

Focus on fathers

Key insights

- Results from this survey – one of the largest surveys of fathers of its kind – show a positive picture of fathering: most are doing well and feel supported.
- One in five fathers have experienced depression and/or anxiety since having children (compared to one in three mothers). Fathers with poorer mental health reported lower levels of parenting confidence.
- Fathers' parenting confidence is related to their interactions with their children. Less confident fathers perceived themselves to be less consistent and more impatient and critical with their child. They also reported engaging in activities with their child less often and were more likely to say they argued with or yelled at their child.
- Most fathers had good partner support. Higher partner support was associated with better mental health, more positive parenting and better communication and involvement with the child's school or early education service.
- When seeking advice and information on child rearing, fathers tended to rely on their own efforts, using online information and books.

How are fathers faring and what affects their parenting?

This Research Brief derives from the 2016 Parenting Today in Victoria Study conducted and analysed by the Parenting Research Centre, and funded by the Victorian Department of Education and Training.

Context

Children flourish when their parents are supported. Fathers' mental health and co-parenting relationships have a powerful effect on child development. For example, support from a parenting partner is associated with fewer behaviour problems and greater self-regulatory skills in children.^{1,2}

We know that fathers who are sensitive and supportive have children who develop better social skills and language – and these parenting skills can be learned!¹ These correlations – which hold regardless of the father's socioeconomic status, race, and ethnicity – point to why it is important to involve fathers in preventive interventions to foster healthy child development.^{1,2} Such preventive interventions could be parenting programs, but also information sharing and support.

We wanted to understand the particular parenting behaviours, strengths and needs of fathers, and we wanted to know which characteristics of fathers – like mental health – related to how fathers parent. We were also interested in how fathers sought help and advice about parenting. This has implications for how information about what works in parenting could be successfully targeted to dads.

We used data from the Parenting Today in Victoria survey – a population-representative survey of 2600 parents, 1044 of whom were fathers.³

Findings

Who were the fathers in our survey?

In our survey, a father was a male respondent who had a parenting role, and most (95%) were the biological parent of the child in their care. Around 95% spent more than 21 days a month with their child.

1 Cabrera, N.J., Volling, B.L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children's development. *Child Development Perspectives*, 12(3), 152-157.

2 Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruet, K., & Leckman, J.F. (2014). Practitioner review: Engaging fathers—recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry*, 55(11), 1187-1212.

3 Analyses in this Research Brief use weighted data from 1006 of the fathers in the sample, who have a complete set of items on the survey.

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Most fathers (87%) were living with a partner (not necessarily the child's parent). Of those not living with a partner, 10% shared care of the child with their ex-partner.

Nearly eighty percent (79%) of fathers were in paid full-time employment, with 14% in part-time or casual work and 7% not in paid work.

Just under 47% had a diploma or degree (which is higher than the broader Victorian parenting population of 26%) and 13% spoke a language other than English at home (lower than the broader Victorian parenting population of 27%).^{1,2}

Fathers' mental health

Mental health was a concern for many fathers: 18% reported they had experienced symptoms of depression and 19% felt they had experienced symptoms of anxiety since becoming a parent. Of those who reported depression since becoming a parent, 9% said this included post-natal depression and 3% had serious levels of current psychological distress.³

We looked at which fathers in the sample had 'better' (80%) and 'poorer' (20%) mental health based on their current level of psychological distress and any past history of depression, anxiety and substance abuse.⁴

Fathers not in full-time paid work, and fathers who had a child with a medical condition or learning difficulty, were more likely to have poorer mental health. And fathers with poorer mental health were less likely to feel effective as parents. For example, they were more likely to disagree with statements such as 'My parenting skills are effective'.⁵

What did fathers say about their parenting?

To understand more about how men parent, we asked the fathers what they did with their children and how they felt about it. We grouped related questions and their responses into a number of different aspects of parenting as follows:

- **Parenting approach** – for example, whether fathers were satisfied with the time they spent with their children and whether they felt impatient or critical around their children
- **Parenting strategies** – this included using praise, yelling at children and talking to children about problems
- **Frequency of father-child activities** – for example, exercising outdoors and playing games
- **Frequency of monitoring activities** – for example, how frequently fathers kept track of their children's whereabouts and whether they monitored their children's use of electronic devices
- **Communication and involvement in the child's early education service or school** – how fathers felt about their relationship with staff and how much they felt they could participate in decision-making and support their child.

The results are shown in Tables 1 to 5.

