Engaging Beyond the Mother-Infant Dyad

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TASK FORCE ON THE MENTAL HEALTH, SOCIAL, AND EMOTIONAL NEEDS OF YOUNG CHILDREN AND FAMILIES

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Road Map

- Introduction to the role of supportive others in the lives of young children
  - Long-term effects of supportive relationships with young children
- Importance of father involvement
- Strategies and emerging evidence for programs to engage fathers
- Policy implications and recommendations

The Role of Social Support in the Lives of Young High Risk Children

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- Byron Egeland, L. Alan Sroufe, & W. Andrew Collins, University of Minnesota and the Minnesota Longitudinal Study of Parents and Children (MLSPC), Institute of Child Development
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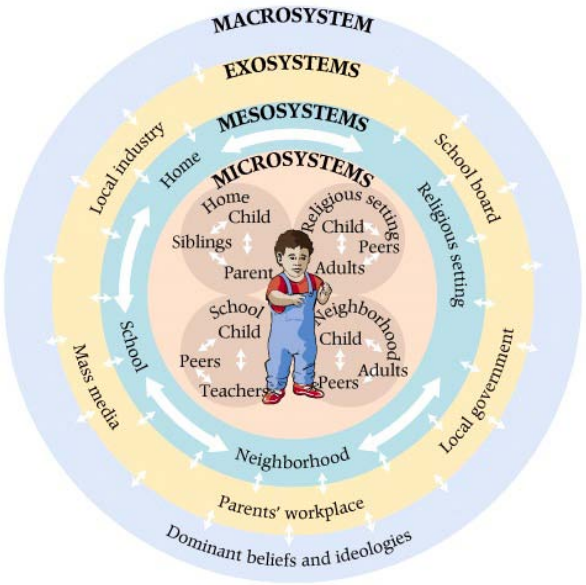
- National Institute of Mental Health
- Children's Bureau, Department of Health and Human Services
- Social Support Assessment Team
- Participants of the MLSPC

Background

- Early psychosocial risk (e.g., maltreatment, life stress) linked with many negative outcomes (Bolger, Patterson & Kupersmidt, 1998; Cicchetti & Toth, 1993; Egeland, 1991; Egeland & Kreutzer, 1991)

- Study of associated risk and protective factors → inform prevention and intervention strategies

Ecological-Transactional Model



Risk Factors/ Vulnerabilities

Protective Factors/ Buffers

Child experience and BETTER outcome

Time

Adapted from Cicchetti, Toth, & Maughan (2000)

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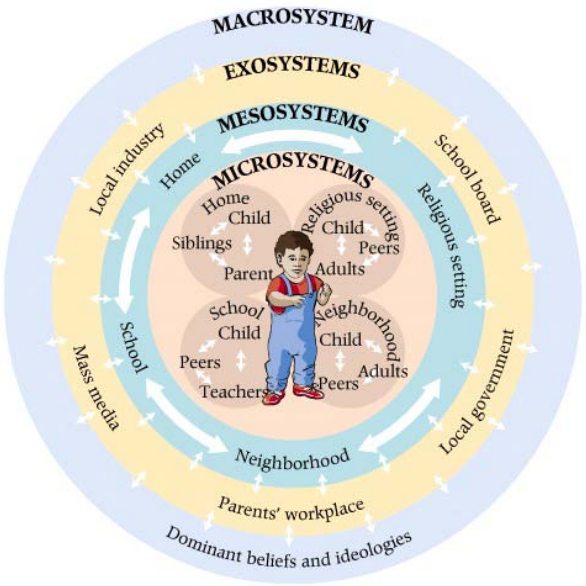


