

professional perceptions of fathers, professional prediction, information-seeking and sources of support. This research aimed to not only analyse the issues identified by the seven fathers, but to retain the emotion of the stories they were telling. Often research, in adopting an analytical stance, divorces itself from emotion. Situations such as the disclosure of a baby's disability is an emotion-ridden experience, and as such we should give credence to the emotions people express and use these to illuminate the situation and improve our knowledge. For example, in this research, professionals had given gloomy forecasts of the effects the child with a disability would have on family life. One general practitioner warned that 'the mother may become mentally unstable and may attempt suicide or harm the baby'; another warned that a marriage might fail. The words of one father illustrated his actual feelings when given such news:

*'This must all be a dream - this thought runs through my mind again and again. This cannot happen to us! In this turmoil, I was conscious of the supportive attitude of the hospital staff, that every effort they made was an endeavour to uphold us, to help us to endure the pain and distress that fell upon us as the reality of our baby's disability dawned upon us.'* (Herbert and Carpenter, 1994, p. 50)

The fathers in this study described situations such as 'the calm after the storm' when, once the family had returned home from the hospital, the fathers received no specific help from the professionals. All help was focused on the mother and the baby. The fathers' needs were not addressed or, perhaps, even noticed. They were seen as the 'supporters' and as such adopted the role society expects - that of being competent in a crisis (Tolston, 1977). All seven fathers talked of returning to work and trying to search for normality and keep a sense of reality in their lives. One father explicitly said:

*'I returned to work, but in a fog. The feelings of disorientation were enormous and even simple tasks took considerable effort to complete. This only served to disempower me even further.'* (Herbert and Carpenter, 1994, p. 53)

In this study, the extended families were found to be a major source of support to the fathers. It could be conjectured that the existing familiarity at the emotional level with other family members generated a climate of

openness in which fathers could reveal their true feelings. In some societies they have a concept of what, in Maori culture, is known as 'whānau'. A whānau is a Maori social structure incorporating all age ranges, interests and experience. It is a form of extended family (see further Ballard, K., 1994). Current social trends cry out for the emphasis to be not only on the family but also on the extended family; surely a message we should carry forward from this International Year of the Family.

In a further debate about the role of fathers in Early Intervention, Carpenter and Herbert (1994) challenged the traditional model of professional support. Fathers became particularly distressed that once they had returned to work many appointments were made with professionals for their wives and children during the time when they were at work. Having to constantly receive anxiety-raising information through their wives was not always a positive factor in the relationship, and caused some fathers to feel that they were, inevitably, the secondary partner.

Innovations considered essential for good practice arising from this study were:

1. **Training.** Training should be available to ensure that the professional support workers (of whatever discipline):

- has appropriate listening skills
- has up-to-date information about the dynamics of the family
- uses a vocabulary which conveys a positive image about the child whilst being realistic about the true nature of the disability.

2. **Co-ordination of services.** It is important the information is not held in pockets. Amongst the professionals there should be:

- clearly established procedures for information exchange in order that the family feel supported and do not perceive each service to be working in isolation
- clear acknowledgement of the key worker/lead professional who may be tackling the more sensitive issues.

3. **Accessibility.** Parents need to be able to access both information and personnel easily. They may need help with questions such as: 'Where do I go?' and 'What are the key sources of information I need and want?'