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Father involvement in the care, play and education of children with autism

Abstract

Background: Despite general increased recognition of the importance of fathers, their role in the lives of children with autism remains under-researched.

Methods: This study aimed to investigate the nature and extent of father involvement through an online survey of fathers of children with a diagnosis of ASD in the United Kingdom. Results: 306 surveys showed that half of fathers were mainly or equally responsible for their children's daily care routines, irrespective of the child's age or diagnosis. More fathers spent time engaged in play than any other activity, although nearly half had received no relevant training. Many fathers supported children's education, especially helping with homework. The greatest obstacle to further engagement were the demands of employment. Conclusions: Findings are discussed within the context of the wider developmental literature. A more gender differentiated approach to service provision is called for alongside further research on enhancing father engagement in play and education.

Keywords

Autism, fathers, care, play, education

Background

In recent years there has been an increased focus on the nature of father involvement and its impact on outcomes for typically developing children. In a metaanalysis of 24 studies, Sarkadi et al., (2008) concluded that positive father engagement enhanced intellectual development, reduced the frequency of behavioural problems in boys and the incidence of psychological problems in girls. Analysis of data from the UK National Child Development cohort, revealed that early father engagement predicted educational attainment by age 20, independently of mother involvement (Flouri and Buchanan, 2004). Studies on the nature of father engagement during infancy have found that men make a unique contribution which can positively affect their young children's communication and socio-emotional development. For example, fathers engage in more vigorous and physical kinds of play than mothers (Fletcher, George, & Freeman, 2012), and spend proportionately more time engaged in playful interactions than in other area of care-giving (Lamb, 2010). Pancsofar & Vernon-Feagans, (2006) found that father input at 24 months predicted language development at age three, while sensitive and supportive parenting of both fathers and mothers during play at 24 months, predicted children's executive functioning at 3 years of age in a large sample of 620 children (Towe-Goodman et al., 2014).

While the benefits of positive father involvement have been widely acknowledged, most studies has been conducted with fathers of typically developing children.

Mothers have continued to be the main focus of investigation with regard to children with disabilities (Huang, Chen, & Tsai, 2012), with fathers often seen as the "invisible

parent" (West, 2000), viewed largely as providers of support for their partners, rather than as parents in their own right. Carpenter & Herbert, (1997) observed that fathers found it difficult to assert themselves in relationships with professionals due to the latter's perception that fathers had little involvement with day to day care routines. In fact, Towers (2009) found that fathers of children with intellectual disabilities were highly involved in providing day-to-day care for their children, often rearranging working commitments to do so.

From a broader perspective, there is a significant lack of gender differentiation with regard to intellectual disability research which is apparent across a number of key areas. In a thematic analysis of four prominent journals in the field, Wilson et al., (2010) concluded that a greater appreciation of sex differences was needed, especially in relation to the health of men and boys. Boström & Broberg, (2014) noted the scarcity of literature addressing the experience of fathers of children with intellectual disabilities compared to those of mothers as did Ly and Goldberg, (2014) who developed a new measure to attempt to capture some of those experiences. Al-Yagon, (2015) found a similar gender imbalance in studies of the social and emotional resources of parents of children with intellectual disability, with again, a much stronger focus on mothers.

Fathers have similarly been overlooked in the field of autism. A systematic review of 404 studies by Braunstein et al., (2013) revealed that mothers outnumbered fathers as research participants by approximately 8 to 1, with a further 65% of studies examined not specifying the gender of participants. Regarding early intervention, Flippin & Crais, (2011) found very few studies which included fathers in early intervention approaches relating to communication and play, concluding that:

"mothers continue to be the primary and often exclusive participants in both autism research and..service delivery" (p.25).

In a rare qualitative study of 28 fathers of children with autism, Mitchell & Lashewicz, (2015) found that fathers were highly engaged in play and leisure, using these activities to develop father-child relationships and teach skills.

