

Experiences of Single Fathers whose Children have
used Mental Health Services

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ABSTRACT

Background: While much research has been conducted with single mothers, comparatively little has been undertaken with single-father families. Research done with this minority group has tended to focus on the ways in which this family structure is associated with disadvantage and poorer psychological outcomes for fathers and children, where gender tends to be discussed in individualistic or simplistic terms. Therefore, little is known about how these contexts affect single fathers' day-to-day experiences and their experiences of parenting children who present with psychological distress. **Method:** Semi-structured interviews were undertaken with eight men identifying as single fathers and parenting children accessing mental health services. Thematic analysis of the data was guided by Braun and Clarke's (2006) six phase approach and was underpinned by a critical realist epistemology. **Results:** Five themes showed issues pertinent to this group as; a) negotiating gendered representations of single-fathering; b) feeling excluded by these and isolated and lonely in the context of finding it harder to socialise and form romantic relationships; c) feeling the 'weight' of responsibility for children and negotiating the role of the father in the context of single-parenthood and children's distress; d) (struggling to) make meaning of and manage distress and not coping; and e) experiences with children's services that prevent or enable access and the ways in which the power of professionals transcends this issue to define 'good' parenting. **Conclusions:** Findings are discussed with reference to the gender and parenting literature and their implications for future research and clinical practice.

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1. INTRODUCTION

1.1. Literature Review

A literature search was conducted across databases PsychInfo, CINHALL and ScienceDirect. The search terms 'single father' and 'lone father'¹ were used in initial searches and later as 'indexed' search terms (e.g. "DEsingle father") and combined to refine the search. Since the body of literature in this area is relatively small, no date ranges were implemented. These search criteria yielded the majority of relevant literature on the topic (PsychInfo: 91 results, 64 of which were relevant; CINHALL: 290 results, 42 relevant; ScienceDirect: 150 results, 44 relevant).

Search terms in articles of interest were noted and used for further searches (e.g. "family structure" in combination with limiting by 'male') (PsychInfo: 5038 results, 12 of which were relevant; CINHALL: 6019, 10 relevant; ScienceDirect: 6383, 18 relevant). Reference lists in articles of interest were also used to gather relevant literature.

1.2. The Changing Family Structure

¹ Although the term 'lone father' is used in the U.K. literature, 'single father' is a more common lay term with which participants in this study identified and is therefore used throughout this report for consistency.

The structure of the U.K. family has changed significantly since the 1970s. One striking change has been the increase in single-parent families, which tripled between 1971 and 1998 from 8% to 25% and has remained constant since (Office of National Statistics (ONS), 2013).

This increase can be understood largely in terms of the rise of the single-mother family, accounting for 91% of single parents with dependent children (ONS, 2013); a statistic that reflects changing societal attitudes and economic opportunities for women, including policy reforms relating to divorce; a major route to single motherhood in Britain (Whitehead, Burstrom & Diderichsen, 2000). Whereas single mothers have become commonplace, single-father families remain strikingly rare, representing just 1-2% of all U.K. families since 1971 (ONS, 2013).

Similar patterns have been recorded for countries outside the U.K., including Scandinavian countries, where 3% of children were living in single-father families in Denmark in 2010; a statistic that has also remained stable since the 1980s (Christiansen, 2014). Research originating in the U.S. (e.g. Meyer & Garasky, 1993) and Canada (e.g. Beaupre, Dryburgh & Wendt, 2010) using national datasets show a slightly different picture, where single-father families - despite their small numbers - have shown a steady increase. This has been most dramatic in the U.S. where the rate of growth has been reported at more than double that of single mother families (Bianchi, 1995; Garasky & Meyer, 1996), accounting for 15% of all single parent families in 1990 (Meyer & Garasky, 1993). However, Brown (2000) notes problems with national datasets whose definition of 'single' has historically been synonymous with 'not married',

leading to over-inclusive samples. This problematizes the reported increase in prevalence of single father families in the U.S. (Bumpass, Raley & Sweet, 1995), which is likely to be an over-estimate (Garasky & Meyer, 1996).

Nevertheless, these estimates help to make sense of why research on single fathers has originated predominantly from the U.S. and Canada, while little has been written from a U.K. perspective. Indeed, while the rise of the single-mother family triggered a peak in interest in the literature in the 1990s, comparatively little has been written about single fathers. This is despite fathers' significant role in children's development (Lamb, 2010) and despite the growing ideology of gender equality that has shaped family life and fathering (Pleck, 2004; Walters, 2011).

1.3. What is Fathering?

Implicit in questions concerned with the experience of single fathering is the positioning of this phenomenon in relation to 'traditional' fathering. Therefore, fathering itself needs some introduction (albeit brief, since an in-depth exploration is beyond the scope of this research) to set the scene for how single-fathering can be understood in comparison.

Defining fathering is not a simple task. This is not least because of the wide variability in how men take up childcare, but also the number of different vantage points from which it has been studied (Lewis & Lamb, 2007; Featherstone, 2009), making it something of an "amorphous phenomenon" (Lupton & Barclay, 1997) (p. 3). In this sense defining what fathering 'is' is

difficult, since it has been located in a number of different places; in the quantity or quality of men's direct care of children (i.e. Day & Lamb, 2004), in the activities of men that have an indirect bearing on children's wellbeing (i.e. participating in activities that serve to protect opportunities for the next generation) (Morgan, 1998), and outside of the individual., in socio-cultural discourses that provide a script for how fathering is enacted (Lupton & Barclay, 1997).

Despite this variability, there tend to exist dominant notions of what constitutes fathering and these have changed over time (Lamb, 2000).

1.3.1. The Changing Face of Fathering

Pleck's (1987) study of historical cultural depictions of fathering in the U.S. shows four discernible phases, each with a differing prominent motif. These include the 'moral teacher', associated with the importance of religion and Christian values of the puritan era, and the 'breadwinner'; a response to the importance placed on out-of-home work following the industrial revolution (Pleck, 1987). During the 1940s, the rising profile of psychoanalytic theory (Pleck, 1987) led to the representation of fathers as role models of masculinity for their sons (Pleck, 1987) and later de-centred fathers in children's development as the emphasis shifted to mothers in the Kleinian era (Featherstone, 2009) .

Most recently, there has been a shift towards privileging the 'new nurturant' father who is actively involved in caregiving (Pleck, 1987), stimulating research into the presence or absence of fathers in a dichotomous way (Lamb, 2000) and

later, more multi-faceted conceptualisations of 'involvement' (Lamb, 2000) measured in terms of engagement, accessibility and responsibility (Lamb, Pleck, Charnov & Levine, 1987).

Despite the dominance of varying motifs, attention to one above another has led to a simplistic view of fathering (Lamb, 2000; Lamb & Tamis-LeMonda, 2004).

This has had the effect of restricting attention from broader, more inclusive understandings (Lamb, 2000) that recognise the ways in which these representations interact and intersect with the "complex intertwining of acculturation and personal biography" (Lupton & Barclay, 1997, p. 151) for individual fathers.

1.3.2. Fathering and Masculinity

Masculinity is one such realm in which fathering exists, yet is not always explicit in the fathering literature. Feminist critiques note the effect of this in obscuring the relationship of fathering to the gender equality debate, reinforcing gendered inequalities in parenting (Featherstone, 2009), for example New Labour policy, which responded to 'new nurturant' fathering, yet with an emphasis on supporting fathers as providers of money rather than care (Featherstone, 2009).

Indeed, nor is fathering well-represented as a site of masculinity in the gender literature (Lupton and Barclay, 1997). This is understood as related to a notion that masculinity revolves around bodily action (sports, work) and activities in the public realm and not those in the private sphere, such as relationships and fathering (Lupton and Barclay, 1997). Embodiment is a starting point for understanding the differing 'roles' of mothers and fathers. Unlike mothering, which is associated with a protracted biological process, the biological

responsibilities of fathers tend to be thought of as relatively brief in comparison (Garbarino, 2000). Further, the blurring of bodily boundaries for women (through pregnancy and breastfeeding) has led to the idea of nurturance as an 'instinctive' attribute of mothers – the 'expert' parent - versus a 'capacity' in fathers (Lupton & Barclay, 1997). Positioned as 'less-expert', fathers are less likely to take on caring practices and acquire equivalent knowledge and status. Accordingly, others who are interested in promoting children's wellbeing (i.e. children's services) are less likely to seek out him out, reinforcing these positions (Lupton & Barclay, 1997).

Although embodied examples of fathering are not privileged or available to the extent of those associated with mothering, Lupton & Barclay (1997), note examples of embodied fathering in the accounts of four fathers, such as the child's manifestation of physical or personality aspects inherited from father, which heighten his sense of the child being a 'part of me' (Lupton & Barclay, 1997). Similarly, in his account of parenting a daughter with a learning disability, single father Joseph Wetchler (2005) describes his daughter's tendency to communicate via subtle differences in touch, requiring physical closeness and proximity; a blurring of bodily boundaries experienced as "enmeshment" (Wetchler, 2005, p.70). Such accounts trouble the boundary between activities considered to be 'mothering' and 'fathering' and to whom these belong. They highlight how the experience of fathers may vary from dominant discourses of masculinity and perhaps particularly where fathers are expected to take up parenting tasks that diverge from what might be considered the 'norm' (i.e. single-fathering and parenting children with extra needs).

Clearly there is much to be learnt about how masculinity and fathering is negotiated in these circumstances.

1.4. How are Single Fathers Similar and Different to other Families?

Studies that have attended to this minority group have focussed predominantly on the ways in which single fathers differ from married fathers and single mothers, according to structural and circumstantial factors and health outcomes.

1.4.1. Financial Status

This is particularly so with regard to financial status, where a consensus in the literature shows that single fathers are more likely to have a substantially higher income than single mothers (Meyer & Garasky, 1993; Eggebeen, Snyder & Manning, 1996; Hill & Hilton, 1999; Brown, 2000; Zhan & Pandey, 2004; Cooper et al., 2008). This difference has endured over time and been found even after measurement errors (i.e. data that makes no distinction between non-married cohabiting fathers and single fathers) have been accounted for (i.e. Garasky & Meyer, 1996; Brown, 2000). In U.S. studies, where the majority of research originates, single fathers' income is approximately double that of single mothers (Hilton & Desrochers, 2000), with half of single fathers versus a quarter of single mothers employed in professional occupations where there is higher job stability (Hilton & Desrochers, 2000), perhaps reflecting higher levels of education compared with single mothers (Brown, 2000). Bronte-Tinkew, Scott & Lilja,

(2010) suggest that the tendency for single fathers to be parenting less children, may be another factor in them being better-off financially than single mothers.

Despite this advantage, single fathers' income is significantly lower than cohabiting and married fathers (Eggebeen et al., 1996; Brown, 2000) with many living in poverty (Meyer & Garasky, 1993); a socioeconomic gap, which Brown (2000) reports to be widening. Brown (2000) reports on data from a U.S. national dataset, finding that single fathers work less hours than married fathers, with one in nine not working at all, suggesting that many single fathers are parenting full-time (Brown, 2000). This is also true for U.K. single fathers, who are far less likely than other fathers to be working full time (O'Brien, 2004). A survey of British single fathers cited difficulty in balancing work and childcare with perceived detrimental effects to career as a primary reason for leaving employment (Gingerbread, 2000).

Given their lower rates of income, unsurprisingly many single fathers rely heavily on state support to subsidise their material wellbeing (i.e. subsidised school lunches, and public health insurance) and this is in striking contrast to married families (Brown, 2000). Despite their reliance on state welfare, single fathers may not always receive the support they need or are entitled to. For example, Meyer & Garasky's (1993) review article of three U.S. datasets reported that of single parents awarded child support payments (approximately 30% of single fathers), fathers were less likely to receive a payment from their child's other parent than mothers were, with nearly half receiving nothing. The authors critique U.S. child support policies as being established under the

gendered assumption that women will assume sole custody of their children, disadvantaging single fathers (Meyer & Garasky, 1993).

Studies of within-group diversity have added to the picture of single fathers' structural position, described by Althaus (1996) as the transformation of single fatherhood from "private misfortune" (p. 149) (associated primarily with the death of a partner) to "social issue" (p. 149) given the substantial increase in never-married single fathers, where a significant relationship with financial status has been demonstrated. Never-married single fathers are likely to be less educated (Meyer & Garasky, 1993; Althaus, 1996; Eggebeen, et al., 1996; Zhan & Pandey, 2004), work in less stable jobs (Eggebeen et al., 1996), with a lower income (Althaus, 1996) and are more likely to live below the poverty line (Althaus, 1996; Eggebeen et al., 1996; Zhan & Pandey, 2004) than divorced, single fathers. Indeed, never-married status contributes to particularly stark inequalities between single mothers' and fathers' income with less discrepancy amongst divorced single mothers and fathers (Meyer & Garasky, 1993). Zhan and Pandey (2004) found that the context of marital status was particularly influential for single fathers compared with mothers, where, after controlling for a range of demographics, previously married single fathers had higher income and house values than never-married fathers; a finding not replicated amongst single mothers.

1.4.2. Age, Ethnicity and Social Class

Other comparisons made between single fathers, single mothers and married fathers have produced less consistent findings, due largely to the study of single fathers as a homogenous group (Eggebeen, et al., 1996; Amato, 2000), which

has been described as a “major limitation” of the single-father literature (Amato, 2000, p. 150), obscuring diversity. For example, data collected in the 1980’s and 1990s (i.e. Grief, 1985; Hanson, 1988) tended to represent single fathers as White, middle class, older, divorced men (Hamer & Marchioro, 2002), parenting less children (Grief, 1985; Brown, 2000; Bronte-Tinkew et al., 2010) who themselves tended to be older (Grief, 1985; Brown, 2000) compared with single mother and two-parent families. In fact, the study of within-group differences shows that the demographic of this group has diversified in recent years (Garasky & Meyer, 1996; Eggebeen et al., 1996; Amato, 2000), becoming increasingly younger, ethnically diverse, less affluent and parenting younger children (Althaus, 1996; Eggebeen et al., 1996).

Understandings of these apparent changes have included critiques of methodology, such as the use of datasets based on unrepresentative samples and inappropriate comparison groups (Meyer & Garasky, 1993), or recruitment strategies relying on samples from formal parenting networks, where low-income men and men of minority ethnicities are likely to have been excluded (Hamer & Marchioro, 2002). In addition, the passage of time is another factor in variability, where social and policy changes such as the eradication of the ‘tender years’ doctrine in the U.S. (historically favouring custody of young children with the mother), and acceptability associated with single fathers’ growing numbers (in the U.S. at least) may also have contributed to diversity.

1.4.3. Social Support

Studies show variable findings depending on the approach taken to what constitutes ‘social support’. Those that compare counts of available ‘supportive’

adults in the networks of single fathers show a relatively positive picture. For example, single fathers are more likely than single mothers to have other adults living with them (Brown, 2000; Zhan & Pandey, 2004), such as extended family. In a review of US literature Grief (1995) noted that, although variable in frequency and nature, the majority of single fathers were dating and, indeed, single fathers are more likely to re-marry than single mothers (41% versus 23%) (Meyer and Garasky, 1993).

However, in papers borne out of clinical contexts and those that take a more nuanced approach, social isolation is referenced more often as a particular issue faced by single fathers. For example, although apparently active in forming romantic relationships, Hughes & Scoloveno (1984) discuss how this may go alongside an experience of pressure from friends and family to re-marry; a pressure that Meyer & Garasky (1993) locate in the tendency of the legal system to look more favourably on awarding custody to married fathers. Furthermore, although single fathers may enjoy greater social contact than married fathers (Patulny, 2012), a national Australian study comparing separated and divorced men showed that this did not necessarily equate to the perception of social support. For example, single fathers were more likely to report a lack of someone to help out in a crisis, or confide in than were married fathers (Patulny, 2012).

The importance of workplace relationships and the potential loss of these due to extra childcare responsibilities may prove to be another significant way in which single fathers' access to social support is affected (Gingerbread, 2000; Patulny, 2012), not least because of the financial constraints on the social lives of those

who work less or not at all. Although single mothers no doubt face similar challenges, the dominance of the 'father as provider' discourse may make a lack of time spent in the workplace a particularly challenging transition.

In a paper based on the implementation of a peer support group for widowed single fathers, Yopp & Rosenstein (2012) describe various experiences of isolation in addition to the bereavement, including acting as the sole parent balancing many responsibilities, yet with an absence of peers to share the experience with given the relative rarity of single-father families (Yopp & Rosenstein, 2012). Griffiths (1996) highlights this as particularly relevant to the British context where single fathers are less numerous than in Australia, Canada and the U.S. He suggests that loneliness may be heightened where peer groups consist mostly of single mothers, from whom some men have been exposed to negative attitudes by virtue of their role as primary caregiver (Griffiths, 1999). This was also a major finding in a survey of British single fathers by the single-parent charity Gingerbread, where 61% reported feeling as though society had a negative attitude towards them (Gingerbread, 2000). Negative attitudes may make it harder for single fathers to socialise and network in common settings, such as at the school gates (Walters, 2011), which is likely to contribute to their alienation and isolation. Amato (2000) comments on the tendency for never-married single parents to attract moral judgements about their 'hedonistic and irresponsible' lifestyle, suggesting that negative attitudes may affect single fathers in different ways.

Attitudes towards various family structures have been the focus of a couple of empirical studies using large U.S. samples from mainly student populations

(Troilo & Coleman 2008; DeJean, McGeorge & Carlson, 2012). In DeJean et al's (2012) study, single fathers were generally viewed more positively than single mothers, understood to be related to the assumption that single fathers are to be admired for stepping up to a role not 'natural' for men (Anderson, 2005) and where something must have gone wrong for mother not to have assumed care (Nieto, 1982). Illustrating the effect of intersecting contexts of gender and single parenting, the one exception to this finding was participants' preference for single mothers when asked who they would choose to look after their child (DeJean et al., 2012), seemingly related to discourses of mother as 'expert' parent.

These perceptions appear to translate to the experiences of single fathers. In his personal account Wetchler (2005) describes others' reactions, including men's sadness for him and women's admiration for being 'special', scepticism and attempts to help out, and anger towards him regarding a belief that he must have done something terrible for mother to leave. The latter - a more blaming reaction than DeJean et al's (2012) findings – perhaps highlights another important intersection; the context of involvement with services, where Wetchler (2005) describes feeling under suspicion. This resonates with research in the social care context, where discourses about fathers as a 'threat' and as 'unimportant' (Scourfield, 2003) have been reported to contribute to the tendency for professionals to view single fathers as less deserving of support than single mothers (Kullberg, 2005).

Despite the various ways in which single fathers may be more likely to experience isolation, parenthood offers opportunities for social support not

available to those without children (Patulny, 2012) and is one social relationship that may thrive in single fatherhood, such as the 80% who reported closer relationships with their children as a result (Gingerbread, 2000).

1.4.4. Help-Seeking

Related to social support, a minority of studies have focussed on help-seeking amongst single fathers. Cohen & Savaya (2000) used questionnaires to compare the self-report of Israeli single mothers and fathers regarding the help they wanted and received from three sources: family of origin, family of ex-spouse and new partner. Compared with single mothers matched for education, number and age of children, single fathers reported wanting and receiving less help. However, a lack of control for income was likely to be a significant confound given evidence showing single fathers' higher income, which the authors acknowledge could have been used to buy help. The study's lack of critical reflection on its underlying assumption of a "traditional male reluctance to ask for assistance" (p. 1444) may have also influenced the results. For example, to admit to wanting help is in contrast to hegemonic masculine ideals, and therefore a questionnaire explicitly asking this of men may fall foul of social desirability bias. Lastly, the study did not include alternative – possibly preferred - sources of help (i.e. friendships, professional or web-based help).

Nevertheless, other studies have shown a similar reluctance amongst single fathers to seek help, compared with single mothers. Leininger & Zioli-Guest (2008) found that this also extended to poorer help-seeking on behalf of children, who were found to have worse access to care compared with those of single mothers. Wolff, Pak, Meeske, Worden & Katz (2010) interviewed fathers

(including five single fathers) who had assumed a primary medical caretaker role for their children, of whom some did indeed report not wanting to ask for help. Unhelpfully, the reasons behind this are not elaborated on in the study, which had few original quotes and an absence of analytical detail about why this pattern of help-seeking should be identified by this (albeit small) group of men. However, it does summarise the accounts of fathers who report relying more heavily on practical than emotional support, such as help with childcare, hospital cafeteria vouchers and sources of information, via which avenues emotional support was often found as well (Wolff et al., 2010). This suggests that direct emotional support and help with the tasks of parenting may not always be the kind of help that single fathers are most interested in receiving.

Despite this, the latter continues to be the focus of helping professions in the majority of adult and child psychological services in the U.K., yet the above research positions a lack of help-seeking as the responsibility of the father. Studies that highlight negative attitudes towards single fathers (Gingerbread, 2000), state welfare systems that may not help even when fathers are eligible (Meyer & Garasky, 1993) and professional systems that are geared towards mothers as the 'expert' parent in their practices (Lupton & Barclay, 1997) highlight the alternative possibility that asking for help may seem like a futile exercise for single fathers. Either way, of note from this summary is that single fathers may seek help for themselves or their children less, which should be a concern for helping professionals, particularly since many of these families have experienced bereavement, divorce or separation.

