



TÚSLA An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



Being Dad

Fathers' voices on the hopes
and struggles of Fatherhood



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Celine Moran,

Ante Natal to Three Initiative Co-ordinator

Executive Summary

Societal expectations regarding the role of fathers in the lives of their children from pregnancy, post-birth and throughout childhood have increased significantly in recent generations. A large body of evidence identifies the positive impact for children of supportive and engaged fathers, with key benefits for children in the future in terms of social, emotional and academic factors (Opondo, et al 2016). However, despite the shifting societal discourse on involved fatherhood and the benefits that accrue for the whole family, some men are struggling to be involved and engaged as equal caregivers to their children and are encountering a myriad of obstacles, including economic, structural, psychological, and interpersonal.

The objectives of the *Being Dad* research project were:

- to give voice to dads and gain an in depth understanding of their lived experiences in relation to their caregiver roles.
- to identify and highlight any structural and psychosocial barriers to their involvement as equal caregivers to their children.
- to ultimately improve children's lives and outcomes by empowering dads and expectant dads to fully engage as equal caregivers of their children.

A qualitative framework was used to allow for an in-depth, nuanced exploration of fatherhood. Qualitative interviews facilitated participants to explore their experiences and feelings and capture the voices and lived experiences of Tallaght based Dads.

A total of 11 Dads participated in the process, through completing a questionnaire about their family and participating in in-depth, one-to-one interviews. Between them, participants in the project had 16 children, aged between three months to thirteen years. The socioeconomic background of the dads who participated was largely reflective of the wider Tallaght area, which is characterised by broad ranging contrasts of relative prosperity to poverty, with distinct pockets of disadvantage and deprivation.

Three major themes emerged from the analysis of the in-depth interviews with dads, in relation to their experiences, challenges and barriers encountered. The information collected was subject to Thematic Analysis, based on the framework as outlined by Richie et al (2014). Three overarching themes emerged were identified as follows:

Embracing Fatherhood

- The dads who participated in the project largely expressed their experience of being a dad in very positive and rewarding terms. Their relationships with their children are of great importance to them and they expressed aspirations to be actively involved as equal caregivers in the lives of their children.

The desire for greater equality in caregiving

- Several factors act as barriers to dads being equal caregivers of their children. Those include work commitments, lack of information and supports for dads, mixed messaging on their role and a tendency to defer to Mothers as experts in child rearing.
- Lack of supports for dads, expectant, new and experienced, was a significant barrier. Dads felt that resources, materials, and support groups were directed towards mothers, rather than both parents.

Seeking parity of esteem in encounters with health care professionals

- Many dads expressed the view that despite endeavouring to be actively involved, barriers still existed in interacting with health care professionals, with many left feeling confused about their role and feeling unacknowledged by professionals.

- Dads want to play active a role in the lives of their children, but lack of support for and acknowledgement of their role is an inhibiting factor.

Considering these findings, the *Being Dad* report makes the following recommendations:

- **Further research about the needs of expectant, new and more experienced dads**

Findings generated in this project highlight the importance of further research on father's engagement and equal parenting. There is a dearth of both primary and secondary research on the experiences of Irish dads, with the vast majority of research on parenting continuing to focus on mothers. Research methods need to consider how to target and effectively engage fathers.

- **Systematic data collection and analysis**

Health services need to collate and report on data regarding parental engagement so that we have a better knowledge base to inform planning and practice.

- **Support the transition to Fatherhood**

A systematic approach to engagement with expectant fathers is recommended, involving, and including fathers from the beginning. A substantial body of evidence indicates the benefits of involving fathers from the beginning (Bortorff, 2006; Opondo, et al 2016). Pregnancy and birth are the first major opportunities to involve and include fathers as equal caregivers of their children and to support their partners. Fathers cannot support their partner effectively in achieving the ideal transition to a successful pregnancy, birth, and positive parenthood experience unless they are also supported, included, and prepared for the reality and challenges of pregnancy, labour, and parenthood and for their role in this context (Stein, 2011).

- **Targeted resources specifically for fathers**

To support fathers to become equal caregivers, they need to be supported, involved, and prepared. A range of materials specifically on the importance of the father's role, how to care for and bond with baby, support mothers and become a co-parent, would enhance, and promote a family-centred approach. Fathers are frequently not named in information resources for expectant and new parents, with the materials referring to mother's partner. We recommend replacing with 'father or mother's partner'. Many fathers attend ante-natal education classes, but some do not feel they address their needs or inform the transition to fatherhood.

- **Structured 'Father inclusion and engagement' training**

To achieve positive structural change in father's experiences of interactions with health care professionals, both maternity and community based, and to address inconsistencies reported in the inclusion of fathers, a structured, broad-based systemic approach to 'father inclusion' training is required. The importance of fathers role, the long-term consequences for children with limited or no paternal engagement, and tools to integrate targeted approaches should be incorporated into training for the range of health and social care professionals, hospital, and community based, working with babies, children, and families.

- **Formal and informal supports and interventions for expectant and new fathers**

Many fathers are not accessing formal or informal supports to the same extent as mothers for an array of reasons, both external and interpersonal. Consequently, men are navigating the often complicated, involved and engaged fathering role alone. Methodologies which are accessible to fathers need to be identified, developed, and delivered in collaboration with fathers to ensure effective engagement and promote the benefits of peer support in affirming and modelling good enough fathering roles.