Autism research that has included fathers' has often focused on comparing causes or levels of parental stress. While it is generally accepted that parents of children with autism experience greater stress than children with other disabilities (see Hayes and Watson, 2013 for a meta-analysis), conclusions regarding comparative levels of stress between mothers and fathers of children with autism are less clear. Although several studies have reported greater maternal stress (Dabrowska & Pisula, 2010; Tehee, Honan, & Hevey, 2009), postulated as resulting from greater maternal caregiving responsibilities, May et al., (2015) found comparable levels of stress in mothers and fathers while Rivard et al., (2014), reported higher levels of paternal stress. In a study which compared levels of parental stress before and after and intervention, Keen et al., (2010) found paternal levels of stress to be higher than mothers', considered a possible consequence of fathers' greater understanding of children's difficulties or increased anxiety related to greater role expectations. The experience of increased stress in fathers of children with autism, compared to fathers of children with other kinds of disability, has emerged as a more consistent theme, however, (see MacDonald and Hastings, 2010 for a review).

Although father experiences in relation to stress have been addressed to some extent in the literature, the nature of their parenting role in relation to their children with autism has only rarely been explored, with mothers most often being the main

focus. While in many cases mothers do fulfil the challenging role of the main caregiver of children on the autism spectrum, (Fiske, Pepa, & Harris, 2014), the neglect of fathers' contribution represents a significant omission. As Huang et al., (2012) argued, a gendered perspective is essential when considering parental roles to gain a more accurate understanding of the impact of caring for children with disabilities on family life as a whole. Such an understanding would facilitate the development of targeted support which adequately addresses the needs of both parents. Where the contribution of fathers is not well-recognised, their needs largely go unmet, which can significantly undermine healthy family functioning (Glenn, 2007).

The present study

This article focuses on a portion of data from a broader study of father involvement in the lives of children with autism. The aims were to investigate:

- the nature and extent of father involvement with children with autism in day to day care routines and play, leisure and education-related activities
- father satisfaction with levels of involvement
- the amount of training and support received by fathers.

Methods

Ethical procedures

The research was given ethical approval by XXX University. Before they undertook the online questionnaire, fathers were informed of the aims of the research and that their responses would be anonymised and confidential. Contact details for the researcher were provided should participants have any questions and fathers were informed that should they continue to fill in the survey, it would be assumed that they

had given their consent to take part. In an attempt to ensure benefit from participation in the research, fathers were given the option of requesting a summary of findings and 80% (n=245) did so.

Participants and procedure

The study used a convenience sample, recruited through an online survey.

The sample consisted of fathers (biological, adoptive, foster or step-fathers) of children with autism, autism spectrum disorder or Asperger's Syndrome, aged up to 19 years and resident in the UK. Where fathers had two children with autism or more, they were asked to complete the survey in relation to their oldest child.

Fathers were recruited to the online survey in several ways. A web link was e-mailed three times over a period of five months, between May and September, 2014, to over 80 local autism related voluntary groups and service providers in the UK who then forwarded it to their members or clients. Web links to the survey were also carried on two mainstream autism websites, that of the "National Autistic Society" and "Research Autism" during the same period. E-mails with a web link were sent to 16 autism specific schools and an advert was also placed in a nationally distributed autism specific publication "Your Autism". Attempts were made to secure greater participation of fathers from black and minority ethnic backgrounds through partnership working with a major autism charity which had links to community leaders.

Survey design

Measures

A cross sectional survey consisting of 52 closed and 5 open-ended questions was administered once to the target group, to elicit information on aspects of father

involvement in the lives of their children with autism. For example, fathers were asked to report on whether they were "mainly", "equally" or "rarely involved" in morning, evening and night-time routines. In relation to play and leisure, fathers were asked how often they played with their children with autism ("every day", "several times a week", "a few times a week" or "not at all"). Regarding education and school-related involvement, fathers reported on levels of engagement in a given list of activities, over the previous year, with the opportunity to provide additional information in an open comment box.

Validity

Questions were developed through reference to the existing literature (for example Towers, 2009) and the adaptation of items from relevant validated inventories, namely "The Inventory of Father Involvement" (Hawkins et al., 2002); the "Brief Cope" schedule (Carver, 1997) and the "Measure of Processes of Care 20" (MPOC 20) (King, Rosenbaum and King, 1995). In addition, there was input from an expert verification group, consisting of a father of a child with autism, national consultants on autism and father inclusion, a leading academic in the field of family research and an expert in survey design and statistics.