1.4.5. Physical and Mental Health

Given the potential for social isolation and findings that suggest many experience poverty, it is unsurprising that research on this topic has found consistently higher rates of distress (Cooper et al., 2008; Wade, Veldhuizen & Cairney, 2011; Collings, Jenkin, Carter & Signal, 2014) and a higher risk of premature mortality (Weitof, Burstrom and Rosen, 2004) amongst single compared with married fathers. In understanding how this compares with single mothers, findings are mixed and there is significant variability in how this disadvantage is understood. For example, a U.K. study by Cooper et al. (2008) compared rates of depression and anxiety between single and married mothers and fathers, including 73 single fathers. Although no significant differences were found between single mothers and fathers, the significance of the relationship between sex, parental status and distress diminished for single mothers when financial strain and lack of social support were accounted for. This was not the case for single fathers, suggesting some difference in the nature of their distress compared with mothers. Again, no significant differences in rates of distress between single mothers and fathers were found in a study by Wade et al (2011) who investigated the prevalence of anxiety, low mood and substance use amongst a much larger, national Canadian sample of single versus married parents, including 769 single fathers. There were differences, however, in the type of distress, with single fathers more likely to score on substance use measures and mothers on depression and anxiety measures. Contrary to Cooper et al's (2008) finding, a more nuanced measure of social support in the Wade et al study appeared to contribute to the significance of this as a protective factor for single fathers, but – confusingly – not for single mothers. For both parties, financial status was not a significant moderator.

While Hill & Hilton's (1999) U.S. study did find a difference in rates and severity of depression between single mothers and fathers (mothers more likely score as 'depressed' and at more 'severe' levels), they found few significant differences on the variables used to predict depression. For example, for both mothers and fathers, scoring for depression was associated with low levels of satisfaction in their role as single parent, external locus of control and a reduction in income. However, social support was not measured in detail and income was accounted for only as a self-reported categorical variable (perception of change of income on a five point scale). Lastly, Collings et al (2014) used linear regression to show higher rates of psychological distress on an anxiety/depression measure amongst single mothers than for single fathers. Unlike previous studies, the relationship between psychological distress and single parent status was non-significant after accounting for the effect of education, labour force status and socioeconomic deprivation; a more detailed analysis of social variables than in prior studies.

In summary, it seems likely that rates of distress are higher for single fathers than for married fathers because of their single status. What remains unclear are the relative contributions of factors disadvantaging single parents; socioeconomic status (Collings et al., 2014), 'role strain' (Hill & Hilton, 1999) and social support (Wade et al., 2011) being but a few suggested. In addition, the relationship between distress and sex of the single parent remains unclear – whether there are differences and, if so, why? It seems likely that socioeconomic deprivation does play a role, particularly given the higher rates and/or severity of mothers' distress in some of the above studies alongside consistent evidence that they are financially worse-off. However, the findings

above suggest that factors contributing to single fathers' distress may be different to those of single mothers. Indeed, although mentioned by some (Cooper et al., 2008; Wade et al., 2011), none of the above account for the circumstances leading to single-father status in their analysis, which may be qualitatively different to those experienced by mothers. For example, circumstances where fathers receive custody have the potential of being more disputed or distressing and are perhaps more likely to involve legal and/or child protection services if there are doubts about mother's ability to parent. Weitoft et al (2004) hypothesise that courts are unlikely to award custody to fathers with mental health or addiction problems, skewing the wellness of this group compared with others. Further, none of the studies account for the unique social experience of being a single father (i.e. lack of peers, experience of negative attitudes), which may also contribute to distress.

Despite the absence of a clear understanding of what underpins this relationship, there is a tendency for those researching single-fathers' 'mental health' to couch their findings in individualistic descriptions of gender and/or role theory, foregrounding the relationship between single parenthood and disorder, for example; "it is clear from our results that lone parenting is associated with diminished mental health" (Cooper et al., 2008 p. 341). This has the function of leaving the reader with, a) the skewed impression that the majority of single fathers are 'disordered' when findings suggest that the majority are not distressed to a clinical level (rates range between 9% and 33%), and b) that something in the nature of single fathers is 'disordered', rather than distress as an understandable reaction to the challenging situations they face. Further, gender is dealt with in the absence of a critical take on what it means to be a

man and a primary caregiver in the cultural contexts in which the studies take place and how this relates to levels of distress.

1.5. A Critical Approach to the Influence of Gender on Single Fathers

In the single-father literature, gender is referenced in most cases as explaining why these men's experiences are unique. Explanatory accounts range from realist perspectives equating gender with sex differences (Wade et al., 2011), to vague accounts of gendered "cultural messages" (Coles, 2009, p. 1322) and stereotypes (West et al., 2009), all of which are simplistic in their understanding and do not fully attend to socio-political processes contributing to gender 'norms'.

Hook and Chalasani (2008) critique the tendency in the single father literature towards juxtaposing individual-level explanations of sex differences with structural-level theories, arguing that an interactional approach more adequately explains the uniquely intersecting pressures that single fathers face (e.g. pressure to behave as 'mother' and as 'man'):

"Even in identical structural positions we can expect behaviours to diverge by gender precisely because the structural position is incongruent with gender norms. There are contradictory forces simultaneously pushing single fathers toward and away from 'mothering'" (p.979).

Their comparison of single and married mothers and fathers from a large, national U.S. sample, on measures of parental involvement showed single fathers were less accessible to children aged six or under than were mothers and married fathers, which is understood in two ways. Firstly, they note the interaction between the task of primary caregiver and an ideology of motherhood that “valorises intensive and exclusive maternal care” (p. 980), where those who spend most time in the practice of mothering are ‘better’ parents (Hays, 1996). Hence, single fathers by virtue of their gender, may identify with this ‘ideal’ less (Hook & Chalasani, 2008). Secondly, they note the influence of this ideology on the perception of fathers as inadequate parents, shaping the greater involvement of non-custodial mothers than non-custodial fathers. Hence, single fathers were less accessible to their younger children because of a greater level of shared care between parents (Hook & Chalasani, 2008). Although a positive aspect of single-fatherhood given evidence of better outcomes for children whose parents are able to successfully negotiate shared care post-divorce (Hetherington & Kelly, 2003), one can see how such a finding may be interpreted in line with stereotypes of ‘absent’ fathers.

1.5.1. The role of research in perpetuating gender stereotypes

The above highlights the potential of research to perpetuate unhelpful stereotypes, particularly given the fluidity of the construct and its complex interaction with context (Hook & Chalasani, 2008). Understanding these complexities is further complicated by the action of studying them. Hook and Chalasani (2008) note such practices as the reporting of statistical significance despite negligible effect size and failure to control for employment, as limitations of previous research which have amplified differences attributed to the

individual. Indeed, much of the literature positions financial income, class, education or employment as ‘confounders’ of the relationship under study, despite findings of significance often being accounted for by these variables. Even where there is a clear link between structural disadvantage and outcomes, this is interpreted with excessive caution and attributed in the main to methodological shortfalls:

“In a cross-sectional study, the direction of causality of the relationship found between financial strain and mental disorder in lone parents must remain ambiguous, albeit plausible” (Cooper et al., 2008, p. 341)

Such practices create and amplify individual difference between mothers and fathers, reinforcing the socially constructed distinctions in gender that they set out to measure. Wetchler (2005) notes how stereotypes can be perpetuated as much through omission as commission, where the study of single fathers as a discrete group in isolation could be seen as an ‘othering’ practice. This is well illustrated in Coles’ (2003) finding that men’s experience of their fathers as ‘absent’ or ‘uninvolved’ motivated them to be more involved parents. Whilst this may have been true for these participants, the experience of reflecting on one’s own childhood with a focus on how we want to replicate or change our own parenting practices is a common, if not universal experience. Reporting it in isolation of the general parenting population leaves the reader with the idea that single fatherhood is a phenomenon that is in some way the result of poor parenting or role models. In fact, in many cases single mothers and fathers are likely to be more alike than different (i.e. demographically (Hill & Hilton, 1999)). In Grief’s (1995) review of the U.S. literature, he criticises the research on the

basis of perpetuating the “expectation of a straw man” by approaching single fathers with the assumption that they will be stressed and incompetent.

In the hope of mitigating against perpetuating unhelpful gender stereotypes, the present study strives to report findings in context, go beyond a descriptive account and qualify findings with statements of positioning and reflexivity.

1.6. Single Fathers and Child Outcomes

One more recent focus for research has been investigating the ways in which family structure affects child outcomes. This is predominantly represented in the literature as the presentation of ‘mental health’ or ‘behavioural’ problems in children.

Children of single fathers have been reported to fare worse on a number of indicators than children living with married parents (Zill, 1988). Studies linking single fatherhood to child mental health problems have tended to highlight a higher risk of behavioural or ‘externalising’ problems (Risman & Park, 1988; Schnayer & Orr, 1989; Hilton & Desrochers, 2002; Demuth & Brown, 2004) including alcohol and substance use (Breivik & Olweus, 2006; Breivik, Olweus & Enderson, 2009), cigarette smoking (Bjarnason et al., 2003), anti-social behaviour (Breivik & Olweus, 2006; Breivik et al., 2009) and poorer academic performance (Schnayer & Orr, 1989; Downey, 1994; Battle & Coates, 2004; Lin, Hsieh & Lin, 2013) than children living in two parent families and, to a lesser extent, with single mothers. Most studies that have examined this link have come to differing conclusions about the factors underlying these relationships,

about which there seems to be a consensus that individual level sex differences between mothers and fathers (the idea that mothers and fathers parent differently by nature) is not one (Risman & Park, 1988; Schnayer & Orr, 1989; Downey, Ainsworth-Darnell & Dufur, 1998; Hilton & Desrochers, 2002; Breivik & Olweus, 2006)

1.6.1. Parental Monitoring

A number of studies have put forward the idea that a higher level of behavioural problems amongst the children of single parents may have to do with a lack of parental supervision. Hilton & Desrochers (2002) found that child behaviour problems had a direct relationship with marital status, where children in single-parent families - regardless of sex of the parent - showed significantly higher scores on a standardised measure of externalising problems. This direct relationship was conceptualised by the authors as associated with the reduced resources of single parents by virtue of there being one and not two adults responsible for children's supervision. This claim was tested by Breivik et al (2009) who found that less parental monitoring accounted for a large proportion of the relationship between single parenting and antisocial behaviour in single-father families, versus a small to moderate effect where parents were single mothers. Bronte-Tinkew et al (2010) report similar findings with regard to school completion. They demonstrate a link with more permissive and less involved parenting styles amongst single fathers, with which Demuth & Brown's (1994) research agrees; finding a unique effect of 'parental absence' that moderated the higher rate of 'delinquency' in children of single fathers.

Although monitoring theories make plausible sense, research that has demonstrated this link has been based on, a) adolescent perception of parental monitoring, the validity of which is questionable, and b) crude scaling measures limited to a few items (i.e. asking adolescents to scale the item “parent is permissive or strict about making sure you did what you were supposed to do” (Bronte-Tinkew et al., 2010)). Further, despite a large body of high quality research dedicated to deconstructing and testing the concept of ‘father involvement’ (see Lamb, 2010) in response to simplistic present/absent dichotomies, the research presented above does not make reference to this.

1.6.2. Circumstances Leading to Single Parenthood

Others have suggested that varying circumstances under which single fathers assume primary responsibility for their children, may have an impact on children’s distress. Risman and Park (1988) found that, regardless of sex, those single parents who described having fought for or won approval for sole custody, or had little choice in the matter, reported their children as showing more behavioural difficulties at school than those who had always been primary caregiver, which is understood in terms of difficulty with role adjustment (Risman & Park, 1988). However, the use of parental self-report of child behaviour cannot be confidently equated with observed child behaviour. For example, significant relationships found with other variables, including less child behaviour problems reported by parents working part-time compared with those unemployed (Risman & Park, 1988), suggest other possible influences on self-report (i.e. opportunity for conflict or observing problems). Contrary to Risman and Park (1988), DeMaris and Grief (1992) found that fathers who sought legal custody of their children reported higher quality relationships with them. Noting

such variation in findings they highlight the many factors associated with the transition to becoming a single parent, which are likely to directly and indirectly influence child outcomes (DeMaris & Grief, 1992), making measurement a complex endeavour. These typically include, for example, parental stress due to financial concerns, or increased conflict in the parental relationship; a consistent predictor of child distress following divorce (Amato & Keith, 1991; Buchanan, Maccoby & Dornbusch, 1992)).

The latter resonates with findings from Emmers-Sommer, Rhea, Triplett and O'Neil's (2003) qualitative research with five single fathers, where "pain child experiences due to parents arguing in custody hearings" (p. 111) was named as a theme (although not elaborated on in detail), suggesting that parental conflict and the process of agreeing care arrangements is one understanding of child distress that resonates with single fathers' experiences. In his personal account, single father Weinberg (1985) references the indirect impact of the legal process on his child in terms of a sense of insecurity, also named by Hamer & Marchioro (2002):

"I was...constantly worried about losing my child... My son sensed this and frequently had tantrums, started fights in kindergarten and was obsessed with death. We then took him to a psychiatrist..." (Weinberg, 1985) (p. 174),

Reporting on twenty-four interviews with low-income, Black, American single fathers, Hamer and Marchioro (2002) report two fathers' brief accounts of their children's distress. Again, they note the influence of conflict in relationships,

where fathers understood children's distress as being in the context of removal from the mother's abusive care, yet emphasise the intersection with other experiences, such as the hardships of extra time away from work to care for children (Hamer & Marchioro, 2002).

1.6.3. Socioeconomic Status

Some studies highlight the role of socio-economic status in the relationship between rates of distress and disadvantage amongst children living in single-father versus two-parent families. Schnayer & Orr (1989) found that lower income accounted for higher parent- and child-reported behaviour problems amongst single parent families, which did not vary according to sex of the parent. Lin et al's (2013) Taiwanese study found the risk of depression amongst children of single fathers to be significantly higher than children in single-mother or two-parent families; accounted for by lower socioeconomic status and the tendency towards poorer school attainment amongst children of single fathers. Battle & Coates (2004) found that socio-economic status was a stronger predictor of achievement than family structure in a study of Black families, which showed that girls of single fathers did less well academically than girls of single mothers. However, this difference disappeared at post-secondary age. With no data on length of time living with single-parent this may reflect the more immediate and (possibly) short-lived distress that is expected following parental divorce or separation (Hetherington & Kelly, 2003), where school performance has been shown to improve in single father families which remain stable over time (Buchanan et al., 1992), emphasising the importance of stability and security described above.

Other research (i.e. Demuth & Brown, 1994; Downey, 1994) has disputed the strength of influence of socioeconomic factors on child outcomes in single-father families. Hilton and Desrochers (2000, 2002) suggest that economic strain exerts an indirect influence on parental coping, resources and control that sets in motion a series of events that make parenting harder, contributing to higher levels of disadvantage amongst children of single fathers. Indeed, this is unlikely to be a linear relationship given that children who experience higher levels of distress and/or disability may need extra and particular care, which is likely to put a strain on family finances. This is highlighted by Whitehead et al (2000) in a health inequalities impact assessment of single mothers, where special needs and their relationship with time poverty and tailored social support are described as influential yet “invisible” (p. 266), factors. Such factors are likely to be uniquely in play for fathers caring for children with extra needs, where specialised or adequate childcare may be less available and more expensive, and who may be less able to work or pursue educational opportunities; all significant factors in the wellbeing of these families (Tetrick, Miles, Marcil & Van Dosen, 1994; Zhan & Pandey, 2004).

1.6.4. Being in the Minority

Lastly, Bjarnason et al (2003) report an interesting finding with regard to adolescent cigarette smoking by family structure across 11 European countries. Adolescents in single-father families showed higher rates of smoking than those in single-mother or two-parent families. These associations diminished in significance when the prevalence of single-father families was factored in; a finding unique to single-father families. For example, the relationship between adolescent smoking in single-father families was stronger in countries where

this family type was rare. Although the study does not address the implications of this finding, it certainly raises questions about, a) what difference being in the minority makes to single fathers and their children, and b) the extent to which research from the U.S. and Canada, where single-father families are more commonplace, can be generalised to the U.K. context.

1.7. How do these Contexts Affect Single Fathers' Experience?

How these contexts affect single fathers remains largely unknown, since there has been almost no research that looks specifically at these variations and their impact on experience. Studies that do exist suggest that single fathers of lower income self-report poorer health than those of higher income (Janzen, Green & Muhajarine's, 2006) and have concerns about not having the money to provide their children with informal or extra-curricular activities, further compounded by residence in impoverished or unsafe communities (Hamer & Marchioro, 2002). As the research reviewed above suggests, single fathers are also aware of negative attitudes towards them (Gingerbread, 2000; Wetchler, 2005), yet how these affect the experience of parenting remains unknown.

With regard to the impact of child outcomes on the parenting experience, there exists no research where this has been the focus, despite presenting as an issue for single fathers.

In a study by Coles (2009) child distress (eating disorder, involvement with the police, drug abuse and disruptive behaviour) was described as a "stressor" for four out of the twenty Black American single fathers interviewed. However,

reference to this is brief and noted in mostly descriptive terms, with little detail about what this had been like apart from one quote indicating that a father had felt “depressed” (p. 1322) as a result.

Only Wetchler (2005) directly focusses on parenting a child with extra needs (“profound mental retardation”) (p. 65). He names the nature of communication with his daughter (predominantly non-verbal and particularly tactile modes of communicating, which he likens to mother-baby interactions), and the extent of support she requires with personal care (including menstruation) as some of the challenges that present themselves uniquely in the context of male caregiving. This is not least because of the tasks themselves, which may be less undertaken and therefore less familiar to men, but because of the reactions of others, such as suspicion or invalidation of his expertise (Wetchler, 2005).

Overall, within this small body of research the quantitative paradigm dominates. Though appropriately applied to examining the relationship between family structure and child ‘mental health’ or ‘behavioural problems’, the latter are dealt with largely as product of single-fatherhood, where blame is implicit. Further, the use of statistical techniques to portion out the relative influences of various circumstantial or structural factors tells us little of what it is like to be a single father who cannot exercise these same controls against the ‘confounds’ of real life.

1.8. Summary of Key Findings and Aims of this Research

While a number of studies have highlighted the ways in which single fathers are similar and different to other family compositions, including structural (i.e. socioeconomic), circumstantial (i.e. social support and help-seeking) and outcomes for fathers and children (i.e. 'mental health'), little is known about the ways in which these colour single fathers' experiences. Although there is clear evidence of the influence of structural-level factors on single fathers, findings tend to be accounted for in individualistic terms (i.e. by positioning structural variables as 'confounds') with no critical take on gender differences. This has the effect of implying blame and responsibility, particularly where links have been made between single-father families and poorer child outcomes, directing the focus away from other sources of distress and disadvantage, for example gender-based stigma (Gingerbread, 2000), that may reduce single fathers' access to support. The present study aims to address this gap by exploring whether and how men feel that their gender has influenced their experience of being a single parent across a range of contexts.

This gap in the literature is particularly stark regarding those single fathers parenting children who show significant need or distress. Where attention to this issue has been paid, this has remained secondary to the focus of research, where there has been too little detail to provide any in-depth insight into how this affects the fathering experience. This is surprising given wider literature indicating increased stress amongst parents caring for children showing emotional and behavioural distress (Theule, Wiener, Tannock & Jenkins, 2013; Vaughan, Feinn, Bernard, Breeton & Kaufman, 2013). Therefore, the present

study seeks to understand single fathers' experiences of parenting a child who has accessed psychological services.

The lack of knowledge in this area is of concern for a number of reasons.

Firstly, fathers are known to play a significant role in children's development and emotional wellbeing (i.e. see Lamb, 2010 for a review) and this is particularly evident in the case of single fathers, whose parenting will be of primary influence on the children they are raising. Secondly, their role as primary caregiver necessitates action on the part of single fathers to access support if and when a child shows signs of distress, yet the evidence reviewed here suggests that they may be less likely to do so. Thirdly, for a number of reasons, including the circumstances leading to single fatherhood, the need to balance a greater number of responsibilities, a decrease in available income and the likelihood of compromised social support networks, single fathers are more likely to need a unique profile of support at a number of different levels.

In spite of this, fathers in general continue to be underrepresented in child psychological services in the U.K. (Walters, 2011). While an abundance of policy relating to increasing engagement with fathers exists (see Page, Whitting & McLean, 2009 for a review), this has been partial and uneven (Page et al., 2009). Thus, although targeted programs offering services to various groups of fathers have increased, they have shown little impact (Mincy & Pouncy, 2002). Lamb & Tamis-Lemonda (2004) point to the failure of targeted programs to distinguish between different groups of fathers and their differing needs as a key limitation of such initiatives, which has also been identified as a limitation at

policy level (Page et al., 2009); hence the justification for exploring the experiences of single fathers as a distinct group.

Given the growing emphasis on 'evidence-based practice' in U.K. health services, the tendency for research to take a simplistic and/or uncritical approach to gender could also be seen to contribute to the tendency for professionals to view parenting in terms of 'traditional' gender roles, which Page et al (2009) name as one of a number of barriers to engaging fathers. This is likely to be perpetuated by little professional contact with single fathers given their small numbers and thus services are more likely to rely on gender stereotypes to inform practice (DeJean et al., 2012). Research in a Social Care context has shown that this is likely to disadvantage single fathers and their children in terms of how they are perceived (as having less serious problems and less deserving of help than single mothers (Kullberg, 2005)) and the help that is offered (Kullberg, 2004; 2005) and is likely to perpetuate non-engagement with psychological services.

Therefore, in light of evidence that suggests that single fathers may be more likely to need help, yet less likely to receive it, the present study explores single fathers' experiences of children's psychological services to further understanding of this apparent dilemma.

Lastly, much of the research and documented initiatives have emerged from the U.S. and Canada with very little focus on U.K. single fathers. Since different nations have unique economic and social contexts, research, policy and interventions are likely to be realised in different ways with varying impact

(Whitehead et al., 2000; Bjarnason et al., 2003; O'Brien, 2004). For this reason, a better understanding of single fathering in a U.K. context seems an important undertaking if services are to improve father engagement and the tailoring of the services they provide to meet the needs of specific groups of fathers.

In summary, the present study set out to explore the following questions:

- Do men feel that their gender has influenced their experience of being a single parent and, if so, how?
- How do men describe involvement with children's mental health services as influencing their experience of parenting?
- What have been single fathers' experiences of involvement with children's mental health services?