- **Shifting the discourse to promote gender equality and shared caregiving to children and young people**

To shift the still pervasive societal discourse on traditional roles of mothers and fathers, it is imperative to foster discussions and dialogue promoting inclusive and equal parenting for children and young people. Fathers can experience both psychological and social barriers to full engagement which may leave them stuck within the confines of their traditional gender role. More widespread and thoughtful discussion on the limitations of traditional gender roles in modern families and societies will challenge assumptions about masculine and feminine ideals and benefit the whole family. Relationship education within the formal curriculum must examine and address any inequities in expectations of mothers and fathers and ensure messaging which promotes equity and inclusion.



Background and Context

Societal expectations regarding the role of fathers in the lives of their children from pregnancy, post-birth and throughout childhood have increased significantly in recent generations. Fatherhood is influenced by contextual factors in the family and wider community, with societal and familial assumptions regarding parenting and gender roles shaping the ways men engage as fathers (Suwada, 2015). Differences in the involvement of men and women in parenthood have been recognised as affected by widespread gender social discourses. Traditionally men have been framed as more responsible for paid work and activities outside the household, “the breadwinner”, while women have been described as the main caregivers, responsible for children’s care and education (Connell and Messerschmidt, 2005).

Evidence identifies the positive impact for children of supportive and engaged fathers, with key benefits for children in the future in terms of social, emotional, and academic outcomes (Opondo, et al 2016). A substantial body of evidence asserts the health and wellbeing benefits for women when their child’s father is involved and included in their maternity care. Paternal engagement is associated with positive lifestyle changes for mothers with positive impacts for the whole family (Bortorff, 2006). Results from the National Maternity Experiences Survey (2020) highlight the importance of partner support during ante-natal care, labour, birth, and the post-natal period.

Children of involved fathers are more likely to live in cognitively stimulating homes (Williams and Sternberg, 2002). Lower parenting stress and depression in mothers has been associated with greater father involvement in infant care and other household tasks (Fisher et al, 2006).

A secure attachment with at least one parent is cited as providing children with long term benefits, hence a close relationship with both parents from infancy increases children’s odds of developing at least one secure attachment (Warshak, 2014). A growing body of research suggests that ‘more is better’ – more than one secure attachment is helpful at all ages (Lundahl et al., 2018).

However, a systematic review of the global evidence on parenting interventions, completed by the Fatherhood Institute and Yale University (Panter-Brick et al, 2014), concluded that fathers are generally marginalised in parenting interventions. Fathers have limited opportunities to learn about caring for their new baby, as systems are frequently set up for and rely on mothers as the conduit of information to fathers. Mothers’ learning and confidence generally develops at a much faster rate, leaving the father feeling that he is not expected to take on responsibility for the child and his role is diminished to that of mother’s helper (Burgess, 2013). This can lead to an overburdening of mothers, as they feel solely responsible, and simultaneously dissuades take-up of an active parental role and participation in services by fathers (Clapton, 2014).

Fathers’ views and experiences can inform the development of policies and practices that effectively promote the engagement of fathers and shared parenting. However, there is a scarcity of research on fathers’ views and experiences in Ireland. To contribute to this area, the *Being Dad* research project had the following objectives:

- To give voice to dads and gain an in-depth understanding of their lived experiences in relation to their caregiver roles.
- To identify and highlight any structural and psychosocial barriers to their involvement as equal caregivers to their children.
- To ultimately improve children’s lives and outcomes by empowering dads and expectant dads to fully engage as equal caregivers of their children.



Methodology

Recruitment

The *Being Dad* research project is based on one-to-one qualitative explorations and a short sociodemographic questionnaire. The qualitative exploration comprised of 11, in-depth, one-to-one, semi-structured interviews with fathers.

Convenience sampling was used to generate the sample of participants with inclusion criteria of being a dad and residing in Tallaght. Participants were recruited with the assistance of local stakeholder group, *From Lads to Dads*. Participants were also recruited through advertisements to CDI's stakeholder databases, Dolly Parton Imagination Library database and posts on our social media platforms. In addition to the in-depth interviews, all 11 participants completed a short questionnaire detailing key sociodemographic information. Participants contacted the researcher directly and dates, times, and locations for interviews to take place were arranged. Interviews were completed by the researcher and took place at varying times, during the day and evenings, to facilitate father participation.

Data Collection

Prior to the interviews, each participant was given a participant information sheet (Appendix I), with detailed information on the project, confidentiality, and the complaints procedure. A consent form (Appendix II) was also signed by all participants. Two interviews were completed face to face in the CDI offices in Tallaght, with the remaining nine interviews completed online using Zoom. An interview guide (Appendix IV) was developed to provide structure and focus to the interviews, which were audio-recorded and transcribed. Additional notes were also recorded by the interviewer immediately following the interviews to capture any additional aspects. The semi-structured interview guide contained purposefully broad open-ended questions, combined with probing questions, which were designed to elicit deeper exploration and understanding of the participant's experience of being a dad, the challenges, supports and perceived barriers to engagement. Follow-up questions were asked of the participants where necessary to clarify information or gain further useful insights. Examples of questions included: What does being a dad mean to you? What are the important things for you now as a dad? What type of dad do you want to be?

Socio demographic questionnaires (Appendix III) were completed and returned directly by two participants with the remaining participants completing the questionnaires remotely and returning them via email.

Data Analysis

Thematic analysis, with reference to the framework analysis outlined by Richie et al (2014), was used to analyse the responses from the participants.

The transcribed text was analysed utilising an inductive thematic analysis comprising three steps. Firstly, the researcher listened to the audio recordings and read the transcripts repeatedly to form an overall impression of the content. An initial coding framework was then developed by identifying words and phrases which described the dads' perspectives on their role, challenges and barriers encountered. The codes were then collated into themes which were reviewed and refined resulting in the identification of consistent overarching themes and sub-themes which emerged from the data.