Risk Factors/ Vulnerabilities

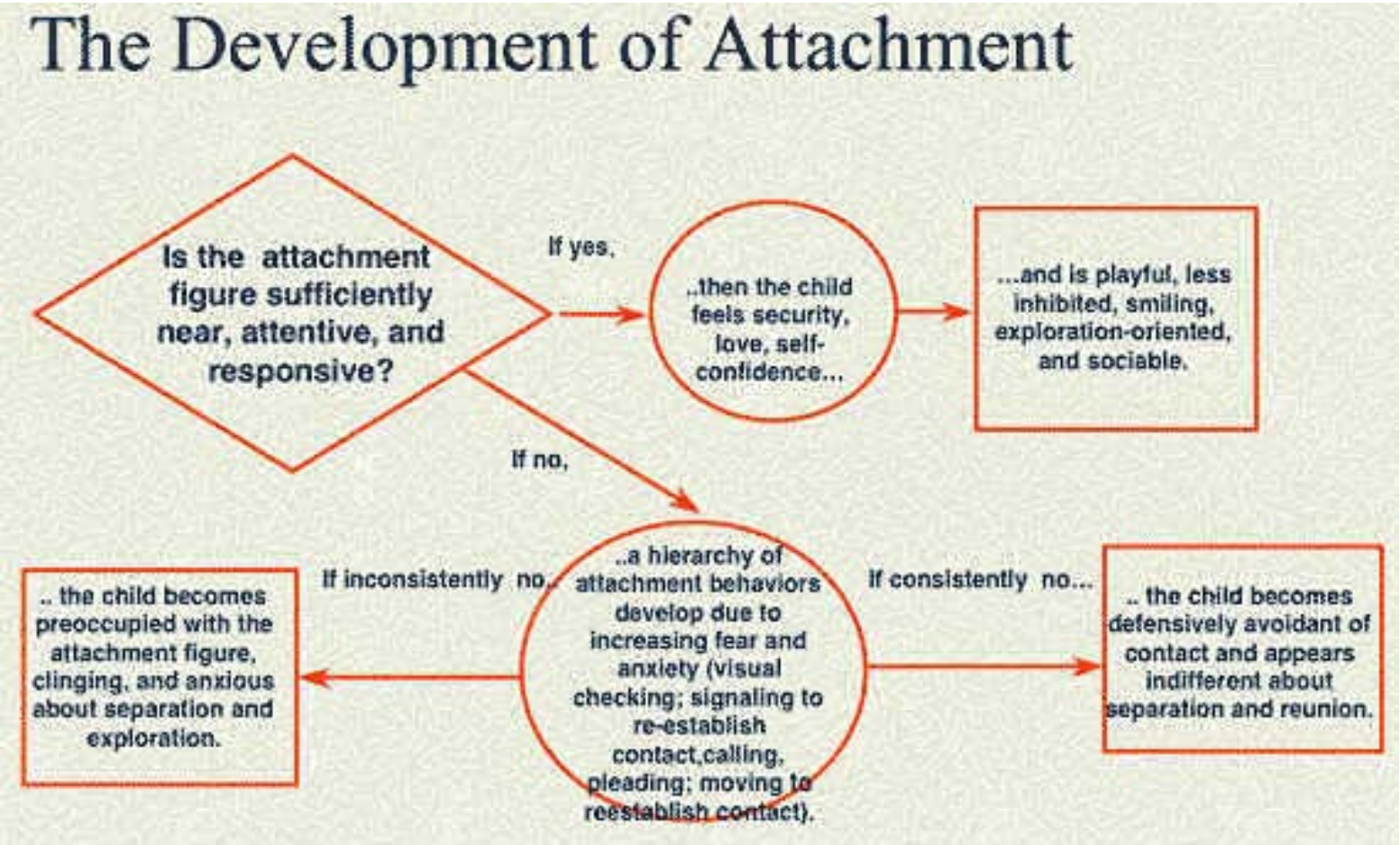
Prot. Factors/ Buffers

Child experience and POORER outcome

Time

Adapted from Cicchetti, Toth, & Maughan (2000)

Attachment Theory (Bowlby 1969, 1980)



- Child develops cognitive models of relationships based on interactions with early caregivers, which in turn influence expectations about self and relationships with others

Social Support as Protective Factor

- Buffers from potential problems and enhances mental health outcomes (Cohen & Wills, 1985)
- May provide buffering effects to risk (Cowen, Wyman, Work, & Parker, 1990; Egeland, Jacobvitz, & Sroufe, 1988).
  - Theoretical links: attachment theory and corrective relationship experiences
- However, little known about social support in early childhood or the developmental outcomes of support for young high risk children.

