQ at age 11 (Nettle, 2008); and between father involvement at age seven and educational attainment at age 20 in both 'intact' and separated families (Flouri & Buchanan, 2004).

A later study found early father involvement associated with young adult daughters' (but not sons') educational attainment (Flouri, 2005b). And, most recently, involvement by Own Household Fathers[2] was strongly associated with high cognitive/educational test scores among 11-year-olds in the most disadvantaged families (Tanskanen & Erola, 2017).

Father-adolescent relationship quality

In families with relatively low parental education, a good father-adolescent relationship at age 13–14 was associated with better grades achieved at GCSE (Rothon et al., 2012). And a cross-sectional study found emotional closeness to father *plus* amount of time spent together associated both with young people's academic success and positive attitudes to school (Flouri, 2005b; Flouri et al., 2002).

Fathers' interest in their child's education

An early UK study found the well-documented negative impact of economic hardship on educational attainment mitigated, above all, by the father's interest in his child's education, particularly at child-age 11. And at child-age 16, both father's and mother's interest had the largest, positive direct correlation among other factors studied (Hango, 2005). Another study found a father's interest in his 10-year-old's learning directly predicting his daughter's educational attainment at age 25; and indirectly impacting his son's by increasing the mother's involvement in the boy's learning (Flouri, 2006).

[2] A birth father living elsewhere for all or part of the time.

Fathers' interest in their child's education has been found to be extremely important in predicting offspring qualifications in both boys and girls in the most disadvantaged families (Power et al., 2006).

To sum up, throughout childhood and adolescence, fathers matter to young people's outcomes. Young people tend to do better where engagement with their father, and their father's wellbeing, are positive; and to do worse where these are poor or missing.

Final thoughts

Can fathers, or mothers, take credit for the steady downturn in adolescents' risky behaviours over recent years?

To some extent, yes. Fathers' level of education is more strongly associated with young people's educational aspirations and outcomes than a number of other important variables studied (Rampino, 2015; Serafino & Tonkin, 2014); and both fathers and mothers are becoming better educated[3]. Better educated fathers spend more time with their children on 'developmental' activities (Altintas, 2016), are less likely to engage in harsh parenting (Poole et al., 2014) and are more likely to have positive relationships with them (Parkes et al., 2017). Educating the nation's parents has positive spinoffs not only on 'next generation' educational attainment and mental health but also on fewer young people engaging in risky behaviours.

Another way in which fathers (and mothers) are contributing to more positive adolescent outcomes is through better parent-adolescent relationships, particularly father-adolescent relationships (Ball et al., 2023). This may mean adolescents feeling happier to spend more of their recreation time at home where their activities can be better monitored. Young people spending more time at home is strongly associated with 'screen use' (Ball et al., 2023). While clearly there can be online dangers, the simple fact of 'not going out' (meaning, among other things, that less alcohol is consumed) is protecting both young people and their communities from many of the most common youth risk behaviours.

Can we claim that 'The kids are alright'? Certainly the majority are more 'alright' than one might expect; but that is not the whole story. "Adolescence", declared the great psychoanalyst D.W. Winnicott, "is the time where the successes and failures of baby and childcare come home to roost." (Winnicott, 2005). Winnicott meant within families, but we now understand the failures to stem as much from the context in which families operate as from within families themselves: poor housing; dangerous neighbourhoods; little or no financial security; and services missing or overwhelmed. With an estimated one young person in five in the UK feeling they do not have even one parent they feel close to or can

[3] https://gpseducation.oecd.org/CountryProfile?primaryCountry=GBR&treshold=10&topic=EO

rely on, there is no room for complacency, particularly if socio-economic inequalities continue to widen and services, never good enough, continue their decline.

Recommendations

Recommendations for policy and practice

Father-inclusive data systems and strategies across public services
To ensure fathers are visible to family services from as early as possible in their children's lives, and through adolescence, digital and data systems should provide for information about fathers and father figures to be routinely collected and recorded. These systems include electronic patient records in the NHS and birth notifications, as well as digital records for all children, adolescent and adult services including in education, social care and the criminal justice system. An important first step towards making linkage of fathers and children more feasible on a large scale would be to put fathers' NHS numbers on birth notifications.

Employment policies to support paternal caregiving
Reform of the paternity and parental leave system, and greater availability of flexible working options, are key to enabling early and ongoing caregiving by fathers. We recommend that all employed fathers should receive a minimum of two weeks' statutory paternity leave and four weeks' statutory parental leave as an individual right, paid at 90% of salary (with a cap); and that flexible working should be a Day One right.

Routine engagement with fathers, including Own Household Fathers, by schools
To better support children's educational outcomes, early years settings and schools should systematically engage with children's fathers, including fathers who do not live with their children full-time (Own Household Fathers) at registration and at the start of each Key Stage, including in secondary school. Ofsted should refer explicitly to father-engagement, and engagement with Own Household Fathers specifically, in its inspection frameworks for parental engagement; and create a metric for assessing this.

Father-inclusion training for practitioners in public services
Fathers need to be seen as an integral part of the family unit and not an 'add-on'. The perinatal, education and social care workforces, and other relevant workforces (e.g. those working in youth, mental health and substance abuse services) need adequate training to include fathers, including Own Household Fathers, in all their work. This should be incorporated in their initial professional training and follow on through all their CPD training.

Stronger intervention at transition to secondary school
The transition from primary to secondary school should be regarded as an intervention opportunity, to screen for poor mental and physical health in mothers and fathers, and to

provide support for the interparental relationship (whether parents live together or apart) and for father-adolescent and mother-adolescent relationships.

Recommendations for research

Recommendations for research, as well as research gaps, are made in a separate report, *The kids are alright (adolescents and their fathers) research review and review of longitudinal datasets: research gaps and recommendations* (published December 2023).

1. Introduction

1.1. Overview

In our *Contemporary Fathers in the UK* series, we focus each report on a stage in the fathering cycle or on a specific issue of great significance to fathers and families, with the aim of influencing policy, practice, and research.

This research review *The kids are alright* (the sixth in the series) examines associations identified in empirical research between 'father-factors' (fathers' behaviours, circumstances, characteristics, attitudes, relationships with their child/ren and 'genetic bequests') and young people's outcomes in the UK. Our age-range is 10–24 years inclusive[4]; and in our evidence base we include studies in which most of the target children/young people are aged between 10 and 25.

1.2. Aims

The aim of the research review[5] is to identify through transparent research review methods what we know from empirical research[6] since 1998 about associations between 'father-factors' (behaviours, circumstances, characteristics, attitudes, relationships with their child/ren and 'genetic bequests') and adolescent and young people's outcomes in the UK, in order to:

- influence policy, practice and research
- identify substantively important gaps in research about UK fathers and their adolescents, in order to influence new research, secondary analyses of existing datasets, and enhancements to ongoing studies.

1.3. Sources

For the research review, we draw on 118 records (mainly journal articles, book chapters and reports) in our systematically collected digital Literature Library (see above) that contain empirical quantitative research and are directly relevant to adolescence/young

[4] We draw on the WHO definition of adolescence being between ages 10 and 19 https://www.who.int/health-topics/adolescent-health#tab=tab_1 and the UN definition of 'youth' being between ages 15 and 24 https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf

[5] We actually call our research reviews 'systematic scoping reviews' to emphasise that they map and integrate a systematically collected body of UK research evidence from a variety of quantitative and qualitative research designs across multiple research questions on a broad topic.

[6] Large-scale longitudinal and cross-sectional quantitative studies, with a few substantial qualitative studies that shed light on fathers' roles and father-child relationships also included.

adulthood in the UK. The UK is home to several key longitudinal studies, including internationally renowned panel and child cohort studies. In the text, we name some of the datasets from which we cite research findings, such as the UK's nationally representative household panel study (*Understanding Society*) and the most recent UK large-scale 'child cohort studies'[7]: *Growing Up in Scotland* (GUS)[8]*;* the Avon Longitudinal Study of Parents and Children (ALSPAC)[9]; the Millennium Cohort Study (MCS)[10]; and the two Longitudinal Surveys of Young People in England (LSYPE) cohort studies *Next Steps* and *Our Future*[11]. In most other cases, the names of the datasets are in footnotes. On rare occasions, particularly where UK research is lacking, we draw on reviews of international research but we do not include this literature systematically.

The longitudinal child cohort studies have followed the same children, families or households over time (with multiple 'sweeps' or 'waves' of data collection) and, when their data is analysed longitudinally, give the greatest validity in evidencing cause-and-effect relationships between father-factors and children's development. Cross-sectional studies (for example, a survey or qualitative study with data collected only at one time point, as well as analyses of a single wave or sweep of a longitudinal study) can be valuable for describing fathers' characteristics, attitudes, relationships, and behaviours during children's adolescence at the time at which they were carried out. This may be currently (since 2010) or in previous decades.

The large national child cohort studies and *Understanding Society* have set out to be representative of children or households in the UK, constituent countries or a large-scale area; although their representativeness declines to some extent throughout the studies due to the drop-out of children or parents. The fathers and adolescents studied in the smaller quantitative and qualitative studies tend to be – in common with much empirical

[7] Child cohort studies start with a sample of children of a specific age during a defined time-period and track the development and experiences of these cohort children over several years, sometimes decades. They collect data from the cohort children, their parents, other research informants and linked administrative records so that researchers can examine biological, socio-demographic, economic, family, educational and other influences.

[8] Growing Up in Scotland is following the lives of around 3,000 young people (at age 10) who were born across Scotland in 2005–06. Families were first interviewed in the first year after the birth.

[9] ALSPAC is a pregnancy cohort. It began in 1990–91 with a sample of pregnancies, collecting data from the women and expectant fathers in the former county of Avon (West of England) during the antenatal period, and has continued to follow the babies born through adolescence and into adulthood.

[10] The Millennium Cohort Study (MCS), known as 'Child of the New Century' to cohort members and their families, is following the lives of around 13,500 young people who were born across England, Scotland, Wales and Northern Ireland in 2000–02. Families were first interviewed in the first year after the birth.

[11] These studies have collected data from a representative sample of adolescents (in England) annually from the age of 13–14; and also from at least one parent living in their (main) household at the first few sweeps. "Next Steps" (LSYPE1) has tracked adolescents born in 1989–90; with the first sweep in 2004. "Our Future" (LSYPE2) has tracked adolescents born in 1998–99, with the first sweep in 2013.

fatherhood research – mainly white, better educated and slightly older-than-average, with almost all living in couple households.

The Millennium Cohort Study (MCS), *Growing up in Scotland* (GUS) and the second Longitudinal Study of Young People in England (LSYPE2 – *Our future*) cohort children have recently gone through adolescence; and in 2023 were aged 23 (MCS and LSYPE2) and 18 (GUS). In contrast, the National Child Development Study (NCDS) and British Cohort Study (BCS) cohort children were adolescents in the 1970s and 1980s respectively; and the Avon Longitudinal Study of Parents and Children (ALSPAC) and the first Longitudinal Study of Young People in England (LSYPE1 – *Next Steps*) cohort children were adolescents in the early 2000s. We cite analyses of these older datasets because they have collected important and sometimes unique data about fathers and adolescents and also because published analyses of the most recent MCS age 17 and GUS ages 12 and 14 sweeps are, to date, relatively limited[12].

1.4. Research review content

Our research review consists of a synthesis of findings focusing on the influences of fathers on three adolescent/young person outcomes: (i) mental health and wellbeing; (ii) adolescent risk behaviours; and (iii) educational outcomes. Research on father-factors and other child outcomes was identified and collated but none of it was extensive enough to warrant inclusion. It can therefore be 'taken as read' that any topic missing from this research review does not have a strong evidence base in the UK and is therefore a research gap. In the text, we have drawn attention to some of the research gaps, but these are not meant to be exhaustive. Research gaps and recommendations for research are summarised in a separate document.

The focus of this research review is to report the range of statistically significant associations between father-factors and the three adolescent outcomes in quantitative data. Comparing the relative sizes of effect of different father-factors on a specific child outcome or comparing the size of effect of father-factors to the size of effect of mother-factors or other predictor variables, are beyond the remit of *The kids are alright*. Full systematic reviews along these lines, with more limited research questions in relation to a specific child outcome, would be valuable further work to contribute to the evidence base.

Throughout the report, as here in the Introduction, some of the more technical detail is presented in footnotes (mainly for researchers).

[12] Data from these sweeps were made available to the academic community relatively recently.

1.5. Research review methods summary

We employ systematic methods and narrative synthesis suitable for scoping reviews (a type of research review), rather than for full systematic reviews. For more detail see the Appendix at the end of this document.

As is appropriate for a broad research review, we did not in *The kids are alright* specify individual research questions at the outset. Instead, we structured the narrative synthesis reported in the pages that follow according to the child outcomes and father-factors analysed in the included research literature.

We draw on our systematically collected and extensive Literature Library of research on UK fathers to avoid cherry-picking of evidence and ensure that the review is even-handed and goes beyond widely known studies. We take care to describe accurately methods and findings from secondary sources. We take a cautious approach and do not claim causation where we report statistical associations. However, the footnotes show the dataset on which each finding is based, some of which may better support causal claims than others.

For reasons of length and the range of topics covered we do not report on all *null* findings, although we detail negative findings where these are identified. We do not cite any document without reading the full text. Our methods are described in greater detail in the Appendix to this document.

1.6. Terminology in this research review

Birth father: A man who whose name is on the birth certificate (whether or not he is the biological father of the child) or who is otherwise recognised as the biological father of the child.

Father figure: a mother's/father's cohabiting male partner (sometimes called a 'stepfather').

Own Household Father (OHF): a biological or adoptive father whose main home is a separate household from his child's 'main home'. Such a father in other research is sometimes (usually inappropriately) called 'non-resident' or 'separated' or 'absent'.

No *transmen* or *non-birth* or *biological lesbian* or *gender-fluid* parents, or *non-birth* or *biological gay* fathers, are included in the term 'father' in this report as they are not represented in any of the research identified. These clearly represent research gaps.

The term 'adolescence' as used in this report refers to the adolescence of the children, and not to the adolescence of their father, nor to adolescent fathers.

1.7. Exclusions

1.7.1. Mothers v. fathers

We have chosen, in this review (in the main) not to report findings for mothers when we report findings for fathers. To do so would have made the report much longer and more difficult to read; and our focus here is not on mother/father comparison but on associations between father-factors and adolescent and young adult outcomes. Suffice it to say that there is often a stronger association between mother-factors and adolescent outcomes – which is perhaps not surprising given that, from their earliest years, children on average have spent more time being looked after by their birth mother (The Children's Society, 2023) while also living with her full-time. On occasion, however, when particularly relevant, illuminating or surprising, we include data on mothers.