The sociodemographic data provided by participants in the questionnaires about their family was saved, managed, and analysed in Excel. Data were anonymised by assigning pseudonyms to participants.

A draft report was presented at a number of roundtable discussions in order to inform the recommendations. Participants at the consultations involved local parents, service providers, advocacy groups, researchers, and policymakers.

Ethical Approach and Safety

Participants' safety and emotional wellbeing are the number one consideration of the project and has always been to the forefront. The interviews were completed by the researcher, a qualified Counsellor and Psychotherapist, accredited with the Irish Association of Counselling and Psychotherapy (IACP), and adhering to their ethical guidelines. The primary objective was to create a safe space for dads to explore and give voice to their experience of being a father,

the influences, joys, and challenges. Prior to commencing the interviews, participants were given a consent form which included detailed information regarding the study, contact details of the researcher and supervisor and the complaints procedure. Participants were given the option to withdraw from the project at any time.

A draft of this report was also sent to all the participants for review to ensure they felt their views were adequately and accurately described and were inclusive of their lived experiences.



Participants Demographic Profile

Participants were 11 dads, living in Tallaght, a community in the wider Dublin area. The socioeconomic background of the dads who participated was largely reflective of the wider Tallaght area, which is characterised by broad ranging contrasts of relative prosperity to poverty, with distinct pockets of disadvantage and deprivation.

The 11 dads between them had 16 children, ranging in age from three months to thirteen years. Dads who participated were primarily dads of children (91%) in the younger age group (0-4 years). The average age of the participating dads was thirty-seven years, with the youngest dad aged 30 years and the oldest aged 43. Most of the dads identified as Irish (73%) with the remaining identifying as other nationalities. Most (90%) were in full time employment. For dads who identified as two parent families, 78% of the mothers/partners were also in full time employment. Most of the dads (64%) had completed third level education with 27% holding post graduate qualifications. The educational attainment of mothers was not recorded in the questionnaire. Participants were largely from two parent families with two dads (18%) identifying as single parents.



Findings: The Dads' Experiences

A consistent set of themes emerge in how participants described their experience and feelings in relation to fatherhood.

- Embracing fatherhood.
- The desire for greater equality in caregiving.
- Seeking parity of esteem in encounters with healthcare professionals.

Embracing Fatherhood

The transition to fatherhood is considered to be a time of more profound change than any other developmental stage in a man's life (Deave and Johnson, 2008) and the narratives from the dads who participated in this research project were consistently reflective of the intense and complex nature of this transition. A consistent theme emerged throughout the narratives in how the participants described the emotional impact of becoming and being a dad. The Dads described Fatherhood as being an enjoyable, positive, and rewarding experience but they also spoke openly and honestly about the challenges, the exhaustion, the personal changes and what has influenced them. The individual narratives of the dads support the notion that the transition to fatherhood induces positive and negative changes, both in health outcomes and behaviours. Research in the area advocates for informing and supporting dads in the transition to fatherhood and the accounts from the participant dads point to the need for information, supports and interventions tailored specifically to the transition to fatherhood.

Within the overarching theme of the transition to fatherhood, four interrelated sub-themes were identified including positive rewarding experience; anxiety and worry; life changing; and their own experience of being parented.

Positive rewarding experience

Participants described becoming a father as a positive, enriching, and transformative experience. Dads described their children in loving terms and visibly lit up when talking about them and their feelings in relation to them.

"I've been loving it, I've got a little daddy's girl too, it's really rewarding. I really like how she reacts to me."

"I just love it – like I'm extremely happy being a parent."

"Being a Dad is – it's quite an amazing experience, you know. It has its difficulties, but the good sides outweigh the bad sides of it."

"I was walking on clouds for a good while. I was just in that blissful space and I was just overwhelmingly happy."

Anxiety and worry

A theme of anxiety and worry also consistently emerged amongst participants when exploring their experiences of becoming a father. Participants spoke about the increased responsibility of being a parent, worries about the future and financial stress. Some dads also considered how their perspective and views of the wider world changed. For other dads the range of emotions experienced were confusing and overwhelming with limited opportunities to discuss the emotional aspect of becoming a dad.

"You have to love these kids and you have to look after them."

"I definitely drive more carefully. I just have to be little more careful, more than just me."

"Probably more understanding the weight of the decision to, you know, bring another human being into the world that never asked to be brought into the world."

While some dads spoke about the instant connection or bond from birth, others voiced their experience of the relationship and bond with the child developing over time and for some this was not an instant occurrence. Dads

referred to how the mother can develop a relationship with the baby during pregnancy whereas for dads it often only starts when the baby is born. The pressure to feel the instant connection or bond was also cited by dads and for some they were concerned that there was something wrong with them if they did not bond instantly following the birth. The dads who raised this issue felt this was something they wished they had known more about as it caused them distress and worry at the time and felt there was no one to talk to about it.

"I didn't get this thing that everyone kept – would talk about you know. I thought is it something with me? But the relationship grew so fast and so strong over time."

"It took longer to bond. When he was put up beside us, it wasn't like anything in the films. Then after two weeks, something, I don't know if it was a smile or whatever it was. Then it was super."

Life changing

When asked about the challenges and personal changes experienced, dads articulated the manifold changes to their sense of identity, relationships, priorities, and perspectives. Dads described the overwhelming nature of having a new baby, the tiredness and exhaustion. All the dads who participated talked about a sense of having changed, largely in a positive way, since having children. Most dads described how their social lives, sporting activities and friendships have been impacted. Relationships with partners and other family members were also discussed by the dads and described in terms of their changes, development and strengthening.