Research Questions

1. Who provides EC social support and what are the characteristics of EC social support in a high risk sample?
2. What is the developmental influence of EC social support on trajectories of later behavioral outcomes, controlling for the influence of the maternal-child relationship?

Minnesota Longitudinal Study of Parents and Children (MLSPC): Sample

- 267 first-time mothers enrolled in last trimester
  - Attrition
- Primary risk factor: poverty
- Associated risk factors:
  - Maternal age
  - Single parenthood
  - Education
  - Instability
- Ethnic diversity

MLSPC: Method and Data Collection

- Data collected at multiple time points
  - Prenatal, birth, 3, 6, 9, 12, 18, 24, 30, 42, 48, 54, 64 months
  - Kindergarten, grades 1, 2, 3, 6, 7
  - Ages 16, 17 ½, 19, 23, 26, 28

- Data collected from multiple sources in a variety of settings
  - Psychological tests, interviews and ratings from parents, teachers, and participants, and direct observations
  - Lab, home, school, day camp

Method: Social Support Coding Project

- Ratings of social support drawn from family interviews and summaries from birth to 64 months
- Identified specific individuals who were engaged in a supportive relationship with the child

Method: Coding Project (cont.)

- Rated relationships on 6 dimensions
  - Co-residence
  - Frequency of contact
  - Stability of relationship
  - Overall quality of relationship
  - Social network
  - Disruption in support relationships

Method: Additional Variables & Analysis

- Independent variables
  - Early childhood (EC) maternal support
- Dependent variables (1st, 2nd, 3rd, 6th, and 10th grades)
  - Internalizing behavior problems
  - Externalizing behavior problems
- Multilevel modeling/hierarchical linear modeling was used to determine initial levels and patterns of change in behavior problems over time