2. METHODOLOGY

These research questions are exploratory in nature; concerned with meanings and experiences in context and necessitating a qualitative approach to data collection and analysis. Semi-structured interviews were used to collect data, which was analysed using thematic analysis.

2.1. Epistemology

A critical realist stance was adopted based on the assumption that material reality (i.e. that children have parents who typically tend to be men and women, who differ biologically from each other) is mediated by social processes such as gendered discourses and practices (Willig, 2012). This stance also recognises that the label child 'mental health problems' is a social construct that will further organise fathers' (and children's) experiences.

A critical realist stance was adopted for two reasons. Firstly, there are real and significant differences in the biological roles between mothers and fathers, which no doubt set the scene for the socially constructed gender roles that play out (Lupton & Barclay, 1997; Garbarino, 2000). Secondly, this stance most closely resembles the world view of the author, who has been actively engaged in training in Critical Psychology approaches. This is important in light of critiques of traditional approaches to research that deal with analysis as an objective process of truth-seeking. This has obscured the nature of data interpretation as an active and interpretive process (Willig, 2013) in which the researcher uses their own experience and standpoint to understand the data, shaping its presentation in the final analysis. Therefore, transparency regarding the researcher's context (see below) is as important as those reported for the participant and it seems important to adopt an epistemology that is consistent with one's world view.

2.1.1. Statement of positioning

Transparency and reflexivity are particularly important where one has a pre-existing relationship with the subject area (Willig, 2013). Therefore, three contexts seem relevant here. Firstly, my interest in the subject matter comes

from a background working in child and adolescent mental health services (CAMHS), where fathers rarely attended, piquing an interest in understanding why. Secondly, my context as a woman and a feminist means that I see the emphasis placed on mothers being almost exclusively responsible for children as related to the oppression of women. Therefore practices that enable the inclusion of fathers in children's care indicate a move towards gender equality. Finally, my context as the child of a single parent has fuelled a discontent with the portrayal of single parenthood as harmful or shameful, which may help to explain the stance taken against research that obscures the social context.

This statement alone is not sufficient in qualifying the analysis and interpretation below, since the possible ways in which it will shape the research cannot be anticipated. Therefore, reflections are made in the discussion regarding the influence of these contexts on the process of research.

2.2. Participants

2.2.1. Inclusion Criteria

2.2.1.1. *Single fathers:*

Given the range of approaches to defining single fathering (West, et al., 2009; Coles, 2009; Bronte-Tinkew et al., 2010; ONS, 2013) the definition adopted here was deliberately loose and broad.

Given anticipated barriers to recruiting single fathers (small population and services' difficulty in engaging fathers (Walters, 2011)), putting restrictions on

definition was thought to be potentially limiting. Therefore, inclusion was on the basis of being a man who self-identified as a 'single' or 'lone' father.

2.2.1.2. Child 'mental health problems':

Additionally, fathers must be parenting a child (18 years or younger) who is labelled as having 'mental health problems'. Although a wide-ranging and non-specific label, definition was dealt with by the child's current or recent involvement with Child and Adolescent Mental Health Services (CAMHS).

2.2.2. Exclusion Criteria

Given that adequate spoken English is required by virtue of the interview method, non-English speakers were excluded. Fathers accessing adult mental health services were also excluded to avoid confusion or overlap when discussing service involvement during interviews.

2.3. Procedure

2.3.1. Recruitment

Informed by guidance on sample sizes based on data saturation (Guest, Bunce & Johnson, 2006), the study aimed to recruit between eight and 12 participants. A multi-site approach was used to maximise both numbers and geographical spread. In addition to directly approaching potential participants as per the recruitment strategy below, it was intended/envisaged that snowball sampling could also be used to maximise recruitment, should recruited participants wish to recommend the study.

2.3.1.1. *CAMHS:*

Permission was granted from East London Foundation NHS Trust (ELFT) to recruit from three CAMHS services. Clinicians were asked to alert single fathers to the study and pass on an information sheet. Interested parties then consented to clinicians sharing their contact details with the researcher who contacted them with more information and to arrange an interview where there was a decision to participate.

2.3.1.2. *Gingerbread:*

Gingerbread is a national charity for single parents (www.gingerbread.org). Permission was granted for information about the study to be posted (by an administrator) on the organisations' Facebook page. The information gave the title of the study and the two main inclusion criteria. It invited fathers to register their interest by emailing the researcher directly, who would then contact them with more information.

2.3.1.3. *Dadinfo:*

Dadinfo is a U.K. website offering advice and support for dads (www.dad.info/). Similarly to Gingerbread, permission was granted for information about the study to be posted on the organisation's Facebook page.

2.3.2. Description of the Sample

Despite efforts to recruit from both NHS and voluntary-sector organisations, all participants were recruited via CAMHS (NHS), with no responses to advertisements on Dad-Info or Gingerbread.

One possible reason for the difficulty in recruiting via the latter is that the strategy involved posting on a Facebook page. The nature of Social Media as an immediate and changing communication with its followers meant that the advertisement for the study was only obvious for a short amount of time. Further, the recruitment strategy required some motivation for potential participants to get in touch based on very little information. This was in contrast to those recruited through CAMHS, where the requirement on participants was simply to agree to be contacted and where an existing relationship with their CAMHS clinician who alerted them to the study may have acted as an indirect endorsement of it.

A total of ten fathers across all three CAMHS sites expressed interest in the study, with eight (recruited from two of three CAMHS) going on to participate. Reasons for deciding not to take part were not clear for the two who did not participate; one of whom did not respond following his request for written information about the study and the other did not attend the scheduled interview.

Given the study's small sample, the following gives a general rather than specific description of participants in an effort to uphold anonymity.

2.3.2.1. Demographics:

Participants were all heterosexual men aged between 36 and 72, from a range of ethnicities and cultural backgrounds, including White British (n=2), White Australian (n=1), Native American Indian (n=1), Black British (n=1), Black

African (n=1) and British Asian (n=2) and living across two East London boroughs.

2.3.2.2. Circumstances leading to single-father status:

Participants tended to name multiple factors leading to single-father status, with two recounting different circumstances for different children. Therefore, the following refers to the primary circumstance leading to single-father status, meaning the reason that participants talked about as the most important or influential one.

Circumstances ranged from single-father status due to the death of the child's mother (n=1), relationship breakdown (n=2) and concerns about mother's mental health and/or substance use and the safety of children in mother's care (n=5). Of the latter, all had also involved relationship breakdown and three had involved Social Services at the level of 'child protection'. Two of the eight participants had sought and won legal custody.

2.3.2.3. Length of time as a single father:

As discussed previously, single father status is more nuanced than the simple presence or absence of mothers. Participants tended to name the point at which the mother no longer lived at home as the 'official' point of single-fatherhood, but talked also about the experience of there being a transition in 'role' prior to this, characterised by a gradual increase in responsibility for childcare, which contributed to their identity as single-fathers. In some cases, there was a back-and-forth of some or all children between mother and father, complicating the measurement of time in the role. For the purposes of

description, length of time as a single father reported here means the point at which fathers felt their single-father status became 'official'.

At the point of interview, two participants had identified as single fathers for over 10 years, two between 5-10 years and the majority (n=4) under five years.

2.3.2.4. Child characteristics:

Regarding children aged 18 years or under, participants were parenting between one (n=3) and three (n=2) children aged between six and 17 years. At least one child of each participant was attending CAMHS at the point of participation. In the five instances where fathers were parenting more than one child, three had more than one child who was attending or had previously attended CAMHS.

Broadly, participants described attending CAMHS for problems relating primarily to development and learning (i.e. Autism Spectrum Disorder, developmental delay) (n=4), anger and violence (n=3) or self-esteem (n=1).

2.3.3. Data collection and analysis

2.3.3.1. Interviews:

Individual 60 minute semi-structured interviews were conducted on university and CAMHS premises. These were audio-recorded and transcribed. Given the study's attention to gender, it was pertinent to consider the impact of a female interviewer on how fathers present their accounts. It was thought that one way of balancing this difference could be to conduct focus groups. However,

concerns about generating sufficient data from this small population led to a decision in favour of interviews.

2.3.3.2. *Thematic analysis:*

Thematic Analysis (TA) guided by Braun and Clarke's (2006) six phase approach was chosen to 'map the terrain' of an area about which little is known (Breakwell, Smith & Wright, 2012) and because of its compatibility with a critical realist stance (Braun & Clarke, 2012). Research questions that ask about experience can imply the use of IPA as a method. Despite this implication, IPA was not the most appropriate method for the present study for the following reasons:

- The present study was interested in a fuller range of experience than that which is purely phenomenological, including participants' experiences of the systems within which they operate and how these contexts are drawn on to describe experiences of single-fathering;
- Thematic analysis allows for the epistemological flexibility (Braun & Clarke, 2006) to engage with subjective experience as well as to explore accounts of participants' interaction with systems.

The approach to TA was inductive in the sense that themes were grounded in the data, rather than prescribed by a particular theoretical framework (Willig, 2013), since this was felt to best suit the exploratory nature of the study.

However the literature search carried out prior to data collection inevitably influenced how data was interpreted and so the approach was also deductive in this sense.

While the process of analysis adhered to the guidance set out by Braun and Clarke (2006) regarding recommended phases, this is not prescriptive. Good qualitative analysis requires engagement with the data that goes further than the following of steps (Chamberlain, 2000) and is a learning process, whereby experience typically affords higher level skill and insight (Braun & Clarke, 2012). In light of this, individual approaches to TA are likely to vary somewhat and so the following provides further description of how TA was undertaken here.

Familiarisation with the data (phase one) happened throughout transcription and the reading and re-reading of transcripts, where initial observations and points of interest were noted. A combination of latent and semantic coding (phase two) was used (see appendix A), where the posing of questions to the data (see Braun & Clarke, 2012 for examples) and reference to notes made on interesting processes across each interview (i.e. contradictions or changing views across an interview, or hesitations, perhaps indicating ambivalence or certain emotional responses to a subject) helped with generating latent codes in particular.

Phases three and four involved searching for and reviewing themes. Initially, this included collating (into a list) all codes and related data extracts (see appendix B). This was done starting with the last interview coded in an effort to support the generalisation of recently generated codes to previous interviews. This process helped to get a broader sense of the over-arching issues. Once collated, codes were printed, cut out and clustered together where there was seen to be some central or unifying feature (Braun & Clarke, 2012) and these

were placed in proximity to other clusters where there was seen to be a relationship (see appendix C). This helped to foster a sense of coherence across the data and with decisions about where the boundaries between themes best lay.

This emphasis on reviewing the coherence, boundaries and quality of themes and defining and naming them (phase five) continued throughout the write-up (phase six) and in this sense the last three phases were less distinct from one another (see appendix D for theme map). Reviewing was supported through the comparison of themes with extracts from the original data, which helped with checking; a) that the theme had adequately captured what was said, and b) the quality of the theme; its nuances and meaning in relation to the research question. Further, the narrative process of the write-up helped with the organisation of themes and with telling the story of the data.

2.4. Materials

The study required an interview schedule (see appendix E), audio-recording and transcribing equipment, password-protected laptop and encrypted USB device.

Remuneration for participation was not offered.

2.4.1. Development of the Interview Schedule

Based on the research questions the interview schedule was roughly divided into, a) questions about fathering, and b) questions associated with child 'mental health'.

The development of the schedule was initially guided by salient issues identified in the literature, such as financial and occupational implications of single-fathering and attitudes towards single fathers. Given the present study's epistemological position and literature highlighting the varied and changing nature of fathering, it was important to ascertain its meaning to participants in an effort to avoid studying fathering under false assumptions and in narrow terms (Lamb, 2000). As a consequence, a question that explored what it means to be a 'good' father was included. Further, the anticipated variability amongst participants given the loose inclusion criterion meant the likelihood of many different permeations and meanings of fathering intersecting with individual differences in culture, family circumstance etc. Therefore a question addressing fathers' self-definition was included (e.g. "tell me how you came to be a single dad").

Presentation of the research proposal to CAMHS clinicians with experience of working with these men led to suggestions about relevant questions and ways of asking them (i.e. formulating questions in terms of how fathering is 'done' or what experiences were 'like' to avoid a sole emphasis on feelings, thought to be a feminised way of talking that may limit fathers' accounts).

Lastly, flexibility in the schedule was important in enabling further exploration of contexts foregrounded by participants. Therefore, development of the schedule was an iterative process based on participant feedback and the researcher's experience of each interview and interviews were conducted in a conversational manner with broad, open questions intended to orient participants to the areas of interest without being overly prescriptive.

2.5. Ethics

The key ethical concerns are discussed below in terms of the main areas for consideration outlined by the British Psychological Society's (BPS) Code of Ethics and Conduct (BPS, 2009).

2.5.1. Informed Consent and Protection of Participants

An information sheet (appendix F) was provided to potential participants, who were asked to read and sign a consent form (appendix G) prior to commencing interviews. Participants were reminded before the interview of the limits of confidentiality set out in the information sheet and of their right to withdraw.

After the interview participants were invited to raise any questions or concerns via a short debrief. In the event that participants became distressed, they were signposted to the support services with which they were already involved (i.e. CAMHS). Contact information for the Patient Advice and Liaison Service (PALS), Gingerbread and Dadinfo (if not already members) were also given.

2.5.2. Confidentiality and Anonymity

Members of Gingerbread and Dadinfo were not asked to disclose information about involvement with CAMHS with anyone other than the researcher. Therefore, opt-in required that they contact the researcher directly.

Only the researcher was privy to the audio-recording and pseudonyms were assigned during transcription to protect the identity of all named persons. All information relating to the study was held electronically on an encrypted file on the researcher's password-protected computer and on an encrypted USB device with the exception of the original audio recordings. These were stored as a password protected file on the researcher's personal drive (password access only) on the university network at the request of NHS Research and Development department.

2.5.3. Ethical Approval

University ethical approval was granted by UEL School of Psychology Research Ethics Committee (see appendix H) and was sufficient for recruitment via Gingerbread and Dadinfo. NHS ethical approval and ELFT Research and Development approval for recruitment via CAMHS was also obtained (see appendix I and J).

3. RESULTS

A total of five themes were constructed from the analysis (see table 1). These are described and explored in detail below. Each theme encapsulates an aspect of each participant’s account, to varying degrees. Clarification of which participant spoke to which theme in which particular way is addressed through prefacing the nuances of findings with an indicator of their relevance to “all”, “most”, or “some” participants, and names are provided for further clarification where appropriate.

Table 1: Table of themes and subthemes.

Theme	Subtheme
1: Not the norm: Gendered representations of single fathers	
2: Experiences of exclusion and isolation	2a: Feeling excluded by gendered ‘rules’ and negotiating these
	2b: Relationships are more difficult
3: The weight of responsibility	3a: The roles and responsibilities of the father
	3b: Dedication and commitment
4: Meanings and experiences of distress and not coping	4a: Understanding (or struggling to understand) children’s distress
	4b: Managing emotions
5: The business of parenting:	5a: Barriers and enablers to help

Experiences of professional help	5b: The role of professionals in defining 'good' parenting
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3.1. Theme One: Not the norm: Gendered Representations of Single Fathers

Gendered rules and norms coloured much of what was talked about in interviews and were often referenced explicitly by participants. Of particular interest (and the focus of this theme) were particular norms relating to men and women, and the tendency for participants to experience single-fathering as existing outside of these, giving rise to varying characterisations of single fathers.

The perception of differences between men and women was experienced by all participants to varying degrees. These included women's 'more emotional' communication style, hence their propensity to interact with an emphasis on talking and sharing emotional experiences of parenting together. Conversely, men were spoken about in terms of having a preference for a more practical and logical approach to parenting:

'Cos I think there's a drive in men to, to have very practical steps... I mean I've always been craving someone to go, "Right, ABC and you're D" [I: Yeah], but obviously parenting doesn't work that way and for many men it's actually understanding that and seeing it in action (Sam, 316-320)

As illustrated by Sam's reference to fathers' lack of understanding of the nature of parenting, this view tended to position fathers as learners and women as the more 'naturally' child-oriented authority on children. Brett identified strongly with the notion of women's authority, speaking explicitly about the power and influence of gender when describing how changing from a male to female barrister in his (successful) application for legal custody had been the point at which things began to go in his favour (Brett, 387-394). Sam described women's authority in terms of the way in which parenting knowledge seems to originate with mothers through the style of talking together about their children that he felt men were neither privy to, nor took an interest in and which he felt disadvantaged fathers:

Mums are much more about the... talking and the re-talking and the going over and reassurance... [Samuel puts on feminine voice] "Oh yeah, they got a bit of a rash". "Oh we had bit of a rash the other day" and then you, you know, mums then find out that it is in fact something which is going round school, whatever. If I'm not talking to anyone, I have no idea... So, I'd go, "Huh?" and... hope it goes away. (Sam, 350-367)

Others talked specifically about recruiting female friends to help them with the task of understanding their children, with the implicit assumption that mothers 'know' about parenting and fathers do not. This was particularly so where participants were parenting girls. For example, Mo, Joseph and Brett all identified key females whom they had sought out specifically to help them with understanding their daughters, which again, seemed related to an idea that males and females are inherently different:

Int: And how easy or hard is that [helping the child to overcome their weaknesses] to do as a single dad?

Brett: Probably not as hard with a son... But now it's with a daughter and you have to change your mind set. (Brett, 476-482)

Biology was a key feature in understanding the nature of gender differences, where participants couched their comments in deterministic terms, such as “*drives[s]*” (Sam, 316), or about it being “*just the way we are*” (Ben, 445). Mo spoke to this idea most explicitly when talking about the strength of the mother-child bond:

No matter how many hugs and cuddles and kisses I give ‘em, it just takes one from that mother and it just vanishes.... And fathers love their children, but I think ‘cos the mother has them inside her, I think it’s [the bond] far greater. (Mo, 106-123)

Related to the notion of women as the authority on children was the assumption that children should be with mothers. Although identified by all participants, this was dealt with in various ways. In some cases, participants talked about this as a taken-for-granted truth (“*a mother should really look after ‘em*”, Mo, 42-43), whereas others took more of a meta-position, identifying it as an assumption to be questioned:

Normally there’s not even a conversation [about whom the child should live with]... As far as I was concerned, this is my little boy and he should be with me... Why should he by default go with mum? (Ben, 860-868)

Either way, this assumption in particular seemed to organise participants' experiences of how others viewed them as single fathers, which Ben speaks to below:

I think there is more acceptance for a mum to be a stay-at-home mum... whereas I don't think... that's the same for a guy. Even if I was head of the advertising department at whatever and I made the choice to be the house dad, people would still think it was a bit mental. (Ben, 807-814)

In Ben's quote the notion of acceptability of single-fathering to others appears to be caught up with status; a low-status position, where even a high-status context does not permit gender-based expectations to be evaded. Single-fathering as a low-status position was identified in different ways by a number of participants. For example, Sam directly contrasted his experiences of stay-at-home fathering with a description of his previous job "*working with celebrities... and musicians*" (58-59), evoking an image of status and money. Using a Ghanaian proverb, Joseph also draws on a work-related metaphor to allude to single-fathering as low-status and 'foolish':

Oh yeah, they say, "Super daddy"... but those are just comments to encourage the fool to go on... We have a proverb that we say is when you have a fool carrying your load, you don't look in front of his eyes and say, "You're a fool". You call him by his nickname; "come on, let's go" and then he will keep carrying the load on and on and on 'til you get to your destination. (Joseph, 161-170)

Joseph's extract also suggests that the act of single fathering is one of taking on someone else's "load", or job, again, implying that looking after children is a task for women and that men who do so operate outside of culture-bound norms. Lastly, Joseph's quote suggests that this endeavour is not a desirable one.

The suggestion of single-father as an undesirable role is particularly emphasised in Ben's interview, where he talks about negative reactions to his status by men in particular:

With men... they sort of think you're a bit of fag. You could've, could be a bachelor boy now, let mum look after the kid. They just don't get it. (Ben, 890-892)

The suggestion of single-fatherhood as akin to homosexuality goes further than the notion of it being an undesirable role, implying that the act of caring for children is both a threat to masculinity (and in relation to the reference to "bachelor boy", sexual potency in particular) and a deviation from what is considered 'normal'.

For others, sexual potency was also alluded to, yet dealt with in a different way; contributing to representations of single-fathers as a threat or challenge to others. Sam discussed this in relation to his relationship with mothers in the school playground and their partners:

Sam: ...and you don't talk to the other mums because there's a thing about...
you don't wanna be seen to be chatting up a mum.

Int: So that you're... seen as a threat in some way...?

Sam: ... that's my fear; that I would be perceived as some kind of threat or a
challenge, yeah (Sam, 94-178)

For others, being perceived as a threat tended to be located in their relationships with their children, where there was also prior involvement with social services (i.e. Brett, Ben and Mo). Brett was specific in naming this perception of threat by other parents, in relation to his relationship with his daughter and her female friends:

Worst part about it I think is being a single dad when my daughter wants to...
have her mates come over. Or you have the little mates in school say, "Oh can I
come over and...?" I said, "Well, you better ask your mum and dad first..." ...
And then they go and talk to mum and you see the look on their faces and I
think that's quite disgus-, yes I'm a single dad, but I just went through court...
You don't think that they wouldn't give me my daughter if they thought
something was wrong? (Brett, 258-268)

Although sexuality was not explicitly named, Brett's deliberate reference to his maleness when talking about others' reactions to his relationship with his daughter (*"they did not want a man bringing up a daughter"*, Brett, 79-85) implies hetero-normative assumptions about sexual attraction between males and females.