There are also some wider family-related factors associated with adolescent/young person outcomes which we do not explore in this review:

1.7.2. Inter-parental relationships

There is a substantial literature exploring associations between child outcomes and the quality of the inter-parental relationship, particularly couple conflict. Word-length prevents its inclusion here, although we include it where relevant when a specific 'father-factor' (such as fathers' mental health) impacts on it as a route to adolescent outcomes. Similarly, we limit inclusion of other aspects of family functioning such as co-parenting and family cohesion and communication to those impacted by, or impacting on, specific father-factors.

1.7.3. Family structure and parental separation

Similarly, we only rarely include family structure or parental separation as a variable. Again, the literature on each of these is extensive. It is also generally quite poor. For example, when outcomes for young people in 'intact' families are compared with those in 'lone mother' households, the assumption is usually made that all father-child contact in the latter is the same (negligible). In fact, it varies enormously. Similarly, studies of the impact of parental separation rarely take into account post-separation involvement of the father. We address this issue in more detail in section 5.2 of this report (Father 'absence').

1.7.4. Adverse Childhood Experiences

There is now a body of research on the cumulative effects on young people of Adverse Childhood Experiences[13] (ACEs), most of which relate to their parents (Houtepen et al., 2020; ONS, 2023b). None of this literature that we have accessed disaggregates father-factors from mother-factors in any ACE, so we have not included the ACE literature and have not been able to explore cumulative effects. Where we have evidence of father-effects in relation to a specific ACE, we include them in this review.

1.7.5. Socio-economic status (SES)

While a theme in this report is the devastating impact of low SES on adolescent/young adult outcomes and we cite studies from our digital Literature Library that reveal associations between fathers' socio-economic/educational status specifically and adolescent/young adult outcomes, we do not claim the studies cited to be complete. Much research about adolescents includes SES or parental education as a factor in analysis; and the papers in our Literature Library which include these factors are likely to be a subset of the total pool of SES-related studies of adolescents. This is because, when 'abstracts' use generic terms such as 'disadvantage' or 'socio-economic' *without* a 'father-related' term, our systematic searches will not have picked them up and they will not be in our Literature Library. Those we cite usually also report on mothers' SES/education; and we do not include research that uses fathers' SES only as a proxy for family SES.

1.7.6. Young fathers

We do not in this review explore the experiences of adolescent/young fathers[14] themselves. It is the adolescence of their children not the fathers' own adolescence that is the focus of this study.

[13] Such as sexual, physical, or emotional abuse; emotional neglect; parental substance abuse; parental mental illness or suicide attempt; violence between parents; parental separation; bullying; parental criminal conviction.

[14] The term 'young father' is usually applied to men who become fathers under the age of 25.

2. Families with adolescents in the UK

2.1. Background

In the current political and economic climate, it is difficult to offer positive narratives. With pandemic aftershocks rumbling, and austerity and geopolitical realignments taking their toll, catastrophising has become the order of the day. There is little incentive to challenge it. In our 'attention economy', catastrophising is a daily bonanza for the media ('if it bleeds – it leads'); for cash-strapped service providers, an opportunity to fill begging bowls; for hard-pressed researchers, to draw attention to findings and generate further funding; and for politicians, to peddle nightmares and present themselves as 'the solution'. Positive news or trends, which always struggle to attract attention, seem even more likely to be overlooked.

In this research review, we let sober research tell the story – and the story is, to an extent that surprised us, a positive one. While there is still a way to go (for example, we estimate that one adolescent in five in the UK does not have a good relationship with either parent[15]) much of what we uncovered and report here is positive: this is why we have given our report the somewhat provocative title *'The kids are alright'*.

And we begin with 'father absence'.

2.2. Family composition

Contrary to public perception (CSJ, 2013), most of today's teenagers in the UK reach adolescence either living with their birth father or in contact with him if he lives elsewhere. And even when, in adolescence, a young person rarely or never sees their birth father, many will have already spent years living with him[16].

And yet the 'myth of the fatherless society' (Tarrant & Ward, 2017) remains powerful, even among some researchers. In 2005, two academics in England declared that "contact between non-resident fathers and their children… remains difficult to achieve" (J. Lewis & Welsh, 2005 p.81 – Abstract). This was bewildering, given that one of the researchers was, at that same time, closely involved in a large survey of adolescents in England[17], which had found only 7.8% reporting that they never saw their birth father (Flouri, 2005b) and only 5% saying they had no father figure in their life (Welsh et al., 2004).

[15] See section 3.2.3 (Trends) below.

[16] See MCS analyses below: in many cases, years pass before parents separate.

[17] The Families in the Millennium Study (FMS): 2218 adolescents (average age 13.39 years) surveyed during 2001–02 at three large comprehensive schools in England with average OFSTED results.

Today, some academics still refer to all fathers who live in a separate household from their child's mother as 'absent' (Bernardi & Boertien, 2017; Briggs, 2019; Culpin et al., 2022; Gardiner et al., 2015; Matthijs Kalmijn, 2017). In fact, the decline from the mid-20th century in the percentage of children who experience true 'father absence' after their parents' divorce[18] has been described by Spijker et al (2022) as 'spectacular': in the Netherlands (equivalent data has not been published in the UK) the percentage dropped from 49.9% for divorces occurring in the 1950s/60s to 9.6% for divorces occurring in the 1990s and early 2000s (Spijker et al., 2022).

What do we know about trends[19] in the UK? Two decades ago the Millennium Cohort Study (MCS) found 95% of nine-month-olds either living with or in contact with their birth father[20], while 86% were living with both their birth parents together at the same address (Calderwood, 2008; Kiernan & Smith, 2003).

At age five, 94% of MCS children were either living with or were in contact with their birth father[21], although the proportion living with both birth parents together at the same address had dropped to 77% (Calderwood, 2008) Two years later, at age seven, 92% were living with or in contact with their birth father[22], and 69% living with both birth parents together at the same address (Calderwood, 2010a).

Around the start of adolescence (age 11), just under nine in ten MCS children (87%) were living with or in contact with their birth father[23]; at this point the percentage living with both birth parents together (at the same address) was 61% (Connelly et al., 2014; Platt, 2014).

[18] In this study, and at that time, cohabitation breakdown was not measured.

[19] The MCS data presented here (co-residence and contact with the birth father) at child-ages 9 months, 5 years, 7 years and 11 years is reported by an adult in the child's main household, usually the birth mother. Figures may represent the % of children or the % of study households (in which more than one cohort member can live if multiple births, in a small proportion of the sample).

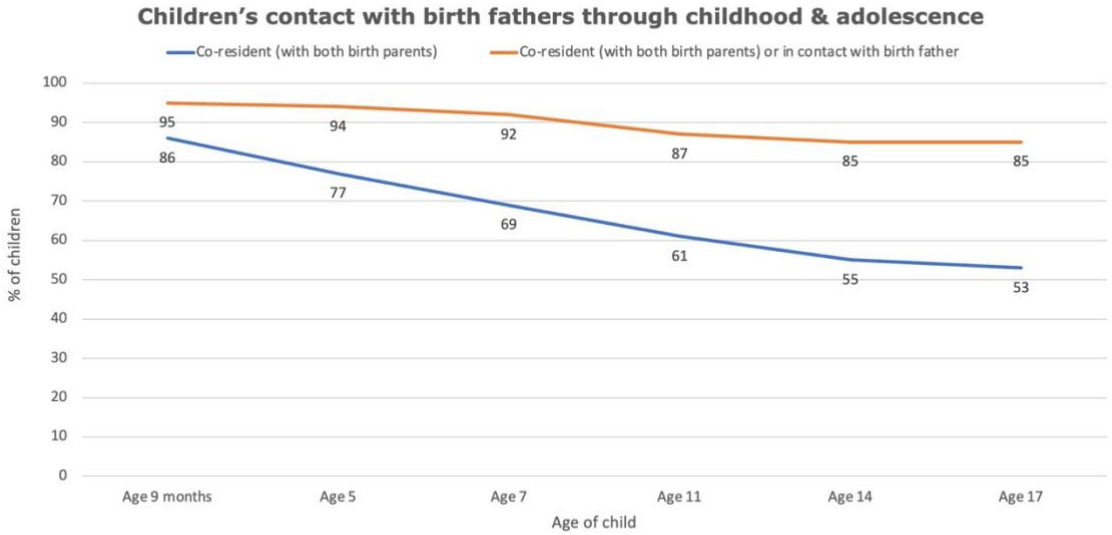
[20] Calculated by the Fatherhood Institute on the basis of Table 11 in Kiernan & Smith, 2003. The question asked of the mother was whether she was in contact with the birth father. Where she said yes, we have assumed father-infant contact to be likely.

[21] Calculated by the Fatherhood Institute on the basis of Table 3.1 and Table 3.18 in Calderwood, 2008.

[22] Calculated by the Fatherhood Institute on the basis of Table 3.1 and Table 3.18 in Calderwood, 2010a.

[23] Calculated by the Fatherhood Institute on the basis of figures in Platt., 2014.

New analysis of MCS data conducted for this review finds that even at ages 14 and 17, 85%[24] of MCS children were either living with or in contact with their birth father[25], even though the percentages living with both parents together at the same address at these ages had fallen to 55% and 53% respectively[26]. This chart shows a summary of all this MCS data:



Copyright Fatherhood Institute. Chart draws on analyses of Millennium Cohort Study data sweeps 1 to 7.
For more details, see section 2.2 of this report

An analysis of a pooled sample of *Understanding Society* panels of single age cohorts of children from several annual study waves (2010–2015) found higher percentages than in the MCS of adolescents living with both birth parents at the same address: 67% of 12-year-olds; and 63% of 16-year-olds. SES differences were significant: 35% of children aged 11–16 in low-income households lived with both birth parents, compared to 61% of children in middle- or high-income households (DWP, 2017).

How much contact do adolescents have with a father who lives elsewhere (an 'Own Household Father')? An MCS analysis found 60% of the 11-year-olds who had an OHF,

[24] Calculated by the Fatherhood Institute based on analysis provided by Professor Stephen McKay, University of Lincoln, personal communication, October 2023. This figure of 85% excludes cases where a young person did not complete an interview or relevant questions but may have been in contact with their birth father.

[25] Co-residence with the birth father was reported by an adult in the young person's main household (usually the mother) or by the young person. Whether there was current contact was reported by the young person only at both sweeps.

[26] Analysis provided by Professor Stephen McKay, University of Lincoln, personal communication, October 2023. The figures of 55% and 53% have been calculated on the base of responding study households (in which more than one cohort member can live if multiple births, in a small proportion of the sample).

staying with him 'sometimes/often' overnight (Connelly et al., 2014). In Scotland, data[27] was collected in 2019–20 from the 27.3% of 14-year-olds with at least one parent (mostly their father[28]) living elsewhere. Of these young people[29], 60% reported seeing him in-person once a week or more, with more than a third having 'virtual' contact at least five times a week and around two-thirds having virtual contact at least once a week (Scottish Government, 2022). New analysis of MCS data conducted for this review shows that among 14-year-olds in UK-wide MCS data who saw their birth father living elsewhere, 36% reported staying overnight with him once a week or more, another 18% stayed at least once a month, and 22% stayed less often such as during school holidays[30].

Figures are similar for 17-year-olds in the UK, in this new analysis of MCS data. Of young people who did not live with their birth father, but were in contact with him living elsewhere, 52% reported seeing him in-person once a week or more, and another 23% at least once a month; while 75% had 'virtual' contact (e.g. by phone, messaging or social media) at least once a week (29% at least five times a week)[31].

Parental separation – or parents never having lived together – is gradually but steadily *decreasing*, meaning that fewer and fewer adolescents are ending up living separately from their birth father. In the decade between 2012 and 2022, the percentage of families with dependent children that were 'lone parent' families dropped from 26% to 22.5% (ONS, 2023c). In England, a major study of young people's health[32] found 68% of 11–15-year-olds reporting living with both their birth parents in their main home in 2018, compared with 64% just six years earlier in 2014 (Brooks et al., 2020).

This trend will continue. Young parental age at childbirth and low education are strongly linked to unstable couple relationships – and today teenage births are at an all-time low (Nuffield Trust, 2023)[33], with the poorest and least well-educated women now delaying motherhood until they are almost 29[34] on average; and, across their life-time, having hardly

[27] Growing up in Scotland.

[28] Paul Bradshaw, Director of Scotcen, personal communication, August 2023.

[29] All but 2.8% were happy to answer a question about whether they had a parent living elsewhere. Around 90% of those who said they did answered questions about their relationship with that parent (based on analysis given by Paul Bradshaw, Director of Scotcen, personal communication, August 2023)

[30] Analysis provided by Professor Stephen McKay, University of Lincoln, personal communication, July 2023.

[31] Analysis provided by Professor Stephen McKay, University of Lincoln, personal communication, July 2023.

[32] Health Behaviour in School-aged Children (HBSC): WHO Collaborative Cross-National Study.

[33] Between 2007 and 2021, the under-18 conception rate in England and Wales decreased by 68%, from 42 per 1,000 women to 13 per 1,000 women,

[34] 28.8 years.

any more children than the best educated women[35] (Ermisch, 2023). In 2011 in England and Wales, 7.5% of lone parents (mainly mothers) were aged 24 years or younger; by 2021, that had halved at 3.6% (ONS, 2023d).

Co-resident father figures are less common than might be expected. In the Millennium Cohort Study (MCS) sample (children born 2000/2001), just 0.2% of nine-month-olds lived with a mother's partner who was not their biological father (Calderwood, 2010b); at child-age five, 4% (Calderwood, 2008); at child-age seven, 6% (Calderwood, 2010a); at child-age 11, 11%[36] (Connelly et al., 2014). Reliable figures are not yet available for co-residence with father-figures at ages 14 and 17.

While undoubtedly some stepfathers have strong positive relationships with stepchildren, the earlier Families in the Millennium study (FMS)[37] found 90% of 13-year-olds regarding their birth father as the main 'father' in their life, even though 18% did not live with him and 11% were living with a stepfather (Welsh et al., 2004). Similarly, five years later, a small-scale study of 203 secondary school students in a socio-economically disadvantaged area of London, only 60% of whom were living with both their birth parents, found 90.6% naming their birth father as the main 'father' in their life (McEwen & Flouri, 2009)[38].

2.3. Breadwinning and caregiving

Mothers' time spent on paid work increases steadily as children grow older[39] and fathers' decreases (although at a lesser rate)[40]. Research has shown that when children are young mothers' paid work hours are a strong predictor of fathers' engagement in caregiving (Chung & Walthery, 2020; Norman & Elliott, 2015). Whether this remains the case later on is not known (this is a research gap) but it seems possible. Mothers' and fathers' caregiving during their child's adolescence may well be more equitable than when their children were small.

