

The newsletter concerning parenting support for black and minority ethnic fathers

Fathers and families with additional needs

We have seen a growth in support to fathers and the public recognition of fathers' parenting role. Yet, there is a group of fathers who are often overlooked, who are invisible. These are fathers and families with additional needs. Essentially, disabled fathers and fathers of disabled children.

Some time ago, the inspection of services to disabled parents noted that services were meeting disabled parents care needs but not their parenting need (Department of Health, 2000)¹. A recent consultation on services to disabled parents again notes that parenting support is still insufficient (Wates, 2006)² and the National Audit Office (2007)³ has pointed out that progress is still to be made in Sure Start services to fathers and parents of disabled children. Disabled parents themselves say developments have been made to support them in bringing up their children. These include parent education programmes and parent groups. Whilst there



is evidence that disabled parents find parenting support (including fathers support groups) beneficial, this support appears to run alongside mainstream parenting education and support (Wates, 2006) at a time when disabled parents emphasise the importance of including them in services and support aimed at all parents.

children are working part time, and the numbers from minority ethnic communities who assume primary childrearing responsibility is extremely small (Johnes, 2006)⁵. In addition to this, there is reluctance of some employers to embrace employed fathers' entitlement to balance their work and home life.

Two recent reports have highlighted the experience of fathers of disabled children and disabled fathers themselves

We know there are a number of legislative rights for parents (both mothers and fathers); including requests for flexible working condition, unpaid leave to care for a child and from April 2007, fathers have the right of up to 26 weeks additional paternity leave. But given the long working hours, economic circumstances, concentration of some minority ethnic men in particular types of work, and the possibility that taking up family friendly working practices might affect their promotion prospects (Jatter, W, Vinter, L and Williams, R, 2002)⁴, it is likely that many fathers from African, Asian and Caribbean communities will not access these flexible employment opportunities, which would allow them to perform their care responsibilities.

Very few men who are the main carer for

Indeed, we know that the caring responsibility of BME fathers of disabled children impacts on their employment status and income (Chamba et al, 1999)⁶ and that black and minority ethnic disabled people have fewer employment opportunities (Butt and Dhaliwal, 2005)⁷. It is therefore likely that disabled fathers themselves have limited opportunities to fulfil their 'breadwinning' role through employment.

Two recent research reports have highlighted the experiences of fathers of disabled children and disabled fathers themselves. The National Deaf Children's Society research on the views of fathers of deaf children looked at the role of the fathers as caregivers, their feelings on having a deaf child and how fathers engage with services (NDCS, 2006)⁸. The fathers were from a variety of ethnic



backgrounds, and community languages as well as British Sign Language were used to carry out the interviews.

The majority of fathers in this study wanted to be involved with their child and decisions made about their child's development.

Medical professionals were found to respond to parents in stereotypical ways, assuming the mother to be the main carer and the one who is most interested in what is happening to the child. Such services were seen as inflexible to fathers' needs, particularly around work commitments. Employers were also found to be unsympathetic to fathers' needing to change their working patterns so they could attend medical appointments, for example.

Essentially the report highlighted that the fathers have specific support needs but there was a lack of father to father group support, with no real opportunity to network and share experiences. Thus the fathers were 'invisible'

to support services and any information directed to the families. Those fathers who attended support groups welcomed the 'time out' from work and coping with their child's additional needs.

Fathers in the study of children with learning difficulties reported high levels of involvement in care and support activities, in particular advocating for support services for their child. *Recognising Fathers* (2006)⁹ explored fathers perceived role, experience with practitioners and issues that affect their involvement with their child.

Very little is known about the experience of minority ethnic fathers and this study made a concerted effort to look at specific issues for this group by working with a small number of fathers from the Bengali community. They were found to have high levels of involvement with their child at home, in the community and with services.

These fathers did not indicate they were experiencing a lack of support, and it is suggested that their support needs were better met because they were living in an area with high numbers of Bengali families, and services that were developed to meet their needs

Interestingly, many of the fathers who were actively involved with their child's care had better English and were able to communicate effectively with professional services. Moreover, the fact that many of these fathers were of retirement age and had more time could be a contributing factor. Follow on work will include a national survey of fathers, which will explore more details of experiences of fathers from minority ethnic communities.