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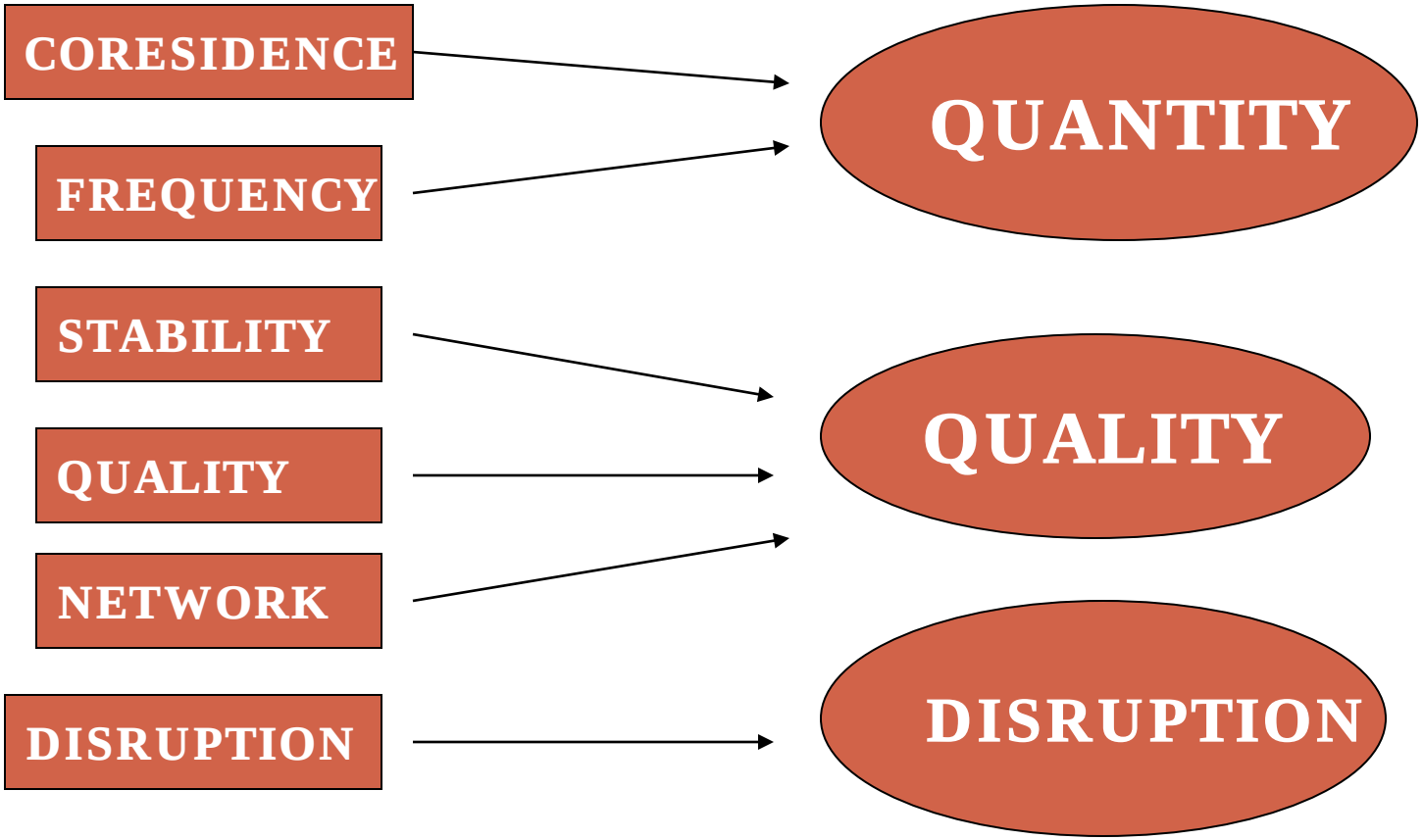
Results Q1: Descriptive Analyses of Social Support

- Support providers
  - Bio fathers, grandparents, then others
  - 2-3% of sample had no support provider outside mother.

- Support characteristics
  - Majority had frequent and consistent contact with provider
  - Quality varied with many children having poor quality or minimal social network
  - Many changes in who provided the support.

Method: Support Composites



Research Questions

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Results Q2: Influence on Later Behavior Problems (Controlling for Maternal Support)

- Internalizing
  - Children who had higher quantity, higher quality, and lower disruption of support demonstrated fewer internalizing problems in 1st grade
  - Disruption in support was associated with trajectories of internalizing behavior over time, and quality demonstrated a trend
- Externalizing
  - Children who had higher quantity and lower disruption of support demonstrated fewer externalizing problems in 1st grade (trend for quality)
  - Disruption in support was associated with trajectories of internalizing behavior over time

Social Support: Conclusions and Implications

- Social support
  - Available to children in a high risk sample
  - Related to fewer behavioral problems across time

- Interventions could be designed to enhance the quality of social support and to minimize disruption for young children.

Fatherhood in North Carolina

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Moving Fatherhood Forward

- How can we move fatherhood forward in North Carolina that takes into account:
  - the exceptional work that has been done in communities,
  - meets the challenges we all face in terms of resources,
  - uses research on what works to guide our efforts, and
  - Helps us work collaboratively and strategically

- Let's begin by reviewing what we know about:
  - The impact of fathers on child development
  - Research on best practices
  - Considerations as we move forward

Presentation Outline

- The Unique Impact that Fathers Have
- Engaging Fathers
- Current Fatherhood Research
- Promising Father's Programs
- Best Practices Working with Fathers in HHS
- Other Social Supports
- Policy Implications

