Father's Day Every Day: Including Fathers in Pediatric Intergenerational Family Services

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During my social work practicum training I was struck by something. I worked for two large-scale, accomplished social service agencies in the City of Philadelphia, both of which highly prioritized mothers and children. I became immersed in the question, “where are all the men and fathers?” This was especially confounding in the context of emergency housing. Almost all of the family shelters in Philadelphia only accepted mothers and their children; it was not uncommon for men to be separated from their families at intake and told that the mother, father and children could not be placed in emergency housing together.

In the public eye, fathers often receive a reputation for being absent and “deadbeats.” Policymakers, including some in our own backyard, have expressed over and over that they think the government has become a babysitting service for children who have fathers that won’t take care of them. This, while policies set in place actively caused paternal absence? As a social work public health practitioner, this incongruence frustrated me.

My public health training enabled me to research the question, “how did men really feel about conception, the intentionality of pregnancy, childbearing and fathering?” I conducted qualitative interviews with low-income men in Philadelphia, ages 18-26 (both fathers and non-fathers), to better understand their thoughts, actions and intentions surrounding conception and contraception. These interviews were thematically analyzed, the results of which were presented at the annual American Public Health Association conference in 2016. The young men I spoke with were fully aware of the responsibility it took to be a parent and accepted that responsibility as best they could, whether their fatherhood was planned or not. Plenty of research supports this idea, particularly well noted in the book “Doing the Best I Can: Fatherhood in the Inner City” by Kathryn Edin and Timothy Nelson.

In recent years, social service, research and government seem to have come around to this idea too. I have been encouraged by policies in the field of father inclusion that Philadelphia has recently enacted. Stoneleigh Foundation Fellow Rufus Lynch began the Father Friendly Flagship Agency Initiative, which actively encouraged child-serving agencies to review and revise their policies and practices to be more inclusive of fathers. Social service agencies have grown to include fathers in parenting programs, and the Philadelphia Office of Homeless Services is actively revising policies that exclude fathers from family shelters (where appropriate).

The research community has long recognized the importance of father involvement as well. Research has demonstrated that children who have fathers and father figures involved in their lives fare better, experiencing better health, educational and psychosocial outcomes. Yet fathers’ inclusion in pediatric health research has lagged. In a recent article by Dr. Kristen Davison, 80 percent of fathers who responded to a survey about their involvement in pediatric health research felt that they were not asked to participate in pediatric research. Dr. Davison recommended explicitly inviting fathers to participate in research by seeking them out at unique

recruitment locations, and not falling “prey to traditionally held beliefs about parental roles.”

Another article by Dr. Brandon Allport brings this recommendation one step further. Dr. Allport explained that the field of intergenerational family services is growing in pediatric settings, but is often focused on the mother-child dyad. He uses the example of widespread increased efforts to screen for maternal depression during pediatric visits. Addressing child health through maternal depression screening is an incredible step towards recognizing family and intergenerational health, but we mustn’t forget fathers. Dr. Allport urges pediatricians to re-focus on the “mother-father-child triad.”

I’m proud to say that at PolicyLab, our Intergenerational Family Services Portfolio actively supports the inclusion of diverse caregivers in our programming and research, including fathers. Dr. Joanne Wood’s Child Adult-Relationship Enhancement in Primary Care (PriCARE) intervention – a six-week group for caregivers that promotes positive parenting techniques aimed to strengthen the caregiver-child relationship and improve children’s behaviors – boasts a curriculum designed for a diverse set of caregivers. PriCARE has served biological mothers and fathers, as well as aunts, uncles, grandparents and foster parents. Dr. Senbagam Virudachalam’s intervention, Home Plate, a series of peer-mentored cooking classes aimed at improving home food preparation practices in order to improve the health of young toddlers, was also available to all caregivers and served fathers as well as mothers and grandmothers.

As the strategist for the Intergenerational Family Services Portfolio, I intend to make sure men and fathers continue to be represented in our intergenerational family services research. This personal and professional passion of mine is well matched through the portfolio’s current work, but there remains an immense amount of potential growth in this area.

While Father’s Day is a great moment in time to shed light of the importance of fathers and male caregivers in pediatric care and pediatric health research, this must be a year-long conversation if we’re going to ensure optimal and enduring child health. We have the opportunity to grow the field of paternal involvement in pediatrics through our own research and programming, partnerships with other organizations with like-minded goals, and through development of inclusive policies and practices. When caregivers are healthy, children are healthy, and we must continue to be vigilant about keeping fathers and male caregivers a part of that equation.

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