"I don't think anyone can know, until you're there."

"You're kind of exhausted, you're giving them your last bit of energy. "Your time is very much according to them, I suppose, but it's important and because you won't get that time back."

"Realising that (it) takes a much longer time and discipline than I realised."

"There's huge adjustments to be made. With sport, I've gradually basically had to accept that it is not going to happen to the same extent as before. And as much as I want to, I also want to be there for my family."

"You just can't be doing that anymore (going out every Friday after work). You need to just accept that, and you need to do it straight away."

Their own experiences of being parented

Some participants spoke about their own experiences of being parented when asked about what influences their own parenting style. Participants primarily referred to negative childhood experiences which were influential in shaping them and their attitude to their children and their role as a dad. Common among the narratives was the desire to break away from the traditional way they were parented and to challenge gender roles in parenting.

"I just wanna be something that I didn't get. I wanna give my kids, you know, stuff that I didn't have."

"I had a bad relationship with my Mam and I just don't ever want to be that parent. So I'm really conscious of it."

"I have that, kind of, broken relationship there – I don't want to give my daughter the same, kind of thing."

"I've very much wanted to be the opposite to my Dad. It has been a thought in my head for quite a long time. I would like to be sort of, more in there, more involved."

The accounts from the participant dads reflecting on their own experiences of being a child point to the profound and far-reaching changes and issues which can arise during the transition to Fatherhood and for which most dads would benefit from the provision of further information, reassurance, and support.

Desire for greater equality in caregiving

A common narrative to emerge from the interviews was a strong desire to be equal caregivers to their children and to have close relationships with them. Dads highlighted the difficulty of balancing the stress and pressures of work with parenting responsibilities. Some employers were very flexible whilst others were not. Many dads articulated the pressure they felt to be involved, hands on, 'modern' dads yet struggled to find the time with the pressures of long working hours or shift work which were not consistent with family life.

Within the overarching theme of the desire for greater equality in caregiving, four interrelated sub-themes were identified including work/family life balance, bonding and building relationships with their children, lack of supports for dads, and mothers' role as 'gatekeeper' or conduit of information.

Work / family life balance

Some dads were able, due to the nature of their work, to spend more time with their children. Working from home was raised as both a positive and negative with regarding to balancing work and family life.

"I took five months off. I really wanted to bond with my child and know that especially given the sacrifices his mom had made in her career and work."

"I mean the one good thing about this pandemic is that I have been able to be home enough, a lot more than I expected during his first year."

Bonding and building relationships with their children

Dads spoke of enjoying spending time with their children and being able to observe them grow and explore. A desire to bond and deeply engage with their children was illustrated by dads in their accounts of activities and time spent with their children. Several dads also articulated their aspirations regarding exposing their children to the world and the notion of teaching and educating them or being a mentor or role model to their children. The Dads who participated were primarily dads of young children (0-4 years) and their accounts point to the 'prime window of opportunity' that exists in the early years to involve and engage fathers with their children.

"The best part for me is watching him explore things without me involved. He's been swimming and he loves it and I'm now going with him and it's the best part of my week, cause he loves it."

"I bring her everywhere with me facing outwards, so that she can see the world. Just doing things with her."

"After being a Dad, it actually felt like even the menial tasks around parenthood can feel sort of rewarding unto themselves and you know, I noticed my mind shift."

"I'm keen to be involved with him as much as possible and to be involved, particularly in his education."

"I think one thing is just always try to make sure that we're challenging him, exposing him to new things, explaining the world around to him. Really want him to be empathetic and kind, trying to get him early on to be very accepting of diversity."

"Up and down the mountains and through the woods, having an adventure. I'm trying to give him an environmental awareness and of nature."

Lack of support for Dads

When discussing formal supports and information for dads, common among the participants dads was a sense of the difficulty accessing supports and services, that support groups such as 'mother and toddler' or 'infant massage' groups were not for them. Some dads were not aware of supports and resources that were available. One dad spoke about attending a community-based support group but not feeling welcome, as he found it difficult being the only dad in a group and eventually stopped attending. Through the narratives, it was clear that dads felt excluded from community supports. There appeared to be an acceptance amongst them that they were alone in the role as father and that they could not access community-based supports.

"I think any information you can get for Dads is vital."

"There's no point in developing supports or services for people if you haven't gone and talked to the people about what they feel."

"It would have been great at some point to have better involvement with other Dads to know what to expect."

When considering informal supports available, most dads spoke about grandparents and other relatives that offered vital support and help. A few of the dads had paternal and maternal relatives based locally and found this very helpful and supportive. The experience of turning to friends and peers for support was mixed with some feeling they could only ask other dads or saying that they would not feel comfortable discussing difficulties or challenges with friends. For others, friends with children of similar ages were supportive. As with the formal supports, a sense emerged from the narratives of the difficulty for some dads to access supports, that they were essentially alone in their role as father, and some have difficulty in recognising the benefits of opening up to peers regarding fatherhood.

"My wife's Mom is hugely supportive."

"I don't know if it's men or me, but I wouldn't talk to my friends about this stuff. My wife turns to this big group – a mothers WhatsApp group and 'Has anyone had this problem before?' The same doesn't really happen with Dads."

"Some of my close friends don't have kids and they certainly don't wanna hear about it... and other friends that have kids, you know, they've been through the same stuff and they are going through the same stuff. So, all we would be doing is sitting and agreeing with each other which isn't very productive."