It is suggested the 'invisibility' of fathers' care giving role to practitioners may be due to

work commitments. By not being at appointments for example, medical staff might assume a father has limited involvement in their child's development, rather than implementing more inclusive practices (such as flexibility in appointment scheduling) to enable fathers' to be more involved.

Whilst it is likely that black and minority ethnic fathers may experience similar experiences to fathers per se, their representation in studies are either not identified (NDCS, 2006) or significantly small (Wates, 2006, FPLD, 2006) to allow for major conclusions. It seems there is much more to explore about black and minority ethnic fathers affected by disability and additional needs. The articles that follow in this issue provide some examples of good practice and support to such fathers and their families.

1 Department of Health (2000) *A Jigsaw of Services: Inspection of services to support disabled adults in their parenting role*, Department of Health, London

2 Wates M (2006) *It shouldn't be down to luck*, Disabled Parents Network Handbook Project, London

3 National Audit Office (2006) *Sure Start Children's Centres*, National Audit Office, London

4 Hatter, W, Vinter, L and Williams, R (2002) *Dads on Dads: needs and expectations at home and at work*, Research Discussion Series, Equal Opportunities Commission, London

5 Johnes, G (2007) *Career interruptions and labour market outcomes*, Working Paper Series no: 45, Equal Opportunities Commission, London

6 Chamba et al (1999) *On the Edge: minority ethnic families caring for a severely disabled child*, Policy Press, Bristol

7 Butt J and Dhaliwal S (2005) *Different paths challenging services* Habiteng Housing Association, ASRA Housing and REU, London

8 National Deaf Children's Society (2006) *Has anyone thought to include me? fathers perceptions of having a deaf child and the services that support them*, National Deaf Children's Society, London

9 Foundation for People with Learning Disabilities (2006) *Recognising fathers, understanding the issues faced by fathers of children with a learning disability*, FPLD, London

A disabled father's experience

My name is Waheed Hussain. I am 38 years old and I have lived all my life in Bradford. I am married and have three children; Faizah, Yousuf and Suhayl, aged eight, six and three...

Until two years ago, before I was diagnosed with Degenerative Spine Syndrome, all I did was work, work and more work. My life was very hectic as a motor vehicle technician. My wife would look after the children and I would look after the bills. After being diagnosed with DSS (Degenerative Spine Syndrome) my life took a very sharp turn. Doctors advised me not to continue working as a motor technician. Life had come to a standstill, 'what do I do with myself?' I asked since leaving school all I had done is mend cars. Looking for another job was not an easy option.

For a few weeks it was good having a lie in, getting up late and enjoying TV. It wasn't long before I was bored, and I had gained a few pounds as well. I wanted to help with the household chores but my wife was not having any of that; I was causing more of a problem than helping. My wife would look at conjuring up different ways of getting me out of the house by sending me to the shops and collecting children from the school and nursery. I could sense the tension growing

and knew it would lead to problems.

One day whilst I was collecting my children from the school I came across Syed Razwan, who was from The LEAP project, handing out leaflets for Drop-in sessions for men. Anyway, I took the leaflet scrunched it up and put it into my pocket as a way of courtesy not to upset him, because it was raining and two other fathers ahead of me had just totally ignored him.

Whilst back at home tensions were rising rapidly between me and my wife and I was getting very bored of watching repeats on daytime TV. I wanted to do something where I could be more involved. I remembered the leaflet I had been given by Syed and, desperate to get out of my wife's way, I saw this as an ideal opportunity. I remembered that the drop-in session was on Thursday afternoons. Today was also Thursday so I decided I would go. At least I would get out of the house and a free cup of coffee was on offer. The drop-in was being held at the Barkerend Sure start, which was only walking distance from my home. So off I went.