While perceived gender norms more often gave rise to characterisations of single fathers that were seen to be negative, participants also spoke of positive reactions to their status as a single parent where people had seemed “*in awe*” (Sam, 233) and “*amazed*” (Joshua, 511) by them. Two participants spoke about how this amazement had – at times- inspired other single parents to do things differently, or better themselves in some way:

So I think more where they [other parents] were a bit in a rut themselves, I think by looking at what I’m doing, I think with my, er, attitude and my views, I think, you know, they, they bettered themselves as well in a way. (Asif, 472-478)

In understanding the nature of these reactions from others, participants foregrounded various contexts. These included the nature of single-parenthood itself; amazement about “*dealing with... two children on my own*” (Asif, 501), age; being an older father and managing to keep up (“*my kudos went up!*”, Joshua, 511), and gender. Gender was dealt with in two different ways. While Ben referenced feeling that others were impressed that he was a man in the primary caregiving role, Brett talked more specifically about the extra “*wow*” (Brett, 358) factor of being a single man, parenting a daughter.

Despite naming these as positive reactions, some (i.e. Joseph, Sam, Eddy and Mo) seemed to express ambivalence about being seen in this way; explored later in the chapter in terms of the meaning of not coping and needing help.

3.2. Theme Two: Experiences of Isolation and Exclusion

Many of the extracts evidencing salient gender norms, also illustrate repeated experiences of exclusion, which participants named as a significant issue. This theme begins with an exploration of the way in which these norms and 'rules'² led to experiences of exclusion and how this was negotiated, followed by a discussion of why participants found it harder to socialise and – in particular – form romantic relationships.

3.2.1. Feeling Excluded by Gendered 'Rules' and Negotiating These

Implicit and explicit gendered rules were identified at an institutional level (i.e. access to professional support) and a social/interactional level (i.e. negotiating childcare). Rules seemed dictated by intersecting sets of norms valued by different groups, for example, those held by females and female-dominated systems and 'male' rules relating to masculinity and fathering.

The assumption of women's authority in caring for children appeared to present in a number of different settings, which participants described as disadvantaging them as men. This was particularly evident in the description of institutions geared to parents and children as female-dominated, where being in the minority as a man felt excluding for many. In some cases, 'rules' governing the exclusion of men were talked about as being official and explicit, setting a formal boundary around who is eligible for help:

² The decision to refer to these here as 'rules' was not based on a direct quote or observation by any participant, but as a way of summarising the tendency for participants to preface comments about gender with 'normally', or to describe what 'should' or 'usually' happens.

I did go to the homeless place with my daughter and basically they said... “I’m sorry, but in this country the mother is claiming the benefits so the daughter had to stay with the mother”... I had two social workers with me at the time, basically saying, “This is wrong. If that was a mother standing in front of you saying ‘I’m a victim of... domestic violence’ they’d jump through hoops”, but for a man they said, “There’s nothing we can do”. (Brett, 45-53)

Others talked about a sense of ‘rules’ being implicit or “*unspoken*” (Ben, 652).

Sam described the experience of negotiating the ‘rules’ of the school playground and play-dates as “*a hard-fought battle trying to understand*” (Sam, 374-375), where this in itself seemed to provide a major barrier to social support:

I remember trying to invite someone over and it was just all a bit awkward and difficult... and I just kind of gave up... For me it’s being very unclear about what I was meant to do when they got there. You know, what I was meant to talk about... how much to engage with the children because I’d never been, never been invited to anything. (Sam, 117-128)

As described in theme one, some identified particular aspects of their ‘maleness’ as underlying experiences of exclusion in female-dominated systems. Brett understood his experiences of exclusion from his daughter’s peer group events, to be because – as a man caring for a daughter - others viewed him as a threat. In the following extract he talks explicitly about the potential of a female partner to counteract or ‘neutralise’ the threat that others attach to him as a strategy for inclusion:

Worst part about it I think is being a single dad when my daughter wants to sit there and have her mates come over... It's like, "Not no, but hell no!" so to speak, you know?... They need to make up a rent-a-girlfriend, or rent-a-wife so – yes - they can have their little party with their, with their friends and things like that, and that's how it feels. (Brett, 259-276)

Identifying strongly with the experience of being positioned as a threat, Brett talked explicitly and at length throughout the interview about this male 'disadvantage' and ways around it. In a more subtle example, Sam talks about the act of asking for help from others in the playground situation to counteract the threat he perceived others (i.e. mothers' partners) attributing to him:

You don't talk to the other mums because there's a thing about... you don't wanna be seen to be chatting up a mum... Now I find it much easi-, you say, "Help!" [Laughs] (Sam, 94-98)

Although no direct reference to the introduction of 'femininity' as a strategy for inclusion was made by Sam, the meaning of asking for help for him is pertinent here. He describes this as "*a big issue for men*" (Sam, 524-525), which has felt to him like "*the worst possible thing*" (Sam, 287) to do, implying that to ask for help in the scenario above has a gendered (feminised) association for Sam.

As well as acting into female-dominated roles and systems, participants expressed frustration and confusion about the extent to which their status as primary caregivers fit with the 'rules' of masculinity and traditional

representations of fathering and in this sense seemed to experience a double exclusion. In the example below, Sam talks about the informal 'rules' of the school playground, governed by mothers, where fathers can gain access, but only by virtue of romantic relationships with mothers:

I have seen it where dads who are doing the school runs... because their partners have made contact with the mums first then the dads are in, so then they're talking to each other and that's ok, but they still refer back through their partners; if someone says, "Oh, can you pick up...?" They'll refer back and say, "I'll just check" (Sam, 105-111)

Sam's status as a primary caregiver does not automatically induct him into this female-dominated social group and his status as single removes the possibility of gaining access as a man. This experience also resonated with Joshua, who described using his status as a single father alongside his age and experience, as a point of interest; a *"toolkit"* (Joshua, 499) for social inclusion:

So my knowledge was general things I picked up that I'd read, travelled... so I could talk around a lot of stuff... and I knew more than a lot of them 'cos I'd lived longer... I wasn't boasting, but, so I think people found me interesting and the fact that I was single. (Joshua, 516-523)

In a similar process to the way 'maleness' became hyper-masculine; equated to threat in female-dominated systems, the act of primary caregiving (a 'female' role) became hypo-masculine in the characterisation of single father as 'fag' (i.e. lacking in sexual potency) in the context of masculine rules (i.e. men's perceptions of single fathers). Despite identifying with this representation, the

following extract shows how Ben (similarly to Joshua) appears to use the, 'awe-inspiring' identity as a strategy for inclusion; to appear attractive to women, and in doing so reclaims sexual potency:

If you explain to women, say, "Well, no, we're separated" "Ah so he lives with the mum" "No, he lives with me"... they tend to be very, "Ohhh!" So actually it's not a bad, kind of [Laughs] line in some ways. (Ben, 852-857)

In the content of what Ben tells us, the single father identity is literally being used as a way of meeting potential partners; something that participants experienced as difficult (see below) and which Ben, in particular, felt his single-father status had excluded him from. However, in light of masculine norms, which construct him as 'fag' (constituting an exclusion or rejection from his reference group), this use of the single-father identity as a point of attraction could also be seen as a strategy for inclusion as a 'male'.

In accessing 'rules' relating to masculinity and fatherhood, others drew on their own familial and cultural experiences of fathering; typically as disciplinarian, or a "*figurehead... in charge*" (Joshua, 741). Ben talked at length about the excluding influence of differing rules operating simultaneously, for example, feeling unable to use the knowledge of fathering that his traditional (authoritarian) background afforded, in the context of unclear and unspoken 'rules' of a "*feminised*" (Ben, 413) CAMHS service. This had left him feeling "*in a void*" (Ben, 523); frustrated and at a loss to know how to manage violent behaviour shown by his son.

3.2.2. Relationships are More Difficult

Feeling lonely and isolated was not limited to the experiences of exclusion described above. Almost all participants talked about the possibility of starting new romantic relationships as particularly difficult and all were single at the time of interview. Although no specific exploration was done around the meaning of the word 'relationship', a few made distinctions between dating ("*the odd one-nighter*" (Eddy, 90-91)) and something more 'serious', or long-lasting, which seemed to be what was meant by 'relationship'. As such, the following interprets 'relationship' according to the latter with an acknowledgement that this is a loose definition and is likely to vary between participants.

Most participants felt that relationships were harder since there was less opportunity to meet potential partners for a number of reasons. Many referenced the practicality of managing relationships; that single-parenthood does not allow space or time for this:

How do you practically do it? ...How do you have a relationship when you're the sole carer for children? (Sam, 713-714)

Aside from not having the time, Ben talked about reduced opportunity in terms of assumptions made about his relationship status:

If I... see a mum with a kid or two kids, you don't immediately presume that there will be a man in the house... But if you go down the street and you see me with a kid you presume a woman is in the house... I tend to find that if a woman sees me with a child, she's already made that presumption (Ben, 676-690)

Ben linked these assumptions to there being a minority of single fathers, constituting a disadvantage in both attracting potential partners and sustaining interest thereafter:

Because it's so unusual... I think there's been, on a couple of occasions there's been a wariness [on the part of potential partners] of, yeah I could get involved, but the woman will just come back. (Ben, 950-957)

The sense of threat Ben alludes to in this extract seems caught up with assumptions about mothers as more 'natural' caregivers who will, therefore, inevitably return to look after their children, which he later contrasted with single mothers seeking partners.

The extra needs of children were also foregrounded as a reason why there may be less opportunity for relationships:

My children right through to now have only ever been invited between them to about four parties... Also in part to with my son's special needs, which, he was, and still remains, er, needing total focus and attention from me when we go into the playground, and he doesn't engage with other children particularly either (Sam, 127-139)

This quote by Sam speaks to the multitude of ways in which this reduced opportunity to meet people may be borne out, including his child's exclusion from activities with peers and level of need, requiring more attention from Sam at times when the opportunity to socialise at the school gates presented.

Perhaps related to the differing needs of their children, Ben discussed the influence of his son's extra needs in a different way, describing his son's aggressive and violent behaviour as a "*turn-off*" (Ben, 914) to potential partners, where things would be different if he were "*a nice cuddly little child*" (Ben, 891).

Many expressed a worry about compatibility between potential partners and children, although the problem of compatibility was not always so firmly located with the child as in Ben's quote or where children were described as finding change, new people or social situations difficult (i.e. Asif). For example, where children were understood to have had traumatic or upsetting experiences in their relationship with their mother, participants tended to express caution about new relationships, located in the character of potential partners:

Oh yes, people have made comments... "Get yourself a lady"... but look... the question I ask is; how is this woman going to react to the children? How is she gonna bond with these children? ...Even their own mother was that self-centred, everything, how much more, a third party...? (Joseph, 194-201)

Joseph's consideration of the issue seems as though it could be captured in the question of whether a new relationship is in the child's best interests (explored in theme three). However, it was raised often in the context of starting new relationships and dealt with in an interesting way where participants also expressed a fear about being hurt in new relationships. In particular, Mo and Eddy talked about needing time to recover from previous relationship breakdowns as a major reason for not pursuing new partners. Like others, both referenced the child's best interests when discussing why new relationships

were more difficult, but did so in a way that also seemed to serve a protective function for them, related to a feeling of not being ready:

Once you've been hurt in a relationship... you need a little bit of time to get over the relationship and then get yourself ready for a new relationship and make sure any real obstacles are out the way. So I suppose what I've done is I've put my kids as obstacles, as something I need to get through before I can focus on myself. (Eddy, 117-123)

Where some expressed ambivalence about new relationships, others talked of an active choice to 'opt-out'. Asif, in particular, expressed a strong view about not striving for relationships and, instead, talked of drawing strength from acceptance that "*what you've got [is] enough*" (Asif, 577).

For both Asif and Sam, this active choice seemed related to a sense that the relationship could not live up to how it was 'supposed' to be, creating a sense of unfairness. For both, this 'lesser' relationship was related to the nature of their children's extra needs; where Sam was concerned that being restricted in time and freedom would amount to a relationship that would "*show me what I'm not having*" (Sam, 739), Asif's concern was the motive behind a relationship in response to experiences of his community attempting to 'match-make' him with women, to help share the load:

If I were to bring a woman into my life... I'm [sic] already got a motive for her that she's come into the marriage with a view of dealing with Vik with me and I thought that was really unfair. So, I said "No, I can't do it". (Asif, 414-419)

3.3. Theme Three: The Weight of Responsibility

3.3.1. The Roles and Responsibilities of the Father

Participants talked about the need to juggle various responsibilities and this seemed to present a particular challenge regarding working and caring; experienced as a tension. This juggling act seemed to have a major impact on all participants who reported either having to reduce their hours of working or give up altogether. Those who did continue working reported flexibility in hours of work (i.e. self-employment), or the understanding of managers as factors that enabled this.

For most, a father's responsibility to 'provide' seemed to be more than just about financial gain. For example, Mo talked about working as setting a good example to children and Joseph talked about work as being one way of providing children with "*family values*" and security for the years ahead (Joseph, 22).

Where the ability to provide financially was compromised by having to give up work to care, participants identified "*stigma*" (Ben, 789) based on a sense of falling short of both gendered and cultural expectations:

It gets extremely hard for a dad because here [the U.K.] you're supposed to be the big breadwinner and you're supposed to do this and that and everything is pulled away and now you have this person who you're in charge of. (Brett, 337-241)

Joseph identified strongly with the unacceptability of not working as a male and particularly with receiving benefits, which he initially “*refused*” (Joseph, 341). He responded creatively to the tension between working and caring by identifying the provision of knowledge and guidance as an alternative way in which he could provide and to compensate for a lack of financial provision:

Because there’s nothing I can offer them. I don’t have a business that I say, “Ok, you finish year, sixteen, stop school and run the business”. I haven’t got that to offer them, but... the best I can offer them is knowledge. (Joseph, 73-76)

Children’s education was highlighted by a number of participants, where ensuring children were at school was a responsibility of paramount importance. Both Eddy and Joseph spoke to the idea of ‘knowledge as power’, which they related to overcoming disadvantage in the context of being from minority ethnic backgrounds:

‘Cos whoever’s got whatever going for them; what their skin colour is and so on, if you got a good education then you stand a better chance. (Eddy, 288-291)

Discipline was talked about by most as being another key responsibility of fathering, where participants often drew on their own family backgrounds to describe a father’s responsibility for authority:

I was raised in a family where the man was the figurehead; he was in charge... And what my dad said was rule. Law. (Joshua, 740-744)

Often, the subject of discipline arose in relation to children's behaviour. Despite strong identification with the role, approximately half of participants talked about finding it hard to set limits and boundaries for their children, for example, in the context of physical violence, where Joshua and Ben described not being able to physically contain their boys. Asif described a sense that his son's needs constituted an exception to being disciplined due to an inability to understand the boundaries set, whereas Eddy talked about having "*stepped back*" (521) in his approach to discipline for "*want of an easier life*" (518) in the context of what he described as his son's self-esteem issues. This 'softer' approach may also be understood in relation to a responsibility to 'protect' (discussed below), which perhaps creates a tension with the disciplinarian role.

Asif in particular spoke about how being a single parent made setting boundaries harder. In these situations, some sought help from professionals in positions of authority (i.e. CAMHS or the police). This was experienced by some as helpful (Asif) and others as a "*failure*" (Ben, 600), related to the idea that fathers should be able to control children, yet this being harder to do as a single parent:

Especially operating as a *single* dad... trying to sort of say, "Yeah I'm having a bit of a challenge", it just sounds stupid because you're, like, a guy. What do you mean you're having trouble? My dad wouldn't have trouble with us! My uncles didn't have trouble... the wider community did not have trouble with their children. (Ben, 559-567)

Asif also foregrounded his context as a single parent, where he felt a pressure to be "*a mum and a dad*" (Asif, 335). This was also spoken about by Mo and

Eddy, where the challenge was understood as arising from, a) there being an 'imbalance' relating to the absence of the 'mother role' and, b) the idea that discipline and nurturance are in some way mutually exclusive, creating a tension:

It's hard to execute it because then you've gotta play the mother as well. So it doesn't carry as much... you can't lay no lines or boundaries with Bilal and that was very difficult 'cos he was getting confused – I'm telling him off, to next minute cuddling him. (Asif, 336-341)

Where discipline tended to colour the talk of fathers managing what might be described as 'behavioural problems' (i.e. descriptions of physical violence), those who tended to describe their children's problems in more emotional terms and particularly those who experienced their ex-partners as abusive, tended to privilege their responsibility as 'protector':

And it got to the point where; "Dad I don't wanna tell you that I'm getting bullied". "Why?" "Well because you'd go up to the school". I said, "That's what daddies do. I'm not gonna sit back and let you get hurt". (Brett 543-546)

Participants talked about a range of ways in which they met a responsibility to protect, including limiting contact with mothers where they were seen to be causing further distress, ensuring the safety of the physical environment where the child was at risk of harming themselves or others and protecting children from their own worries and emotions by 'putting a brave face on' (discussed in theme four).

Given the sense of responsibility to protect, Ben and Brett's experience of being perceived as a threat seemed particularly frustrating for them, as illustrated by Ben who felt let- down by services:

By the time I had got here there's already social services and police and once again I feel kind of let down... Whereas I'm coming in saying, "I'm here for the child", they weren't letting me see the child. And you're thinking, well I wasn't involved in the incident for a start and the child must be upset. (Ben, 150-155)

3.3.2. Dedication and Commitment

Aside from the nature of children's needs and the intensity of these relationships, participants named associated commitments, such as long, drawn-out and costly legal procedures to gain custody, appointments with children's services and, for some, balancing work commitments on top of this. Juggling these varied and demanding roles and responsibilities left many feeling "overloaded" (Asif, 599). This sense of 'overload' seemed to be associated with more than just the presence of responsibility, but also with an absence of support; the experience of having no-one to depend on who had an equal or shared responsibility to the child:

So it's not an easy ride... when you got no-one there and you think, "Oh I can't be bothered getting up this morning, maybe the partner could help". I don't have one of them. (Mo, 188-191)

Subsequently, many talked about feeling "more anxious" (Joshua, 826) overwhelmed, guilty and "depressed" (Asif, 274) at times. This had a longstanding impact on some participants' sense of wellbeing and the wellbeing

of children. For example, Eddy felt that had his relationship not broken down (i.e. had he not been single) his son may have recovered without “*need[ing] to go this far down the road*” (Eddy, 295).

When talking about their parental responsibility, participants often referred to the idea that this involved a commitment to put children’s needs above their own. Where for some, this was talked about in terms of “*compromise*” (Asif, 534), the majority experienced it as a sacrifice, where they felt their lives had been put on hold:

Sometimes when I help [my son] he comes out with this stropiness or attitude and I tell him straight away, “Drop it. ‘Cos at the end of the day there’ll be fathers who are of my calibre, sitting at the pub and having a pint by now, but you are lucky that I’ve sacrificed all my life, dedicated all my life... making sure that things go well for you”. (Joseph, 297-303)

Joseph’s reference to ‘calibre’ shows the tendency for self-sacrifice to be equated with ‘good’ parenting and both Joseph and Brett spoke of this idea being endorsed by the professional networks around them. In contrast, being “*self-centred*” was directly related to an understanding of this being “*to the detriment of...children*” (Joseph, 81-84) and absent mothers were often cast into this role of ‘bad’ parent:

In this case, this mother has made no effort to fight [to keep the children], or anything... Her goal is to still enjoy her life. (Mo, 128-135)

The notion of 'goodness' was also present in the way some participants talked about their children as innocent of the difficult circumstances these families faced. This seemed heightened where fathers talked about making an active choice to have children live with them, for example, Ben, who had adopted his son and Brett and Mo who had gone through the process of obtaining legal custody:

Maybe I have a higher sense of responsibility because he's adopted. I really think, I made a freewill conscious choice. He had no choice in coming into my life. He had no choice about entering into the situation that's now developed with the mum departing... and for me that lays a responsibility. (Ben, 975-980)

The process involved in choosing to take on primary parental responsibility was often described as a "*fight*" (Mo, 56), or "*battle*" (Brett, 25), which seemed to be a way of participants communicating the extent of their love and commitment to children.

For some, putting the needs of children above their own seemed to afford benefits, for example Joseph, where self-sacrifice in the context of his religion meant the "*reap[ing] [of] rewards tomorrow*" (Joseph, 680).

Having children with higher needs was talked about as increasing participants' sense of responsibility, where the level of commitment ("*twenty-four-seven*" (Joshua, 606)) was often emphasised through its contrast with work, described as "*like bliss*" (Asif, 179) in comparison, given the opportunity for structure, set hours and the "*time to myself*" (Mo, 699) that it afforded. As such, where

participants were parenting more than one child, they tended to experience a need to prioritise the child with higher need over their siblings:

[My son] knows that when my daughter's there... my main priority is with her and not with him because he's eighteen/nineteen now, so, you know, he can look after himself. (Brett, 176-179)

This extract speaks more generally to the idea of a 'normal' time-limit to parental responsibility, which is disrupted or does not apply to parenting children with extra needs. This resonated with many participants, where the concept of dependence and independence was often drawn on to understand an increased sense of commitment. This created both a need to engage in higher levels of planning and organisation – for example arranging specialised childcare and needing to prepare children for changes to daily routines – as well as a sense of loss when considering the implications of this commitment in the long-term:

Their kids don't have special needs, so... all my friends are able to leave their children on their own now and I can't do that. I don't think I'll ever be able to do that. (Sam, 241-245)

Sam's reference to "their kids" says something of the social comparison that many participants engaged in, where there was a sense that the needs of their children and their contexts as single-parents, meant they faced a tougher reality than other single parents:

You probably come across many single dads, but I class myself as... a single dad that's going through a hell of a lot more than other people (Mo, 277-279)

Despite a sense of life being on hold, some talked about the opportunities this dedication and commitment had afforded, such as Asif who talked about becoming a better parent. In particular, Brett talked with passion about advocating for his daughter, whose level of communication he suggested had led others to overlook her potential:

We was told she'd never talk... Well how's a child ever gonna learn to talk if she's around a class where no-one speaks? So I went and saw... [the] school psychologist and they got her taken out of that school and put into mainstream school... And yes, she did talk (Brett, 520-533)

3.4. Theme Four: Meanings and Experiences of Distress and Not Coping

3.4.1. Understanding (or Struggling to Understand) Children's Distress

The majority of participants talked about their child's distress being outside of what they considered 'normal'. This was evident in references to distress as illness ("*it's a health problem*", Joseph 548), "*bizarre*" (Mo, 17) or "*extreme*" (Ben, 32) behaviour, and in participants' understandings of the remit of CAMHS as a 'fix':

I can't really say that she's broken, but because of everything that she's been through... you wanna see it get fixed. (Brett, 502-505)

The normal/abnormal dichotomy seemed to make it difficult for some to know how to conceptualise and approach the management of behaviour experienced as challenging, illustrated by Ben's dilemma:

How do I tell what is the difference between just him being a... kid exploring boundaries... and being, you know, naughty or whatever we want to call it, and what is coming from the issues that we're trying to deal with? (Ben, 288-292)

Ben's tone of scepticism was evident in others' accounts to varying degrees, for example, in Eddy's description of his son's distress as "*attitude*" (317), where help was sought because "*he [Eddy's son] was adamant... there was something wrong*" (211). Ben and Joshua were more explicit in their scepticism, expressing this in the context of changing understandings of 'mental health' over time and across different cultures:

I am sure, sure that what he's going through is nothing new. It wasn't discovered in the last four years. Therefore, in the society that I grew up in there must have been children going through it. Guess what? They didn't act like he does. Why? They weren't allowed. (Ben, 311-316)

As Ben alludes to, many who voiced scepticism did so based on an understanding that children's behavioural expressions of distress were the result of poor discipline, where allowing such behaviour was described as "*moddlecoddling [sic]... in cotton wool*", (Joseph, 627-628) and was understood to make things worse.