"She did like a baby massage class and as I was around, I decided to go to the first two or three classes. I was the only Dad in the class. It was kind of a bit off putting to be honest... There was another one in the centre that was on feeding. They could breastfeed their children and talk to each other. It was good for mothers to chat together about what they were going through. I sat in on one of them and I felt very much out of place even though the head nurse said it was okay to sit there. Everything is geared towards mothers and I do feel lonely at times. There is no group where a man could just go and actually sit around and actually talk about what they are going through. I feel a lot of Dads these days are more hands on. If you drive around, you see a lot more Dads."

Mothers' role as 'gatekeeper' or conduit of information

Many of the dads interviewed spoke about their partners knowing more about the development of babies and children, how to deal with challenging behaviours and difficulties and generally issues in relation to the children. Several dads articulated that whilst initially both parents would have been more equal in terms of knowledge, as time elapsed, the mother's role as conduit of information or "expert" became more firmly embedded. There was a sense from many of the dads that they felt powerless to change this and felt somewhat diminished to the role of mother's helper. Many dads perceived this development as incongruous with their aspirations of being involved, hands on dads and did feel,

in some cases, that mothers were overburdened with responsibility. Parenting information and resources targeted at mothers and informal supports, such as WhatsApp groups and forums, which mothers' access more than dads, were cited as reasons why dads felt mothers became the 'gatekeeper' or 'conduit' of information.

"I always try to play catch up with my wife. I mean I would still say she, you know, suffers the brunt of the responsibility."

"My wife would have known more than I would and would have guided me through. My wife certainly knows more than I do, and I seem to never be able to get ahead of her, even if I do the research."

"I think the content out there is very much aimed at mothers. Anytime I do try to read stuff, I just find the content didn't appeal. She (partner) worked at 100 miles an hour, she had time to research these things and I deferred completely to her in that regard because I didn't have the time."

When questioned about support for dads in the community, most dads felt that there was a dearth of services or information specifically aimed at them. Many expressed their sense that parenting information, groups, and activities were targeted at mothers rather than both parents. Some had attended parenting groups, such as parent and toddler and baby massage and felt awkward attending given they were called mother and toddler groups.

Seeking parity of esteem in encounters with health care professionals

Seeking parity of esteem emerged as a significant challenge for dads in relation to interactions with health care professionals, both in hospital and in the community. Common among participants was the acceptance that maternity care is necessarily women and baby centred. However some dads felt their role was undefined leading to feelings of uncertainty, exclusion, and confusion. Most dads interviewed had attended some or all of the ante-natal classes with their partners in the local maternity hospital, and prior to Covid restrictions had attended ante-natal appointments and scans. From the narratives, the experiences of attending the maternity hospital were mixed. Some dads relayed very positive experiences whilst others felt uninvolved and believed there was a disconnect between the information communicated at the ante-natal classes regarding a holistic approach encompassing both parents, to the real-life experience of interacting with clinical staff in the hospital. It appears from the interviews that there are, unfortunately, wide ranging disparities in attitudes amongst health care professionals to father inclusion and involvement.

Within the overarching theme of seeking parity of esteem in encounters with health care professionals, two interrelated sub-themes were identified including experience of and access to hospital health care professionals, and experience of and access to community health care professionals.

Experience of and access to hospital health care professionals.

When asked about their experiences of interacting with healthcare professionals during the pregnancy, at the birth and follow up visits, responses were mixed. Some dads had very positive experiences of ante-natal classes and visits whilst others felt very excluded. The dads who participated in this study are primarily dads of young children, with ten out of the eleven Dads having children in the 0-4 years age range. Thus, the inconsistencies in interactions with maternity staff cannot be explained by changes in practice over time. The varying quality of encounters with maternity health care professionals implies a lack of a structured, systemic approach to including and welcoming fathers.

For many dads, the experience of attending the maternity hospital, both before and after the birth of the baby, was positive.

"They were very good, we felt taken care of. The nurses on the ward were brilliant."

"I was there for everything and I was welcomed. Staff included me in the conversation."

"The ante-natal classes were as inclusive as I was expecting, and they were very helpful."

"I got good tips from both the nurses in the hospital and the home nurse that came to the house."



However, several of the dads did not have a good experience with the maternity hospital and were left feeling excluded. Many of the dads found this confusing and spoke of the modern discourse around new modern dads being involved and wanting to be there for their partners, yet feeling marginalised at hospital appointments, ante-natal classes and at the time of birth.



"We attended the local maternity hospital, and from the get-go, there was a very anti man sentiment. It was from anyone and everyone attached to the hospital. It left me with a lot of scepticism about what is happening in their training and education department versus their clinical services."

"They couldn't care less if I'm here or not."

"I remember the first appointment, going in and asking a few questions. And you know, I felt like I wasn't allowed. Even though the questions were answered, I felt very much like I shouldn't have asked, and I decided after that that I was better off not asking any questions."

"I was surprised when they just asked all the questions about my wife and her family history. There were never any questions about my side. Surely there is some of my family history at play in potential diseases, genetics. I thought something was missing there."

"The midwife visits were as expected, I wasn't involved."



Experience of and access to community healthcare professionals

Considering community-based supports such as Public Health Nurses (PHNs) again elicited disparate views and experiences. Some dads found the support from Public Health Nurses very reassuring and helpful whereas for other dads they felt their role as the baby's dad was not acknowledged and they were not clear on the role of the PHN's. Similarly, as with maternity hospital staff, the inconsistencies in approach cannot be explained as changes in relation to approaches or practice over time. The participant dads have interacted over a similar timeframe and illustrate the lack of a structured, systemic approach to including and engaging dads and their experience appears to be largely dependent on the staff member encountered.