Upon arriving at the centre reception I was directed to a room where I knocked on the door and entered. Once inside the room Syed welcomed me and introduced me to other fathers in the group; there were at least five or six other fathers. It was really nice getting to meet other fathers and share conversation. From the conversations around the group I found that there were many fathers living in Barkerend who had children with disabilities. The focus of the group was on parenting and disabilities within the community and there was also someone present from Bradford Council. I wasn't really paying much attention but the coffee was nice, and I wasn't getting grief

that Syed and Yousuf organised. We would really enjoy spending time doing activities together. At times it would be difficult to get the children to leave but both Syed and Yousuf were very understanding and would let us stay a little longer.

I was really enjoying this new experience of doing things with my children that I had never experienced before and the whole family relationship was slowly changing to be more positive. The children could not get enough of the activities and would look forward to these on a regular basis whilst I was enjoying doing activities with my three children.

The main turning point came when I enrolled myself on a twelve week parenting programme

from the wife. Soon two hours had passed away and it was time to collect the children from school. This weekend there was going to be dads and kids playgroup session. I decided I would go along with my three children.

Slowly, over the coming months, I continued to attend the drop-in sessions and got more involved in activities organised by the TCS LEAP project. The project had also taken on a new part time worker, Yousuf. I would bring my children to the activity sessions

The main turning point came when I enrolled myself on the twelve week parenting programme and was offered the opportunity to do a video diary of my experiences of the parenting programme and its effects upon my children (see page 8). Upon completion I would also get to keep the video equipment. At first I found it difficult but as the weeks went by, and with the help from Yousuf and Syed, I felt more confident. I was really getting more into it. Even my wife had started to show interest and at times would video the children and

me reading together or doing other activities.

Each week a piece of homework would be given and Yousuf and Syed would reward us for completion. The skills I was learning through the parenting course were really making a difference to my family life. Even my wife thought I was a changed man. Positive changes in the children's behaviour were also being fed back from the school. I was now feeling a sense of achievement. I found I was praising and rewarding my children more on a regular basis. The twelve-week course had made me focus more positively upon the relationship with my family by making small changes here and there.

doing more children orientated things. My wife believes Yousuf and Syed have changed me for the better.

My condition has slowly worsened and at times I am totally housebound. I still try to continue the drop in session when my condition allows me; otherwise it's just a phone call to keep in touch with Syed and Yousuf with what's going on. I have also continued to stay closely in touch with the production company who produced the video and am currently working from home on a new piece of work that will be shown at 2012 Olympics. (Maybe I will get an Oscar in the end.)

It's always 'dad this', 'dad that', which makes me feel like the greatest dad in the world

Upon completion of the video diaries I was offered the opportunity to visit London with my family to the *Strengthening Families, Strengthening Communities Annual Conference*, which is where my video diary would be shown. I took up the opportunity to go. I was nervous but at the end of it all it felt like I had won an Oscar. It was a great experience.

My children have really benefited from this as they get to see more of me, their dad,

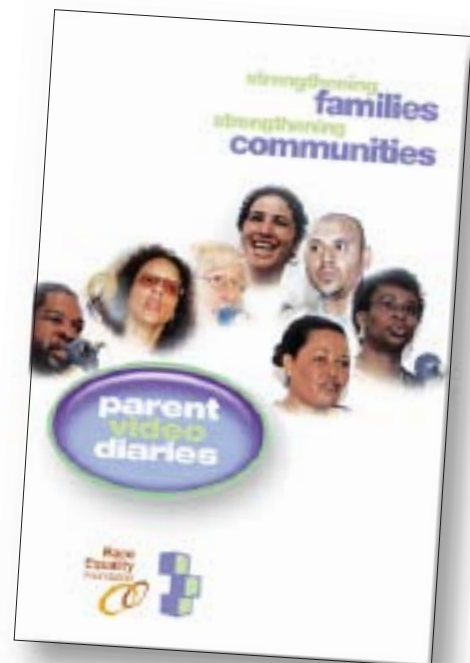
What matters to me the most and above all is that my children have benefited the most as they get to spend more time with their dad. When the children want something they now come to me first rather than my wife, it's always 'dad this', 'dad that', which makes me feel like the greatest dad in the world.

I really can't thank all the people enough who have offered me these unique set of experiences.