Reliability

Issues of bias, comprehensibility and social desirability in relation to item development were considered throughout. The first completed draft was referred to the verification group and resulting comments relating to length, phrasing and the possibility of including additional topics were addressed. The second draft consisted of significantly fewer questions overall, but with a few more open ended items. Following further minor amendments to phrasing, a pilot survey was distributed to a group of fathers of children with autism who were asked to comment specifically on

comprehensibility, length and relevance. Fathers reported the survey to be easily understood, was concerned with pertinent issues and did not take too long to complete.

Sample

The sample consisted of fathers of children up to the age of 19 diagnosed with autism, Asperger's Syndrome or Autism Spectrum Disorder and resident in the UK. Four hundred and five fathers initially responded to the survey, of whom 311 completed it. Of these, four responses were omitted due to a non-reporting of the nature of the child's diagnosis at the start of the survey and one more where it emerged that the diagnosis had not yet been formally given. The final sample, therefore, consisted of 306 fathers. Data screening was carried out to search for multiple or false responses, and responses which might be inconsistent with a diagnosis of autism. No such responses were found.

Analysis

Descriptive statistics were used to report on levels of father involvement in a range of aspects of the care, education and play of their children with autism. The Pearson Chi-Squared Test of Association was used to examine statistical relationships between key father and child characteristics and involvement in care, play and education. Effect size is reported using an odds ratio calculation. A content analysis was used to develop themes from open-ended questions.

Results

Three hundred and six fathers of children with a diagnosis of autism, Asperger Syndrome or autism spectrum disorder completed the survey. Table 1 presents the demographic characteristics of the sample.

Table 1: Characteristics of fathers	
Characteristic	N (%)
Age	
21-29 30-39	11 (4%) 51 (17%)
40-49	159 (52%)
50-59	77 (25%)
60-69	8 (3%)
Number of children with autism	
1	257 (84%)
2	40 (13%)
3	8 (3%)
4	1 (0.5%)
Relationship to child with autism	
Biological father	287 (94%)
Step-father	13 (4%)
Adoptive father	4 (1%)
Foster father	2 (1%)
Marital status	
Married	242 (79%)
Living with partner	34 (11%)
Separated/Divorced	16 (5%)
Single	5 (2%)
Educational background (highest level)	
Completed primary/secondary school	26 (8%)
Passes at GCSE/ A level	61 (20%)
Vocational qualifications	59 (19%)
Degree/ postgraduate qualifications	160 (52%)
Employment status	
Full-time	190 (62%)
Self-employed	42 (14%)
Retired/ Not in paid work	39 (13%)
Part-time	27 (9%)
	` /

Ethnicity

White	286 (95%)
Mixed heritage	6 (2%)
Black or Black British	5 (2%)
Asian or Asian British	2 (1%)
Chinese	1 (0.5%)

Most participants were white (95%); over 40 years of age (80%); married (79%) and with one child with autism (84%). The majority of participants were in full-time paid employment (62%), with just over half (52%) educated to degree level or above (See Table 1).

With regard to children, 84% were boys and 52% were aged 10 or under, with 48% aged between 11 and 19. In relation to diagnosis, 27% of children had a diagnosis of autism, 44%, ASD and 28% a diagnosis of Asperger Syndrome.

Responsibility for daily care routines

Fathers were asked to report on their level of responsibility for the day-to-day care of their children with autism in the morning, evening and during the night.-Responses are shown in Table 2.

Fathers were significantly responsible for caring for their children with autism throughout the day and night, with just under half (49%, n=152) mainly or equally responsible for managing their children's morning routine, 58% (n=175) for evening or bed-time routines and over half of all fathers (54%, n=164) mainly or equally responsible for managing sleeping problems. Fewer than 1 in 15 fathers reported being rarely or never involved in any aspect of caring during the day or night.

Pearson Chi-squared tests of Association were conducted to examine whether there was a relationship between father responsibility for care routines at any time of the

day and their child's diagnosis or age. No statistically significant relationship was found between these variables (no p. values < 0.15). Fathers were as responsible for the care of children with Asperger Syndrome as children with a diagnosis of autism or autism spectrum disorder and were as responsible for the care of older as for younger children.