"The Public Health Nurse was brilliant I gotta say. I remember her kind of standing over my shoulder at the baby changing table and just kind of giving me like little tips."

"She (Public Health Nurse) didn't even talk to me; no-one is interested in my opinion."

"I can't call the (public) health nurses...I didn't know her. When she came in, she didn't even really talk to me."



The issue of maternal anxiety and post-natal depression in the first year of the baby's life was raised by a few dads. There was a sense of there being very little support, or dads feeling very unclear where to seek help and guidance. They spoke about being concerned about their partners wellbeing and the difficulty and stigma of speaking to friends and family at the time. The narratives that emerged in relation to this issue illustrate the dads' sense of not feeling health care professionals were accessible to them, even though their partner may not have been able, at the time, to seek help or support. This sense of 'invisibility' or 'being unknown' to health care professionals and support services emerged as a significant challenge for dads, leaving them confused about their role and not knowing where to seek support for partners. This is a key challenge as research indicates that support from the father or mother's partner is critical.



"I don't think there's great support. It's up to the person to reach out and contact them. And you don't do that unless you are really struggling."

"I think in the first three months it (post-natal depression) should be assessed. Because it's a huge thing and it impacts everything. Every Public Health Nurse should be asking 'how's your state of mind, how are you feeling? Do you feel like you have enough support?' My impression was that (post-natal depression) was not her area. Her area was to just look at the kid, weigh the kid."

One of the dads spoke about the difficulties experienced having a new baby during the Covid restrictions and the gaps resulting in services.

"The district nurse, we have only seen once, because they do things over the phone, we have to fill out the forms ourselves."

"We paid to get six week check up privately. I found out since that a lot of people aren't getting that six-week development check."



Conclusions

The overall aim of the *Being Dad* research project was to give voice to dads living in the Tallaght area, and to place them as experts in recounting their experiences, their perceptions of the challenges and barriers to engaging with their children and to understand what would be helpful.

The dads who participated in the *Being Dad* research project shared views that indicated they were very attentive, concerned and focussed on developing and nurturing relationships with their children. The dads reported that they aspired to connect with their children and be good role models for them. They openly discussed the factors which had influenced and motivated them. Participating dads were cognisant of the pervading discourse on their changing roles and identities and the benefits of their active involvement, both for children and themselves. Yet despite this, there was a sense from the dads that there existed a chasm between their aspirations and how they could practically transition to be the hands on, involved dad that they sought to be. The findings illustrate that fatherhood is a highly contextual experience with social discourses on the traditional parenting roles pervading and shaping men's experiences and capacity to fully engage as involved fathers in the lives of their children.

Several dads reported that they did not feel their role as equal caregiver to children was acknowledged by health care professionals, either in hospitals or community settings. In some instances, their presence was not even acknowledged. There were some exceptions, but the responsiveness of health care professionals varied widely in the perceptions of individual dads. Consistent with other research in the area (Burgess, 2013), this led to dads feeling diminished in their role, deferring to partners as 'experts', failing to build their capacity as equal caregivers, resulting in the possibility of mothers becoming overburdened with responsibility.

Informal or peer supports are not generally accessible to dads. They felt uncomfortable attending certain support groups and sensed they were not fundamentally inclusive of dads. Similarly parenting educational opportunities were not perceived as accessible to dads, sometimes due to the timing but also because of the impression that they were targeting mothers. Consequently, dads are navigating the often complicated, involved and engaged fathering role alone. Lack of accessibility to supports coupled with feeling unacknowledged by professionals is leaving dads floundering and does not facilitate them to engage as equal caregivers to their children. Indeed, many dads feel the message is imbued with the sense that dads are less important in the lives of children.

The narratives from the participant dads evidence the need to consider the transition to fatherhood more seriously and to take an equality and parity of esteem approach which ultimately benefits mothers, fathers, and children. Fathers cannot support their partners effectively in achieving the ideal of transition to a successful pregnancy, birth, and positive parenthood experience unless they are also supported, included, and prepared for the reality and challenges of pregnancy, labour, and parenthood and for their role in this context (Stein, 2011). Engaging with fathers from the beginning is critical as it is increasingly recognised as the prime window of opportunity when men are highly receptive to building their capacity as involved and engaged fathers in the lives of their children.



Recommendations

Considering these findings, the Being Dad report makes the following recommendations:

- **Further research about the needs of expectant, new and more experienced dads**

Findings generated in this study highlight the importance of further research on father's engagement and equal parenting. There is a dearth of both primary and secondary research on the experiences of Irish fathers. Parenting research has primarily focussed on eliciting the views and experiences of mothers, with fathers' perspectives frequently reported by proxy. Consulting directly with fathers will lead to a clearer and more comprehensive picture of family life, which can better inform clinical practice and parenting developments.

- **Systematic data collection and analysis**

There is no large-scale data collected from fathers, and no statutory monitoring of their participation in ante or post-natal activities. By comparison, the *National Maternity Experiences* survey in Northern Ireland collects data on father's and partner's presence at key events during pregnancy, labour and birth and involvement in caring for the baby afterwards. Health services, including maternity, primary care and private providers, need to collate and report on data so that we have better knowledge base regarding parental participation.

- **Support the transition to fatherhood**

A systematic approach to engagement with expectant fathers is recommended, which focuses on involving and including them from the beginning. Pregnancy and birth are the first major opportunities to involve and include fathers as equal caregivers of their children and to support their partners. Supporting and preparing fathers for the reality and challenges of pregnancy, labour, and parenthood and for their role in this context will benefit the whole family. Fathers need to be acknowledged and prepared to enable them to normalise emotions and expectations, to understand and value their role and become involved and engaged co-parents. Dedicated father-only supports need to be further developed. Mechanisms to encourage fathers to utilise parental leave should be considered.