The Strengthening Families, Strengthening Communities *Video Diary*

Six families from across the country, including three fathers, were trained in the use of film equipment and kept video diaries as they attended a SFSC Programme.

The parents kept weekly diaries recording their journey through the programme and also filmed themselves interacting with their children, carrying out daily tasks, attending groups and celebrating their completion of the programme. The participants talked about the challenges they faced as parents, their preconceptions of what a parenting programme would be like and their views on what they had gained. The parents took a lead in this work, deciding what they recorded and what was used in the final film.



The video diary film is now available. Please call on **020 7619 6220** for further information or to order.



Father work across the UK

For Fathers – supporting fathers with disabled children



Autistic Spectrum Disorder (ASD) is a lifelong developmental disability. A person with ASD will have difficulties in three main areas; social interaction, communication, and imagination or thinking in a flexible way. The term 'spectrum' is used because the way the condition impacts each person may vary. There are different labels that are used, autism and Asperger's syndrome being the most common. The main difference between the two categories is that a person with the diagnosis of autism will have additional general learning disabilities, whereas a person with 'high-functioning autism' or Asperger's syndrome will have normal intelligence.

ASD is more prevalent in males than females with the ratio being 4:1 for autism, and around 10:1 towards the other end of the spectrum. It is estimated that around 1 in 100 people in the UK is affected by the condition. There are no official figures for autism in ethnic minority communities. However, if we estimate on the current prevalence rates there could be around 11,000 school age children with ASD from minority communities in the UK.

The National Autistic Society (NAS), the UK's leading charity for people with autism and their families and carers. It has started its Black and Minority Ethnic (BME) communities project in London with the realisation that the uptake of their services does not reflect the ethnic mix of the population.

The main aim of the project is to make services accessible for families from BME communities. The project tries to achieve this by working collaboratively with other BME and disability related organisations, providing training around cultural awareness, and providing strategies to organisations to make their services more accessible. Creating awareness about the condition and providing strategies to the parents is a main part of the project. Working with fathers is not a specific goal for the project, but we have always felt that fathers play an important role and there is a need to support them in their parenting role.

In 2005 when the project was collecting information about the experiences of families

from minority ethnic communities affected by ASD, we were conscious to meet fathers and interview them. The result was that three out of the eight stories included in the publication of the booklet 'Invisible families' were jointly narrated by both the parents with a fourth story narrated by a father only.

Some of the issues faced by fathers who have children with autism spectrum conditions are not very different from other BME fathers. The main difference is that for some fathers these can get more complex because of having a disabled child. Attitudes about disability vary in different communities. Some of these attitudes such as having a child with disability is a form of punishment for the sins committed, or is a result of witchcraft does not make it easy to come to terms with the diagnosis of the child. Recent research stating that fathers who have a child after they are 40 years have a higher risk of having a child with ASD added extra guilt for some fathers.

Perhaps it would be easier to understand their child's condition if appropriate support was available. Unfortunately most support services which provide guidance and strategies are available only during the day. This means working fathers may not be able to meet the health visitor, speech and language therapist or other professionals to

understand about their child's condition. In some families this has led to a tilt in the power dynamics of the family with the mother becoming the 'expert'. This might be convenient for some fathers who believe in traditional family roles with mother as the carer. But if the father does want to take an active role in their child's development this may not be possible. Professional perceptions about the role of fathers in minority ethnic communities can also lead to this situation. With common perceptions such as dominant fathers, absentee fathers, etc, professionals may unknowingly discriminate against these fathers.

Fathers from some communities might also find it difficult to understand as a number of languages do not have a word to describe autism or Asperger syndrome. This makes it more difficult to ensure that the family understands the implications of the condition and can come up with strategies.

The project's awareness about issues faced by fathers was useful when Phoenix school, a special school in London borough of Tower Hamlets, approached us with the idea of involving fathers in the school. After discussions it was agreed that we, along with the school Speech and language therapist will run a training programme for fathers who have a child with ASD. The idea

for running a special programme for fathers evolved as the school realised that not many of the fathers were attending the parents training programme provided by the school. It was felt that this could be due to many reasons such as the time of delivery, gender of the professionals delivering the training, and language and cultural issues.