Table 1. Parenting approach

Statement	Agreed or strongly agreed (%)
I am satisfied with the amount of time I can give my child*	54.1
I wish I did not become impatient so quickly with my child	40.3
Sometimes I feel I'm too critical of my child*	32.9
I wish I were more consistent in my parenting behaviours	31.7

*Compared with mothers, fathers were significantly more likely to say they were too critical of their children (mothers: 26%) and were significantly less likely to say they were satisfied with the time they could give their children (mothers: 68%).

1 Australian Bureau of Statistics (2011). *Census data for Victorian parents of children aged 0-18 years and their partners*. Data provided to the Parenting Research Centre by the ABS.

2 To account for over-representation of parents with certain characteristics, subsequent findings are based on data that has been weighted for parent education, age and residential location – see 'Study details' box on page 6.

3 As indicated by parents' completion of the K6 scale; Kessler, R., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., ... Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.

4 To classify fathers as having either 'better' or 'poorer' mental health we considered their past history of mental health concerns and their scores on a standardised measure of current psychological distress (the 'K6'). The sample of all parents was split into three groups based on their K6 scores (serious, moderate or low psychological distress), then K6 groups were combined with history of any past problem. The 'poorer' mental health group had serious or moderate distress scores on the K6, regardless of past problems. The 'better' mental health group had moderate K6 plus no past problems, or low distress scores on the K6, regardless of past problems.

5 Hamilton, V. E., Matthews, J. M., & Crawford, S. B. (2014). Development and preliminary validation of a parenting self-regulation scale: "Me as a Parent". *Journal of Child and Family Studies*, 24, 2853-2864.

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Table 2. Parenting strategies

Parenting strategy (response)	Respondents (%)
When my child behaves well I reward them with praise, treat, attention (quite a lot or very much)	79.8
I talk to my child about problems they might be dealing with (often or always)*	66.8
I argue or yell at my child about their behaviour or attitude (quite a lot or very much)	8.5
I smack my child when they misbehave (quite a lot or very much)	2.4

*Mother-father comparisons showed mothers were more likely to talk to the child about problems (82% often/always).

Table 3. Frequency of father-child activities

Father-child activity	Did this often (%)
Play music, sing, dance or other musical activities	53.5
Play with toys or games indoors	53.2
Play games outdoors, exercise together	50.8

Table 4. Frequency of monitoring activities

Monitoring activity (response)	Respondents (%)
Know where child is when not at school (often or always)*	96.2
Set rules & limits about free time (often or always)*	89.8
Talk about safe internet use (Yes)*	58.2
Monitor child's online activity (Yes)*	51.2

*A greater proportion of mothers set rules and limits about the child's free time (93%), knew where the child was (99%), talked about safe internet use (66%), and monitored online activity (58%).

Table 5. Communication and involvement in the child's early education service or school

Statement	Agreed or strongly agreed (%)
Comfortable talking to child's educators	92.5
Confident to support child's transition to (school/secondary school)	89.3
Satisfied with the way the school communicates with them	81.1
Know how to help the child do well in (educational setting)*	79.5
Participate in decisions that affect child*	77.1

*There were small differences between mothers and fathers, with higher percentages for mothers for: participation in decision-making (81%) and knowing how to help the child do well (85%).

What factors were related to how fathers parented?

Two aspects of parenting – frequency of father-child activities and parenting approach – were related to how effective fathers felt as parents. That is, fathers with higher self-efficacy did activities more often with their children and reported a more positive parenting approach. Fathers who felt less effective as parents were more inclined to yell at and argue with their children quite a lot or very much (52% vs 29% of fathers with high self-efficacy) or feel they were too critical of their children (44% vs 28% of fathers with high self-efficacy).

Fathers' mental health was related to the way they felt about their parenting behaviours – how critical, impatient and consistent they were, and the time spent with their child. Fathers with better mental health reported a more positive parenting approach.

What did fathers say about how they sought information and advice?

We asked fathers where they obtained information and advice about raising their child. Most fathers (85%) said they did their own research (e.g. online, books) and most (over 80%) used people in their personal networks (e.g. family, friends, neighbours, colleagues) for parenting advice. Many also sought information about parenting from professionals (62%) and from their children's educators (63%).

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When asked about seeking help from professionals, 48% said they had sought help for their child from a general practitioner (GP) and 15% had sought help from a mental health/behavioural specialist. These proportions were lower than for mothers (GPs: 59%, mental health/behavioural specialist: 23%).