- **Develop materials specifically for new and expectant fathers and explicitly include reference to fathers**

To support dads to become equal caregivers, they need to be supported, involved, and prepared. A range of materials specifically on the importance of the father's role, how to care for and bond with baby, support mothers and become a co-parent, would enhance and promote a family centred approach. Fathers are frequently not named in information resources for expectant and new parents, with the materials referring to "mother's partner". We recommend replacing with 'father or mother's partner' so they are explicitly named as a valued contributor to children's lives. Many of today's fathers lack a realistic role model for the type of father they wish to become. They need practical information on what involved and engaged fatherhood entails.

- **Structured 'father inclusion and engagement' training for multi-disciplinary healthcare professionals**

To achieve positive structural change in father's experiences of interactions with health care professionals, both hospital and community-based, and to address inconsistencies reported on in relation to the inclusion of fathers, a structured, broad-based systemic approach to 'father inclusion' training is required. This training should focus on understanding gender and family dynamics and evidence on the impact of including fathers for the whole family, including mothers and children. Training should also include the transition to and neurobiology of fatherhood and impact of paternal mental health on parental capacity. Mottram (2008) recommends greater exploration of and reflection for health care professionals working in maternity care on attitudes and beliefs on the role of fathers, enabling them to seek more positive engagement.

- **Formal and informal supports and interventions for expectant and new fathers**

Many fathers are not accessing formal or informal supports to the same extent as mothers for an array of reasons, both external and interpersonal. Consequently, fathers are navigating the often complicated, involved and engaged fathering role alone. Programmes and informal support groups for expectant, new and experienced

fathers need to be developed and delivered in collaboration with Dads to ensure effective engagement and promote the benefits of peer support in affirming and modelling 'good enough' fathering roles. Many fathers attend ante-natal education classes, but some do not feel they address their needs or are informative of the transition to fatherhood. The opportunity for father engagement, and for tailored inputs on fatherhood, should be maximised.

- **Promote gender equality and shared caregiving to children and young people**

To shift the still pervasive societal discourse on from traditional notions of the roles of mothers and fathers, it is imperative to foster discussion and dialogue promoting inclusive and equal parenting for children and young people. Fathers can experience both psychological and social barriers to full engagement which may leave them stuck within the confines of their traditional gender role. More widespread and thoughtful discussion on the limitations of traditional gender roles in modern families and societies will challenge assumptions about masculine and feminine ideals and benefit the whole family.

- **Supporting men to communicate meaningfully and seek support**

Women's access to informal supports was a recurring theme, whilst barriers to men's engagement and capacity to utilise peers and family were also identified. The social and psychological factors which influence their behaviours should be better understood, and men need to be encouraged to be courageous in seeking guidance.



Limitations of this Report

The sample of dads who participated in the *Being Dad* research is small and therefore the aim is not to seek to generalise the findings to the wider population or to be considered representative of paternal experiences. The qualitative findings from this project are applicable to the dads who participated. The findings are illustrative rather than representative, fathers are a heterogeneous group.

Given the nature of the recruitment process, it is anticipated that the participants were engaged and driven and are not reflective of other fathers for whom engagement is more difficult, complex, and complicated due to a multiplicity of factors. The information generated in this research project provides a solid basis to call for further study and from which future research in the area may emerge. Future research with fathers from different backgrounds is relevant to inform the development of policies and practices that can effectively respond to diverse needs and resources.

The researcher, as a female interviewing fathers regarding a gender specific issue, was also conscious of the potential for interview bias and sought to negate this by using open questions, neutral phrasing and taking a conscious, reflective approach.

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Appendices

Appendix I



Being Dad Participant Information Sheet

We would like to invite you to take part in our project on Being Dad. The Childhood Development Initiative (CDI) is undertaking the project. The aim of the project is to capture your unique experiences of being a Dad. All you need to take part is to be living in Tallaght, and to have a child who is currently under the age of 18 years.

What is the project about?

The aim of this project is to explore the experiences of Dads. Lots of research has focussed on mothers and we would like to get a better understanding on what the experience is like for Dads. This will inform our work and help us to support Dads and involve them more effectively.

If I decide to take part, what will I have to do?

If you choose to take part in the project, we will ask you to complete a consent form. You will be asked to participate in a one-to-one interview lasting approximately one hour. With your permission, we will audio-record the interview. Participation is completely voluntary, and you can choose to withdraw at any time.

How will the results be used?

We hope that the results of this project will help to increase our understanding of Dads and what you find helpful and what you need. We will write a report which you will get a copy of.

What will happen to the information I supply?

Your answers will be anonymous. Your personal contact details will be stored confidentially. Audio recorded interview tapes will also be securely stored in locked filing cabinets and will only be listened to by members of the CDI team for analysis or transcription purposes. At the end of the project all the audio tapes will be destroyed.

What do I do now?

Once you have had time to read this information, you can decide whether you wish to take part or not. If you decide not to take part, then we would like to thank you for taking the time to read this information. If you decide that you would like to take part, you will be asked to sign a form confirming that you consent to take part in the project.

Thank you for taking the time to read this information sheet.

Complaints Procedure

If you are unhappy with any of part of the study, we encourage you to submit your complaints to the Chief Executive Officer for CDI (Marian Quinn – contact details below). If you are uncomfortable doing this, you can make a complaint anonymously. The contact details of CDI Data Protection Officer are also below.