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[35] 1.6 children per poorly educated woman; 1.4 children among women with a tertiary education (Ermisch, 2023).

[36] Calculated by the Fatherhood Institute from figures in Connelly et al., 2014.

[37] The Families in the Millennium Study (FMS): 2218 adolescents surveyed in 2001–2 at three large comprehensive schools in England with average OFSTED results.

[38] We would not normally cite such a small study, but 150 is normally considered in quantitative research to be sufficient for analysis, and here we have just over 200 and the sample is particularly interesting being largely of adolescents in disadvantaged families.

[39] When their youngest child is aged 0–2, 69.1% of mothers are in paid work. By youngest child-age 16–18, that percentage has risen to 83.3%. At youngest child-age 3–4, 30% of mothers work full-time; by youngest child-age 11–15, 44.7% do so; and by child-age 16–18, 45.3% (ONS, 2023a).

[40] When their youngest child is aged 0–2, 95.1% of fathers are in paid work. By youngest child-age 16–18, that percentage has fallen to 87.7%. At youngest child-age 3–4, 82.3% of fathers work full-time; at youngest child-age 11–15, 79.4% do so; and at youngest child-age 16–18, 76.7% work full-time (ONS, 2023a).

Most fathers of adolescents, however, still work longer hours than mothers (ONS, 2023a). But that does not mean their identity is solely or even mainly shaped by breadwinning. Some, having worked hard to provide when their children were young are, ten to 15 years later, unwilling to sacrifice more family time for money time (Welsh et al., 2004). In 2013, marketing communications company J. Walter Thompson Intelligence asked 500 adult British men to identify 'the primary things that define men today'. Among their responses, 'providing financial support for family' (51%) was rated by the men barely ahead of 'parenting abilities' (49%) and 'providing emotional support for family' (46%) (JWT, 2013). Men as well as women increasingly reject traditional gendered divisions of labour: for example, the latest British Social Attitudes survey has found a very significant growth (from 5% in 2012 to 18% just a decade later) in the belief that the best care-option for young children is both the mother and father working part time (Allen & Stevenson, 2023).

3. Fathers in families with adolescents in the UK

3.1. Fathers' roles in families with adolescents

While not generalisable, earlier qualitative research has revealed a number of different roles taken by fathers in parenting older children. In some two-parent mother/father households with teenagers the mother was found to retain the 'managerial function' (Welsh et al., 2004) with the father an 'observer' (Solomon et al., 2002), her 'assistant' (Seddon, 2010), 'specialising' in specific parenting domains or providing mainly 'passive' care or 'guidance' (J. Lewis & Welsh, 2005; Welsh et al., 2004). In other such households, however, the father has played a 'macro' role alongside the mother as a 'sharer' (Timson-Katchis, 2011) or an equal or main 'planner' (Welsh et al., 2004). More recently we find that, while still very much in the minority, in two-parent households fathers of teenagers are twice as likely to be full-time at home for the reason of 'looking after home and family' while their partner is in paid work, as fathers of very young children: one-in-six (15.5%) where the youngest dependent child is aged 11–15, compared with 7.1% where the youngest dependent child is aged 0–2 (Fatherhood Institute, 2023; ONS, 2023a). There is a research gap in relation to the parenting roles of fathers who do not live full-time with their adolescent in the same household ('Own Household Fathers').

What input do adolescents value from their fathers? When more than two thousand 11–18-year-olds[41] in England were asked which aspects of their father's parenting they valued the most, they awarded the highest rating to his encouraging them at school and developing their talents, followed by praising them, showing affection and being attentive; spending time with them and talking together; supporting their mother; and teaching them responsibility and contributing to discipline. The fathers' 'providing' was rated lowest – surely a somewhat disturbing finding from the fathers' point of view, given that breadwinning is still such a major feature of their parenting. Reasons for the young people's relative indifference towards their father's role as provider are not immediately clear (Welsh et al., 2004). Possibly they take this aspect of his role for granted.

3.2. Father-child relationships in families with adolescents

3.2.1. Fathers v. mothers

All the large-scale UK studies cited here that have gathered data on mother-child and father-child 'closeness', report adolescents of both sexes feeling closer to their mother and talking with her more often about 'things that matter to them'. This is probably to be

[41] Young people in two-parent households. Data was gathered on OHFs (fathers living in a separate household) but was not reported.

expected. Even when birth mother, birth father and child live together in the same household, the mother has tended to be more available, almost always working shorter hours than her child's father including when both work full-time (Andrew et al., 2021) and also working closer to home (Gatrell et al., 2015). Mothers are therefore more likely to be available when children are likely to confide – returning from school or being ferried to activities (Solomon-Moore et al., 2018)[42].

Further, the samples of mothers and fathers being judged by the child may not be equivalent (ONS, 2018): when young people are asked about their relationships with their parents, the fathers' sample may be a mix of co-resident birth fathers, father figures (to whom children are rarely as attached) (Jensen & Howard, 2015) and Own Household Fathers who mainly, or totally, live separately from them[43]. Meanwhile, the mothers' sample may consist almost entirely of mothers co-resident with them from birth. Considering all this, more young people reporting a close, confiding, relationship with their mother than their 'father' would seem probable.

3.2.2. Closeness, communication and trust

What, then, is the state of father-adolescent relationships in the UK – from the young person's point of view? As is also the case when they are asked about their relationship with their mother, their age when they are surveyed is relevant: around 42% of 11-year-olds surveyed in 2007/8 said they talked to their father (fatherhood status not defined)[44] more than once a week about things that matter to them, compared to 16% of 15-year-olds (The Children's Society, 2014).

In all studies, adolescent boys are more likely than adolescent girls to report good communication with their father. For example, in England at age 15[45], 65% of boys compared with 48% of girls said that talking to their co-resident father/father figure was easy (Brooks et al., 2017b). And in Scotland[46] percentages were similar: 62% (boys) and 44% (girls) (Levin & Currie, 2010).

Reports of 'closeness' follow a similar pattern. In 2014, for example, 59% of 14-year-old girls and 69% of 14-year-old boys in the UK[47] told researchers their relationship with their

[42] This pattern may start to change in families where fathers are engaged in hybrid or full-time home working.

[43] The ONS comments that "It is important to note that these analyses do not take family composition or living arrangements into account and specifically how these might relate to opportunities for interaction between parents and children." (ONS, 2018) (p.4).

[44] British Household Panel Study (BHPS).

[45] Health Behaviour in School-aged Children: WHO-collaborative Study.

[46] Health Behaviour in School-aged Children: WHO-collaborative Study.

[47] MCS data.

'natural' father was 'close' and 58% of boys (56% of girls) said they never/almost never argued with him (Benson & Mckay, 2018).

In a UK sample[48] interviewed in 2007/8, 28% of young people aged 11–14 said they talked to their co-resident father more than once a week about 'things that matter to them' (compared with 51% who talked as often with their mother) (Keung & Rees, 2010). Studies generally show adolescents arguing more with mother: for example, in the MCS, 27% of 14-year-old girls and 22% of boys said they argued 'at least once a week' with their mother (Al Ali, 2021). In that same sample, 15% of the boys and 16% of the girls said they argued with their father 'at least once a week' (Benson & Mckay, 2018).

In 2017 in Scotland, 65% of 12-year-olds felt they could 'always count on' their co-resident father or father figure for assistance with a problem and almost 50% said that was true of their Own Household Parent, most of whom were their birth father (Scottish Government, 2019)[49].

3.2.3. Trends

Closeness and communication in father-adolescent relationships may be improving over time. When 10–15-year-olds were surveyed as part of a nationally representative panel study in 2009[50], the percentage who reported talking to their birth/adoptive father (whether living with him or not) more than once a week about things that matter to them was 38%[51]. Seven years later, in 2016, 45.2% said they did so[52] (ONS, 2018)[53]. A different survey, carried out in 2004/5 among young people in England[54], found 62% of 13–14-year-olds saying they 'got on very well' with their father (not defined). When the survey was repeated nine years later[55] with a similar sample, the percentage reporting 'getting on well' with him had risen slightly to 68%. Between 2004/5 and 2013/14, the proportion of young people interviewed in these datasets who said they spoke to their father (not defined) 'most days' about things that mattered to them, grew from 19% to 35% – a considerable increase (Baker et al., 2014).

[48] BHPS data with 'father' not defined – may or may not include father figures.

[49] Growing Up in Scotland (GUS) data.

[50] Understanding Society.

[51] Also note that the figure for 2007/8 was just 28% in the Keung & Reeves study cited above.

[52] This improvement was largely driven by girls who were previously less likely than boys to confide regularly in their father.

[53] This was still a significantly smaller percentage than the 65.9% who talked to their mother more than once a week about things that mattered to them.

[54] The first Longitudinal Study of Young People in England "Next Steps" cohort (LSYPE1).

[55] The second Longitudinal Study of Young People in England (LSYPE2).

Across 32 European and North American countries from 2002 to 2010, researchers found significant increases in ease of communication between adolescents aged 11, 13 and 15 years and their fathers. This was thought to be due, in part, to growing awareness, including by fathers themselves, of the importance of men spending time with their children. Wales was one of three countries with the greatest positive changes over time (Brooks, Zaborskis, et al., 2015)[56].

However, while young people have been more likely to report a close relationship with their mother than their father, a significant minority have not reported being close to her. For example, 21% of 12-year-olds do not feel they can always count on their resident mother if they have a problem (Scottish Government, 2019)[57]; another recent survey of 10–15 year-olds[58] found 35% NOT talking regularly with her about things that mattered to them (ONS, 2018); and an earlier survey of 11–15 year olds[59] similarly found 28% rarely confiding in their mother (Arber et al., 2012). Since fathers tend to be more supportive when mothers are supportive (Parkes et al., 2017) some young people will benefit from supportive relationships with both parents, while others – possibly around 20% – will not enjoy a supportive relationship with either.

[56] These changes have now been documented across the world (Novianti et al., 2023).

[57] *Growing Up in Scotland* (GUS).

[58] *Understanding Society.*

[59] BHPS data.

4. Young people's mental health and wellbeing

4.1. Background

It is now widely claimed that young people's mental health in the UK is in crisis with, for example, an 'epidemic' of self-harm[60]. However, while demand for services has undoubtedly increased and may reflect increase in the prevalence of, for example, disordered eating[61], it is not helpful to suggest young people's mental health is deteriorating exponentially when this is not the case – even if making such claims helps in lobbying for funding for much-needed improvements in services.

What are the facts of the matter? Research has charted a gradual increase in probable mental disorders in children and young people over two decades. However, establishing how much of this represents an actual rise in the percentage of young people experiencing problems, and how much is down to better awareness of symptoms and diagnosis, including of conditions not much recognised previously[62], is not clear (NHS Digital, 2022a).

The 'gold standard' among surveys that have been tracking the mental health of children and young people in England over time using consistent measures – the Mental Health of Children and Young People Surveys (MHCYP) – found a gradual but steady rise between 1999 and 2017[63] (Sadler et al., 2018) in rates of a 'probable mental disorder'. The reason? Very possibly child poverty which had been rising steadily over these years, partly as a result of 'austerity' policies, and reached a peak in 2019/20 (JRF, 2023)[64]. While rates of other disorders such as eating disorders and autism remained stable over that period (Sadler et al., 2018), the MHCYP surveys do not have reliable data on trends in self-harm. However, a Nuffield Trust report[65] that looked at hospital admissions of young people due to self-harm found these remaining steady between 2013/14 and 2021/22[66].

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[60] https://www.express.co.uk/life-style/health/1733823/self-harm-mental-health-care-children-social-media-lockdown-NHS https://time.com/6255448/teen-girls-mental-health-epidemic-causes/

[61] https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/05/18/hospital-admissions-for-eating-disorders-increased-by-84-in-the-last-five-years

[62] Including autism, ADHD, neurodiversity, PTSD.

[63] Among 5–15-year-olds the prevalence of any mental disorder increased from 9.7% in 1999 to 11.2% in 2017.

[64] Twenty-five years ago, a third of children lived in poverty. This fell to 28% by 2004/05 and reached its lowest level of 27% between 2010/11 and 2013/14. After this period, child poverty rose, reaching 31% in 2019/20 before falling back to 27% in 2020/21.

[65] https://www.nuffieldtrust.org.uk/resource/hospital-admissions-as-a-result-of-self-harm-in-children-and-young-people

[66] There were small percentage changes by sex-of-young-person: recent increases among girls and decreases among boys.

What happened after 2017 in the MHCYP data? In children aged 7 to 16, rates of a probable mental disorder rose from 12.1% in 2017 to 16.7% in 2020[67]; and in young people aged 17 to 19 years, from 10.1% in 2017 17.7% in 2020[68]. Rates then remained stable for the younger age group across the rest of the pandemic period and beyond (2020–22). Post-pandemic (2021–22), there was a sharp increase among the older age group only (age 17–19 years) up from 17.4% in 2021 to 25.7% in 2022 (Marcheselli et al., 2022).

Factors in this recent escalation among older adolescents may include uncertainty and disappointments about pathways after school given what we know about the differential effects of learning loss and centre assessed grades and pressure on university places and apprenticeships (Isaacs & Murphy, 2022). Also relevant may be increasing financial and housing precarity[69]. The link between poverty and poor mental health in young people is often overlooked. Young women (16–34) living in the most deprived households are five times more likely to self-harm than those in in the least deprived (McManus, 2020). And transitory and (particularly) persistent poverty (previously experienced) is more strongly associated with poor adolescent mental health than their father's own poor mental health (Fitzsimons et al., 2017). The mental health of 14-year-olds living in families facing economic shocks is very negatively affected, directly via their own awareness and experience, and possibly also indirectly through the impact on their parents' well-being (The Children's Society, 2014)[70]. A recent analysis of *Understanding Society* data[71] did not find particularly strong links between household income and children's subjective wellbeing but found a stronger association with a child's main parent or carer finding it difficult to cope financially (The Children's Society, 2023).

Fathers' socio-economic status has a clear association with their children's mental health and wellbeing and is relevant in different family forms: while 14.1% of adolescents living with their mother only in their main household (and 13.5% of those living with their mother-and-her partner) rate their own wellbeing as poor, just 8.8% of those living with their father only (and 10.3% of those living with their father-and-his-partner) do so (The Children's Society, 2014). Again, the culprit would seem to be poverty: households in which children live with their father or with their father and his partner are better resourced than households in which children live with their mother only or with mother plus partner (Rabindrakumar, 2018).

[67] Only the last of these three years was a 'pandemic' year – it is likely that much of the increase was prior to this.

[68] Other studies, such as a UK panel study also found an increase in mental distress in pre/ post pandemic adolescent cohorts, although the two cohorts may not be truly comparable (Montero-Marin et al., 2023).