The most common reason why fathers or their partners did not seek professional help for issues for their children was that they did not need help for the issue (31%). Only 2% said they didn't know where to get help.

Although over 40% said they had attended a first-time parents' group at their Maternal and Child Health Service, few had attended other types of parenting groups (9%). The most common reason given by fathers for not using parents' groups was not feeling they needed it (Table 6).

Table 6. Fathers' reasons for not attending parents' group

Reason for not attending	Respondents (%) ^a
Don't feel I need help	42.1
Didn't know about them	17.5
No time to participate	15.6
Not suitable for me/my family	13.2
Not available where I live	7.8
Don't feel comfortable asking for help	5.4
Not on at convenient time or location	4.2

^a All responded Yes or No to each, some gave more than one reason.

What influenced or would influence how fathers sought information and advice?

Fathers were more likely to seek advice from a health professional or early childhood staff and teachers if their children had a chronic medical condition or learning difficulty. Older fathers (above 35 years), and fathers who spoke only English at home, were more likely to seek advice from early childhood staff and teachers.

Looking at parenting programs as a source of information, we also asked fathers what aspects of parenting programs would influence their decision to participate. We asked them to rate several aspects from 0 (not at all important) to 10 (extremely important), as shown in Table 7.

Table 7. Importance of aspects of parenting programs

Aspect of parenting program	Mean importance score
Knowing the program is designed for both mothers and fathers	8.44
Knowing the person running the group is trained	8.35
Knowing the program has been tested in research and is effective	8.31
The program is on at a convenient time	8.31
Understanding what's involved in the program	8.23
Having information about the likely benefits to participation	7.97
The location of the program is convenient	7.82
Feeling like the person running the program understands me	7.79
Getting a personal recommendation from another parent	7.16
If the person running the program is the same gender as you	2.12

The important influences on whether a father attended a parenting program was knowing it was designed for both mothers and fathers, the facilitator being trained, knowing it was tested and effective, the program being run at a convenient time, and being able to understand what was involved.

There were no differences in mothers' and fathers' responses for the program being designed for both mothers and fathers, and for being tested and effective. For all other influences, the mothers' average response was slightly higher and significantly different from fathers. Both mothers and fathers viewed the gender of the facilitator as unimportant.

How supported did fathers feel in their parenting role?

When asked if there was someone they trusted to whom they could turn for advice if they were having problems, the majority of fathers agreed or strongly agreed they had someone (88%). However, they were less likely than mothers to say so.

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Similarly, a high percentage of fathers agreed or strongly agreed their family were the people they turned to first when looking for help and support in raising their child (84%).

We asked fathers specifically about the parenting support they received from their partners:

- How often they felt their partner understood and supported them as a parent
- How often they were happy with the way parenting duties were shared
- How often they agreed with their partner on how to parent the child.

The responses were positive, with at least 89% of fathers feeling supported in all these ways all or most of the time.

For all three questions fathers rated partner support more positively than mothers did. Fewer mothers answered all or most of the time when asked if their partner understood and supported them (72%), if they were happy with shared duties (71%) and if they agreed on how to parent (76%).

What factors were associated with fathers' perceptions of support from partners?

Living arrangements were associated with how much support and understanding fathers felt they received from their partners. They were less likely to feel supported and understood, and less happy with how parenting duties were shared, if they:

- Were not living with a partner
- Had no shared child care with ex-partner
- Spent fewer days per month with the child (a third or less of the time).

Mental health was a factor. Fathers reporting higher partner support also had better mental health than other fathers. And fathers with high partner support and better mental health reported a more positive parenting approach. These parents said they were less impatient and critical, more satisfied with the time they spent with their children and felt more consistent in their parenting.

Mental health and feeling supported and understood by a partner were both important to fathers' communication and involvement with educators. Fathers who felt supported by their partners and who reported better mental health also reported more positively on their communication and

involvement with their children's school or early education service. Those with poorer mental health and who occasionally or never felt understood by their partner were not as positive about their communication and involvement with school or child care.

Implications for policy

Policy frameworks underpinning family-based interventions often assume a father deficit model, one that sees fathers as ineffective or neglectful in the area of child health and development.¹ Our survey presents a more positive picture of fathering. Most Victorian fathers are faring well, a substantial proportion use positive parenting strategies and approaches, and feel supported in their parenting. This bodes well for the healthy development of their children, and attests to the accessibility and usefulness to fathers of supports for parents in general.