Contact details

Researcher

Celine Moran

Email: celine@cdi.ie

Supervisor

Marian Quinn

Email: marian@cdi.ie

Mobile: 0873158836 (text only)

Data Protection Officer

Jefrey Shumba

Email: jefrey@cdi.ie

CDI address:

The Childhood Development Initiative, St Mark's Youth and Family Centre,
Cookstown Lane, Fettercairn, Tallaght, Dublin 24, Ireland

CDI Telephone:

01 494 0030

Appendix II



Being Dad Informed Consent Form

Being Dad – An Exploration of Parenting from the Dad perspective

Researcher: Celine Moran, The Childhood Development Initiative, St Mark's Youth and Family Centre, Cookstown Lane, Fettercairn Tallaght, Dublin 24. **Telephone:** 01 494 0030. **Email:** celine@cdi.ie

Supervisor: Marian Quinn. The Childhood Development Initiative, St Mark's Youth and Family Centre, Cookstown Lane, Fettercairn Tallaght, Dublin 24. **Telephone:** 01 494 0030. **Mobile:** 0873158836 (text only). **Email:** marian@cdi.ie

You should only complete this form after reading and understanding the information sheet provided to you. Tick the boxes for each of the statements that you agree with. If you do not agree with any of the statements below, please do not tick. Two copies of the consent forms have been provided for you; please retain a signed copy and return the second form to us on the day of the study.

- I (*write name*) _____ voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I have had the purpose and nature of the study explained to me in writing. I have had the opportunity to ask questions about the study.
- I understand that participation involves sharing my views and experiences with the researchers, while being audio-recorded.
- I understand that I will not benefit directly from participating in this research.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research, I will not be identified using my name or other information that can identify me. This will be done by changing my name and disguising any details which may reveal my identity or the identity of people I speak about.
- I understand that the name of the participating services might be identified, but no public information will link my identity to a specific service.
- I understand that anonymised direct quotations can be used in the write up of the study.

- I understand that if I inform the researcher that I or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms will be retained in a locked file cabinet at the Childhood Development Initiative for a period not exceeding 7 years and only accessible to researchers.
- I understand that the questionnaires will be destroyed after analysis and the anonymised information will be kept at the Childhood Development Initiative in a password protected computer for a period not exceeding 7 years.
- I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Signature of research participant

Signature of participant

Date

Signature of researcher

I believe the participant is giving informed consent to participate in this study.

Signature of researcher

Date

Appendix III



About You and Your Family

ID Number:

1. Are you: Female Male

2. How old are you? _____

3. What is your ethnic or cultural background?

White	
Irish	
Irish traveller	
Any other white background	
Black or Black Irish	
African	
Any other black background	
Asian or Asian Irish	
Chinese	
Any other Asian background	
Other, including mixed background	
Other – write in description	

4. How many children do you have? _____

5. Can you tell me the dates of birth for each of your children?

Child 1	____ / ____ / ____	Child 4	____ / ____ / ____
Child 2	____ / ____ / ____	Child 5	____ / ____ / ____
Child 3	____ / ____ / ____	Child 6	____ / ____ / ____

6. Can you tell me the type of household you live in?

Lone parent Two parents living together

7. Can you tell me about you and / or your partner's work situation?

Just tick the box that best describes your situation/ partner's situation	I am	My partner is
Homemaker, looking after my family and home		
In full- time paid employment		
In part-time paid employment		
Unemployed		
A student		
Retired		
Not able to work due to illness or disability		
Paid state- supported training		
Unpaid state- supported training		
Other (please specify)		

8. What is your highest level of education completed?

Primary Education	
Lower secondary (left before Junior or Inter certificate)	
Junior/ Group/ Inter Certification	
Upper Secondary (left before the Leaving)	
Applied Leaving Certificate	
Leaving Certificate/ A- Levels	
Non – degree qualification (diploma)	
Primary Degree	
Post- graduate qualification	
Other (please specify)	

Appendix IV



Being Dad, Interview Guide.

Prior to starting the interview:

- Give participant the information sheet to read.
- Check the consent form has been signed and returned.
- Ask the participant to complete the profile questionnaire.

Being Dad Interview Semi-Structured Questions

1. What is it like being a Dad?

- Possible prompts and follow up questions: can you give an example of what you mean? Can you elaborate? What effect did that have? What did that look like? What does a typical day look like for you?

2. What does being a Dad mean to you? What are the important things for you now as a dad? What type of Dad do you want to be?

- Possible prompts: where does that come from? Can you give an example of what you mean? What have been your influences? Did you have any initial expectations before becoming a father, if so, what were they and have they changed?

3. What, if any, types of support have you experienced?

- Possible prompts: have you had any support from health professionals before and/or after becoming a Dad? Have you had any support from family/friends? Did you find it useful? How? Why not? What did that look like: where, who, when? How has that helped? Would you have liked any parenting support prior to becoming a Dad? What would that look like: who, where, when? What would make it difficult/easier for you to attend?

4. What personal changes have you experienced since becoming a Dad?

- Possible prompts: What impact has that had on your life? How has your life changed since becoming a Dad?

5. How have you found making the adjustment to being a Dad?

- Possible follow up questions: what type of emotions did you experience early on? How have you dealt with those emotions? How have you bonded with your baby/child? Key moments? Has anything helped you make the adjustment? Did you find anything unhelpful (antenatal & postnatal)? Any difficulties? When did you notice things change?

6. **What challenges have you experienced as a father? Possible prompts how did you cope with that? What got you through? What did you find the hardest thing? Who did you rely on for help?**

7. **Knowing what you know now, what advice would you give to someone who has just become a Dad? Possible prompts: what tips would you give to Dads?**