Table 2: Father involvement in day-to-day care routines

Degree of responsibility	Morning routine N (%)	Evening/bedtime routine N (%)	Night-time N (%)	
I am mainly responsible	50 (16%)	51 (17%)	36 (12%)	
I am equally responsible	102 (33%)	124 (41%)	128 (42%)	
Partner mainly responsible	103 (34%)	73 (24%)	54 (18%)	
I am rarely or never involved	21 (7%)	11 (4%)	20 (7%)	
My child does not need help here	27 (9%)	44 (14%)	50 (16%)	
Not applicable	3 (1%)	3 (1%)	18 (6%)	
Total	306	306	306	

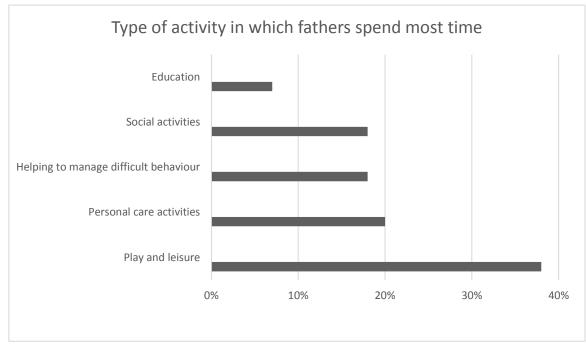
There was, however, a statistically significant relationship between father responsibility for the morning routine and father employment status. Fathers who were self-employed, or in part-time work and fathers who were retired or not in work were significantly more likely to be mainly responsible for their child's morning routine than fathers in full-time employment. χ^2 (4, N = 306) = 16.03, p = .003, OR = 0.408, 95% CI: 0.19-0.85

Father involvement in play and leisure

Fathers were asked to choose from a list which type of activity they spent most time engaged in with their children with autism in a typical week. "Play and leisure" was

most frequently cited with 38% (n=114) of men reporting spending more time involved in this activity area than any other (see Figure 1.).

Figure 1: Type of activity in which fathers spend most time



Fathers reported on how often they played or spent leisure time with their children with autism in a week (see Table 3).

Table 3: Frequency of father reported play/leisure sessions per week

Frequency of play sessions	N (%)
Not at all	4 (1%)
Once or twice a week	71 (23%)
Several times a week	106 (35%)
Every day	122 (40%)
Total	306 (100%)

Fathers were very much involved in this area of their children's lives, with three quarters of men playing with their children with autism "several times a week" or "every day". Men reported most play sessions with younger children (see Table 4). Over half of fathers (54%, n= 22) of 0-5 year olds played with their children with autism "every day" while 50% (n=58) of 6-10 year olds did so, although more than a third of fathers of children aged 15-19 (34%, n=21) spent leisure time with them "several times a week" and one in four "every day" (27%, n=17). A Pearson Chisquared test of Association showed that there was no statistically significant relationship between the number of play/leisure sessions fathers engaged in and the sex of their child χ^2 (2, N = 306) = .42, p = .81. Fathers played as much with girls as with boys.

Table 4: Frequency of father reported play/leisure session by child's age

Frequency of play/leisure sessions	0-2/3-5 N (%)	6-10 N (%)	11-14 N (%)	15-19s N (%)	Total
Not at all	0 (0%)	0 (0%)	2 (2%)	2 (3%)	4 (1%)
Once or twice a week	6 (15%)	23 (20%)	20 (24%)	22 (36%)	71 (23%)
Several times a week	13 (32%)	36 (31%)	36 (43%)	21 (34%)	106 (35%)
Every day	22 (54%)	58 (50%)	25 (30%)	17 (27%)	122 (40%)
Total	41 (100%)	117(100%)	83(100%)	62 (100%)	303(100%)

Fathers were asked to report on levels of training or professional advice received in the area of play and 44% of men (n=134) indicated that they had received no training

in the area of play, and a further 30% (n=90) "some but not enough", with only 22% of fathers believing that they had received "enough" training in this key area.

Education-related activities

Fathers reported on the level of their involvement in aspects of their children's education by recording how often they had participated in a list of education and school-related activities over the past year. Responses are shown in Table 5 below.