The training that was devised was offered only to fathers and other male relatives in the family. We felt this was important for fathers to explore their issues in an environment where they don't have to project the image of strength. The training was provided over two Saturdays and was delivered by two male professionals. Male interpreters in Bengali and Somali were provided to reduce the barrier of language. It involved providing information about the condition and some

strategies for developing communication skills, and managing challenging behaviours. Information about local services was also provided to the fathers. We received very good feedback from the fathers with some of them mentioning this is the first time they had an opportunity to know more about their child's condition and with requests to run such programmes on a regular basis. The response we got highlights how much fathers appreciate to have appropriate information about their child's condition, and the need for us as professionals to ensure that we always include them while providing information and support to a family.

For further information contact Prithvi Perepa at the National Autistic Society on **020 7704 3806**

Positive parenting – Mobilizing Fathers



On 27th January 2007 Positive Parenting and Children launched its Father's Support Group (Mobilizing Fathers); monthly support sessions for fathers living with HIV, with a grant from Awards for All. Positive Parenting and Children is a registered charity that provides a range of children and families support services,

predominately in South London.

The main themes of this new group are healthy and positive living, parenting, participation and cultural considerations. The group will place emphasis on discussing taboo issues and encouraging fathers to become more active and

confident in their parental roles.

The fathers will be encouraged to participate and steer the topics of the workshops. They will be encouraged to share their experience and lead discussions.

The Father's group will be open access across London for men living with HIV, whether infected or affected. From time to time mothers may be included to enhance the focus on father's issues. Guest speakers who are expert in health, community issues, and family support are invited to provide information on specific topics and give the fathers opportunity to talk with other professionals about their fears, needs and hopes.

We previously ran four discussion sessions within a pilot project for the London Borough of Southwark, with nine fathers attending any one session. The themes we have planned for our current workshops directly reflect the needs listed by the men and fathers. The fathers stated that they felt neglected from mainstream services and stated that there needed to be a specific support and awareness group for positive men.

As we have seen from our pilot discussion and having researched the project, those attending the Father's group are hard to

reach groups in the area of HIV support, namely men and refugees.

There are many barriers to participation, and such groups dependence on word of mouth recommendation and direct support to the group members. In our first session five fathers attended. We hope that by the end of November 2007, 30 fathers have made use of the group.



PPC is often approached by other organizations and individuals seeking views from people living with HIV and AIDS. We would like to develop the confidence of service users in responding to such requests.

The group runs on the third Saturday of the month and we also provide a cr che for children to be looked after during the workshops. A light lunch is provided.

For further information please contact Oscar Isaac, PPC Fathers Support Worker
020 7738 7333 or
oscar@ppclondon.org.uk

Information exchange

Changes to paternity leave

From April 2007, the Work and Families Act 2006 will give fathers a new right for extend paternity leave up to 26 weeks. Some of this leave maybe paid if the mother returns to work. Further information www.dti.gov.uk

Gender Equality Duty

The Gender Equality Duty comes into force on 6 April 2007. At this time, public bodies who have a general duty to promote gender equality and eliminate discrimination. The

bodies (health, housing, education, local government and the criminal justice system) need to have in place their gender equality scheme setting out the specific actions the public body will undertake to promote and ensure equality for men and women who are employees or use their services. Private and voluntary organisations carrying out public services are also subject to the duty. The Commission for Equality and Human rights will have overall responsibility for enforcing the duty. General guidance on how to implement the code of practice is available from the Equal Opportunities Commission website www.eoc.gov.uk

About the Race Equality Foundation

The Race Equality Foundation is a registered charity working towards better social support and social care for Britain's black and minority ethnic communities. For further information or a copy of our annual review, contact Bendu Walker.

Race Equality Foundation, Unit 35 Kings Exchange, Tileyard Road, London N7 9AH

Tel: 020 7619 6220 Fax: 020 7619 6230 www.reu.org.uk

Contributions to this newsletter are welcome. Please contact Tracey Bignall on **020 7619 6225** or email tracey@racefound.org.uk