[69] The state or condition of being economically precarious.

[70] *Understanding Society* data.

[71] This pooled waves 1 to 12 of the Understanding Society survey.

Child poverty in the UK has, overall, decreased since the late 1990s (Francis-Devine, 2023) and, as outlined in section 3.2 above, young people's relationships with their fathers and mothers have been improving. That their mental health has seen a decline across two decades is therefore surprising. The whole picture is not yet understood. Formerly, restrictions on children's 'right to roam' and increased parental separation were blamed; latterly, fingers are pointed at climate anxiety, high stakes exams and school environments and, most particularly, social media use – the latest in a series of moral panics relating to young people and technological change (Walsh, 2020). Synthesising this literature is beyond the scope of this review. However, widening social inequalities may be relevant (McElroy et al., 2023): among 14-year-olds, those with the lowest subjective well-being are living in situations in which they perceive either themselves or their family to be 'poor' (The Children's Society, 2014). Time spent on social media may play a part, but the evidence is mixed, and the actual activities engaged in online may be more significant (Irmer & Schmiedek, 2023). Baseline low self-esteem may be a factor (Plackett et al., 2023), particularly since 'upward comparisons' cause distress (Irmer & Schmiedek, 2023); and more vulnerable young people may more often engage in less positive activities online. Family factors associated with worsening life satisfaction among adolescent social media users include low family income (this may be related to negative 'upward comparison') and poor mental health in their father or mother (Twigg et al., 2020). In a number of countries, including England and Scotland[72], supportive communication between an adolescent and either of their parents has been found to moderate any negative effects of electronic media use on the young people's life satisfaction (Boniel-Nissim et al., 2015).

4.2. Father-adolescent relationship quality *(young person reports)* and young people's mental health and wellbeing

The studies cited above (section 3.2) that described the current 'state' of father-adolescent relationships in the UK also investigated associations with the young people's mental health and wellbeing.

4.2.1. Young people's mental health

In the UK[73], 14-year-old girls who did not report a close relationship with their 'natural' father were at significantly greater risk of mental health difficulties (Benson & Mckay, 2018), low life satisfaction, low self-concept and persistent negative feelings (Hartas, 2021).

[72] Health Behaviour in School-aged Children: WHO-collaborative Study. Wales and Northern Ireland were not included in this study.

[73] MCS data.

In England[74] adolescent-father closeness reduced the likelihood of young people's self-harming behaviours (Klemera et al., 2017). Another analysis of this same dataset found young people who felt at ease talking with their father/father figure were, similarly, far less likely to have ever self-harmed (Brooks et al., 2017a) and had a more positive body image (Fenton et al., 2010)[75]. As emotional closeness to their father increased there was a 17% (boys) and 33% (girls) decrease in self-harm (Hartas, 2021).

Closeness to fathers does not develop overnight: ALSPAC data revealed a strong association between father involvement at age seven and closeness to father in adolescence (Flouri, 2005b); and the MCS found father involvement at age 11 strongly associated with father-child closeness at age 14 (Vanchugova et al., 2022).

4.2.2. Young people's life satisfaction

Recently in Scotland[76], young people who felt they could 'always count' on their resident father/father figure for assistance with a problem reported higher average (mean) life satisfaction than those who 'never' could[77] (Scottish Government, 2019). Adolescent boys and girls in Scotland who reported easy communication with their co-resident birth father had the highest life satisfaction – significantly higher than all other young people, including those who reported easy communication with their mother[78] (Levin & Currie, 2010)[79].

4.2.3. Young people's wellbeing and self-esteem

In a nationally representative large-scale UK sample[80], young people aged 11–15 who said they talked 'more than once a week' with their father (not defined) about things that mattered to them had a higher average (mean) total wellbeing score than those who 'hardly ever' did so[81]. And the self-esteem of young people who 'hardly ever' quarrelled with him was higher than that of those who quarrelled with him 'most days'.[82] When a more sophisticated analytic method was used[83] and other factors known to be significant in terms of child wellbeing and self-esteem, including confiding in mothers, were taken into

[74] England WHO Health Behaviour in School-aged Children (HBSC) Study.

[75] 11% of young people who found communication with their father/father figure easy had ever self-harmed, compared with 36% who found communication with him difficult (Brooks et al., 2017a).

[76] *Growing Up in Scotland* (GUS).

[77] 17.8 compared with 14.0.

[78] This could be because easy communication with mothers is more usual, or because in families with easy father-child communication, mother-child communication is also likely to be easy (Flouri, 2005).

[79] Health Behaviour in School-aged Children: WHO-collaborative Study.

[80] British Household Panel Survey (BHPS).

[81] Mean score of 8.6 out of 10 – compared with mean score of 7.9 out of 10.

[82] Mean score of 7.2 out of 10 – compared with 6.7 out of 10.

[83] Regression analysis.

account[84] how often young people talked to their father about things that mattered to them was still independently relevant to both their wellbeing and their self-esteem (Keung & Rees, 2010).

4.2.4. Methodological issues

Caution is needed in interpreting these findings. Causality cannot be inferred, and few potentially confounding variables have been controlled for in analysis. Links may be reciprocal and shared method variance[85] may affect some findings. Very few Own Household Fathers are included, and most of the samples of co-resident fathers do not distinguish between birth fathers and father figures. Nevertheless, these studies point to the father-child relationship, as perceived by young people themselves, to be of significance. The studies also reveal that associations between father-child relationship quality and child outcomes are independent of associations between mother-child relationship quality and child outcomes (Flouri & Buchanan, 2003c).

4.3. Fathers' parenting and young people's mental health and wellbeing

4.3.1. Young people's mental health

Longitudinal research has found fathers' responses to their infants and young children and to their role as a father having far-reaching consequences. In the ALSPAC dataset, fathers' expressions of hostility/aggression, indifference/neglect or undifferentiated rejection towards their toddlers were associated with depressive symptoms in those children in their middle teens (Scourfield et al., 2016). Conversely, higher levels of responsiveness and sensitivity measured in fathers in the first few months were associated with lower depression risk in their children when aged 9–11, as were the fathers' early feelings of security in their role as parent and partner (Opondo et al., 2017). The value of this did not, however, endure: at child-age 16, the effects from fathers' early attitude to parenting, confidence as a parent and enjoyment of fathering were *null* (Scourfield et al., 2016).

Returning to cross-sectional research, in a nationally representative sample of families with relatively low parental education, a good father-adolescent relationship at age 13–14 (reported by the young person) was associated with lower odds of poor child mental health at age 14–15 (Rothon et al., 2012). And a study of adolescent twins, only some of whom were genetically related to their resident father, found lack of support in the father–adolescent relationship predicting increased depressive symptoms in both those who were

[84] Family economic status, father's education, father's mental health, as well as a number of mother-related factors.

[85] When variables are measured with and introduced as a function of the same method and/or source.

genetically related to their dads, and those who were not. Actual conflict in the father–adolescent relationship predicted increased depressive symptoms more strongly in adolescents who were genetically *vulnerable* to depression but not in all of those who were genetically *related* (Brouillard et al., 2018).

Fathers' psychological control[86] has been linked to adolescents' eating disorder symptoms (McEwen & Flouri, 2009), as has their invalidation of their child's experiences, such that communication of emotions is either ignored or punished (Haslam et al., 2008). Similar themes, together with low father involvement, emerge in relation to eating disorders from international reviews (Gale et al., 2013; Michel da Matta Simões et al., 2023; Michel da Matta Simões & Santos, 2022).

While this review, as explained earlier, is not charting associations between the quality of the parents' relationship (e.g. couple conflict) and youth outcomes, an indirect effect on fathers' behaviour is of interest: parents' relationship quality was found to predict fathers' emotional support of their teenager and this, in turn, predicted depressive symptoms in the young person: symptoms were lower when their father was emotionally supportive and higher when he was not (Mahedy et al., 2018).

4.3.2. Young people's wellbeing

Psychological control by fathers was associated, in another cross-sectional study, with low self-esteem and high self-criticism in both adolescent sons and daughters; and to low levels of happiness in daughters – but not sons, where there is a *null* effect (Cheng & Furnham, 2004).

'Adolescent loneliness' was found, in a review of international studies, to be associated with fathers' lack of expressiveness when interacting with their teenagers (Mahon et al., 2006) and, recently, in MCS data, with 'frequent arguing' with their father (Yang et al., 2020).

4.4. Father involvement and young people's mental health and wellbeing

4.4.1. Longitudinal research

A question that has been asked in longitudinal research on adolescent mental health in relation to fathers, is whether father involvement[87] when their children were young (including time spent on domestic activities) correlates with those same children's mental

[86] Attempts to control their teenagers' activities rather than encouraging them to develop 'agency' by learning through experience and developing their own knowledge and judgement.

[87] Usually taken to mean *engagement* (direct interaction with the child), *accessibility* (availability to the child) and *responsibility for the child's welfare and care* (Lamb et al., 1987).

health during adolescence or beyond. In the UK, this has not been much studied – although the data is there and could be explored. The studies we found are, firstly, an analysis of longitudinal data from children born in 1958[88]. This showed that early father involvement, including after controlling for mother involvement, protected against psychological maladjustment in adolescents whose parents were by then living in separate households but not in adolescents still living with both their birth parents (Flouri & Buchanan, 2003b). Secondly, an analysis of ALSPAC data found that father involvement in infancy protected against depressive symptoms in 9–11-year-olds – but only to a minor degree (Opondo et al., 2017).

A caveat: where an early father-factor (in the perinatal period or early childhood) is statistically correlated with an adolescent outcome, we cannot be clear about the mechanism or timing of impact because analyses rarely control for the same father-factor at various time-points subsequently. This an issue for all longitudinal studies. For example, early father sensitivity could have affected child mood at that early stage, and it was the child's mood, independent of later father-sensitivity that continued into adolescence; or the father's degree of sensitivity may have continued stable as his child grew up, continuing to affect them through to adolescence.

4.4.2. Cross-sectional research

What do we know from cross-sectional research? When psychological adjustment in 222 Indian Heritage and 360 White British secondary school-age children was measured in two-parent households comprising both birth parents, researchers found that even after controlling for age, number of siblings, family's socio-economic status and inter-parental conflict, higher levels of involvement by fathers *at the time* were associated with prosocial behaviour in teenagers of both sexes in both ethnic groups. When the researchers turned their attention to the young people's 'difficulties', they found that low father involvement with White British (but not Indian Heritage) boys was associated with problematic adolescent male friendships (peer problems). In White British (but not Indian Heritage) girls, fathers' low involvement was associated with conduct problems, peer problems *and* 'total difficulties'. Apart from observing that levels of father involvement were no less relevant to daughters than sons (and in fact seemed to be *more* relevant) the researchers wondered whether the lesser negative impact of low father involvement in Indian Heritage families might be due to compensatory support by extended family members (Flouri, 2005a).

[88] The National Child Development Study (NCDS) – children growing up in the 1960s and going through adolescence in the 1970s.

4.4.3. Fathers and father figures

When the same researchers investigated another cross-sectional dataset[89] and differentiated between co-resident biological fathers and father figures[90], they found that, after controlling for child-, father- and family-related factors, higher levels of involvement by both co-resident fathers and father figures *at the time* correlated with lower levels of 'total difficulties' and hyperactivity and higher levels of 'prosocial' behaviour in adolescents of both sexes (Flouri, 2008), as well as higher self-esteem (Flouri, 2004) and greater happiness (Flouri, 2005b).

Conversely, in that same study, low involvement by both co-resident birth fathers and father figures was associated with low prosocial scores and high total difficulties scores (Flouri, 2005b) as well as lower levels of happiness in both adolescent boys and girls (Flouri & Buchanan, 2003a). Among adolescent boys low involvement by both types of father was also associated with low levels of life satisfaction and with being victimised (bullied) by their peers (Flouri & Buchanan, 2002b). Low father involvement was, however, unrelated to children's emotional symptoms, conduct problems and peer problems (Flouri, 2008). Compared with birth fathers, father figures reported more total difficulties, conduct problems and hyperactivity in the children even after adjusting for involvement (Flouri, 2008). However, fathers have only rarely been asked questions about child behaviour in the large-scale longitudinal studies: usually only mothers (or the 'main respondent' in cohort studies or the 'responsible parent' in *Understanding Society*) have been asked such questions.

4.4.4. Methodological challenges

It seems from the data available that fathers' greater involvement when their children are younger and during their adolescence is protective of the young people's mental health and wellbeing. However, fathers may spend more time with children and adolescents who present fewer problems so when findings are positive, it may be 'child effects' rather than 'father effects' that are being observed (Flouri, 2005b)[91]. And some young people who are shown to benefit from high father involvement may also be benefiting from high mother involvement – as the two are strongly correlated (Flouri, 2004) – and/or from relatively

[89] The Families in the Millennium Study (FMS).

[90] The study sample also included Own Household Fathers. Low levels of involvement by these fathers were also associated with lower levels of happiness reported by both boys and girls (Flouri & Buchanan, 2003a). However, findings related to this sample cannot be relied on, as the sample is small and not representative.

[91] For example, stepfathers report higher involvement with stepchildren when they consider them psychologically well-adjusted (Flouri, 2004). However, some studies have found fathers more engaged when a child is 'difficult' or develops challenging behaviours: in the MCS more hyperactive children at age 3 had more involved fathers at age 5; and children with more conduct problems at age 3 had more involved fathers at age 5 (Flouri et al., 2016).

low levels of parental conflict – as parental conflict, too, is lower when father involvement is high (Poole et al., 2014).

4.5. Fathers' mental health and young people's mental health and wellbeing

4.5.1. Background

What do we know about the prevalence of psychological distress in fathers when their children are entering adolescence? An analysis of ALSPAC data found that at child-age 12 (in the early to mid 2000s), 15% of the fathers reported significant depression within the previous two years. This was higher than the 10.7% who reported this at infant-age eight months. Similarly, fathers' reports of severe anxiety were greater when their children were older (21.1% during the previous two years at child-age 12, compared with 13.8% at infant-age eight months). Reports of 'other psychiatric problems', while small, were also higher when children were older (2.7% of fathers of 11-year-olds compared with 1.6% of expectant fathers) (Golding et al., 2023). More recently, the MCS found 10.7% of fathers of adolescents exhibiting 'notable symptoms' of psychological distress[92] (Zhu et al., 2023). The implication here is that attention should not only be paid to fathers' mental health in the perinatal period – which is just beginning to happen (Darwin et al., 2021) – but also when their first child enters adolescence.