Table 5: Father involvement in education-related activities over the previous year

Activity	Not at all	Once or twice	Several times	Many times	N/A	Total
Attended meetings with child's teacher	29 (10%)	103 (34%)	101 (33%)	62 (20%)	10 (3%)	305
Helped child with homework	42 (14%)	53 (18%)	75 (25%)	115 (38%)	19 (6%)	304
Attended workshops or training at school	206 (68%)	40 (13%)	14 (5%)	11 (4%)	34(11%)	305
Attended events at school	65 (21%)	102 (34%)	79 (26%)	44 (15%)	13 (4%)	303
Had informal conversations with staff (start/end school day)	83 (27%)	66 (22%)	64 (21%)	76 (25%)	15(5%)	304

Of the 305 fathers who replied to this question, nearly 38% (n=115) reported having helped their child with homework "many times" during the previous year. Over half of fathers (53%, n=163) had attended meetings at school "several" or "many times" during that period and a quarter of fathers (25%, n=76) had engaged in many informal conversations with school staff during the previous year, with the same number having attended school events "several" or "many times". Fathers' educational level was associated with attendance at school meetings. Men not

educated to degree level were statistically less likely to attend meetings than those educated to degree level and above (χ^2 (3, N = 295) = 14.677, p = .002), OR=0.488, 95% CI: 0.31- 0.78. Over a quarter of men (27%, n=83) had engaged in no informal conversation with their child's teacher during this time and a further 22% (n=66) only once or twice.

Possible reasons for levels of involvement in this area of their children's lives may be associated with father responses to a question requiring them to indicate perceived obstacles to greater involvement in their child's education from a list of possible factors. By far the most frequently chosen response, cited by nearly half of fathers responding (47%, n=137) was that meetings and reviews happened during their work time. Other obstacles chosen were lack of time due to other commitments (24%, n=70); lack of childcare to enable attendance at meetings, 13% (n=38) while 1 in 20 fathers (5%, n=13) reported that they "did not feel comfortable in schools".

Fathers were asked to comment on any other obstacles which prevented their involvement in this area and 61 fathers did so. Nearly a third of responses (n=20) related to perceived difficulties with their child's school. For example:

"Lack of understanding on part of professionals"

"School difficult to work with"

"The school's priorities are all bureaucratic and not designed to meet my son's needs."

"School's not listening to what is being said"

"Fathers are generally not seen as important by staff at schools or in healthcare"

The other main issues mentioned in this open-ended question related to: child's mother taking the lead (n=9) and children's level of engagement with school work (n=5).

Additional dimensions of father involvement

In order to capture the fullest picture of father engagement in the lives of their children with autism, fathers were asked to rate involvement in a list of other possible activities derived from a father involvement inventory developed by (Hawkins et al, 2002). Responses are shown in Table 6. A significant area of additional father contribution emerged as the transporting of children to activities or appointments, with nearly three quarters of fathers (74%, n=224) performing this task "several" or "many times" during the previous year. Over half of fathers (51%, n=157) had taken sole charge of their children on trips "several" or "many times" during that period and nearly a third of fathers had attended autism related meetings or support groups "several" or "many" times (31%, n=91).

Table 6: Additional aspects of father involvement over the previous year

Answer Options	Not applicable	Not at all	A few times	Several times	Many times	Response Count
Taken time off work to care for your child with autism when ill	55 (18%)	131(43%)	79(26%)	18(6%)	22(7%)	305
Transported children to activities or appointments	5 (2%)	16(5%)	61(20%)	66(22%)	158(52%)	306
Taken children with autism for trips out (just father and child)	3(1%)	37(12%)	108(35%)	58(19%)	99(32%)	305
Contacted any service (health, social care or education)	10(3%)	104(34%)	94(31%)	56(18%)	42(14%)	306
Attended autism related meetings or support groups	9(3%)	114(38%)	89(29%)	44(15%)	47(16%)	303

Satisfaction with levels of involvement

Fathers were asked to rate their overall satisfaction with levels of involvement with their children. 61% (n=186) of fathers were satisfied with their involvement while 18% (55) were not. Fathers were then asked to state what they believed prevented them from being more involved with their child with autism, if anything, by choosing responses from a list, as shown in Table 7.

Table 7: What stops you being more involved with your child with autism, if anything? Choose ALL answers that apply.

Answer choices	Responses N ¹	
Paid employment	215	
Needing to spend time with my other children	112	
My child's difficult behavior	68	
My partner usually takes the lead	55	
Not knowing enough about my child's autism	31	
None of the above	31	
Not knowing enough about my child's autism	26	
My child mainly lives somewhere else	20	
Total	561	

¹ Percentages are not given since fathers could choose more than one response.