For others, child distress was conceptualised as a reaction to circumstances, which were often framed as abusive, neglectful or traumatic. Brett talked about there being a direct link between the behaviour he observed his daughter showing and experiences which he understood to have been traumatic for her:

I'm trying to get her to sleep in her room and trying to find out... why she's so afraid of that room and that's when I found out that that's where her and sister used to lock themselves in (Brett, 673-676)

Others alluded to the closeness of the bond between mother and child as causing particular distress in the context of mother's absence. This absence was framed in terms of neglect, rejection and abandonment; the impact of which Mo highlights through his implication that mother's death would have been less distressing for the child:

If mum had died it would have been easier for them to cope with... but you got a mother who's alive and breathing who doesn't want to acknowledge them at all. I'd probably, as a grown man... find it hard to cope. (Mo, 266-271)

All of the above have in common an emphasis on parents' role in children's distress; whether as neglectful, abusive, poor disciplinarians, or in biological terms:

Her mum used to come home drunk and say, "Why you give me a defective child?", you know, "It's your fault". (Brett, 515-517)

As Brett implies, consequently, some identified an awareness of judgement and blame, perhaps providing an important context to understanding the experience of 'struggle' or scepticism in understanding children's distress:

Is it me that is... the reason that he's displaying this [behaviour]? Is it that I haven't handled it well, or treated him well, or...? (Ben, 607-621)

3.4.2. Managing Emotions

As well as managing their children's distress, many participants also described experiencing a range of distressing emotions in response to the circumstances they faced, which tended to be managed and eliminated or dismissed/suppressed.

Perhaps a corollary of the scepticism shown by participants in relation to children's distress, there was a common tendency to talk about having to "*just get on with it*" (Eddy, 359), or "*snap out of it*" (Mo, 407) as a way of coping. In comparison to the notion of 'endurance' evident in some interviews (i.e. Joseph's), 'just getting on with it' constituted a more dismissive stance towards emotional experiences, leaving hardship or distress largely unacknowledged. In the extract below, Joshua describes how the experience of his own parents' stoical approach, in the context of post-war British culture had contributed to his tendency to 'get on with it':

In my day... people weren't suffering... Or if they were... it was... "Well if you feel a bit down, well we all feel a bit down, now get to school and get on with it"... Now that was what you might call 'stiff upper lip'. (Joshua, 707-714)

Where emotions were acknowledged, distraction was one method of coping with them. Although only explicitly referenced by Joshua, the many references across interviews to a preference for practical and logical approaches to emotional problems may also have provided a distraction function. Others talked about feeling the need to put a *“brave face on”* (Brett, 59), or show a *“tough persona”* (Ben, 968), when *“inside they’re in turmoil”* (Sam, 534). Mo described not letting his children see his true feelings throughout the duration of the breakdown of the relationship with their mother as a point of pride, seemingly related to his identification with the protector role:

Just because the mother’s been a let-down, certainly won’t be from me. And believe me, close to three years now they have-, they don’t even know how I’m feeling. I’ve never let my kids see that. (Mo, 572-577)

Some acknowledged men’s need to express emotion, such as Ben who normalised experiences of crying at home, but in the context of an expectation that men should appear *“in charge and... calm in the midst of the challenge”* (Ben, 556-557) in public. Asif also identified with the importance of having an outlet, which he dealt with through the transformation of emotions into physical manifestations, where exercise provided the necessary release:

So, I’ve never stopped [jogging] for thirteen years and I think that has helped me tremendously. Because I think your adrenalin... you need to let it out... Like, people say they kick their dogs, but what happens if you don’t have a dog to kick? (Asif, 970-981)

One way of understanding how and why participants sought to manage emotions in this way is to examine the consequences and meanings associated with failing to do so. For some, the meaning of not coping was equated with failure; as “*a reflection of me*” (Sam, 291), leading some to question what this meant about them as men, affecting self-image:

I think... as the male you feel very much as if it's a bit of failure that you can't... control the child. On top of the fact that, erm, the relationship with his mum has broken down... and that kind of hits... your self-image or your self-respect.
(Ben, 599-607)

Others alluded to an assumption that not coping suggests weakness, also exemplified by the extracts presented in the previous sub-theme that associate child distress with poor discipline and those that show the pressure participants felt under to put on a ‘brave face’ and appear strong and in control in response to distress:

Because there is [sic] some fathers who can't cope.... Believe me, there's a couple of fathers I know who have tried, but sometimes they're not strong enough. (Mo, 549-556)

Further, understandings of distress as caused by parents implies that to admit to not coping may also be caught up with the notion of ‘bad’ parenting, bringing with it an anticipation of criticism, blame and judgement and affecting the likelihood of seeking help. In light of this, unsurprisingly, many alluded to there being a stigma around not coping:

For a lot of men, especially once they're... involved in things like caring... they will still maintain that they will give it a go and then they just, kind of, go quiet and withdrawn if they're not... dealing with it very well. But to actually say, "I can't...", "I'm not..." 'Cos who d'you talk to? Who do you say that to? (Sam, 537-542)

As Sam implies, for some this stigma was dealt with by denying problems and/or refusing help (see also Joseph, below), where a few talked about actively not disclosing their involvement with CAMHS, implying shame.

For others, engaging with help offered the opportunity for social comparison with others who were perceived to be 'worse-off', which seemed to provide some relief:

I mean the fathers group has been a godsend... It was just meeting these other four, five men, whose actual problems were worse than mine. One of them is really, you know... (Joshua, 782-787)

Lastly, some talked about an incapability to recognise and acknowledge needing help where there was a need for professionals to recognise 'not coping' and step in on fathers' behalf. This lack of an awareness of emotions was described by Sam as "*the condition of being a man*" (529), implying that, aside from the issue of disclosing 'not coping', to even recognise a need in the first place goes against the essence of what it means to be a man.

3.5. Theme Five: The Business of Parenting: Experiences of Professional Help

3.5.1. Barriers and Enablers to Help

The meaning of engaging with help: In addition to the meanings of not coping, the act of asking for and engaging with help itself seemed laden with further meanings, often acting as barriers to professional support. This was most often discussed in terms of help being organised around talking or the sharing of problems with others, which was viewed by many as being unacceptable for a number of reasons.

Firstly, as outlined in theme one, talking was considered to be a female activity and was therefore considered to be not relevant, helpful (*“what have we achieved?”*, Ben, 306), or a largely problem-focussed experience by the majority of participants. Asif and Eddy expressed a sense that talking took away from their ability to listen, which Asif understood as related to a pressure and preoccupation with what one should say. Ben, Asif, Eddy and Sam all challenged the assumption that sharing experiences through talking is a helpful exercise, expressing a preference for practical and logical advice regarding children’s behaviour, and peer support organised around shared activity, where talking is not foregrounded.

Ben in particular talked about a multitude of ways in which talking-based help felt irrelevant, including being in the minority as the only man, which he experienced as highly off-putting:

I’ve got fifteen women and suddenly I’m supposed to tell about my deepest, darkest, sort of, secrets and all my weaknesses... Forget it! When, when would I have ever done that in my life? ... Maybe... if there was fifteen men... but

fifteen women? ... I've come here so you can give me some, seven steps to safety and eight steps to sorting my child out... I'm not coming here to get in touch with my feelings. (Ben, 384-402)

This discomfort seemed to be related to a feeling of vulnerability that talking in front of women evoked, perhaps because this seems at odds with his idea that men should appear calm and in control. Others felt similarly, that becoming involved in this kind of help and way of talking had been uncomfortable and led to negative self-evaluation, for example, Eddy's reference to a talking-therapy group as the "*sad gits club*" (Eddy 418)

For Ben, Brett and Joshua, seeking help had meant appealing to others in positions of power, which had left them feeling stripped of parental authority. Again, for Ben, this seemed exacerbated by the experience of being in a minority amongst women:

For me it was very, a very feminised, feminine process... You're a guy and you're already feeling those things I said before; I'm kind stripped of authority, I'm stripped of my ability to handle-, the male ego has kind of come into it... Well am I the only guy who's got issues? I'm the only guy who's got a kid like this? Is it just mums who come along? (Ben, 411-419)

Ben's reference to "the male ego" suggests a sense of emasculation. The idea of receiving help as 'un-masculine' according to culturally specific representations of masculinity, was also identified by Joseph when talking about needing the support of state benefits:

It's not part of my culture for a man to apply for benefit, I'm being honest. We weren't brought up that way, so I refused to take it... You as a man, you don't go for benefit... That is what men are for; you work and look after your children, you don't go, no benefit. (Joseph, 339-352)

Despite the threat to masculinity, a few (i.e. Sam, Joseph, Eddy) discussed accessing help on behalf of their children as being more acceptable than help offered on the basis of 'not-coping':

Joseph: And the judge was saying, "Look, it's not because of you, but it's because of the children. Your income is low the children are living below the poverty level"

Int: So did that help [you to accept benefits]?

Joseph: Oh yes... It helped a lot. (Joseph, 362-369)

This seemed to be related to the notion that prioritising children's needs above one's own (discussed in theme three) was an act of 'good' fathering, which worked to counteract negative meanings associated with seeking help for self.

Another negative meaning was the idea of help-seeking as self-indulgent. This idea tended to present in participants' descriptions of shying away from publicly declaring themselves to be single fathers to avoid 'taking advantage' of others' awe or admiration, which Eddy framed as "*martyrdom*" (30). This perspective tended to be associated with the interpretation of others' 'admiring' reactions as pity ("*it was like, "Aaahhh"; head to one side... sort of thing*", Eddy, 42-43) perhaps related to representations of single-fatherhood as a low-status position

(discussed in theme one), given the nature of pity as an act of feeling sorry for others' misfortune:

I don't want anybody feeling sorry for me, nothing like that. I'm fine, coping with my children. I don't want none of that rubbish... I don't need pity from people.
(Mo, 371-374)

Many participants referenced a fear of losing children as another reason to be cautious about appealing for help. This was strongly related to the perception of social services as a threat and was particularly salient for those with prior experience of this agency:

And I think often also in the background was... the kind of unspoken... 'Well if you can't handle it, we can always take him'. (Ben, 477-480)

Accessibility and responsiveness to need: For those who had no prior experience with CAMHS, it was generally not well known about and participants had relied on word-of-mouth recommendations and explanations from others. The process of referral also tended to be described by most as complicated or convoluted, often needing the endorsement of other agencies or professionals:

So then you go through it [CAMHS referral], but it's not as simple as what everybody thinks. You have to get a... recommendation through your doctor, or through the school, or through this one, or through that one. (Brett, 622-625)

Responsiveness to need was one aspect of this process that presented a particular concern for participants, particularly those who experienced their

children's behaviour as extreme; constituting a 'crisis' for which they needed immediate and practical support:

It was like, "Well, we can give you an assessment in a few months", "We need it now!", you know? ...I felt in crisis and I wanted an incredibly a responsive service and it wasn't quite as responsive as I'd have liked. (Sam, 580-587)

For some, this experience extended past the point of referral and wait to be seen and was a general criticism of CAMHS. Ben and Joshua in particular talked about experiences of struggling to contain the violent behaviour shown by their children, with which weekly, hour-long sessions based around talking did not fit, since "*things don't happen at appointment time*" (Joshua, 663-664).

Alternative views were expressed by Brett and Asif, who both talked about the availability of their clinicians between appointments and an experience of having their concerns 'actioned' as being helpful aspects of the service they received.

The therapeutic relationship: empathy, understanding and acceptance: On the subject of what had been helpful and made a difference, all participants expressed strong views about how important experiences of empathy, understanding and acceptance in the therapeutic relationship had been to them. Reflecting on many years of contact with CAMHS and other professionals, Asif felt particularly strongly about this, naming passion and devotion as prerequisites to true understanding:

You realise there are two kinds of people; you can have a psychologist, but you can have a *psychologist*, a true psychologist... What makes the difference is the passion and the devotion. (Asif, 791-814)

Talking on this subject, Asif made some interesting reflections about the impact of 'professionalising' the passion for caring, which he felt attracted those seeing the job as a "*good earner*" (Asif, 831), with the consequence of a lack of motivation to understand and connect with people.

This 'business' of caring also seemed an important aspect of Ben's experience with services. Like Asif, he felt that professionalism compromised empathy and compassion, creating a distance which he found de-humanising. Where Asif had experienced this in the eyes of professionals he encountered (Asif, 819), Ben identified it in professional language and practices; in particular the culture of litigation, which he felt positioned him as a risk, creating mistrust:

People operate very sort of officially, which to a degree of course they have to, but at the same time you feel: I'm a human being here... Alright, quote the law, but now show empathy... Because I said to the person... "If he's going to be beating me up, do I stand there?" "No, you're allowed to defend yourself" "Ok, but what does defending yourself mean?" ...And then this person went away and... when he came back he said... "What they've said is that I can't tell you because if I tell you and you use the advice that we've given you and either you or the child gets harmed, then you'll say that we told you." (Ben, 178-233)

3.5.2. The Role of Professionals in Defining 'Good' Parenting

No doubt related to its context as an 'official' endeavour, professional help tended to be experienced as holding power and authority. This intersected with gender to heavily influence access to support and the experience of parenting for many participants, which has been explored at various points throughout the analysis so far (i.e. experiences of exclusion from 'feminised' children's services and the meaning of engaging with such help).

Transcending the issue of access, some spoke about the power of services in determining what constitutes 'good' and 'bad' parenting. This seemed an important aspect of Sam's experience in particular, who described the role of parenting professions in shaping women into the 'expert' parent through privileging certain parenting knowledge and offering opportunities for its reinforcement, targeted at women and excluding men:

Sam: [Talking about the red book for under fives] ... So I'd go and they'd [health visitors] be asking questions that I had no answer to and they'd... be a bit frowny and you'd feel awful. And it's... because the expectation is that mums remember and that, therefore, I'm some kind of de-facto mum...

Int: Why is it that mums would remember that and dads, perhaps, not so much?

Sam: I think that it's because mums are engaged... with other mums and so they go to their toddler group and they're, "Look! He's walking, he's walking!" and it's the repetition of that and it's that talking about it... I mean if I would have been... in a dad and toddler group, I'm sure those

things would have logged in... [But] because that wasn't part of my life, it's just not there. (Sam, 406-438)

Albeit less explicitly, Asif also referenced professional power when talking about the element of luck in the provision of support and its relationship to deservingness, suggesting the influence of value-based judgements on professional assessments of 'good' parenting:

I was lucky that... the manager phoned me on a Sunday and she goes "I normally don't phone on a Sunday, but I know this is a genuine case". You know, she knew me from dealing with me, like. And she goes "I know you're not that kind of a man", or something, "so I need to sort this out with you"...

Otherwise they could have taken the place away from me. (Asif, 85-90)

For Asif, the perception of deservingness appeared to have a direct impact on his success as a parent; namely his ability to provide his sons with a home, demonstrating how the position of professional 'expert' may contribute to which parents are enabled to be successful and which are not. Asif's reference to "not that kind of man" suggests that deservingness is organised by gendered assumptions. Although these remain unclear here, there is an implication of men 'playing the system', perhaps associated with a disbelief in the genuineness of men who choose to become primary caregiver, as described in theme one.

3.6. Key Findings

- Single fathering was perceived by all as existing outside of gendered norms. As a result, many talked about it as an undesirable and low status undertaking that carries some stigma.
- This resulted in significant experiences of exclusion and social isolation at a number of levels, for all participants.
- The majority of single fathers expressed ambivalence about accessing children's services. This was evident in the dilemma of needing more help to parent children with extra needs as a single parent and identifying with a responsibility to access help in the best interests of the child, yet identifying with negative meanings of help-seeking, such as weakness, failure, or worry about losing children, which constituted significant barriers.

See section 4.2 for a more detailed summary of findings.

4. DISCUSSION

4.1. Overview

The present study set out to explore the experiences of single fathers whose children had used mental health services. This task was approached with a critical realist stance, with a particular focus on gender. Through the thematic

analysis of eight semi-structured interviews, five themes were identified; 'Not the Norm: Gendered Representations of Single Fathers', 'Experiences of Exclusion and Isolation', 'The Weight of Responsibility', 'Meanings and Experiences of Distress and Not Coping' and 'The Business of Parenting: Experiences of Professional Help'.

The following presents a summary of the findings and key issues raised, discussed in terms of existing theory, research and the original research questions.

4.2. Summary of Findings

Throughout the interviews, participants referenced the ways in which they perceived there to be differences between men and women, mothers and fathers, such as men's tendency toward practical and logical approaches to parenting and women's 'natural' propensity toward childcare. Gender stereotypes influenced representations of single fathering, depicted in a number of ways, from 'awe-inspiring' to single father as 'fag' and had the effect of organising men's experience according to gendered rules governing the various contexts they encountered, which were often experienced as excluding. As such, all participants talked of feeling different from other parents and there was a strong sense of loneliness and isolation. Loneliness and isolation were understood to be related not just to experiences of exclusion and difference, but to practical limitations on socialising, which made forming and maintaining relationships more difficult. These included having less opportunity to socialise

because of not having a partner or partner's income to depend on, or because of feeling restricted as a consequence of children's extra needs. As such, the impossibility of having romantic relationships was a particular issue raised.

The impossibility of romantic relationships was often raised in the context of fathers' high sense of responsibility to their children, related to the idea that 'good parenting' equates to the subjugation of one's needs in the best interests of the child. Circumstances under which children came to live with fathers, such as adoption, or lengthy custody proceedings heightened this sense of responsibility, as did children's extra needs, where many described a sense of 'overload' at the level of dedication and commitment they felt was required given children's dependency on them. Again, gender stereotypes were influential in how participants identified the nature of their responsibility as fathers, where the roles of 'provider', 'protector' and 'disciplinarian' were particularly salient. However, there was a sense of these traditional roles needing to be negotiated, for example in the context of not having the money to provide with, or feeling the pressure to act as mother and father given the single-parent context.

These ideals of traditional fathering also extended to understandings of children's distress. For example, those who valued their responsibility as disciplinarian tended to frame children's problems in terms of a lack of discipline. Despite differences in understandings, there was a common assumption that children's distress or behaviour was the result of parental action, endorsed to different degrees by all participants; be it fathers' lack of discipline or protection, or a result of rejection and abandonment by mothers.

As such, experiences of blame and judgement were described and these seemed to create the sense of a struggle to understand the issues children presented with and – at times – scepticism about their existence, perhaps reflecting a sense of guilt about feeling, in part, responsible for children’s problems.

Unsurprisingly, experiences of isolation, exclusion and the weight of responsibility had emotional consequences for participants who tended to manage these through the suppression of outward emotion (i.e. putting a ‘brave face’ on) where not coping and needing help was approached with ambivalence. Again, this seemed underpinned by gender norms, where not coping meant failure and weakness and asking for help was seen to be self-indulgent and inviting of pity. These meanings constituted barriers to accessing children’s services, as did the perception of professional help as irrelevant (i.e. for women), threatening (i.e. given the fear of having children removed by social services as a consequence of seeking help) and slow to respond in times of crisis. Where for some, the positioning of children’s services as ‘professional’ and ‘expert’ afforded access to further support, for others it constituted another barrier; leaving them feeling stripped of parenting authority, or as though professionals were indifferent; without genuine empathy or care. For some, this power transcended issues of access, where the power of professionals in defining ‘good’ and ‘deserving’ parenting was highlighted as a gendered issue. Despite these barriers, most experienced CAMHS as helpful at the level of interactions with individual clinicians, where a therapeutic relationship that privileged empathy, consistency and responsiveness to need were important.

As this summary suggests, the experiences of single fathers were rich and varied. In understanding the nature of this variation, the contexts of gender, parenting and contact with mental health services can be seen as important organising features, providing the tapestry upon which experience was weaved. Therefore, the following discusses findings in relation to these influential contexts, with a focus on the way in which these can be understood in light of existing theory and research.