4.5.2. Fathers' early depression

Longitudinal analyses have revealed associations between fathers' early depression and adolescent outcomes. For example, analyses of ALSPAC data found depression in fathers in their infant's first year associated with higher depression scores in those children at ages 9–11 (Opondo et al., 2017; Opondo et al., 2016); in daughters at age 18 (Gutierrez-Galve et al., 2019)[93]; and, when the father's level of education was low, in both sons and daughters at age 16 (Pearson et al., 2013). The 16-year-olds at greatest risk of depression (Rajyaguru et al., 2021; Ramchandani et al., 2008) and of behavioural problems reflecting child psychological distress (Dachew et al., 2023) were those whose father had been seriously depressed in both the year before *and* after their birth – i.e. whose depression was 'chronic'. Another analysis of ALSPAC data found fathers' depression in the postnatal year associated with Tourette syndrome (TS) and chronic tic disorders (CT) at child-age 13 (Ben-Shlomo et al., 2016). These associations may reflect shared genetic susceptibility.

[92] Measured by six questions covering both depression and, to a lesser extent, anxiety.

[93] Controlling for mothers' depression.

4.5.3. Fathers' later mental distress

A number of problem behaviours (hyperactivity, conduct, emotional, and peer problems) indicate psychological distress in children and young people. Even after adjusting for mothers' psychological distress and other potentially confounding factors, the MCS found psychological distress in both biological fathers and father figures predicting all four problem child behaviours through childhood up to child-age 14, particularly in poorer and ethnic minority families (Flouri et al., 2019). Self-harm and suicide attempts by adolescents were not found to be related to the fathers' psychological distress (Zhu et al., 2023).

A longitudinal study[94] that differentiated anxiety and depression in fathers and measured associations by sex of child found sons of fathers with early and mid-adulthood depression more than twice as likely to develop depression themselves across the course of their lives than sons of 'non-case' fathers. In this study, daughters' depression did not follow their father's depression but, where their father had been classified as 'anxious', their daughters were almost twice as likely to develop anxiety as daughters of 'non-case' fathers (Reising et al., 2019).

Depending on the item measured, associations with sons' and daughters' outcomes can differ. An analysis of the large-scale representative UK panel study dataset, *Understanding Society,* found fathers' mental distress associated with their daughters', but not their sons', unhappiness (Webb et al., 2017); while an analysis of MCS data (Flouri et al., 2019) found fathers' distress associated with greater severity in some problems[95] in adolescent sons than daughters.

Young people[96] who live with a currently depressed parent are more likely to develop depression than those who live with a parent who has a history of depression (but no active depression in their offspring's lifetime) or who has never had an episode of serious depression (Brophy et al., 2021).

4.5.4. Direction of effects

Does the father's distress affect their adolescent's – or *vice versa*? A study that drew on ten waves of annually collected panel data[97] on 1,175 adolescents and their parents found

[94] The Cambridge Study in Delinquent Development (CSDD) is a prospective longitudinal study of 411 London males who were first assessed in 1961–1962 at age 8–9. https://link.springer.com/article/10.1007/s40865-021-00162-y

[95] Emotional symptoms and hyperactivity.

[96] Mean age 14.92 – from the Growing up in Wales dataset. Growing Up in Wales is a pre-natal cohort study, established to examine the impact of gestational and postnatal environmental risk factors on infant health outcomes and to identify where structural change could be implemented to optimise health outcomes.

[97] The British Household Panel Survey (BHPS).

fathers' mental distress[98] during their child's adolescence predicting the young people's life satisfaction a year later (Powdthavee & Vignoles, 2008). MCS analyses revealed that even after adjusting for mothers' psychological distress, fathers' psychological distress predicted and, importantly, pre-dated child psychological distress, particularly in boys (Sifaki et al., 2021; Speyer et al., 2022).

However between child-ages 11 and 13 'bi-directional links' were found: the young person's distress, expressed through challenging behaviours, also impacted on their father's distress (Sifaki et al., 2021). And one analysis[99] found fathers' but not mothers' mental distress predicted by their adolescent child's life satisfaction from the previous year (Powdthavee & Vignoles, 2008). Analyses of MCS and other datasets[100], found that as the father's distress increased, so did his adolescent's (G. Lewis et al., 2017; G. Lewis et al., 2018); and that as the child's distress decreased, so did their father's (Wilkinson et al., 2013).

While adolescents' distress can impact their parents' mental health, the effects are generally weaker and are usually in reaction to offspring 'externalising' behaviour (conduct problems) rather than 'internalised' distress (sadness, depression) (Sifaki et al., 2021).

4.5.5. Mechanisms

While one systematic review of international studies found direct associations between fathers' depression and depression and anxiety in adolescents (Wickersham et al., 2020), other analyses – e.g. of MCS data (Kelly & Bartley, 2010) – found the strength of the association to be strongly reliant upon 'contextual mediators'. First and foremost, socio-economic status/position; and second, the impact of the father's mental distress on his parenting: negative expressiveness, hostility towards his child, time (not) spent with them, conflict with his child's mother (Sweeney & MacBeth, 2016), harsh parenting and low levels of warmth and, to a small extent, inherited contributions (Harold et al., 2008; Jami et al., 2021; Rice et al., 2013). A review of international studies found PTSD in fathers associated with negative parenting practices, including overt hostility and controlling behaviours (Christie et al., 2019).

Fathers' depression does not affect all their adolescents negatively: in the MCS, only 13% of 14-year-olds living with a severely depressed father had low subjective well-being, as had 8% of those whose father was not severely depressed (The Children's Society, 2014).

[98] The measure used investigated both anxiety and depression.

[99] The British Household Panel Survey (BHPS).

[100] *Growing up in Ireland*; Adolescent Depression Antidepressants and Psychotherapy Trial (ADAPT).

4.6. Miscellaneous father-factors and young people's mental health and wellbeing

4.6.1. Fathers' physical ill health

Few studies have explored the effects of fathers' physical ill health on adolescent mental health/wellbeing. A multivariate analysis of MCS data established a very small association between fathers' chronic ill health early on and socioemotional difficulties in boys (but not girls) aged 14. Mothers' chronic ill health had a stronger effect but effects for both mothers and fathers were *null* in early adulthood. Missing data on fathers may have weakened associations (Al Ali, 2021). The second study, drawing on *Understanding Society* data, found a *null* effect of a father's long-term limiting illness (LLTI) on children/young people aged 10–15 while a mother's LLTI was associated with 'total difficulties' in this age group (Booker & Sacker, 2011). A review of international studies that looked at associations between chronic pain in mothers and fathers and adolescent mental health noted that few included studies that provided data separated by sex of parent for meta-analysis (Higgins et al., 2015). This is an under-researched area. We know from qualitative studies of young carers that some are looking after fathers with disabilities or chronic mental or physical illness (Fatherhood Institute, 2015). And of course fathers' LLTI will result in reduced income in many households. Booker & Sacker (2011), above, noted that the father's LLTI negatively affected the mother's wellbeing but the impact of this on the children was not investigated.

4.6.2. Fathers' maladaptive personality traits

Maladaptive personality traits in fathers have been addressed in a number of UK studies, two of which (drawing on ALSPAC data) looked at associations between "monotony avoidance, impulsivity, anger, suspicion and detachment" in fathers and adolescents' depressive symptoms: one found a weak association (Cadman et al., 2021) while the other (Pearson et al., 2018) found no association – nor with adolescent anxiety or self-harm. However, another analysis of ALSPAC data revealed that fathers' antisocial behaviour when their children were young was associated with suicide attempts by those children when aged 13–21 (Orri et al., 2020); and a behavioural genetic analysis of twins whose birth father had been diagnosed with Antisocial Personality Disorder found that those who lived with him received a 'double whammy' of genetic and environmental risk for conduct problems. Both risks were relevant (Jaffee et al., 2003). An analysis of another study[101] that investigated the transmission of fathers' psychopathy to their offspring found mediation via psychosocial risks (for sons, their father's drug use, accommodation and employment problems; for daughters, his employment problems) (Auty et al., 2015). Shared genetic risk

[101] The Cambridge Study in Delinquent Development (CSDD).

was a possibility and may also have been a confounding factor in some of the psychosocial risks.

The only other personality trait in fathers that we found investigated in relation to adolescent/young adult mental health and wellbeing in the UK is *locus of control* (LoC). Individuals with an 'external' LoC see themselves as helpless when faced with external forces, while those with an 'internal' LoC think they have a good chance of influencing them. Fathers who had been 'externals' before their child was born but then became 'internals' had sons with fewer conduct problems and hyperactivity at ages 10–11 (Nowicki et al., 2018).

4.6.3. Paternal age

There is robust evidence supporting an association between advanced paternal age at conception and offspring schizophrenia, generally manifesting in adolescence (Schürhoff et al., 2020; Zammit et al., 2003) but no consensus regarding the mechanisms to explain this association (Khachadourian et al., 2021).

4.6.4. Fathers' unemployment

Researchers drawing on the ALSPAC dataset found 11–15-year-olds whose father had been unemployed longer or more often in the past, reporting significantly lower levels of happiness and self-esteem even when their father was re-employed (Powdthavee & Vernoit, 2012). This effect was unrelated to the effect of the father's job loss on family income, parent–child interactions, and children's school experience (Powdthavee & Vernoit, 2013).

4.6.5. Fathers' substance misuse

The impact of fathers' substance misuse on their adolescents' mental health (and on the mental health of younger children) in the UK is more or less unknown. The main reason for this is that the UK research (unlike, for example, much research in Finland) almost always[102] measures effects only by 'parental' substance misuse, without disaggregating the findings by sex of parent[103]. Nor did we – or a recent Rapid Review of international research undertaken by UK researchers (McGovern et al., 2018) – find any UK study reporting on the *prevalence* of fathers' risky use of alcohol or drugs during their children's

[102] An exception is a study that looked at substance misuse in 'mothers and partners' alongside other health behaviours (Graham et al., 2016).

[103] Even the most recent government publication on 'parents with alcohol and drug problems' does not disaggregate by parental gender: https://www.gov.uk/government/publications/parents-with-alcohol-and-drug-problems-support-resources/parents-with-alcohol-and-drug-problems-guidance-for-adult-treatment-and-children-and-family-services

adolescence, and only one that reported impact on adolescents' mental health. This found in multivariate analyses which controlled for socio-economic status and other dimensions of parental alcohol use, that fathers' alcohol problems (APs) were significantly and positively associated with conduct disorder symptoms in their children at age 13 (Kendler et al., 2013).

4.6.6. Child maltreatment by fathers

While childhood maltreatment (including sexual abuse) is strongly associated with high levels of depression and anxiety symptoms in adolescents (Harpur et al., 2015) we are pretty much in the dark from large-scale UK data about the impact of fathers' maltreatment. We could not find a single UK study that disaggregated by sex of parent the impact of any type of parental maltreatment on adolescents' mental health[104]. ALSPAC is the only large-scale birth cohort[105] study which collected data from mothers and fathers about physical and emotional parental violence towards the cohort child (although there will be under-reporting, and non-participation and drop-out of affected families); and has also been linked to social services records (Zhang et al., 2020).

We did, however, find data on lifetime-prevalence of parental maltreatment reported both by sex of parent and parental status: among adults in England and Wales aged 16–59, 40% report having been physically abused by their mother before the age of 16, and 35% by their father; 12% had been abused by a stepfather and 3% by a stepmother. For sexual assault, 1% had been assaulted by their mother, 7% by their father, 8% by a stepfather and none by a stepmother (ONS, 2017). We did not find any studies looking at the roles of non-abusing fathers (co-resident or OHFs) in families in which children had been abused.

4.6.7. Fathers' use of violence towards their children's mothers

UK research has found exposure to 'domestic violence'[106] in childhood (much of it undoubtedly perpetrated by fathers or father figures and often seen as a form of child maltreatment) associated with conduct disorders in children and young people, although the young people affected are also likely to face other vulnerability risks independently associated with conduct disorders which, therefore, may be confounders (Meltzer et al., 2009). Teenage girls living in families in which their mother reported 'physical force' in the parents' relationship when their daughter had been 7–11 years old were more than three times more likely than their peers to suffer from mental health problems (Benson & Mckay, 2018). A cross-sectional study which (unfortunately – and this is common in studies of adolescents' experiences of domestic violence) confounded life-time exposure to

[104] Other than in Serious Case Reviews, mainly of deaths of young children.

[105] Birth cohort studies are a subset of child cohort studies, following babies from birth through childhood and sometimes beyond into adulthood.

[106] Now mainly known as 'Intimate Partner Violence' (IPV).

parental violence with currently or recently experiencing violence in their own dating relationships, as well as being bullied by peers – found elevated risks of depression, anxiety, self-harm, loneliness and lack of future optimism in 13–14-year-olds in the north of England (Clarke et al., 2020). Prevalence may be less than anticipated: 3% of 14-year-olds interviewed[107] in the MCS reported ever having been aware of physical force between their parents (Benson & Mckay, 2018) with mothers' reports in another analysis only slightly higher (Bunting & Galloway, 2012). Some under-reporting is likely. For example, an additional 2% of MCS mothers refused to answer the question (Benson & Mckay, 2018); and the characteristics of individuals who refuse to answer 'domestic violence' questions tend to be similar to those who report use of force (Skafida et al., 2023). There may also be selection bias in the sample which may not be accounted for by weighting.

In domestic violence research, as in substance misuse and child maltreatment research, fathers are mainly invisible[108]. Constructed purely as perpetrators or offenders, their identities as fathers are hidden. Differences in the use of violence by mother and father or by both parents (bidirectional violence) are not identified; paternal status and circumstances (birth father, father figure, full-time co-resident, living in a separate household) are not recorded; and there are no studies of young people's relationships with or attitudes towards a father or father figure who uses, or has used, violence in their family.

This "discursive removal of men who use violence from the category of father (or indeed parent)" has been blamed for "failing to support women and children or to offer possibilities for men to develop non-violent parenting and partnering relationship patterns" (Featherstone & Peckover, 2007). It also means that we cannot report on associations between fathers'/father figures' use of violence and adolescent mental health, the father-adolescent relationship, or other adolescent and child outcomes.

[107] By the MCS.

[108] Other than in evaluations of small group interventions (Domoney et al., 2019; McConnell et al., 2016; Stanley et al., 2012; Strang et al., 2017), none of which, despite positive results, has been widely introduced in the UK.

5. Young people's risk behaviours

5.1. Trends in young people's risk behaviours

During the second half of the last century, adolescent risk behaviours[109] were on the increase. There was a rush to blame parents until sober research uncovered the fact that neither parent-adolescent relationships nor parenting behaviour[110] had deteriorated. Indeed, they seemed to have improved and where parent-reported youth conduct problems had increased, these turned out to be largely unrelated to observed change in parent-adolescent relationships (Collishaw et al., 2012; Gardner et al., 2009)[111].