Paid employment was the most frequently chosen obstacle to involvement, cited by 215 men. Over 1 in 5 fathers (n=68) cited their children's difficult behaviour as a barrier to further involvement. When asked to indicate levels of training or

professional advice received, 64 of these same fathers reported having had insufficient training or advice on the management of challenging behaviour.

Perceptions of support

Fathers were asked to report on perceived levels of support for their fathering role by indicating their level of agreement or disagreement with the following statement: "I think that I get enough support as the father of a child with autism". Nearly 6 in 10 fathers (58%; n=178) did not believe that they received enough support.

Discussion

This study extends our knowledge and understanding of the role of fathers in the lives of children with autism. Most fathers responding were highly involved in daily care routines, play, leisure and education activities. Play emerged as a particularly salient area of activity, with fathers spending as much time playing with girls as with boys and playing more often with younger children than with those who were older, although there remained relatively high levels of leisure engagement with teenagers, too. Furthermore, many men were significantly engaged in their children's education, most particularly helping with homework. They also participated in a range of other child-related activities, including transporting children to appointments and acting as the main caretaker on leisure trips out. Father involvement occurred within a context where most men were engaged in paid work, with a majority in full-time employment. The often high levels of father engagement reported here, are comparable with those reported by Towers (2009) in fathers of children with intellectual disabilities. In the current study, six in ten fathers were satisfied or very satisfied with levels of involvement while one in five were not. By far the most significant obstacle to

involvement reported generally and in relation to education, in particular, were the demands of employment.

However, while fathers in the study combined high levels of parental involvement with paid work, only a fifth of men felt sufficiently supported in their parenting role in relation to their children with autism which has important implications for service provision. To date, there has been insufficient family support for fathers of typically developing children, with a survey of 46 Local Authorities in England, concluding that "father inclusive practice was not seen to be routine or mainstream" (Page, Whitting, & Mclean, 2008; p.6). More recently, Scourfield, Cheung, & Macdonald, 2014, (p.47) found that numbers of fathers receiving services is "typically small". In relation to fathers of children with disabilities who experience greater levels of stress than fathers of typically developing children (Oelofsen & Richardson, 2006), father inclusion in services appears "variable" (Towers, 2009) while services for families having children with autism is acknowledged as being targeted mostly at mothers (Flippin and Crais, 2011).

Such service omissions may serve not only to undermine the fathering role itself but also to negatively affect family functioning more generally, since as Doherty, Kouneski, & Erickson, (1998) argue, an ecologically sensitive approach to family support is needed where the welfare of fathers, mothers, and children are seen as "intertwined and interdependent" (p.227). Adequate support for both parents may also serve to strengthen the couple relationship which can often be negatively affected by the demands of caring for a child with autism (Fiske, Pepa, & Harris, 2014), with elevated levels of divorce reported for this group of parents (Hartley et al., 2010).

In providing support to fathers of children with autism, it appears important to adopt a gender differentiated approach, since evidence suggests that strategies which take account of differences in parental preferences for support are more likely to be effective than gender blind strategies which do not (Olley, 2012; Scourfield, Cheung, & Macdonald, 2014).

Furthermore, in a recent evidence review of approaches for engaging fathers in family services, Fletcher et al., (2014) concluded that effective service delivery will need to be multidimensional to take account of the complex relationship between fathers, their families, communities and services. The most successful strategies were found to be: intervening early during men's transition to fatherhood; a focus on co-parenting and the important role which mothers play in facilitating or inhibiting father involvement; close attention to on-going staff training which seeks to deliver a cultural change in organisational attitudes and beliefs about the importance of working with fathers. In addition, the need for services to value and work with family decisions concerning parental roles was highlighted. While the evidence base for this review related generally to fathers of typically developing children, approaches and interventions identified appear illuminating for services working with families of children with disabilities, where relationships between family members and services are likely to be more complex and subject to additional stresses.