Fathers' Unique Impact

- Fathers have a different impact on child development than mothers
- Research is still relatively new
  - Impact on Socio-Emotional Development
  - Cognitive Development
  - Education Achievement
- Engagement and/or responsibility are key components
  - In-Home vs. Non-Resident

Socio-Emotional Development

- Important socializing role
- More positive social development
  - Emotional secure and confident
- More positive social competencies
- Higher self-esteem and more secure
  - Lower rates of anxiety and depression
- Less likely to exhibit violent and defiant behaviors

Cognitive Development and Educational Success

- Have higher cognitive abilities, educational attainment, **language abilities** and school readiness
- Children that are at risk for developmental delays are more likely to make up the gap or be further along than anticipated
- Able to more adequately communicate with others and about themselves

School Readiness

- Children are better prepared for school due to father impact

A Helpful Model: Brain Architecture

- Fathers are important because they help build healthy brain architecture in their children.

- We know from neuroscience that children's brains are built through their experiences.

What is Fatherhood Engagement?

- Needs to start prenatally
- Fathers that express warmth, responsibility, nurturance, satisfaction, financial contribution, and use of language to their children will have positive outcomes
- Quality vs. quantity

Barriers to Father Engagement

- Traditional social norms that emphasize mothers primary role as caretaker.
- Gender social norms that discourage fathers from expressing warm, nurturing behavior.
- Past Research Issues (foundation)
- Very small research and not a lot of rigor

Barriers to Father Engagement Continued

In Programs That Could Provide Services

- “Maternal-Centric” agencies and systems
- Lack of greater awareness of resources for fathers
- Fatherhood programs “sideline initiatives”
- Staff attitudes and biases

What Do These Barriers Mean…

- ALL FATHERS are facing changing social norms and are at different places in their approach to parenting
- Fathers, particularly those with multiple risk factors (low-income, unemployed, incarceration, undereducated) experience enormous stressors that impact their behavior and capacity for parenting
- Powerlessness and lack of hope
- “All or nothing” frame for involvement with their children
- Perceived negative repercussions for involvement are strong disincentives

Fatherhood Strategies

- **Father's rights:** concerned primarily with divorced and separated fathers' rights and needs.
- **Engaging fathers from "Fragile Families":** Locally grown, often multi-strategy efforts to engage low-income fathers (often with multiple stressors such as chronic unemployment, lack of education) in the lives of their children.
- **Public education and awareness:** To change social norms (community beliefs) about the role of fathers.
- **Parenting Programs:** Targeted programs and strategies that focus on enhancing parental knowledge and skills
- **Father engagement in services:** Programmatic and organizational efforts (particularly in human service agencies) to engage, recruit and retain fathers in existing services (e.g., family planning, child welfare, family therapy, etc.)

Fatherhood Strategies Continued

- Policies and programs need to have multiple exposures i.e. utilization of the socio-ecological framework (SEF)
  - Consists of five levels
    1. Individual
    2. Interpersonal (family, friends, social network, etc.)
    3. Organizational (work site, school, etc.)
    4. Community (neighborhood, city, etc.)
    5. Policy

What the Research Shows

- Research focus on fathers specifically is still fairly new
  - For many years, we generalized findings from programs that worked primarily with mothers
- Most research is descriptive and focuses on the process of providing services.
- Those programs to be shown effective or promising have limited evaluation (non-experimental designs)
- Co-parenting programs aren't evaluating individual effects on each parent

Emerging Father Specific Programs and Co-Parenting Programs

Parenting Programs Designed Specifically for Fathers	Parenting Programs Designed for Any Parent/Caretaker
Examples: Conscious Fathering, Family Transition Program, Parenting Together, Dads for Life	Examples: Incredible Years, Triple P, Strengthening Families, Circle of Parents
• Most programs have limited evaluation. • The few RCTs are of locally-based programs and there is typically only one study that has been done. • Many of these programs do not have capacity for successful replication in other communities. • Programs that do have capacity for replication (and are being replicated) have limited evidence of effectiveness.	• Many programs have strong evidence base and several have support for implementation in NC. • Although outside scope of this review, preliminary examination of evidence indicates these programs are effective with fathers. • The programs require some level of “readiness” of dads to engage