The 21st century has also seen substantial change – in the other direction. Across the developed world adolescent risk behaviours have been declining steadily (Ball et al., 2023; Brooks, Zaborskis, et al., 2015; McVie, 2023). Focusing first on antisocial behaviour[112] and youth criminality, the number of proven offences committed by 10–17-year-olds in England and Wales dropped 81% between 2012 and 2022 (YJB, 2023). This does not seem to be due to less stringent policing: between 2009 and 2019, the numbers of 14-year-olds in England reporting to *researchers* that they had punched or kicked someone on purpose dropped from 40% to 28%, and their admissions of acts of vandalism decreased from 6% to 2% (Patalay & Gage, 2019). This same trend was found in Scotland (McVie, 2023). An outlier has been homicides of young males 'by a sharp instrument' which have increased rapidly since 2012 in England and, to a lesser extent, in Wales while remaining stable in Northern Ireland and decreasing sharply in Scotland[113] where effective policing is credited with the reduction.

5.2. Father 'absence'

'Absent fathers' are regularly blamed for young people's wayward behaviour and, indeed, numerous studies find adolescents whose birth father does not live with them full-time far more likely than those who live with both their birth parents to engage in a raft of risky behaviours.

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[109] Risky behaviours by adolescents are usually defined as unlawful and antisocial acts that carry risks for oneself and/or for others (e.g. early sexual activity, substance misuse, delinquency, antisocial behaviour, criminality, being a member of a street gang.)

[110] Parental monitoring, parental expectations, parental interest, parent-child quality time, expectations of their children's behaviour, joint parent/adolescent activities, family meal regularity.

[111] One review noted that fewer than 20% of the studies focused on fathers' parenting, despite the fact that when they did, the effect on adolescents of poor support by their father was found to be larger than poor support by their mother (Hoeve et al., 2009).

[112] Generally defined as 'an incident that would be an offence in law, but where the offence is not of the level of severity that would result in a crime being recorded by the police'.

[113] https://stateofchildhealth.rcpch.ac.uk/evidence/injury-prevention/youth-violence/

For example, analysis of an early national birth cohort study (babies born in 1958)[114] found that boys whose father had not lived with them before they were seven were at higher risk of becoming young fathers (Sheppard & Sear, 2012); analysis of a later cohort[115] also found young men's early entry into fatherhood associated with their mother and father living in separate households (Berrington et al., 2005). The father leaving the household permanently at some point during their childhood was also associated with adolescent smoking uptake (Martindale & Lacey, 2017) and hazardous drinking in young people of both sexes (Lacey et al., 2016). An analysis of ALSPAC data found parental separation before child-age 18 associated with higher odds of daily smoking in late adolescence (although not with increases in cardiometabolic risk factors)[116]. Child age at separation did not affect results (Soares et al., 2017). Analysis of the more recent MCS data found early sexual activity in both teenage boys and girls associated with 'father absence'[117] (Xu et al., 2022). A wealth of literature has also identified poorer mental health (both 'internalising' problems such as depression and 'externalising' problems such as conduct disorders) in young people who live with their mother only or who live with a stepfather (Percy, 2008).

Before simplistically ascribing such negative outcomes solely or mainly to the biological father having left (or never lived in) the mother's household, a wealth of confounders (mainly socio-economic) need to be acknowledged. Firstly, there is 'selection' into separation. Although there are always unmeasured variables associated with the likelihood of parents separating, separation (and parents never having lived together) is far more common among relatively disadvantaged families – measured, for example, by housing tenure or low income or the father's social class (Kiernan et al., 2022; O'Connor et al., 1999). Other factors potentially associated with risks to children whose parents separate include poorer parenting by mothers: separation has a negative impact on mothers' evaluation of their own parenting competence (Haux & Platt, 2015); and both mothers who have never lived with their child's father and those who separate from him have poorer mental health (Panico et al., 2010). "Family type" wrote eminent researchers more than 20 years ago "is a *proxy* for exposure to psychosocial risks" (O'Connor et al., 2001).

Further, and very importantly, not all 'father absence' is the same. For example, there is, as already pointed out, great variation in the amount of time that fathers and children who do not live together full-time spend together; and also in the length of time they have lived apart and in the distance between households once parents live separately. Soares et al. (2017), whose study is cited above, critiqued their own findings by pointing out that neither the relationships children had with their mother and father before and after separation nor the frequency, amount or quality of contact with the Own Household Parent was assessed

[114] National Child Development Stud (NCDS).

[115] British Cohort Study (1970 cohort) (BCS).

[116] Body mass index, fat mass index, blood pressure, physical activity, smoking, and alcohol consumption.

[117] No more detail on this provided.

even though, as the authors themselves acknowledged, these are "known to be important in the relationship between parental separation and health outcomes" (Soares et al., 2017) (p.7). There have been a few analyses of the effects on children and young people of the 'timing' of the father's departure from the household (Culpin et al., 2022; Fitzsimons & Villadsen, 2019); and a few, drawing mainly on MCS data (but also ALSPAC and the BHPS), investigating adolescent outcomes in relation to one or two Own Household Father variables such as father-adolescent relationship 'closeness' (pre or post separation) or whether he paid child maintenance or (fairly crudely measured[118]) residence/contact patterns post separation (Bernardi & Boertien, 2017; Goisis et al., 2016; Haux & Platt, 2015; Haux et al., 2014, 2015; Matthijs Kalmijn, 2015; Leturcq & Panico, 2019; Philipp et al., 2022; Tanskanen & Erola, 2017; Tracy et al., 2018). However, we did not find any 'father absence' research that included both time since separation and at least one 'OHF variable' – let alone many.

We found two UK studies (both qualitative) that looked at the antecedents of gang membership in relation to 'father absence'. One found 'Father Alienation' (meaning estrangement) scores higher in young people acquainted with gangs than with those who were not gang-affiliated. However, the 'alienation' between father and child was on one occasion due to the father being affiliated to a gang and their offspring trying to resist this (Haddock, 2011). In the other study, a third of former or current gang members had grown up in a household with both biological parents present, and although the others had not, parental separation was only one factor associated with their gang membership: dangerous neighbourhoods, poverty, over-crowding, bereavement, mental illness, family conflict, domestic violence, parental imprisonment, alcohol and substance misuse featured in their life stories. Violence was a recurring theme (Young et al., 2013).

Another study found boys separated from their father through his imprisonment rather than through hospitalisation, family disharmony or even death, suffering the worst mental health, and being more likely to engage in antisocial behaviour. This association held even after controlling for parental convictions without imprisonment, imprisonment before the child's birth, and other childhood risk factors (Murray & Farrington, 2005). Length of separation was not measured.

[118] The MCS, for example, did not measure the frequency of overnight stays but instead asked mothers whether these were "often", "sometimes" or "rarely". See Goldman et al. (2019) for a critique and cognitive test of survey questions measuring time together between OHFs and their children (Goldman et al., 2019).

5.3. Antisocial behaviour

5.3.1. Father involvement

Some UK studies have looked at links, longitudinally, between fathers' involvement with younger children and their antisocial behaviour during adolescence. An analysis of adolescents in an early national birth cohort study[119] found low father involvement with seven-year-olds associated with boys 'being in trouble with the police' at age 16 (Flouri & Buchanan, 2002a). And an analysis of the more recent ALSPAC data found high levels of father involvement at child-ages 9–10, associated with reduced risk of both boys' and girls' self-reported 'violent perpetration' at ages 18–20. This was true of all groups of young people, including those with a history of childhood maltreatment (Tracy et al., 2018).

A cross-sectional study found low involvement by fathers with their adolescents aged 14–18 years *at the time* associated with bullying behaviour by those young people (both girls and boys) and that, conversely, when the father was highly involved, their teenager's bullying behaviour was less likely. This 'protective effect' was even stronger when mother-involvement was low (Flouri & Buchanan, 2003c).

As always, fathering *quality* matters. An analysis of an early national study[120] found that where children had exhibited problem conduct behaviours at age seven, their father's interest in their education at age sixteen, plus the young person getting on well with either parent, were associated with 'recovery' from their earlier conduct problems (Buchanan & Flouri, 2001). A more recent analysis (MCS data) found higher scores in both the amount of father involvement and the 'closeness' of the father-child relationship at child-age 11 significantly associated with less risky behaviours at child-age 14. This same analysis also found fathers' alcohol and drug use having a negative impact on their relationships with their 11-year-olds and contributing to the development of risky behaviour in the young people up to at age 14 (Vanchugova et al., 2022).

5.3.2. Mother-effects v. father-effects

An analysis of MCS data found that both the 'quantity' of father involvement at child-age 11 and its 'quality' (here measured as 'father-child closeness'[121]) at child-age 14 had stronger associations with 14-year-olds' risky behaviours than mother involvement and mother-child closeness (Vanchugova, 2023). Similarly, a review of international studies that found a

[119] NCDS – the children were aged seven in 1965 and were adolescents mainly during the 1970s.

[120] NCDS data.

[121] Father-child closeness in adolescence was associated with more paternal knowledge about children's whereabouts, activities and friends, and with fewer delinquent friends.

stronger effect of poor parenting quality[122] than low parental involvement on adolescent delinquency, again found the impact of father-effects more substantial than that of mother-effects: poor support by fathers (including low levels of 'monitoring') had a stronger negative effect (particularly on sons) than poor support by mothers (Hoeve et al., 2009). Why some studies show adolescent engagement in antisocial behaviour to be more responsive to paternal than maternal factors is not clear.

5.4. Offending/criminality

The 'intergenerational transmission' of criminality/offending behaviour has been widely studied. In the UK, one analysis of the 1958 birth cohort study found boys 'being in trouble with the police' at age 16 associated with their father's criminality (Flouri, 2005b). However, attempts to link fathers' and offspring offending/criminality are complicated by many factors. These include 'official bias' in administrative datasets (criminal justice systems, such as the police and courts, focusing more attention towards certain criminal families) as well as confounding variables deriving from other vulnerability-risks predictive of offending behaviour experienced by these young people[123] (Besemer et al., 2013). Moderate genetic links are suspected.

The UK dataset from which we have learned the most is the Cambridge Study in Delinquent Development[124]. Stand-out findings[125] include that 'chronic' offending fathers do not have more children who offend than fathers whose offending is 'sporadic' (Besemer & Farrington, 2012); and that violent-offending fathers transmit criminal behaviour more strongly than fathers who were convicted, but never for violence (Besemer, 2012).

Another finding from an analysis of this dataset is that young boys with criminal fathers are more likely to grow up to use violence in their relationships with their romantic partners. That factor alone is not predictive, of course. The risk is cumulative and associated with such variables as the individual's unpopularity, daring, impulsivity, aggressiveness and low verbal IQ identified during childhood and adolescence. As adults, these vulnerable men tend to be unsuccessful in employment and to misuse alcohol and drugs. Identified criminality in fathers therefore provides a 'marker' for early prevention and intervention options for their sons (Theobald & Farrington, 2012).

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[122] Low parental monitoring; high psychological control; negative aspects of support such as rejection and hostility.

[123] Father's poor job record, low family income and poor housing.

[124] As a reminder, the Cambridge Study in Delinquent Development (CSDD) is a prospective longitudinal study of 411 London males who were first assessed in 1961–1962 at age 8–9.

[125] In reporting offspring effects, this dataset does not always restrict its sample to adolescents but includes antisocial behaviour/offending at older ages. However, the relevance to adolescence will be most significant because the prevalence of offending peaks in the teenage years (Piquero et al., 2007).

5.5. Substance use

5.5.1. Smoking

Rates of young people smoking have plummeted in the UK. In 2002 in England, 28% of 15-year-old girls smoked every week; by 2018 across the UK only 3% had smoked at least three times in the last 30 days (Brooks et al., 2020). Vaping has not filled the gap: in England in 2022, 12% of 15-year-old girls were using e-cigarettes regularly (NHS digital, 2022b).

What roles do fathers play in adolescents' smoking behaviour? A review of international studies found that the relative odds of adolescent smoking uptake were increased significantly if both parents, or even one parent smoked (Leonardi-Bee et al., 2011). Effects may be indirect: for example, fathers' smoking during pregnancy is associated with adolescent ADHD (Langley et al., 2012) and adolescent ADHD is associated with earlier and heavier smoking uptake by adolescents (Rhodes et al., 2016). But note – association between pre-pregnancy smoking by the father and adolescent ADHD is not thought to be causal, but to result from confounding factors, many of them socio-economic.

When researchers looked at parental behaviours that reduced the risk of adolescent smoking experimentation, frequent father-child conversations about things that mattered to the young people were the *only* type of parent-child interactions to achieve this (White, 2012).

5.5.2. Alcohol

Young people today are also far less likely to use alcohol frequently. In 2002 in England, 52% of 15-year-old boys and 48% of 15-year-old girls drank alcohol every week; in 2018, across the UK, only 7% of 15-year-olds had drunk alcohol at least three times in the previous month (Brooks et al., 2020; Brooks, Magnusson, et al., 2015).

What is fathers' influence? Many studies of the impact of parental alcohol use on adolescents do not differentiate fathers and mothers in the reported findings. Parental alcohol use is a robust predictor of both alcohol consumption and alcohol problems across adolescence and young adulthood (White, 2012)[126]. And there are mediators: parental alcohol dependence in part represents genetic predispositions towards risky and problematic behaviours or personality traits that can influence parenting behaviours which, in turn, can impact offspring alcohol use. For example, in the US Collaborative Study on the Genetics of Alcoholism, fathers' alcohol dependence symptoms count was associated

[126] British Youth Panel Survey – a study of adolescents resident with members of the British Household Panel Survey (BHPS).

with higher adolescent risky drinking and conduct problems indirectly via disruption to both fathers' and mothers' positive parenting behaviours (Su et al., 2018).

While UK studies have not usually examined the independent influences of mothers' and fathers' drinking (White, 2012) on adolescents' substance use, we found a (very) few that have done so. In the UK and France, among 15–16 year olds born in 1983 "lack of satisfaction" with their relationship with either their father or their mother was associated with the young people's alcohol misuse (Ledoux et al., 2002). And a recent analysis of ALSPAC data of young people born in 1990/91, found both parents' drinking behaviours influencing their 17-year-olds alcohol consumption and, at age 24, the severity of their alcohol problems (Stephenson et al., 2023). The likelihood of an 11-year-old having sampled an alcoholic drink was more strongly related to mothers' than fathers' alcohol intake (Kelly et al., 2016)[127].