4.2.1. The Influence of Gender on Single Fathers' Experiences

Participants' experiences of single fathering existing outside of gender norms is key to understanding many of their day-to-day experiences. The tendency for women to be referred to as more 'naturally' child-oriented, an authority on children and as having knowledge about caring for children that fathers did not, positioned fathers as 'not-knowing' and as learners in their role as single-fathers, where women (friends, relatives, professionals), given their 'expertise', were often recruited to help, particularly where participants were parenting girls. Indeed, the parenting of girls was seen by all who had daughters to be an extra challenge, over and above that which parenting boys presented. This seemed to be based on two assumptions; firstly, being men, fathers present a threat to daughters because they are female (discussed later), and secondly, being men, fathers are less able to understand daughters because they are of the 'opposite' sex. The latter seems to be further evidence of the assumption that men and women are inherently different; an idea that can be traced to early psychoanalytic theory (i.e. Jung's reification of 'the masculine' and 'the feminine' as two separate domains) and the sex-role models of gender development that followed (see Featherstone, 2009 for a review of how historical theorising has

influenced contemporary fathering); hence the idea that women can offer daughters something which men cannot (see section 4.5.1. for the implications of this for practice).

A deviation from gender norms was also apparent in the various representations or 'motifs' of single fathering. Despite all seemingly grounded in similar assumptions relating to who should and should not be undertaking childcare, these representations seemed to vary as different aspects of these norms came to the fore, determined by the immediate context or situation. For example, based on the assumption of childcare as 'women's work', single-fathering was characterised as an undesirable and low-status endeavour. As such, participants identified with feeling a 'fool' for adopting a role assumed not to belong to men. This seemed in particularly sharp focus where talk was concerned with other men's perceptions of single fathering, where some experienced stigma and a sense of emasculation at the idea that they were constructed by other men as a 'fag'; in some way less masculine and sexually potent by virtue of being primary caregiver. Interestingly, the context of descriptions of women's perceptions also seemed to have a dramatic, yet different, impact on representations of single fathering. Some experienced being seen as a 'threat' to children's (particularly daughters') safety and a threat to the husbands of mother friends; the former particularly salient in the context of involvement with services and particularly social services. Alternatively, single fathers were represented as 'awe-inspiring' for taking on the job of two parents and of women.

These representations resonate with studies looking at public attitudes towards single fathers (i.e. Troilo & Coleman, 2008; De Jean et al., 2012), with experiential accounts (Wetchler, 2005) and, more generally, with assumptions identified in the literature regarding mothers being the more appropriate and 'natural' caregiver (Meyer & Garasky, 1993; Anderson, 2005; Hook & Chalasani, 2008; DeJean, 2012). However, where De Jean et al (2012) found largely positive attitudes towards single fathers compared with single mothers (which they understood in 'awe-inspiring' terms), the representations described here seem negative by comparison, and this is likely due in part to a focus on individual experience and not group comparisons. Indeed, even where participants identified being related to as 'awe-inspiring', there was some ambivalence about being perceived in this way due to the tendency for this to be interpreted as pity, suggesting that single-fathering had some association with being an undesirable undertaking.

The nature of this undesirability could be understood in several ways. Firstly, the emphasis participants placed on others' show of 'pity' implies a sense of the misfortune of the single-father, also exemplified in Wetchler's (2005) description of others' expressions of sadness for him. In his account, Wetchler (2005) addresses this misfortune in terms of the loss of power and status by virtue of taking up the caregiving role. This resonates with feminist perspectives on the gendered hierarchy of the traditional family, where men are afforded the more powerful position of paid worker outside of the home and where women's role as caregiver and home-maker is devalued (Chodorow, 1978). In light of this, 'pity' and 'awe' could be seen as varying expressions of disbelief about single fathers giving up a more powerful for a less powerful social position. It may also

explain participants' ambivalence about expressions of 'respect' and 'awe' at what – taken at face value – seems to be a positive representation of the role.

This sense of a loss of power is also reminiscent of the way in which some participants experienced 'expert' services as stripping them of their authority as parents. In this sense, services can be seen as paternalistic, where fathers experienced powerlessness at having decisions made and boundaries set by another 'disciplinarian'. This was perhaps exacerbated given the tendency for services to be experienced as "feminised" (Ben, 114) (see p. 80 for direct quote); developed by women, where women are the main users and where the style of communication was associated with the way women talk (see theme five for further discussion of how this was understood), and so in this sense seeking help also constitutes an act of deferring to women.

The dynamics of gender and power are thought to be governed by the way in which some gender practices (i.e. hegemonic constructions of masculinity) dominate others. Indeed, the concept of hegemonic masculinity; an idealised form of masculinity, which represents power and authority and shapes men's social relationships (Connell, 1987) can be seen to be influential in participants talk throughout. Hegemonic masculinities were particularly evident in accounts of managing emotions and ambivalence about seeking help, echoing literature that reports single-fathers to be more reluctant and less likely to seek help than their female counterparts (Cohen & Savaya, 2000; Leininger & Zioli-Guest, 2008; Wolff et al., 2010). Building on literature that simply reports the presence or absence of help-seeking (i.e. Wolff et al., 2010), the present study addressed the question of why; exploring understandings of ambivalence about seeking

both formal (i.e. professional) and informal help. 'Reluctance' in this instance was largely to do with associated (negative) meanings of help-seeking, including not coping as 'failure', 'weakness' and seeing the act of asking for help as 'self-indulgent' and inviting of pity; all of which resonate with literature on barriers to help-seeking for men, which is understood as being in direct conflict with masculine ideals (Addis & Mahalik, 2003) that privilege self-reliance, physical toughness and emotional control (Pleck, 1981) and where the practice of health-behaviours, such as help-seeking (or not), offers an opportunity to demonstrate masculinity (Courtenay, 2000) (see section 4.5 'implications for practice' for suggestions regarding overcoming barriers to help-seeking).

Hegemonic ideals of masculinity also shape the undesirability associated with representations of single-fathering. For example, those ideals that privilege men's ceaseless interest in sex are particularly relevant to representations of single fathers as a 'threat' (to children and daughters in particular, and other men's wives) and a 'fag', since the emphasis for all seemed to centre around men's (hetero) sexual potency, or lack thereof. In particular, these examples illustrate the complex and dynamic nature of masculinities, not adequately captured by explanations that conceptualise single fathering in terms of 'role strain', (i.e. Hilton and Desrochers, 2000; 2002) where single fathers are seen to be caught between 'feminine' and 'masculine' roles. Whilst being caught between places did seem to resonate with the experiences of participants in the present study, this concept seems to miss two important nuances. Firstly, the concept of 'role' seems too fixed an account to explain the range of different ways in which gender is dealt with and does not account for the huge impact that variation in context seemed to have on this. For example, Ben's

experience of the single-father status as emasculating in the context of talking about his son's 'uncontrollable' behaviour in front of women in a professional help setting, but which became an identity that he actively used to attract women in the context of dating and relationships. This is a striking example of the different ways masculinity was practiced, supporting critiques of hegemonic masculinity as an essentially negative (Isacco, Talovic, Chromik, Yallum, 2012), fixed concept, influencing the practices of men in a universal way (Connell & Messerschmidt, 2005). Secondly, the emphasis on role 'strain' privileges resulting distress, where the creativity with which participants responded to dominant representations of gender remains unseen and obscured. For example, Ben's use of the single-father status to attract women, which seemed to be one way in which he resisted the label of 'fag', or Brett and Sam's explicit use of 'femininity' to neutralise threat perceived to be related to masculinity, as a strategy for inclusion.

For some, the undesirability of single fathering was particularly emphasised when participants perceived negative representations or attitudes as belonging to men. Addis & Mahalik (2003) note the particular influence of male attitudes on men by virtue of these originating from a group with which they identify; their reference group. Therefore, in addition to an experience of loss of social status and power associated with the role of primary caregiver, where negative attitudes and stereotypes are experienced from other men and particularly where these position single fathers as outside of the 'norm' (Addis & Mahalik, 2003), these may have a more powerful effect on single fathers, given that they constitute not simply a move away from what is considered to be 'masculine', but an active rejection from a group with which they identify.

More generally, these representations show that negative attitudes do translate into the personal experiences of fathers. Worryingly, findings here suggest that these are internalised to some extent, for example, Brett's disgust at other parents' reluctance to let their children play and sleep over at his house with his daughter, yet his acknowledgement of their worry as understandable. This might be understood in terms of Freire's (1972a) work on describing the processes of oppression. He considers the oppressed as people who are marginalised by practices that construct them as deviant and different from a "good, organised and just society" (p. 47). The tendency for such practices to remain outside of social consciousness means that the dominant discourse is adopted by default (i.e. women are responsible for caregiving and therefore male primary caregivers should be regarded with suspicion); including its internalisation and endorsement by those whom it constrains (i.e. single fathers). In this sense, then, the present study constitutes further evidence of the stigma associated with single-fathering reported in previous surveys of single fathers (Griffiths, 1996; Gingerbread, 2000). Despite being a significant issue, stigma is yet to be acknowledged in research reporting higher rates of distress in this population (i.e. Cooper et al., 2008; Wade et al., 2011; Collings et al., 2014).

4.2.2. The Influence of Child 'Mental Health' on Single Fathers' Experiences

Children's emotional or behavioural manifestations of distress and disability also seemed to be influential in shaping participants' experiences in a number of ways.

In particular, the sense of responsibility that fathering evoked was an important theme identified by all participants and one which children's contact with mental health services seemed to heighten. This sense of there being higher demands on parents is one experience with which the wider community of those parenting children with disabilities can relate (Macdonald & Hastings, 2010), where the experience of one's child as presenting outside of the 'norm' is a particular source of stress for male caregivers (Macdonald & Hastings, 2010), with which the majority in this study identified. Participants tended to perceive children who accessed CAMHS as being more needy and dependent compared to their siblings and peers, and where development did not necessarily follow a typical or expected trajectory this seemed to affect a sense of the limits of their responsibility as parents (i.e. the expectation that children's dependence on them would extend beyond age eighteen, or indefinitely), leading to an experience of 'self-sacrifice' for many. Further, in cases where single-fathering had been a conscious choice, for example where children had been adopted or fathers had been through the lengthy and involved process of seeking legal custody, this sense of responsibility was heightened further; adding to an understanding of why the nature of decisions and choice about who children live with might affect single fathers' adjustment to the role (Risman & Park, 1988; DeMaris & Grief, 1992).

Children's dependency and fragility were particularly salient in talk relating to an experience of there being less opportunity to socialise and form romantic relationships, compounding experiences of isolation and loneliness. These experiences of isolation resonate with the literature, which highlights a lack of social support as a big issue for single fathers (i.e. Yopp & Rosenstein, 2012).

However, despite being named as an issue, those represented in the literature tended to have supportive adults in their networks and live with other family members who share the childcare (Brown, 2000; Zhan & Pandey, 2004), which was not the case here. Further, Meyer & Garasky (1993) suggest that the majority of single fathers they studied were dating to a greater or lesser extent where nearly half of their sample (41%) had re-married, in stark contrast to the experiences of participants in the present study, for whom dating and relationships were felt to be almost impossible.

The context of child mental health seemed to be a key influential difference in the present sample, intensifying experiences of isolation in a number of ways. Firstly, many talked about children's extra needs as constituting an added complication, where the practicalities and costs of arranging specialised childcare limited fathers' opportunity to socialise independently, perpetuating the dilemma of having a reduced social network upon whom to rely for childcare. Secondly, children's extra needs were perceived to make socialising with other parents and children more difficult, for example where children had specific social communication needs, or were experienced as unpredictable or extreme in their behaviour, leading participants to avoid social situations that might induce such behaviour, or increase distress. In the context of romantic relationships, this led to worries about compatibility with potential partners, with one participant locating this specifically in his child's difficulties, which were described as 'off-putting' to potential partners. Again, the circumstances leading to single- status are relevant, where some talked of almost using their child's difficulties as a reason not to start new relationships where there was a fear of getting hurt following a painful break-up. Highlighting the

intersectionality of experience, this choice to foreground child 'mental health' could be understood in the context of hegemonic masculinities, where the open expression of fear and hurt are considered 'un-masculine'. Further, the influence of child 'mental health' on men's experiences of social isolation does not appear to be a linear relationship. This was particularly evident in references to CAMHS as a support in the absence of other support networks. For example, Eddy described feeling that if he had had a partner, a CAMHS referral would not have been necessary, suggesting a reciprocal relationship between isolation and distress, which is, indeed, well-documented (i.e. Social Inclusion Unit, 2004).

In addition to the 'mental health' context, Griffiths (1996) suggests that social isolation may be a particular issue for UK single fathers given their rarity and this may be one other possible reason for the intensity of isolation described here. Indeed, experiences of being in the minority as a UK single father and as a man in child-oriented settings were salient for participants who tended to experience this as isolating, with one participant - originally from the US - specifically drawing on this cultural comparison to explain his feelings of loneliness and sense of difference.

In addition to its influence on experiences of loneliness and isolation, the context of child 'mental health' seemed to intersect with gender to influence how children's distress was conceptualised and responded to by participants. Identifying with cultural depictions of the role of the father (Pleck, 1987), participants talked about their responsibility as 'provider', 'disciplinarian' and 'protector'; all largely consistent with hegemonic constructions of masculinity.

Interestingly, those who identified strongly with the importance of father as disciplinarian, also tended to conceptualise child distress as being the result of poor discipline, or a lack of parental (fatherly) control and this seemed particularly true for those whose children presented with violent or aggressive behaviour that challenged them. Conversely, those who understood their children's distress as being a reaction to circumstances (i.e. experiences of trauma or neglect), tended to talk more about their responsibility to protect. Despite these differences, understandings of child distress were based on the common assumption of this being a result of parental actions, where half talked explicitly about their own possible role in this. Whether explicit or implied, there was a common sense of blame in all participants' accounts and a sense of responsibility to be all things to their child; to offer discipline and nurturance and be both mother and father. This adds further meaning to the 'weight of responsibility'; reflecting both an increased sense of responsibility to children, given their extra needs, and a heightened sense of responsibility for fathers' possible role in the genesis and maintenance of children's problems. The latter may add to understanding the struggle that participants seemed to experience in understanding children's problems and the scepticism some expressed about their existence, which perhaps belie feelings of guilt. In light of Lupton and Barclay's (1997) theory of embodied fathering, which highlighted ways in which fathers recognise children as being a part or extension of them, single fathers' sense of their role in children's manifestations of distress may be more personal and complex than simply managing implied blame and judgement. For example, Brett's account of his ex-partner locating their child's disability in his 'defective' biology, suggests that child distress may also be perceived as a personal weakness in fathers themselves - again coloured by hegemonic

masculinity - giving new meaning as to why else children's problems may be perceived as 'off-putting' to potential partners.

Despite the various ways in which the context of child 'mental health' exerted a negative influence on single fathers' experiences, participants showed creativity in their responses to the dilemma of meeting responsibilities. For example Joseph's decision to provide knowledge to his children in the absence of being able to live up to traditional expectations of father as provider of money. Indeed, this emphasis on education also resonated for others where a commitment to help children 'better themselves' through learning and education seemed particularly important for fathers who identified with contexts of disadvantage (i.e. being from an ethnic minority, or having the label of learning disability) and are similar to wider narratives of immigrant and minority families that may also reflect particular cultural norms and values. Furthermore, seeking or accepting help was seen to be more acceptable where this was perceived as being in the child's best interest where foregrounding a responsibility to put children first seemed to change the meaning of seeking help, transforming it into an act of 'good' fathering; to mean both a responsibility to prioritise the needs of children above their own and a responsibility to protect. This is line with 'positive masculinity' approaches to working with men, which views elements of hegemonic masculinity as promoting men's wellbeing (Engar-Carlson & Kiselica, 2013).

4.2.3. The Influence of Contact with Services

Understandings of seeking help from CAMHS in the context of hegemonic masculinity ('help-seeking as weak and unacceptable') and in the context of

child 'mental health' ('help-seeking as responsible fathering') helps to understand the ambivalence expressed by participants about accessing CAMHS and other children's services.

Aside from the various meanings of seeking professional help, the nature of help on offer also seemed to constitute a barrier. Participants talked about the way in which they managed emotions as being at odds with the practices of services, which many felt were 'feminised' in their tendency to privilege the talking together and sharing of emotional experiences (seen to be a predominantly female practice) over and above an emphasis on practical and logical advice; a perspective that Phares, Rojas, Thurston and Hankinson (2010) name as a common "misconception" (p.467) in explaining why fathers tend not to be involved in children's psychological services, yet which participants' lived experience says otherwise. Therefore, the type of help offered by CAMHS was experienced by some as anxiety-provoking, emasculating and excluding of or disinterested in fathers. Others viewed it as simply not relevant, particularly where it was felt that cultural or familial knowledges about parenting or participants' context as a man was not acknowledged or taken seriously, adding to the picture of fathers' significant under-representation in CAMHS and other children's services (Page et al., 2009; Walters, 2011).

As discussed in terms of gender and power, the element of 'professionalism' and expertise was experienced as stripping participants of their ability and authority as fathers, particularly where there were perceived to be strict (i.e. safeguarding) rules governing 'good' and 'bad' parenting. This appeared to

intersect with a dominant view that children's services were mother-focussed, both in the sense of being disinterested in fathers and suspicious of them; discourses which have both been found to prevalent in children's social care contexts in particular (Scourfield, 2003) and which seemed to reinforce a sense of exclusion and disadvantage amongst participants. One participant articulated this particularly eloquently in an account reminiscent of Lupton & Barclay's (1997) theory of services' role in the reinforcement of mother as the 'expert' parent. He described how mother-focussed children's services privileged certain parenting knowledge (developmental milestones) in which women – by virtue of their inclusion – became experts and which men were not privy to, inviting the disapproval of professionals and contributing to the idea of men as the lesser parent. This provides some understanding as to how and why negative discourses about fathers might develop, influencing professionals' judgements about their deservingness (Kullberg, 2004; 2005) and right to support, which is likely to influence fathers' ability to parent in material terms, particularly in light of evidence that single fathers are less able to work (O'Brien, 2004; Gingerbread, 2000) with many relying on state support (Brown, 2000). This gives weight to a fear of the consequences of seeking help and provides a context to literature suggesting that single fathers may feel less secure in their role within a family structure that is less-sanctioned by the authorities (Hamer & Marchioro, 2002) and that which indicates higher levels of distress presenting in these families.

4.3. Strengths and Limitations of this Study

4.3.1. Significance and Strengths of this Study

4.3.1.1. *Gender:*

The present study's attempt to go beyond naming gender as an issue in crude and simplistic terms to explore the various and dynamic ways in which it intersects with single-parenting, fathering and the context of child 'mental health' in a more nuanced way, is one strength of the present study. This has both highlighted a significant source of stigma and added to an understanding of why single-fathers might be more likely to come into contact with mental health services, yet might feel ambivalent about seeking help.

4.3.1.2. *Context:*

Previous research has tended to deal with heterogeneity as variables to be 'controlled', portioning out their relative influences, yet missing the nuances in experience created through their intersection. The present study's inclusion of participants from a range of contexts and attendance to these in the analysis is a comparative strength, which has added richness to the issues explored. Emphasising experience that is context-dependent, also increases the likelihood that the issues presented could be meaningful to single fathers in these circumstances more generally and in this sense, could be useful starting point for orienting those working in children's services.

4.3.1.3. *Evaluating the study against standards of qualitative research:*

With reference to Elliott, Fischer and Rennie (1999), the following outlines the strengths of this study according to quality guidelines for evaluating qualitative research.

Owning one's perspective: I have oriented the reader to my perspective in a statement of positioning in the method section. Where appropriate within the analysis I have been transparent about my use of language or the thinking involved in distinguishing themes and have included a section regarding issues of reflexivity to explore how my personal contexts may have shaped this research (see section 4.6.).

Situating the sample: I have situated the sample through the description and evaluation of methods of recruitment (including consideration of those not included in the sample) and through a description of participants according to information deemed pertinent by the literature review.

Grounding in examples: Quotations were used throughout the results section to illustrate; a) specific examples of a general theme or sub-theme, b) the process of analysis and interpretation through commentary on specific examples, c) the breadth and/or representativeness of themes across the whole sample. In addition, descriptions of different participants' perspectives were given so as to bring alive contrasts in experience and as a way of honouring and preserving the 'thread' of individuals' stories.

Providing credibility checks: The process of analysis was checked and discussed with my supervisor who has extensive knowledge and experience of TA and an audit trail of the analysis can be viewed in the appendices. Further, an extract of the data was discussed with peers and staff with expertise in TA, which informed the process and provided an opportunity for verification of initial codes. Lastly, credibility checks were performed within interviews themselves through the checking of my understanding with participants. Validating the overall results with participants themselves was considered, but decided against. This was because; a) the results are group, rather than individual-level findings and therefore individual participants are not in a position to validate them; and, b) thematic analysis involves a process of interpretation by the researcher, which by its nature has to be judged not as it accords with participants, but how it meets with the quality standards of qualitative research outlined here.

Coherence: I have aimed to present an account that is coherent in its attempt to address the research questions through a process of mapping out themes in consideration of their relationship to each other and presenting these in the appendices. I have provided a narrative account, which makes explicit reference to overlap and/or relationships with other themes and which signposts the reader in these instances.

Accomplishing research tasks: The research tasks of this study were outlined in the introduction in a transparent manner. Whilst 'mapping the terrain' of single fathers' experiences was the primary task (hence attention to a range of perspectives on themes that were meaningful to the majority), effort was made

to also note the more specific and intersecting contexts of 'single parent', 'father' and 'involvement with CAMHS' in the analysis and discussion as a way of demonstrating the different ways in which these findings may resonate with the wider single father (and indeed parenting) population.

Resonating with readers: Since the study grew out of my own experiences within CAMHS and was developed in collaboration with a senior CAMHS clinician with a special interest in working with fathers, I have confidence that the subject is a rich and interesting one. Submitting drafts of these chapters to this clinician and my supervisor with resulting favourable comments indicates that what is written should resonate with a professional population. However, at this stage it is not possible to know whether or how this will resonate with a broader readership and this is something I hope to address through the Viva Voce and through dissemination of this work to, a) the CAMHS teams I recruited from, b) the participants interviewed, and c) publication and/or presentation within academia.