In relation to play, many fathers in his study reported play and leisure as particularly important aspects of their role. For children with autism, play has been recognised as a key area for the development of communication and social abilities (Dykstra et al., 2012) but also as one in which they experience significant difficulties (Kasari, Chang, & Patterson, 2013). Flippin and Crais (2011) argued that fathers of children with autism may be particularly suited to facilitating their play but that few interventions

have sought to explore or enhance this potentially important contribution. In the current study, where fathers emerged as significant playmakers, their ability to facilitate their children's play may have been compromised by lack of guidance, with nearly half of fathers having had no training in this area. While the widely delivered UK programme "EarlyBird Plus", does include guidance on play, an evaluation by Cutress & Muncer, (2014) found that the majority of those attending (79%) were, in fact, mothers. Much more research is needed on comparisons of time spent on play by mothers and fathers within the context of their broader involvement, how fathers play with their children with autism, the impact of this involvement and how their role in this vital developmental area can be better facilitated.

Regarding educational involvement, fathers demonstrated a strong commitment to a range of education-related activities, often in spite of full or part-time work commitments. However, the timing of meetings and reviews held in schools emerged as the greatest obstacle to increasing father contribution in this key area. Additional issues raised by a number of fathers indicates that there may be other important matters to be addressed, such as schools' willingness to take greater account of parental concerns. Gershwin Mueller & Buckley, (2014) discussed the need to ensure that both mother and father perspectives are heard at key educational meetings concerning children with special educational needs, especially those considering individual education plans. Goldman (2005) argued that a father inclusive framework is needed in all educational settings which incorporates an audit of current father involvement, a list of aims and objectives for future father engagement and the identification of strategies to achieve these, including training of staff to raise awareness of the importance of father involvement. Father engagement in the education of typically developing children has been shown to

improve cognitive and educational outcomes (Sakardi et al., 2008). Further research is needed regarding the impact of fathers involvement in the education of children with autism and how such engagement may be better facilitated.

From a wider perspective, the under-reporting of gender in intellectual disability research as a whole, constitutes a major omission in the field. As Björnsdóttir and Traustodóttir, (2010) emphasised, there is a need to take much greater account of the intersections between disability and other important aspects of the lives of people with intellectual disabilities and their families, including gender, in order to better support the development of appropriate service provision.

Braunstein et al., (2013) observed that more studies which directly examine paternal experience are "greatly needed" due to the paucity of knowledge in this area. In addition, they recommend that all parent related studies should specify not only the gender of participants but should also disaggregate results by gender since not to do so may be to ignore an important variable which could impact on findings. Moreover, in relation to interventions, it cannot be assumed that approaches which have been effective with mothers may be equally so with fathers, as noted by Steiner et al., (2012).

It is important to acknowledge that fathers of children with autism are not a homogeneous group. More research is needed on the involvement and approach of fathers from a wider range of cultural and family backgrounds to ensure that diversity both in terms of father contribution and needs can be more clearly understood.

The limitations associated with this study should be noted. First, it is monoperspective, reporting only father experiences. The targeting of fathers was deliberate since the use of gender-blind recruitment has typically resulted in

predominantly maternal responses leading to a significant under-representation of father perspectives in the autism literature (Braunstein et al., 2013). However, it is noteworthy that previous studies (see for example, Simmerman, Blacher, & Baker, 2001) have reported high levels of agreement between mothers and fathers concerning the extent of father involvement with children with disabilities. A further limitation pertains to the sample which cannot claim to be representative since data is not collected concerning the whole population of fathers of children with autism and in this sense the study is exploratory, as are other online survey based studies in the field (for example, see Kuo et al., 2014). Finally, child diagnosis was necessarily based on father reports since the nature of the study did not allow for the pursuit of independent confirmations using standard approaches. Having said this, parent-reported diagnoses have been accepted as valid where samples have been recruited through mainstream autism-related services and/or support groups, as was the case here (see for example Crane et al., 2015). Despite these limitations, these data contribute to the extremely restricted knowledge base available on the role of fathers in the lives of children with autism.

Conclusions

This study adds to our knowledge and understanding of the role of fathers in the lives of their children with autism, while also highlighting key areas for future research, the refinement of social policy and the development of professional practice in service delivery. The functioning of families having children with autism is complex and affected by a range of dynamics between family members. Key to providing the most effective support is an in-depth understanding of the role and contribution of all of those involved, especially parents and thus far, the role of

fathers of children with autism has been only poorly understood. Fathers in this study were found not only to make a significant contribution to the day-to-day care and education of their children, but also to act as frequent playmakers. More research is needed to explore the kinds of gender differentiated service provision and models of intervention which may support and enhance the fathering role.

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