5.5.3. Drugs

As with smoking and alcohol, cannabis use by young people in the UK has been declining: while in 2002, 43% of 15-year-old boys and 38% of girls in the UK had ever used cannabis, by 2018 the percentages had fallen to 25% (boys) and 17% (girls) (Brooks et al., 2020). Prevalence of all drug use[128] has shown a modest reduction. In 2021, 18% of secondary school pupils in England reported they had ever taken drugs, down from 24% in 2018 and from over 30% in 2003/4 (NHS digital, 2022b). Very little is known about fathers' impact on adolescent drug use in the UK other than that, among adolescents, daily cannabis users have been no different from less frequent cannabis users in how much time they spent with their father (Best et al., 2005). As with alcohol misuse, high levels of dissatisfaction with father or mother have been associated with drugs misuse (Ledoux et al., 2002).

5.6. Sexual risk behaviours

5.6.1. Early sexual activity

Early sexual activity is a sexual risk behaviour and, like other adolescent risk behaviours, is very much in decline in the UK: the percentage of 15-year-olds in England saying they have already had sexual intercourse decreased from over 35% in 2002 to 20% in 2018. Reports of very early onset sexual initiation[129] have also decreased dramatically – down to 2% among girls (Brooks et al., 2020).

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[127] MCS data.

[128] Amphetamines, cannabis, cocaine, crack, ecstasy, heroin, ketamine, LSD, magic mushrooms, mephedrone, methadone, poppers (e.g. amyl nitrite), tranquillisers, volatile substances such as gas, glue, aerosols and other solvents, new psychoactive substances (NPS), nitrous oxide and 'other' drugs (not obtained from a doctor or chemist).

[129] At age 12 or earlier.

A major predictor of early sexual activity is young age at puberty onset[130]. In girls this is defined as age at menarche; in boys 'voice-breaking' can be used as a proxy. Young age at puberty onset can be caused by a range of genetic and environmental factors (Lee, 2021). Psychosocial factors have been proposed, with early research pointing the finger at 'father absence' as a cause. In boys, one analysis[131] (not replicated) found the birth father living in a separate household from his child between the ages of 11–16 associated with delayed voice-breaking (Sheppard & Sear, 2012); and another, drawing on ALSPAC data, found an association between the birth father not living in the household during the first five years of his daughter's life and early menarche. Even at that point, however, it was evident that other factors, including maternal depression and major financial problems, explained some of the apparent association (Culpin et al., 2014). The 'father absence/early onset puberty' hypothesis no longer receives support[132], with other associations seeming more robust. In girls in the UK, early menarche has been linked to parental harshness in childrearing (Schlomer & Sun, 2021)[133], and to having been sexually abused[134] in childhood and having a father who is a problem drinker (Boynton-Jarrett & Harville, 2012)[135].

Early sexual activity is a risk factor for adolescents, and in longitudinal studies the finger has been pointed at low father involvement by co-residential fathers. Drawing on data from an early national birth cohort study (girls born in 1958)[136], researchers found an association between low father involvement[137] up to child-age seven and daughter's young age at first pregnancy (Nettle et al., 2011). In boys, the MCS found a correlation between fathers' problem drinking and teenage boys' early sexual activity (Xu et al., 2022). Research into genetic factors is ongoing (Schlomer & Marceau, 2022).

Which father-factors *protect* young people from engaging in sexual risk behaviours? Longitudinal research drawing on the 1958 cohort[138] found that age at first pregnancy was later among girls whose father had been very involved in childrearing up to child-age seven (Nettle et al., 2011). And a genetically and environmentally controlled sibling study[139,] found a link between lower sexual risk behaviours and higher quality fathering reported by these girls. The researchers hypothesise that high quality fathering may increase the amount

[130] We do not refer here to 'precocious puberty' – i.e. before age eight – but to puberty onset at the lower end of the 'normal' range.

[131] National Child Development Study (NCDS).

[132] Cross-cultural evidence does not support universal acceleration of puberty in so-called "father-absent" households (Sear et al., 2019).

[133] ALSPAC.

[134] By anyone – not necessarily a father or father figure.

[135] NCDS.

[136] NCDS.

[137] Father had not been very involved in the 'management of the child'.

[138] NCDS.

[139] Using a retrospective study design.

of parental monitoring the girls receive while also decreasing their affiliation with peers who promote risky sexual behaviours (DelPriore et al., 2017).

In cross-sectional analysis of data from one sweep of the MCS, 'closeness to father' has been found to be protective against 14-year-olds of both sexes engaging in heavy 'petting' (Kelly et al., 2019). In a study of disadvantaged adolescent girls in England, those whose father (or mother) cared very much how they achieved at school were less likely to report contraception non-use (Bonell et al., 2014). A review of international studies found the family factor most consistently associated with later sexual 'debut' was fathers' communication with their offspring about sex. The father's *attitudes* to sex showed only a very weak association (Guilamo-Ramos et al., 2012).

5.7. Adolescent risk behaviours: summing up

Can fathers or, for that matter, mothers take any credit for the steady downturn in adolescents' risky behaviours over two decades? A small effect is likely due to steadily improving parent-adolescent relationships, particularly father-adolescent relationships (Ball et al., 2023). This may, among other things, mean that some young people may be more content than previously to spend more of their leisure time at home. And it is recreation time spent at home versus recreation time spent unsupervised in public spaces that is the main driver of reductions in adolescent risk behaviours.

Across the world, young people are spending much less time unsupervised in public spaces – a key reason for this being the time they are spending on 'screens' (Ball et al., 2023). Because of this, they are 'not going out' to anything like the same extent as previously. In the private sphere (their own home or homes of friends) they are chatting, gaming and connecting with their peers: both new online friends and, more commonly, those already in their offline friendship groups (Winstone et al., 2021)). While clearly there can be online dangers, the simple fact of 'not going out' (meaning, among other things, that less alcohol is being consumed) is protecting both the young people and their communities from many of the most common youth risk behaviours (Ball et al., 2023; Brooks, Zaborskis, et al., 2015).

6. Educational attainment

6.1. Background

The UK population is becoming better educated. Between 2000 and 2021 the share of 25–34-year-olds with a tertiary attainment in education increased by 28 percentage points from 29% to 57%[140]; and the government continues to focus on this as a desired outcome, with the Department for Education in England currently setting up a number of new cohort studies to chart educational outcomes[141].

An earlier study found fathers and mothers in England regarding themselves as responsible, in partnership with schools, for their children's education (DCSF, 2008). This trend was augmented by educational disruptions during COVID-19 (Khalid & Singal, 2023). And parents are right: their contributions are substantial.

One of the benefits to children and society of parents' participation in tertiary education is the strong association between mothers' and fathers' education levels and parenting quality. UK and US research reveals that better educated fathers spend more time with their children on 'developmental' activities (Altintas, 2016), have more positive impacts on offspring educational attainment (Birchall, 2014), are less likely to engage in harsh parenting (Poole et al., 2014) and are more likely to have positive relationships with their offspring (Parkes et al., 2017). The same is true of mothers. Educating the nation's parents therefore has positive spinoffs in terms not only of 'next generation' educational attainment but also lower probability of young people engaging in risk behaviours.

6.2. Fathers' characteristics and circumstances – and offspring educational attainment

In this section of the review, in comparison with previous sections, a far higher proportion of the cited analyses are from much earlier datasets which gathered data on adolescents growing up in 1970s and 1980s[142]. This points to a research gap drawing on the more recent MCS or GUS or *Understanding Society* data.

[140] gpseducation.oecd.org/CountryProfile?primaryCountry=GBR&treshold=10&topic=EO

[141] natcen.ac.uk/news/national-centre-social-research-lead-two-new-studies-five-twelve-and-growing-2020s

[142] From the NICDS and the BHPS.

6.2.1. Fathers' characteristics

A father's level of education has been found, in large representative samples of families[143], to have a more powerful impact on his offspring's educational aspirations and outcomes than a number of other important variables studied, including mother's education and family income (Rampino, 2015; Serafino & Tonkin, 2014) – although in one study with the sample limited to low-income families, the father's education dominated for daughters and mother's for sons (Blanden, 2006). After accounting for other factors, children of a father with a low level of education are 7.5 times more likely than those with a highly educated father to have a low educational outcome themselves; and low education is associated with severe material deprivation (ONS, 2014). While studies provide some evidence of genetic transmission of educational attainment from father-to-child, behavioural and genetic influences overlap, correlate, and confound each other as mechanisms underlying this transmission (Verweij & Keizer, 2022).

An analysis of ALSPAC data found fathers' depression in the first year after the birth associated with poorer offspring school performance at age 16 years via the impact of a negative father-child relationship on child mental health (Psychogiou et al., 2019). And in Wales, an analysis of a recent dataset[144] found the likelihood of a young person failing to achieve age 11 educational milestones associated with their father's prior or concurrent depression, a stronger association being found with the latter (Brophy et al., 2021).

One of few quantitative studies of fathers of children with disabilities found academic attainment among young people with Down's Syndrome linked to their father's internal *locus of control* – that is, his belief that he can control external events (Turner et al., 2008)[145]. It may be that fathers with internal *locus of control* are more likely to seek opportunities for their children.

6.2.2. Fathers' unemployment

A study of the recession of the 1980s[146] found lower GCSE attainment by young people whose father had experienced previous job loss (Gregg et al., 2012). And an ALSPAC analysis found the poorer exam grades achieved by 16-year-olds whose father had experienced job loss in the previous five years related to negative changes in the young people's well-being and self-esteem during and following their father's unemployment (Powdthavee & Vernoit, 2012). Other mechanisms through which a father's job loss may impact negatively on his adolescent's educational attainment[147] may be lower 'schooling

[143] Longitudinal Study of Young People in England ("Next Steps" cohort) (LSYPE1) EU-SILC.

[144] Born in Wales.

[145] Manchester Down's Syndrome Cohort.

[146] British Cohort Study (1970 cohort) (BCS70).

[147] British Household Panel Survey (BHPS).

effort'/educational ambition by the young people, which has been found to follow a period of father job loss (Andersen, 2013); as well as the also-well-documented negative impact of their father's job loss on their own hopes for the future (Murphy et al., 2022). A substantial period of worklessness by their father may engender, in his child, higher tolerance of the idea of being workless themselves (Zwysen, 2015).

6.2.3. Father-adolescent relationship quality

There is, of course, a link between academic attainment and behaviour. The better a young person's behaviour, the more likely they are to achieve educationally (Wright et al., 2018). A review found a significant correlation between adolescents' (both boys' and girls') perceptions of acceptance by their father and the young people's school conduct (Ali et al., 2015).

In a sample of families[148] with relatively low parental education, a good father-adolescent relationship at age 13–14 was associated with better grades achieved at GCSE (child-age 15–16) (Rothon et al., 2012). It should come as no surprise to learn that, conversely, a father's use of violence damages his child's academic attainment. MCS data has revealed that children of domestically abused mothers lose around 0.20 standard deviations in English and 0.30 standard deviations in mathematics by child-age 11 years (Rossello-Roig, 2017).

6.3. Fathers' involvement *with their children* and offspring educational attainment

An analysis of the large dataset of British children born in 1958[149] revealed a positive association between mother-reported father involvement at a number of time-points during offspring childhood ('outings with father', 'father manages the child', 'father reads to child' and 'father is interested in child's education') and offspring IQ at age 11. There was an interaction between fathers' SES and his level of involvement: very involved high-SES fathers made more of a difference to their son's or daughter's IQ than low-SES fathers (Nettle, 2008). In that same dataset, the amount of father involvement at age seven independently predicted educational attainment by age 20 for both sons and daughters and in both 'intact' and separated families (Flouri & Buchanan, 2004).

In a later representative birth cohort study (children born in 1970), more time devoted by a father to his offspring as they were growing up was associated with the young adult daughter's (but not son's – here the effects were *null*) educational attainment (Flouri, 2005b). And most recently, MCS data revealed involvement by Own Household Fathers

[148] Longitudinal Study of Young People in England "Next Steps" cohort (LSYPE1).

[149] National Child Development Study (NCDS).

(reported by mothers and measured as contact frequency, relationship closeness, and paternal support) to be especially strongly associated with high cognitive/educational test scores among 11-year-olds, both boys and girls, in the most disadvantaged families (Tanskanen & Erola, 2017).

Lower paternal 'time inputs' have been associated with negative educational outcomes in their children. While a higher family income throughout childhood is related to better educational outcomes, the well-documented (negative) effect of poverty on child education partly works through lower 'time inputs'. One analysis[150] found a higher father's wage in the first five years of his child's life associated with lower child educational achievements in adolescence, due to their father allocating more time to the labour market when they were young (Ermisch & Francesconi, 2021). The impacts of the mother's wage could not be assessed for methodological reasons. Another study[151] found a small negative effect on an adolescent's GCSE passes associated with their father working long hours in the year prior (Rokicka, 2016).

A cross-sectional study[152] which asked young people to report on emotional closeness to their father *plus* the amount of time spent together found that those who reported high levels of both were more academically motivated (Flouri, 2005b) and had particularly positive attitudes to school (Flouri et al., 2002). Whether father involvement followed better child attitudes and behaviour, or *vice versa,* was not known.

6.4. Fathers' interest *in their children's learning* and offspring educational attainment

A review of international studies found consistent evidence of statistical associations between father involvement and interest in their children's learning and better educational outcomes through to secondary school (Goldman, 2005).

An early study[153] found the well-documented negative impact of economic hardship on educational attainment mitigated, above all, by the father's interest in his child's education, particularly at child-age 11. At child-age 16, both father's and mother's interest had the largest, positive direct impact among other factors studied (Hango, 2005).

In a national longitudinal sample[154], a father's interest in his 10-year-old's learning (in the early 1980s) directly predicted his daughter's educational attainment at age 25; and had an

[150] British Household Panel Survey.

[151] Longitudinal Study of Young People in England ("Next Steps" cohort) (LSYPE).

[152] Families in the Millennium Study (FMS).

[153] National Child Development Study (NCDS).

[154] British Cohort Study (BCS70).

indirect positive impact on his son's attainment by increasing their mother's involvement in their learning (Flouri, 2006).

Another analysis of the same study[155] asked why some children from poor backgrounds manage to do well, and found the level of the father's interest in his child's education to be extremely important, particularly for sons in adolescence (Blanden, 2006). Data from a similar birth cohort study carried out a decade earlier[156] showed that a father's interest in his child's education had particular power in predicting offspring qualifications in both boys and girls in the most disadvantaged families (Power et al., 2006).

[155] British Cohort Study (BCS70).

[156] National Child Development Study (NCDS).

7. Final thoughts on the research review

In this research review we synthesised findings relating to associations between father-factors and three adolescent/young person outcomes: their mental health and wellbeing, their engagement in risky behaviours; and their educational outcomes. We found a number of cross-cutting themes.

The first is *father involvement* both from their children's earliest years and during their adolescence. The amount of time a father has devoted/devotes to both sons and daughters is associated with their psychological adjustment, relationships with peers (including bullying and being bullied), school behaviour, educational attainment and sexual and other risk behaviours – as well as their self-esteem, happiness and life satisfaction.