4.3.2. Limitations of this Study

Limitations concerning the sample are twofold. Firstly, since recruitment via non-NHS routes was unsuccessful, all participants were recruited via CAMHS, where many had been attending for a number of years. Consequently, the sample consisted of men who had, a) sought professional help in the first place, and b) remained involved with services thereafter. This could have biased results in two ways. Firstly, despite the present findings that indicate participants' ambivalence about accessing help, these men had overcome such barriers and therefore little is known about the experiences of those parenting

children with significant emotional or behavioural needs outside of professional support services. Secondly, participants' continued involvement suggests that they had tended to find this support acceptable enough to remain involved. With the exception of one, all fathers gave a high level of positive feedback about CAMHS provision, which would support this. Future research that was able to recruit those with varied levels of involvement and experiences of NHS and non-statutory services would make for a broader, more inclusive picture.

Secondly, all those recruited identified as heterosexual and therefore identified with gender norms in a particular (likely hetero-normative) way. The inclusion of single-fathers who identify with minority sexual identities are likely to present a different account of the ways in which gender colours the parenting experience, which is absent from this research.

4.4. Recommendations for Future Research

One of the central findings of this study was the experience of children's services as 'feminised' in their provision of help through privileging the sharing of emotions above other forms of support. Although experiences of talking had been helpful to participants to various degrees, many named this as a barrier to services and some began to talk about emotional support through shared activity as one alternative. In light of this, more focussed study of single fathers' perspectives on what would constitute 'acceptable' and helpful support would be of benefit.

Based on the limitations of the sample and in relation to some comments in interviews about the perception of single fathers as gay, research that specifically sets out to include gay, single fathers would be valuable. Inclusion of these fathers seems particularly important given the divergence from gender 'norms' that minority sexual identity affords over and above that of identifying as a male primary caregiver, which one can imagine would contribute uniquely to the issues of stigma and exclusion at least.

Lastly, given the emphasis in the present study on single fathers' perceptions of how others viewed them and existing research that looks broadly at public attitudes, yet not specifically at the attitudes of those working in children's services, research aimed at examining the views of professionals working with single fathers (i.e. via the analysis of clinical transcripts) could be useful.

4.5. Implications for Practice

To an extent, this study's findings could be reduced to the issue of exclusion; from services, from what is considered the 'norm', from social support and the gendered rules governing these. Therefore, implications for practice that focus on inclusion are likely to have a positive impact.

4.5.1. Supporting Single Fathers at Service Level

There appears to be a need for fathers to feel supported in a way that is acceptable to them, which could be informed by further research. Based on their review of research on father involvement in children's psychological services, Phares et al (2010) highlight the potential benefits of making clinic

settings gender neutral, or highlighting practical or active elements of therapy as a means to attract fathers. Indeed, findings here that resonate with a positive masculinity approach (Engar-Carlson & Kiselica, 2013) suggest the framing of accessing children's services as an act of 'responsible fathering' may prove to be one approach to increasing father engagement. However, these could only be helpful based on the assumption that, a) this is what fathers (including single fathers) want and, b) that the reality of services lives up to father-friendly marketing. Given this study's findings, this requires further thought. As suggested above, research is one way of pursuing this, yet can be a lengthy process, where an emphasis on 'evidence-based practice' may limit the direction of change with the potential to replicate the dynamic of professional 'expertise' experienced as unhelpful by some participants. As such, services wanting to respond to the problem of providing support that can be experienced as relevant and acceptable to single fathers may benefit from working with them as consultants, fitting with the continued emphasis on service-user involvement in health services (i.e. NHS constitution for England, 2013 being the most recent). Alternatively, a community psychology approach that seeks to support service-users by encouraging a sense of community and promoting their existing skills and resources, with an emphasis on understanding distress in context through consciousness raising (i.e. raising awareness of constructions of gender which constrain parenting), may help to, a) increase engagement with services, b) reduce social isolation, and c) challenge the assumption of inherent differences between the sexes underlying fathers' experiences of the extra challenge of parenting girls and increase confidence.

Further, where participants described CAMHS as making a helpful difference, this tended to be related to experiences of empathy, understanding and genuine care and passion from clinicians as well as practical steps taken to secure extra support in times of need. While these may seem obvious, their importance should not be minimised and clinicians reading this report are encouraged to continue practicing in this way.

4.5.2. Challenging Unhelpful Gender Norms and Stigma

Largely positive feedback about specific, individual experiences of CAMHS supports the idea that problems are perhaps better located at the macro level, necessitating interventions aimed at challenging unhelpful gender stereotypes that create the stigma instrumental in participants' experiences of exclusion across contexts. Clearly stigma is an issue in and of itself and so interventions operating at this level are likely to be influential in a myriad of ways other than the professional help realm. One pertinent example concerns the recent reforms in shared parental leave, which - in light of this study's findings about what it means for men to choose the role of primary caregiver - are perhaps unlikely to yield high levels of uptake. Thus, interventions aimed at reducing stigma have the added benefit of operating at a preventative level and with high 'reach'.

However, the way in which this is done needs careful thought. As shown here, masculinity is not one 'thing', but is likely to diverge and conflict in a number of ways, making the issue of approaching this undertaking on a large scale, a challenge. Approaches to public health research that are sensitive to intersectionality could make for a useful starting point (see Orford, 2008). With regard to the contribution of the present study, participants' lack of contact with

other single fathers implies that simply the visibility of these family structures (i.e. in health campaigns and the media) may make a useful starting point to raising the profile of and 'normalising' this family structure.

4.6. Issues of Reflexivity

4.6.1. A Vested Interest in Critiquing Gendered Practices that Constrain Mothers and Fathers

In the statement of positioning I gave in section 2.1.1., I was transparent about my contexts as a feminist and as the child of a single parent and that these had been influential in my reasons for undertaking this research. Unsurprisingly, these contexts also coloured the way in which I approached the research, including the critical stance adopted throughout. For example, as a feminist, I have a vested interest in highlighting and critiquing taken-for-granted assumptions that women are almost exclusively responsible for childcare and associated practices (i.e. highlighting in the analysis that services were experienced as 'feminised'). As the child of a skilled and loving single parent, I also have an interest in critiquing research that implies blame towards single parents and, as such, deliberately looked for and reported instances of creativity and resource amongst the fathers I interviewed.

4.6.2. The Problem of Reinforcing Difference

I return here to critiques of the role of research in perpetuating gender differences to explore how these were negotiated in my practice as researcher.

4.6.2.1. Studying single fathers as a discrete group:

In undertaking research that asks questions about single-fathers, it is, of course, methodologically appropriate to study them as a discrete group to understand any unique issues that present themselves in this context. However, there is the danger of interpreting all results as unique issues to single-fathering, perpetuating the idea of their inherent difference to others. With this in mind, the findings of the present study were approached with the wider parenting population in mind to consider the likelihood that the issues presented here affect parents in general. For example, in discussion relating to the theme of responsibility care was taken to acknowledge the wider literature relating to parenting children who form part of a 'clinical' population, as well as acknowledging here the reality of children's dependence on their parents in the UK context; a common experience of parents and one enshrined in law (Children Act 1989), making responsibility an experience which should be understood from a number of angles.

4.6.2.2. Asking questions about difference:

I was mindful of the way in which my interview questions had shaped what was said by participants, particularly since findings often foregrounded gender differences. However, before examining my questions, the interview as a method should be acknowledged.

Critiques levelled at interviewing include the tendency for researchers to adopt it in an 'off-the-shelf' fashion, risking the abandonment of critical and reflexive thinking in favour of engaging with the interviewee as simply a source of data (Chamberlain, 2012). Lupton and Barclay (1997) relate this to the fathering

research, emphasising the limitations of the interview as a contrived method of invoking talk. Highlighting the circularity of hoping to understand fathers by asking them to talk about their experience, they write how in the interests of performing 'good' fatherhood, men are likely to draw on the privileged discourses of the time, and therefore what we can hope to learn may be that which we already know. This effect has been shown to be particularly heightened in contexts of cross-gender researcher interactions (i.e. male participant, female researcher) and where the research is explicitly studying gender (Sallee & Harris, 2011), as was the case here. In response to such critiques, the discussion below goes some way to demonstrating how – having chosen interviewing as a method – I endeavoured to remain critically aware of what I was hearing and saying.

Since gender had always been my interest and it was my intention to explore this in more depth, had I created or amplified difference? Questions such as “...*What's the difference between, why is it that mums would remember that and dads, perhaps, not so much?*” (Interviewer in Sam, 425-427) had the potential to bias participants' talk in favour of discussing experiences of difference rather than sameness. In contrast, not emphasising difference carried the risk of social desirability bias; of participants not wanting to name differences between men and women for fear of offending, particularly given my context as a female. Indeed, this did seem to be evident in some interviews where some prefaced their comments with disclaimers about stereotyping (i.e. “*yeah, but then that's probably going down some stereotypical lines, really*” Eddy, 334-335), suggesting some awareness that what was being said was in some way not entirely socially acceptable. In this sense, questions that

emphasised difference gave permission for participants to speak in these terms and, where possible, options were given to try and off-set the potential for bias (i.e. “*And how do you think that made a difference?... Or did it make a difference?*” Interviewer in Joshua, 488-490).

4.6.3. Did Gender Dominate?

The above discussion, dedicated entirely to thinking about gender, is an apt illustration of my interest in the subject colouring the present study. Of course, gender is highly relevant, where minimising this would have produced findings divorced from the meanings that cultural depictions of gender give to fathering. However, I wonder to what extent this interest dominated, limiting other avenues for exploration. For example, understandings of child ‘mental health’, although touched on in the analysis, could perhaps have been more fully explored. Asking participants about the reasons for children’s contact with CAMHS highlighted perceived differences between children with learning/developmental difficulties versus those presenting with emotional or behavioural problems, which seemed an important distinction for some. Indeed, the original title of the research, which advertised for fathers of children “with a label of ‘mental health problems’” elicited discussion about the meaning of the term ‘mental health problems’ amongst potential recruits and CAMHS staff; the latter of whom felt the term to be off-putting, implying some wrong-doing on the part of services since many clinicians felt strongly that they were working to challenge labels and associated stigma.

Despite a potentially interesting avenue for enquiry, this example is given not as a recommendation, but as an example of how my interests have influenced

what is presented, which I hope constitutes a useful contribution to knowledge and practice in the fields of gender, parenting and UK children's services.

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APPENDICES

Appendix A: Example of Annotated Transcript

1 Interview #4 - Eddy

2

3 I: So, since this is an interview about being a dad, I'd like to ask you
4 first to tell me a bit about your children, or child.

5 E: Well, I've got two kids. Peter, he's twenty-two and Carl, he's
6 seventeen [I: Mm hm]. Peter is now living with his girlfriend and Carl
7 is living with me and I'm living with my dad.

8 I: Ok, so you're both living with your dad [E: Yeah] the three of you.
9 Right, yeah.

10 E: Well, no, Peter, the oldest one; he's moved out. He's independent
11 now [I: Uh huh].

12 I: Ok. Erm, and, would you mind telling me a bit about how you first
13 - 'cos this is an interview about single fathers - about how you first
14 came t-

15 E: Oh, er, well I was married to Kelly for, er, twelve years and the
16 marriage fell through and I ended up looking after the kids. Peter
17 was, er, ten or eleven, twelve - just starting secondary school - and
18 Carl was five or six years younger [I: Mm hm]. I ended up looking
19 after them. She, a couple of years later, went and moved to Hong
20 Kong, so I was looking after them [I: Ok, ok]

21 I: And how was that kind of, decided between you? Or was it
22 decided between you?

23 E: Erm, it's just how it came to be. Sorry - she stayed around until
24 Carl was about sixteen, fifteen/sixteen, and then she went to Hong
25 Kong. Erm, I'm not sure how that came around, it just, just
26 happened [I: Yeah].

27 I: And during that point, when was the time that you came to think
28 of yourself as a single dad?

29 E: Never really did, to be honest. Just got on with it. Sometimes I
30 think that sort of stuff is a little bit of, erm, martyrdom [I: Ok], erm,
31 which is fine in the right context, but saying, "Ooh I'm a single dad",
32 that ain't gonna get somebody to go out and work and look after
33 them and stuff like that [I: Ok]. And on the whole, they were ok. I
34 mean I had problems with Peter when he was, like, fourteen/fifteen,
35 but, erm, I just took that as teenagers [I: Mm]. Just got on with it.

Identity
Assessing
the position
of a
single
father
identity

Reference for
practical & logical
solutions.

Assumption
that
children
need
mothers?

Just
get on with
it.

marriage fell through

no explicit decision

Just get on with it!
Getting on with it.

sharing as
'martyrdom'

sharing/
talking of no
practical use
won't help.

Respecting
~~Defending~~
single mums

Resisting
the single
father
identity

Shaming as
Martyrdom!
Self-
indulgent

Gender diff in
offer of help.

Opportunities
for
mums
to socialising
as a parent

36 I: Mm. I'd like to hear more about what you were just saying there,
37 about, kind of, saying you're a single dad might be a bit like
38 martyrdom. Can you say a bit more about that?

39 E: Well, erm, it was [sighs], ten, ten, eight to ten years ago now
40 when I used to meet people and, "You married?" "No I'm not
41 married". "You got kids?" "Two kids" "Where are the kids?" "Well,
42 I'm looking after the kids" and it was like, "Aaahhh"; head to one
43 side, sort of like, you know, single dad, sort of thing and I'm thinking,
44 "Well, millions of women are single mothers" [Laughs] [I: Yep]. You
45 know, the fact that I'm a bloke instead of a girl, apart from that, that
46 doesn't make any difference [I: Yeah, yeah].

undesirable
reactions
from others
Pity?

minimising
gender differences

47 I: So what did you take from that sort of response then?

48 E: Erm, didn't really take anything to be honest. I didn't take
49 advantage of it or anything like that. Erm, it's just, erm, that's just
50 how it was. Ok, granted, a couple of my best friends are single
51 mums [I: Mm hm] and I suspect that's grown out of that [I: Mm].
52 Erm, all of my mates who I've known since I was eleven, they all
53 know the situation and they've all grew up with them being, like,
54 uncle-like figures, but I daresay that would be the same if I was a
55 woman growing up with lots of female friends and so on and so
56 forth. The only slight difference is that, er, with my mates you, if you
57 need help, you say. And with my female friends, er, they will quite a
58 lot of the times are forthcoming in saying, "Do you want...?"
59 Particularly a couple when Peter and Carl were a lot younger and I
60 used to take 'em out and stuff like that, er, they used to have 'em
61 come round and we used to go out together and do stuff [I: Yeah].
62 So I suppose that was, I suppose it's the best [unclear] really, what
63 can you do?

Respecting
~~Defending~~
single mums.

minimising
gender diff's.

women offer
help

64 I: So is it that your saying that with, with your male friends the onus
65 is on you to say if [E: Yeah] you need help, but wi-

66 E: But with a few of my friends it's more like, 'cos I suppose to some
67 extent they always had the activity list and, erm, for me it was a case
68 of, if they wanted to go out, say we were gonna out at the weekend
69 and see a movie or something like that [I: Yeah], but, erm, that
70 would probably be every couple of weekends, or their mum would
71 come down and it was a case of I'd drop them off at their mum's [I:
72 Yeah] and go home and sleep and pick 'em up at the end of the
73 weekend. Whereas, particularly in the six weeks holidays, I mean,
74 my dad was there to look after them, but my friends would say, you
75 know, "Bring 'em round", my female friends would say "Bring 'em
76 round and we'll do an activity together", whereas my mates would
77 not necessarily say that. They wouldn't necessarily say that. [I: Right]

family
the support
around
childcare.

Gender diff's in
socialising with
children.

78 I mean one's, one's in a family with kids the other-, I got five,
79 four/five really close mates that I've known since eleven. Only one's
80 in a family with kids, the others don't, so I wouldn't expect them to
81 say, "Bring 'em round" 'cos they wouldn't have a child friendly
82 atmosphere [I: Yeah, yeah].

Lack of common
experience
with non-
parents.

83 I: So it's something about, is it that it's something about the
84 male/female difference, but it's also the difference between having
85 kids or not having kids? [E: Yeah, yeah] Yeah. Erm, I'm just
86 wondering how, how it's had an impact on you, being a single dad.
87 So the divorce and, and your partner moving away - what impact
88 has that had on your life?

Child's
dependence
↑
No space
for
relationships
↓
Parental
responsibility
ends @ 18.
Extra
responsibility
given
needs.

89 E: Erm, well, I've not had a girlfriend [I: Right] for decades, but that
90 really hasn't bothered me. I've had really close friends and the odd
91 one-nighter, sort of thing [I: Mm hm], but then I've decided that my
92 kids come first. And I suppose that's the self-sacrifice, martyrdom
93 bit, but the boys, the boys come first [I: Mm]. But once they, it's
94 always been a case of, once they hit eighteen and I know they're ok,
95 then I can have some, I can have some 'me' time. Although, what's
96 happening with Carl may, I did think at the beginning that may have
97 knocked it on the head [I: Mm], but, erm, the medication that he's
98 on; it's helping, so it could be a case of, you know, my freedom or
99 independence will turn up more or less on time. But I don't think it'll
100 be the case of Carl, er, leaving home unless some girlfriend decides
101 she'll have him [I: Right]. It'll be a case of he'll be at home, but
102 independent. So, still on course for that sort of thing [I: Yeah].

Self-sacrifice
for children

loss of
freedom.

Parental
responsibility
ends when
child
independent

103 I: So relationships is one area of your life that's been, that being a
104 single dad's had an impact on [E: Yeah, yeah] and it sounds like from
105 what you're saying there's, that there's a, kind of, choice, there's
106 had to be a choice between kids or relationship.

Self-
sacrifice for
children

Challenge of
juggling
caring + socialising
(identities?)

107 E: Yeah, yeah, yeah. I was about to say I'm not very good at juggling
108 the two, but that's not the case actually, I mean, this weekend we
109 wanted to go out, I mean, I do still find time to go out with my
110 friends and have a drink with female friends and have fun and stuff
111 like that [I: Ok], but no real serious relationship [I: Ok] and I think
112 that's down to me rather than anything else. Just through, er, part
113 of, partly choice and partly, well, you know, it's something that you
114 gotta [steel] yourself for, so, yeah. [I: Mm hm]

No space
time for
relationships

Self-sacrifice
for children

115 I: Did you, would you mind saying a bit more about that, that
116 choice?

fear of
being
hurt in
relationships

117 E: Well, there's always the, there's always the, once you've been
118 hurt in a relationship, it's difficult to get back [I: Mm hm] to another

Breakdown of
relationship
hurt.

Children learn bad behaviour from watching parents

- Also show the child who's just witnessed it and how that child now accepts that it's ok to hit people." That's what I think; when my daughter saw that, that's when I got a lot violence from-, (Brett, 450-452)

Children need both parents

- I mean I think I could probably be a lot more worse when I hear about other men in battles like that, but I think sometimes both parents need to raise a child. (Brett, 851-853)

Children need mothers

- My next door neighbour's Turkish and when Jessica left I remember he aid to me, "So are you gonna get a new wife then? For your children?" ... For some people there's very much the element of feeling that they need to have a woman round to help with the children. (Sam, 714-721)
- I wouldn't want her back; not after what she's done to me for one, and especially what she's done to my children, but at the end of the day she's still their mother. [I: Mm] And I wouldn't want anything bad to happen to her because the kids always need a mother, whether it's bad or good, I think anyway. (Mo, 91-95)
- I know a lot of people probably think that, "Maybe you should involve her mother". (Brett, 285-286)
- and how do I then get into, you know, an hour two hour conversations about the issues with my child? And people are not taking it on board, especially other men don't take it on board; "Well why isn't he with the mum?" (Ben, 791-794)

Children will take advantage if you let them (?importance of discipline)

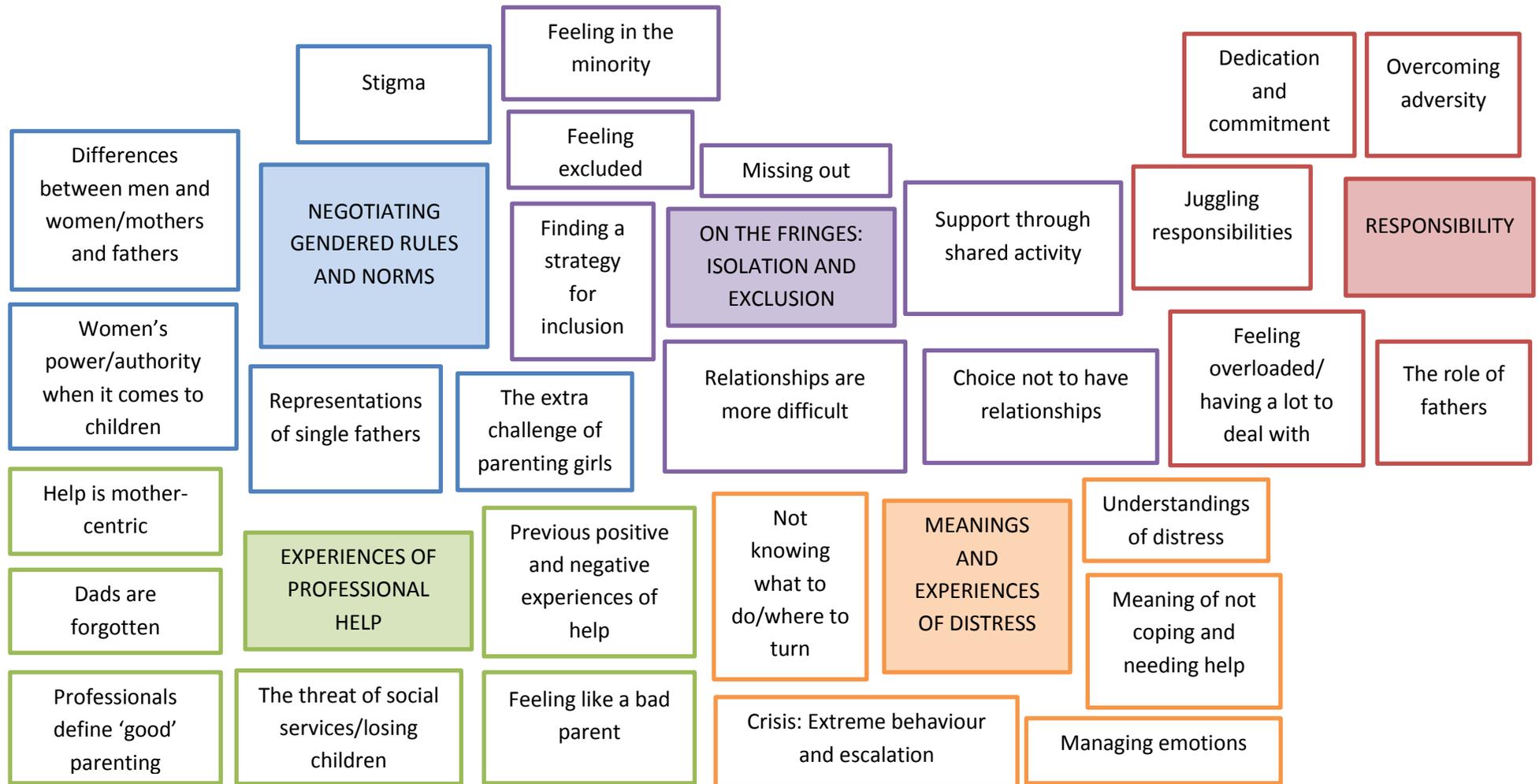
- you have to be ten times, or hundred times psychologically smarter than your child. And if you are not then you are doomed. Because the child will always come to you and said, "Oh yeah, my teacher said we should just go and buy a geo, gra and phy, three books in one, instead of Geography. So you also being a foolish father, you give him thirty pounds instead of ten pounds [I: Mm hm]. Sorry about that. Yeah of course! Because the child comes to you and says, "Oh daddy they said we should go and buy geo, gra and phy [I: Mm] [Interviewer laughs] instead of Geography [I: Yeah yeah]. So you're giving money for geo, [I:

Yeah] you're giving money for gra and you're giving money for phy!
(Joseph, 573-584)

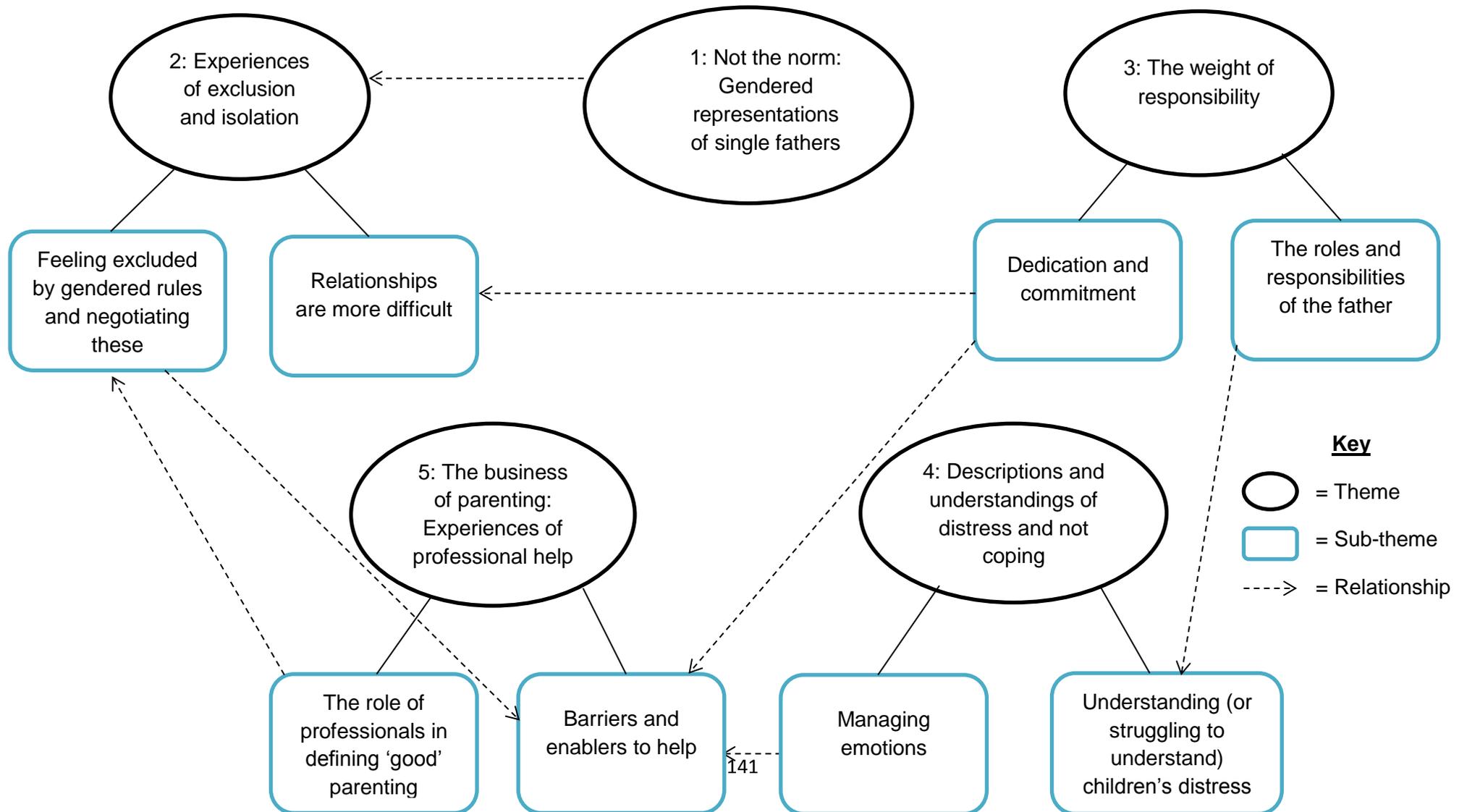
Choosing not to re-marry/have relationships

- And so I scare myself off 'cos I can't see how I could possibly have what I view as a relationship. Because a relationship as far as I'm concerned is, is about, you know, mutual support and you know time spent and you think, "Well ok, have a relationship where you see them once a fortnight?" You know, what kind of relationship is that? I'd rather have nothing because it will, it'll show me what I'm not having. (Sam, 733-739)
- I thought that if I were to bring a woman into my life then what, I'm already got a motive for her [I: Mm] that she's come into the marriage with a view of dealing with Vik with me [I: Mm] and I thought that was really unfair. So, I said "No, I can't do it, I can't do it". I said "If I meet someone who knows me in my situation, in my scenario, if I was to know her, known her for like couple of years and she knows exactly what she's getting into, then ok I might consider it [I: Mm], but there's no way I'm getting married to put someone else in a situation where, it's not fair. (Asif, 410-419)
- I think, you know, in an ordinary family it [re-marriage] has a better chance of working, but with Vik with his special needs I didn't think so and that's why I had to turn it down and I said "no". To this day I haven't because I thought, and I think it's the right decision (Asif, 424-427)
- I do still find time to go out with my friends and have a drink with female friends and have fun and stuff like that [I: Ok], but no real serious relationship [I: Ok] and I think that's down to me rather than anything else. Just through, er, part of, partly choice and partly, well, you know, it's something that you gotta [steel] yourself for (Eddy, 109-114)
- And at the moment a lot of people say to me, "You need to move on, find yourself a girlfriend", but it's about having a girlfriend in my life at the moment (Mo, 191-193)

Appendix C: Initial Theme Map: Clusters of Codes, Colour-coded by Theme and Positioned in Relation to Each Other



Appendix D: Final Theme Map Including Relationships between Themes



Interview Schedule

As the interviews will be semi-structured the following provides a guide to the areas to be covered in the interview with flexibility to be responsive to the answers provided by participants.

Introductions and Engagement

Verbal reminder of consent, confidentiality and that the participant may withdraw at any time. Agree approximate length of interview and give a brief reminder of what the interview is about (e.g. "I'll be asking you a bit about what it's like to be a single dad"). Ice breaker questions e.g. "how was your journey here?"

Questions

1. Because this is an interview about being a dad, I'd like to start by asking you about your children:
 - a. How many do you have?
 - b. Names and ages?
 - c. Do they live with you? If not, how often do you see them?

Talking about fathering

2. Can you tell me about how you came to be a single dad?
 - a. What were the circumstances leading up to it?
 - b. How did you feel about it?
 - c. What were others' reactions?
3. What impact has becoming a single dad had on you?
 - a. Have things changed? How? (work, social life, relationships etc.)
4. What do you think makes a good dad?
 - a. What makes it harder to be a good dad?
 - b. What helps?
5. What has influenced the kind of dad you are?
6. How have others responded to you as a single dad?

Involvement with CAMHS

7. Can you tell me more about (son/daughter) and the difficulties (he/she) has faced recently?
 - a. Who first became concerned about (son/daughter)? What were the concerns?
 - b. How did you and your family manage?
8. What led to (son/daughter) being involved with CAMHS?
 - a. Whose decision was it to go?
 - b. What was it like to go there?
9. What was the experience of going to CAMHS like?
 - a. How did staff respond to you as a single father? Did you feel as though you were treated differently in any way?
10. Has going to CAMHS been helpful? Why/why not?
11. Has this experience affected the way you parent? How?
12. How have others responded to you as a dad in this situation?
13. What difference (if any) do you think it makes to be a single dad in this situation?

Ending

14. Is there anything else that you would like to share with me, or anything important that I haven't asked?

Debriefing: How do you feel about the conversation we've just had? Is there anything that bothered you about the interview? Do you have any questions? If you have any questions at a later date please feel free to contact me. Here are details for other support organisations aside from CAMHS if you feel you'd like to talk to someone later on.



UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator:

Laura Williams

Email: U1236182@uel.ac.uk

Tel: 07516734051

Information Sheet

The purpose of this letter is to provide you with the information that you need to help you to decide whether to participate in a research study. The study is being conducted as part of my Professional Doctorate in Clinical Psychology degree at the University of East London.

Project Title

Experiences of single fathers whose children have used mental health services.

What is the project about?

Although single parent families represent about 25% of all UK families, most research has been with single mothers and hardly any research has been done with single fathers. This makes it difficult to know how to support single fathers and their children. One example of when it is particularly important to know how to help is when children are finding things difficult with their emotions or behaviour.

Children who need help with their emotions or behavior often go to a Child and Adolescent Mental Health Service (CAMHS). This is sometimes called a Child and Family Consultation Service, or a Children and Young People's Service. Unfortunately, these services see many more mothers than fathers, so the problem of not knowing how best to support fathers continues.

This project aims to understand what it is like to be a single father parenting a child who is finding things difficult with their emotions or behaviour. Hopefully, finding this out will help services to know how to better support other fathers in similar situations in the future.

What will you be asked to do?

The research involves you being interviewed for between 45 minutes to an hour. During this time, I will ask you questions about being a single father and what it has been like to seek help from CAMHS for your child or children. There will be time at the end for you to ask me any questions, or to say anything that I didn't ask about.

There are no risks involved in taking part in the research, although it is possible that you might become upset if you talk about something you have found difficult or emotional. If this happens, we can take a break from the interview, rearrange, or you can withdraw from the research at any time. If you become upset about an aspect of parenting, you could always talk to your CAMHS clinician about this. Or otherwise, I am happy to give you details of other sources of support that are not connected to CAMHS whom you could contact afterwards.

Although I will ask you about your experiences of CAMHS, this research is separate from the support you receive there. If it was via CAMHS that I got to know that you were a single father, your CAMHS clinician will know that you were interested in participating. Wherever you heard about this study (even if it was through CAMHS), if you decide to go ahead with the interview you are not obliged to tell anyone you are participating and it will not affect the services you and your family are offered.

How will I keep your information safe and confidential?

To allow me to analyse your interview, I will need to tape-record it. I will be the only person to listen to this recording. I will transcribe this recording into a typed document. As part of this process any names (including yours and your children's) that you mention during the interview will be changed (given a 'pseudonym'). Any other details that might identify you or your family will also be changed or removed. The typed version will be read by me and may also be read by my supervisor (Ken Gannon) at the University of East London and by the examiners that mark my research, but no-one else.

To make sure no-one else hears the original recording, it will be saved in an encrypted file on my password-protected computer and also on an encrypted USB device. A separate record linking your name and contact details with your pseudonym will be stored in a separate encrypted file. After I have written up the research and been examined on it (by the end of August 2015 at the latest), all this information will be destroyed.

The written, anonymised transcript will be stored in another separate, encrypted file on my password-protected computer and encrypted USB device. I will save this for up to three years after the research is finished and may use it to write an article for publication in a psychological journal.

Exceptions to confidentiality

If at any time during your participation in this study there is a concern about your safety, or the safety of others (e.g. a member of your family), I may need to share your personal information with other professionals outside of this study. If this happens, I will usually discuss this with you first.

Where will the study take place?

The interview will usually take place at the University of East London between 9am and 5pm. However, if this time or place is not convenient for you, I am happy to think about alternatives.

Will I get anything for taking part?

Unfortunately it is not possible to pay you for your involvement.

Disclaimer

You are not obliged to take part in this study and should not feel made to participate. You are free to withdraw at any time. Should you choose to withdraw from the study you may do so without disadvantage to yourself or your family and without having to give a reason. Should you withdraw, I may need to refer to your anonymised data in the write-up of the study because it might help me to illustrate issues facing other single fathers whom I have interviewed. If this happens, I will make a general reference to the themes from your transcript, but will not quote you directly.

Further information

If you would like further Information about this study please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you would like independent advice or guidance about participating in this study, you can contact the East London Foundation Trust Patient Advice and Liaison Service (PALS) for free on 0800 783 4839.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Dr Ken Gannon, School of Psychology, University of East London, Water Lane, London E15 4LZ, telephone: 020 8223 4576; email: K.n.gannon@uel.ac.uk.

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Tel: 020 8223 4493. Email: m.finn@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,

Laura Williams



UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

Consent Form

Title of Project: *Experiences of single fathers whose children have
Used mental health services*

Name of Researcher: *Laura Williams*

Please initial all boxes

1. I confirm that I have read and understand the information sheet [DATE] (version X) relating to the above research study and have been given a copy to keep. The purpose and aims of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is going to happen and how I will be involved in this.

2. I understand that my involvement in this study, and information I give this during this research, will remain strictly confidential. Only the principal researcher involved in the study will have access to information that identifies me or my family. It has been explained to me what will happen once the research study has been completed.

3. I understand that the interview I participate in will be audio-taped and that only the principal researcher will have access to this audio. I understand that direct quotes will be used in the analysis and write-up, but that these will be anonymised.

4. I understand that I have the right to withdraw from the study at any time without disadvantage to myself or my family and without having to give any reason. I also understand that if I withdraw, the researcher may use the general themes or issues, but not direct quotations of what was raised in my anonymous data. This may be used in the write-up of the study and in any further analysis that may be conducted by the researcher.

5. I freely and fully consent to participate in the above study.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Date:

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date:

Appendix H: UEL School of Psychology Research Ethics Approval (including Change of Thesis Title Form)

ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

SUPERVISOR: Kenneth Gannon

ASSESSOR: David Kaposi

STUDENT: Laura Williams

DATE (sent to assessor): 27/02/2014

Proposed research topic: What are the experiences of single fathers parenting a child who is labelled as having 'mental health problems'?

Course: Professional Doctorate in Clinical Psychology

1. Will free and informed consent of participants be obtained? YES /
2. If there is any deception is it justified? N/A
3. Will information obtained remain confidential? YES
4. Will participants be made aware of their right to withdraw at any time? YES /
5. Will participants be adequately debriefed? YES /
6. If this study involves observation does it respect participants' privacy? NA
7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? NA
8. Is procedure that might cause distress to participants ethical? YES
9. If there are inducements to take part in the project is this ethical? NA
10. If there are any other ethical issues involved, are they a problem? NA

APPROVED

YES		
-----	--	--

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: dk

Date: 2/3/14

RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

SUPERVISOR: Kenneth Gannon

ASSESSOR: David Kaposi

STUDENT: Laura Williams

DATE (sent to assessor): 27/02/2014

Proposed research topic: What are the experiences of single fathers parenting a child who is labelled as having 'mental health problems'?

Course: Professional Doctorate in Clinical Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- | | | |
|----|--|----|
| 1 | Emotional | NO |
| 2. | Physical | NO |
| 3. | Other
(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as:

APPROVED

YES		
-----	--	--

MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: **dk** Date: 2/3/14

For the attention of the assessor: Please return the completed checklists by e-mail to ethics.applications@uel.ac.uk within 1 week.

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.



**School of Psychology
Professional Doctorate Programmes**

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

A handwritten signature in blue ink, which appears to read 'Mark Finn', is written over a light blue horizontal line.

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853





Laura Williams
27 Wellington Buildings
Wellington Way
London E3 4NA

Date: 14 November 2014

Student number: 1236182

Dear Laura

Notification of a Change of Thesis Title:

I am pleased to inform you that the School Research Degree Sub-Committee has approved the change of thesis title. Both the old and new thesis titles are set out below:

Old thesis title: What are the experiences of single fathers parenting a child who is labelled as having 'mental health problems'?

New thesis title: Experiences of single fathers parenting a children who have used mental health services.

Your registration period remains unchanged. Please contact me if you have any further queries with regards to this matter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth Gannon', is placed over a light grey rectangular background.

Dr Kenneth Gannon
School Research Degrees Leader
Direct line: 020 8223 4576
Email: k.n.gannon@uel.ac.uk

Cc: Ken Gannon

Appendix I: NHS Research Ethics Committee Approvals



NRES Committee London - Stanmore

Ground Floor
NRES/HRA
80 London Road
London
SE1 6LH

29 July 2014

Miss Laura Williams
Flat 17, Minton Court
105 Fairfield Road
London
E3 2QA

Dear Miss Williams

Study title: Single fathers' experiences of parenting children with a label of mental health problems.
REC reference: 14/LO/1164
Protocol number: N/A
IRAS project ID: 151410

Thank you for your letter of 25th July, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair and Vice-Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact the REC Manager, Julie Kidd, nrescommittee.london-stanmore@nhs.net.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation [as revised], subject to the conditions specified below.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the

study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of approvals from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett (catherineblewett@nhs.net), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Covering letter on headed paper [Covering letter]	1	12 June 2014
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [UEL ethical approval/indemnity]	n/a	27 February 2014
Interview schedules or topic guides for participants [interview schedule]	1	19 May 2014
IRAS Checklist XML [Checklist_17072014]		17 July 2014
Other [certificate of public liability]	1	17 July 2014
Other [certificate of professional indemnity]	1	17 July 2014
Other [certificte of employers liability]	1	17 July 2014
Participant consent form [consent form]	2	12 June 2014
Participant information sheet (PIS) [Participant info sheet]	2	17 July 2014
REC Application Form [REC_Form_13062014]		13 June 2014
Referee's report or other scientific critique report [proposal assessment review]	1	12 June 2014
Research protocol or project proposal [Research protocol]	1	12 June 2014
Summary CV for Chief Investigator (CI)	1	12 June 2014
Summary CV for supervisor (student research) [Supervisor CV]	1	12 June 2014

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:

<http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at <http://www.hra.nhs.uk/hra-training/>

14/LO/1164

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely



Chair

Email: nrescommittee.london-stanmore@nhs.net

Enclosures: "After ethical review – guidance for researchers" [\[SL-AR2\]](#)

Copy to: *Professor Neville Punchard*
Keji Dalemo, Noclor

08 October 2014

Miss Laura Williams
Flat 17, Minton Court
105 Fairfield Road
London
E3 2QA

Dear Miss Williams

Study title: Experiences of single fathers whose children have used mental health services
REC reference: 14/LO/1164
Protocol number: N/A
Amendment number: Minor amendment- change of study title
Amendment date: 03 October 2014
IRAS project ID: 151410

Thank you for your letter of 03 October 2014, notifying the Committee of the above amendment.

The Committee does not consider this to be a “substantial amendment” as defined in the Standard Operating Procedures for Research Ethics Committees. The amendment does not therefore require an ethical opinion from the Committee and may be implemented immediately, provided that it does not affect the approval for the research given by the R&D office for the relevant NHS care organisation.

Documents received

The documents received were as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Notice of Minor Amendment [Letter to Dr Gilbert from Laura Williams]	Minor amendment- change of study title	03 October 2014
Participant consent form	3	03 October 2014
Participant information sheet (PIS)	3	03 October 2014

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

14/LO/1164:	Please quote this number on all correspondence
--------------------	---

Yours sincerely



Amy Spruce
REC Assistant

E-mail: nrescommittee.london-stanmore@nhs.net

Copy to: *Keji Dalemo, Noclor*
Professor Neville Punchard

Appendix J: NHS Research and Development Approval

noclor 
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Bedford House, 3rd Floor
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04 August 2014

Miss Laura Williams
Flat 17, Minton Court
105 Fairfield Road
London
E3 2QA

Dear Miss Laura Williams

I am pleased to confirm that the following study has now received R&D approval, and you may now start your research in **the trust(s) identified below**:

Study Title:	Single fathers' experiences of parenting children with a label of mental health problems.	
R&D reference:	151410	
REC reference:	14/LO/1164	
This NHS Permission is based on the REC favourable opinion given on 29 July 2014 .		
Name of the trust	Name of current LC	Date of permission issue(d)
East London NHS Foundation Trust	Dr Jenny Walters	04 August 2014
If any information on this document is altered after the date of issue, this document will be deemed INVALID		

Specific Conditions of Permission (if applicable)
If any information on this document is altered after the date of issue, this document will be deemed INVALID

Yours sincerely,



Pushpsen Joshi
Research operations manager

Cc: Dr Jenny Walters Jenny.Walters@eastlondon.nhs.uk, Professor Neville PUNCHARD
n.punchard@uel.ac.uk