Findings from this survey do, however, shed some light on areas to focus on:

- Paternal mental health (until recently relatively under-researched, and not routinely addressed in parenting services such as Maternal and Child Health)
- Co-parenting and partner support, and support for unpartnered fathers
- Engagement in parenting support services to enhance parenting approach, confidence and strategies.

Mental health

Because our survey showed many fathers reported poor mental health, and given emerging evidence that supporting fathers' mental health early in their parenting journey has positive effects², investment in early identification and intervention for fathers' as well as mothers' mental health issues is likely to yield benefits for parents and children. Attention to fathers' parenting support needs is particularly important because they are less likely than mothers to have a trusted person they could turn to for advice.

Partner support and co-parenting

Given the joint responsibility for raising a child, attention to how well parents support each other is crucial.

¹ Panter-Brick et al. *op cit*.

² Rominov, H., Pilkington, P. D., Giallo, R., & Whelan, T. A. (2016). A systematic review of interventions targeting paternal mental health in the perinatal period. *Infant Mental Health Journal*, 37(3), 289-301.

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Research on the co-parenting relationship, as distinct from the marital relationship, shows that the support parents provide each other through the sharing of everyday parenting tasks and responsibilities has an impact on child outcomes.^{1,2} Fathers in our survey rated their partner support higher than mothers did, suggesting there is room to explore how the co-parenting relationship can be improved – for both partners – with the aim of parents being ‘on the same page’.

Changing roles for women, particularly workforce participation, has implications for fathers’ and mothers’ availability for parenting programs. When thinking about getting fathers into parenting programs, Ramchandani and Iles³ argue for consideration of mother engagement, alongside father engagement – focussing on how parents work in partnership with each other rather than distinguishing individual roles. Victorian research demonstrates that involving both parents in parenting programs has benefits beyond those seen when just one parent is involved in the program.⁴

Father engagement in supports and services

More than three-quarters of fathers described positive feelings about their interactions and communications with their children’s early education service or school. Nevertheless, fathers were less positive than mothers when it came to their confidence in helping their children do well at school and less likely than mothers to seek help from teachers and early childhood educators. This points to the potential benefit of targeted father engagement strategies by early education services and schools, again, focusing on the benefits to the child of having both parents involved.

It seems the main reason fathers did not access support was they didn’t feel they needed help. This finding is consistent with other Australian research.⁵ Lack of awareness may also be a barrier: many fathers indicated they weren’t aware of

parents’ groups. This points to the need for more targeted information to fathers about the benefits and options for support in child rearing.

Understanding fathers’ preferences for, and barriers to, help-seeking can inform how information is targeted. For example, some fathers did not participate in parents’ groups because they had no time or did not feel comfortable asking for help. We also learned that when fathers looked for information and advice about raising their children they tended to rely on their own research, including online. These point to the need for providing credible parenting information in formats that allow access anywhere and anytime, and allow individual exploration – for example, online parenting information and webinars that can be delivered out of hours or viewed privately.

STUDY DETAILS

The 2016 Parenting Today in Victoria study used computer-assisted telephone interviewing, in English, to randomly survey 2600 Victorian parents and carers of children aged 0–18 years. In each family, one parent was interviewed and asked questions about one child (the focus child). The sample was weighted to match Victorian parents in the 2011 Census for the key characteristics of age (sample age was adjusted upwards), education level (sample education was lowered) and residential location (sample was adjusted towards more metro/city dwellers).

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1 Teubert, D., & Pinquart, M. (2010). The association between co-parenting and child adjustment: A meta-analysis. *Parenting: Science and Practice*, 10(4), 286–307.

2 Karberg, E., & Cabrera, N. (2017). Family change and co-parenting in resident couples and children’s behavioral problems. *Journal of Family Studies*, 1–17.

3 Ramchandani, P., & Iles, J. (2014). Commentary: Getting fathers into parenting programmes—a reflection on Panter-Brick et al. (2014). *Journal of Child Psychology and Psychiatry*, 55(11), 1213–1214.

4 May, F.S., McLean, L.A., Anderson, A., Hudson, A., Cameron, C., & Matthews, J. (2013). Father participation with mothers in the Signposts program: An initial investigation. *Journal of Intellectual Developmental Disability*, 38, 39–47.

5 Tully, L. A., Collins, D. A. J., Piotrowska, P. J., Mairet, K. S., Hawes, D. J., Moul, C., ... & Dadds, M. R. (2018). Examining practitioner competencies, organizational support and barriers to engaging fathers in parenting interventions. *Child Psychiatry & Human Development*, 49(1), 109–122.