Associated with *involvement* is the *quality of fathers' parenting*: acceptance, expressiveness, warmth and interest in their education; conversely, hostility, harsh parenting and controlling behaviours. Such factors are, like *involvement*, associated with young people's psychological adjustment, behaviours (including school conduct), attainment and wellbeing. Specifically during adolescence, high-quality fathering may increase parental monitoring and decrease affiliation with peers who promote negative behaviours. Consistent evidence is found of statistical associations between father involvement and interest in their children's learning and better educational outcomes through to secondary school.

The *quality of the father-child relationship* is the third significant cross-cutting theme. This is related to the first two and like these (and in association with them) is also related to young people's adjustment, behaviour, attainment and wellbeing. Easy and frequent communication between young people and their father about 'things that matter' to the young person, is positively associated with their well-being and self-esteem, and negatively with sexual and other risk behaviours. 'Closeness' protects against poor child mental health and risky behaviours and is positively associated with academic motivation and constructive attitudes to school. Young people who say they do not have a close relationship with their father are more likely to experience low self-concept and life satisfaction, persistent negative feelings and poor mental health.

The fourth cross-cutting theme is *fathers' mental health*. While mental distress in fathers does not affect all their children negatively, it more or less doubles the risk of offspring maladjustment, low subjective wellbeing and conduct problems – often via impaired fathering which results in a negative father-child relationship. And even though risks are highest when the father is currently in the grip of mental distress, historical depression and anxiety can cast long shadows. Adolescents whose father was distressed during their babyhood are at elevated risk of depression, hyperactivity, and conduct, emotional, and peer problems. While attention is beginning to be paid to poor paternal mental health in the postnatal period (Darwin et al., 2021), rates of mental distress in fathers are higher when their child is entering adolescence. This may be related to a wider mid-life 'dip' in adult wellbeing (Blanchflower & Oswald, 2008).

And finally, the relevance of *educational and economic inequalities* is clear. A father's higher level of education is strongly associated with positive adolescent outcomes; and a father's low education level is not only the most significant predictor of his offspring's low education level but can also exacerbate other stressors – for example aggravating associations between a father's early mental distress and his teenage son's or daughter's depression.

Economic disadvantage also plays its part. A father's job loss, even for a relatively short period, can negatively affect his offspring's educational attainment. And persistent (and sometimes merely transitory) poverty is associated with poor adolescent mental health – more so than the father's own poor mental health.

But here too, fathers' involvement and closeness with the child count for much. A close, positive father-adolescent relationship can protect young people in disadvantaged families from poor psychological adjustment, negative behaviour and lower school grades – as can a father's high level of interest in his adolescent's education.

So – can we really claim that 'the kids are alright'? Certainly they are more 'alright' than one might expect, given the widespread catastrophising of supposed 'fatherlessness' and 'crises' in adolescent mental health, as well as the mainstream media's failure to report the many positive trends: better parenting, improving relationships between young people and their mothers and fathers, and the dramatic reductions in adolescent risk behaviours.

But to declare a modicum of optimism does not mean overlooking the substantial minority for whom things are not, and never have been, 'alright' – in particular, the one in five young people who do not, it seems, have even one parent on whom they feel they can rely, as they enter what, for too many, is the long, dark tunnel of adolescence.

"Adolescence," declared the great paediatrician and psychoanalyst D.W. Winnicott in 1968, is the time "where the successes and failures of baby and childcare *come home to roost"* (Winnicott, 2005). Winnicott meant within families, but we now understand the failures to stem as much from the context in which families operate as from within families themselves: poor housing; dangerous neighbourhoods; little or no financial security; and health, mental health, education, youth, youth justice and family services missing or overwhelmed.

So, yes, while the majority of the 'kids' are 'alright', there is no room for complacency, particularly if socio-economic inequalities continue to widen and services, never good enough, continue their decline.

8. Recommendations

8.1. Recommendations for policy and practice

8.1.1. Father-inclusive data systems and strategies across public services

To ensure fathers are visible to family services from as early as possible in their children's lives, and through adolescence, **digital and data systems should provide for information about fathers and father figures to be routinely collected and recorded**. These systems include electronic patient records in the NHS and birth notifications, as well as digital records for all children, adolescent and adult services including in education, social care and the criminal justice system. An important first step towards making linkage of fathers and children more feasible on a large scale would be to put fathers' names, addresses and NHS numbers on birth notifications.

8.1.2. Employment policies to support paternal caregiving

Father-child closeness builds from their involvement as hands-on parents – during infancy and through childhood, adolescence and into adulthood. Fathers are currently defined in policy as breadwinners, not caregivers; that needs to change. **Reform of the paternity and parental leave system, and greater availability of flexible working options, are key to enabling fathers' early and ongoing caregiving.** We recommend that all employed fathers should receive a minimum of two weeks' statutory paternity leave and four weeks' statutory parental leave as an individual right, paid at 90% of salary (with a cap); fathers who are ineligible for such leave should receive a Paternity Allowance. Flexible working as a Day 1 right (rather than the current 'right to request') should be the default for all employees, with the onus on employers to justify where this is not possible.

8.1.3. Routine engagement with fathers, including Own Household Fathers, by schools

Fathers are less likely than mothers to receive information and invitations and to be contacted by schools; they are also around half as likely to participate in school life (Norman & Davies, 2023). **To better support children's educational outcomes, early years settings and schools should systematically engage with children's fathers at registration and at the start of each Key Stage, including in secondary school.** They should make efforts to routinely engage with fathers as well as mothers, and pay particular attention to engaging with fathers who do not live with their children full-time (Own Household Fathers), who make up an increasing proportion of all children's fathers as they progress through the education system (see Section 2.2 above). **Ofsted should refer explicitly to father-engagement, and engagement with Own Household Fathers**

specifically, in its inspection frameworks for parental engagement; and create a metric for assessing this.

8.1.4. Father-inclusion training for practitioners in public services

Fathers need to be seen as an integral part of the family unit and not an 'add-on'. The **perinatal, education and social care workforces – and practitioners in other relevant services (for example youth, youth justice, mental health and substance abuse services) need adequate training to include fathers, including Own Household Fathers, and 'see' men's fatherhood, in all their work**. This should be incorporated in their initial professional training and follow on through all their CPD training so that working with both parents, and acknowledging men's family contexts, roles and impacts, becomes part of the norm. Ancillary staff, such as receptionists, should be included in CPD or other training to ensure that they understand the expectation to include fathers and are able to do so in a confident, welcoming manner.

8.1.5. Stronger intervention at transition to secondary school

The transition from primary to secondary school should be regarded as an intervention opportunity, to screen for poor mental and physical health in mothers and fathers, and to provide support for the interparental relationship (whether parents live together or apart) and for father-adolescent and mother-adolescent relationships.

8.2. Recommendations for research

Recommendations for research identified in both this research review and its 'sister' review of data in six UK longitudinal studies are made in a separate report: Goldman, R. & Burgess, A. (2023). *The kids are alright: Adolescents and their fathers in the UK – research gaps and recommendations*. Contemporary Fathers in the UK series. London: Fatherhood Institute.

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APPENDIX: RESEARCH REVIEW METHODS

Summary of our methodological approach

This research review is more accurately named a 'systematic scoping review'[157]. In compiling it, we have used the systematic methods and narrative synthesis suitable for broad scoping reviews, rather than for full systematic reviews with a specific and circumscribed research question. For our scoping reviews in the Contemporary Fathers in the UK series, we draw on our systematically collected and continuously updated electronic Literature Library of research[158] (see the section below on our search strategy) to ensure that the review goes beyond widely known studies.

Our focus for this research review is analytical quantitative research in the UK, although we infrequently cite reviews of international research to provide context for UK findings and where there are evidence gaps for the UK. In this report, we also summarise the findings of selected UK descriptive studies (quantitative or qualitative) to provide contextual information about fathers' roles and fathering during children's adolescence, as well as UK adolescents' mental health and well-being, risk behaviours and educational attainment. But these are not the main focus.

Inclusion criteria for UK quantitative studies and secondary analyses

Included analyses/studies contain statistical data relating to the links between:

i selected child outcomes (mental health and wellbeing; risk behaviours; educational outcomes) during adolescence and young adulthood (age 10–24 inclusive); and

ii 'father-factors' (circumstances, attitudes, characteristics, behaviours, relationships and 'genetic bequests'[159] of men with dependent children in diverse family forms –

[157] We call our research reviews 'systematic scoping reviews' because they map and integrate a systematically collected body of UK research (using a variety of quantitative and qualitative research designs) across multiple research questions on a broad topic. A full systematic review is less appropriate for this purpose. Scoping reviews have been referred to as part of the family of systematic-type reviews (Moher et al, 2015).

[158] The Literature Library includes all empirical study types with an explicit research method as well as research reviews/meta-analyses and methodological work.

[159] We include genetic and epigenetic studies only where they examine the inter-relationship of genetic/epigenetic factors with psychosocial and environmental factors in relation to a child outcome.

to whom we refer as 'fathers'[160]) relating to the child/ren's adolescence (age 10–19 inclusive) or a period of the child/ren's life prior to adolescence, including perinatally and in early childhood.

These quantitative analyses and studies identify potentially causal relationships and mechanisms, which we refer to as 'impacts' whilst acknowledging the distinction between correlation and causality, especially when analysing data from observational studies such as birth cohort studies, panel studies and surveys.

We have applied the inclusion criteria for our Literature Library to this review:

- Published in or after 1998.
- Published or written in the English language.
- All publication types (peer-reviewed and 'grey literature'[161]) with the exception of dissertations and theses below doctoral level. Unpublished or interim findings are only included with author permission.
- Empirical research (subject to the 'study type' criteria below for this review) carried out or collected (fieldwork/sample/data) (wholly or partly) in the UK or reporting UK-specific data; and research reviews/meta-analyses of UK-specific empirical data.

We have also applied specific 'study type' inclusion criteria. Controlled multivariate analyses of longitudinal data give the most robust quantitative observational data on 'real world' impacts of fathers on their children. We have therefore prioritised the following types of study in our synthesis:

- Multivariate analysis (controlling for confounding factors) of a large-scale[162] quantitative UK longitudinal study – either longitudinal analysis (using at least two sweeps/waves of data) or cross-sectional analysis (analysing a single sweep or wave).
- Multivariate analysis of quantitative cross-sectional UK data (including any retrospective data collected) from a large-scale study to give controlled 'statistical effects' (cf. use of cross-sectional datasets for descriptive findings). The cross-sectional dataset could be a large-scale survey, or administrative records.
- Research review/meta-analysis of UK quantitative studies, with systematic-type methods.

[160] We use the term 'father' to include biological fathers, birth fathers, stepfathers/parents' male partners, adoptive fathers, foster fathers/male kinship carers, other 'social' fathers, transmen who are fathers, transwomen who were previously male parents, and any individual in a fathering role.

[161] Including journal papers, reports, working papers, government documents, case studies, book chapters, books (where feasible), conference papers and presentations.

[162] An analytic sample of at least 100 respondents/cases for analysis, prioritising datasets that are representative of the UK, a constituent country, or a defined geographic area.

- Multi-method studies and research reviews which triangulate or combine the above types of quantitative UK research data with UK qualitative data.

Search strategy and sources of studies/secondary analyses

Underpinning this research review (and the associated review of longitudinal datasets published in December 2023) is the Fatherhood Institute's online digital library, which is supported by the Nuffield Foundation and held in Endnote Software.

The source of studies and secondary analyses for this review, the Literature Library, is based on systematic searches of eleven social science, health and public policy bibliographic databases (carried out in summer 2014 for the date range 1998–2014 and repeated in autumn 2019 for the date-range 2014–2019), followed by systematic screening of search output, and continuous updating via various sources and supplementary searches. The eleven databases were selected to maximise the coverage of UK peer-reviewed and grey literature (Cooper et al., 2012):

> Applied Social Sciences Index & Abstracts, PubMed, PsycINFO, Social Policy & Practice, British Nursing Index, British Education Index, Health Management Information Consortium, International Bibliography of the Social Sciences, Zetoc Conference Proceedings, OpenGrey and Ethos (theses).

We used a 'father concept' search strategy[163] tailored for each bibliographic database. In the largest international databases (e.g. PubMed and PsycINFO), this 'father concept' was combined with a UK bibliographic filter[164] to restrict search output as far as possible to UK-related studies. These searches aimed to strike a balance between capturing as wide a selection of relevant records as possible while excluding irrelevant records, so making systematic screening feasible within timescales and resources.

We systematically screened the (partly) geographically filtered search output against explicit Library inclusion/exclusion criteria to identify research studies of UK fathers, fatherhood and inter-parental relationships, as well as relevant international research reviews and methodological literature. Read our Methodology report (Davies et al., 2017).

[163] This 'father-concept' incorporated father-specific terms such as 'father' or 'paternal'; terms which often refer to fathers but do not include father-specific terms – for example 'non-resident parent' – and terms relating to inter-parental relationships (co-parenting, couple relationships and parental separation/divorce).

[164] For the 2014 searches, based on a bibliographic search filter used by the EPPI Centre to locate UK studies for systematic reviews (Rees et al, 2013). For the 2019 searches, based on a validated bibliographic search filter developed by NICE to locate UK studies for systematic reviews (Ayiku et al, 2017; Ayiku et al, 2019).

The Literature Library is continuously updated on an ongoing basis. From 2014, we have (October 2023) added by hand 1,853 relevant records identified through web searches, expert contacts, social media scanning, and organisational alerts and newsletters. Currently (October 2023) this Library contains 4,259 records (after further de-duplication and screening using full texts).

We have identified and coded any large-scale named quantitative dataset on which an included publication is based. For the purposes of *The kids are alright*, as well as for a general update of our Literature Library, we have added (in 2023) recently published analyses of large-scale UK quantitative cohort/longitudinal data, identified through hand- and electronic searches of online publication lists for selected UK longitudinal studies.

We have categorised records in our electronic Literature Library with a bespoke system of keywords. Currently (October 2023) our Library holds 536 records keyworded by us 'adolescent child'. Through abstract and, in many cases, PDF screening, 118 of these studies meet the narrower inclusion criteria for our research review. When a full text cannot be obtained, we have not included that study in our review.

Synthesis of the included studies and secondary analyses

Based on a reading of full texts, we have narratively summarised and integrated the findings of the analyses/studies that have passed through our inclusion criteria for *The kids are alright*. Since this is a scoping review, and not a full systematic review, we have not carried out an in-depth quality assessment of these analyses/studies. In particular, we have not assessed the appropriateness of complex analytic methods and models.

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