Best Practices for Working with Fathers involved with Health and Human Services

- READINESS
- PROGRAM FORMAT
- SETTING AND PREPARATION
- STAFF CONSIDERATIONS
- RECRUITMENT

Best Practices-Readiness

Degree to which the agency/community is “ready” to engage in fatherhood work

- Organizational commitment
  - Buy-in from top leaders throughout agency
  - Commitment demonstrated in relationships with other agencies (e.g., courts, nonprofit providers, etc.)
  - More than “verbal rubberstamping” -- Specific behaviors that send a message that fathers are important
  - Willingness to explore and support changes in policy, practice
- Physical environment of agency
- Training and support through reflective supervision, consultation, peer learning

Best Practices-Program Format

- Successful programs had the following:
  - Had a focus on what fathers bring to the table (positive contributions) in terms of child development.
  - Format also appealed to father(s) sense of learning, particularly from each other.
  - Program format was facilitated discussion instead of lead discussion or lecture (side by side). Peer support groups seem to be an effective strategy.
  - Language used is father appropriate and present
  - Relied on social assessment to understand specific needs of fathers

- Have mothers “buy-in” to the program and support/encourage fathers attendance

Best Practices-Staff Considerations

- When recruiting and hiring staff, make sure outlook and background reflect agency or programs policies and priorities (if possible, incorporate questions in hiring process that will help hiring manager identify this)
- Have male staff or if not possible, male sensitive staff
- Staff should seek to understand social situation that put fathers at accumulated risk for absenteeism (and understand the behaviors that father may exhibit as a result of those risks)
- Make sure when working with fathers that staff is talking “with” them and not “at” them

Best Practices-Recruitment

- Were prepared to spend a large amount of time locating these places and recruiting fathers
- Worked with or had gatherings at organizations that already work with fathers or are considered safe places (YMCA, faith communities, restaurants, sporting venues, etc.)
- Advertised in places were men gathered (faith communities, sports bars, sporting venue, etc.)
- (If the case) Advertised that the programs were run by male facilitators
- Used population-specific incentives to promote participation
- Had flexible hours of operation
- Have volunteer fathers serve as recruiters

Moving Forward

- Step 1:
  - Engaging dads is dependent on social norms change
- Step 2:
  - Use research to inform practice
- Step 3:
  - Make use of existing resources

Grandparent Network

- Program pairs adults 50 and over with local family
- Grandparent/mentors provides social support for:
  - Parent(s)
  - Children
  - Other grandparent mentors

Policy Implication #1

- When choosing and implementing fatherhood programs make sure if at all possible to look for programs with some promising research before making up your own

- Implementation with fidelity and identify core components that are critical to getting good outcomes

Policy Implication #2

- Fatherhood programs and interventions should begin to take place prenatally
- Program development also needs to be focused on building in to work on co-parental relationships

Policy Implication #3

- Promoting healthy child development
  - Be more inclusive of definition of father
  - Consider social norms, especially as related to parental role in child's life
  - Conceptualize fathers as co-parents, rather than mother's helpers
  - Change discourse to allow father to enjoy parenting
  - Promote fatherhood as a life project

Policy Implication #4

- Programs and interventions are more effective when they have multiple exposures. Programs that work at the different levels of the socio-ecological framework might be extremely effective in getting fathers more engaged.

Policy Implication #5

- Agencies serving children and families intentionally assess whether their organization is “father-friendly”
  - Organizational norms strongly influence behavior of staff and volunteers
  - Takes leadership and the commitment of the whole organization to change organizational and social norms
  - Process that is iterative and ongoing (part of a learning organization)
  - Focus not only policies and procedures that impact clients and staff

Fatherhood Thank You!

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- UNC Gillings School of Global Public Health

For more information:

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