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# Fatherhood Research Bulletin

Bulletin 25

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## SPECIAL ISSUE ON HEALTH AND FATHERHOOD

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## INTRODUCTION

There are many ways that health impacts on fathering. At the most basic level, men need to survive to become fathers. Young males' deaths from suicides and motor traffic accidents (both preventable) clearly stop many men from becoming fathers. Fathering is also physically and mentally demanding. Men's high rates of disability does not mean that men with health problems cannot be competent or good fathers but physical and mental conditions can make the job of fathering more difficult. On the other hand, a child's health will clearly affect the father, so will the mother's health. As part of the accelerating interest in researching fathers health-related aspects of fathering are coming into focus. In this special issue we begin with three examples of researchers who began with health problems but who were led to examine fatherhood. In the research section recent studies targeting the effect on fathers of children's health and the effect of fathers on children's health are described.

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### **Professor Bruce Robinson and The Fathering Project**

My work as a respiratory physician led me to the fathering field. In caring for more than 2000 asbestos victims, I've had to break very bad news, many times over. In these poignant moments I've had many men tell me they regret not spending more time with their children. This experience made me think about the issue of fathering. I looked into the research and wrote up my thinking in a book on fathering (Fathering from the Fast Lane). When this was successful it encouraged me to do more. The research convinced me that absence of affirmation, modelling and information from strong father figures was one of the major determinants of most of the distressing and difficult problems that young people face, such as drug taking, risk-taking behaviour, depression, suicide and poor attitudes to school.

This situation has arisen because the increased health risks of young people today (availability of drugs, low self-esteem, depression, binge drinking, loss of values, peer pressure, cyber bullying, easy access to addictive pornography) have occurred just when the capacity of fathers to meet those needs has diminished. The need to help fathers better understand their important role today is an issue acknowledged by key professionals and is considered to be one of the most important factors in changing the future of young Australians.

That's what led me to set up The Fathering Project. We are developing programs to help with fly-in, fly-out ('FIFO') workers, Aboriginal father figures, childhood obesity, healthy lifestyle, education and women as leaders.

Contact (website): The Fathering Project - Helping Men be better Dads <http://thefatheringproject.org/>

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## Canadian researchers and DADS IN GEAR program (Smoking cessation support for expectant and new fathers)

In our ongoing research we have been listening to new dads and gaining insights into ways to support their efforts to live smoke-free. The pay-offs for developing effective men-friendly approaches to smoking cessation for dads are big. We could reduce their risk of cardiovascular disease, one of the leading causes of death among Canadian men; if men quit they would increase the likelihood that their partners would be able to stay smoke free, and children would have smoke free homes. Research has also shown that dads who smoke double the chances of their children smoking - a statistic that can be a powerful motivator for smoking cessation in new fathers who aspire to be good dads and role models for their children.

Our team at the University of British Columbia has developed a novel program drawing on our extensive qualitative research with fathers. The program, **Dads in Gear (DIG)**, designed specifically for new fathers who want to reduce and quit smoking, is a highly innovative, face-to-face group program, supplemented with web-based resources. Three critical components are included in the program: smoking cessation, fathering, and healthy living (i.e., exercise and healthy eating). The aim of our ongoing research is to evaluate the feasibility of the 8 week DIG program and to explore the suitability of the program for men in a variety of contexts. Information about the DIG program and its resources are available at: [www.facet.ubc.ca](http://www.facet.ubc.ca) and [www.dadsingear.ok.ubc.ca](http://www.dadsingear.ok.ubc.ca) Regular updates on the program are also available on twitter: @dadsingear and Facebook.

Contact Dr. Joan Bottorff: [joan.bottorff@ubc.ca](mailto:joan.bottorff@ubc.ca)

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## Professor Phillip Morgan and Healthy Dads Healthy Kids

Early in my career I evaluated a number of childhood obesity interventions. I noticed that the programs were largely attended by mothers and that fathers had limited involvement with the programs. Interestingly, the children of fathers who engaged with these programs tended to achieve better results. At the same time, I became a father and came to appreciate the unique and powerful influence of dads in shaping their children's behaviour. This led me to develop programs that engage men and fathers in weight loss, recognising the benefit this could have for their children.

This motivation was propelled by the alarming statistics on male obesity and relative lack of research on weight loss interventions for men. Over 68 percent of Australian men are overweight or obese, yet men are less likely to perceive themselves as overweight, attempt weight loss, or enrol in weight loss programs. For overweight fathers, there is concern that their powerful role modelling influence increases the risk of their children developing poor lifestyle behaviours. Further, the majority of family-based obesity programs focus on mothers, so little is known about how to engage fathers in lifestyle interventions.

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Our team at the University of Newcastle developed Healthy Dads, Healthy Kids (HDHK), an evidence-based program that engages fathers in positive lifestyle role modelling and effective parenting strategies. During the 9-session program, dads are given information about weight management, nutrition, and increasing physical activity. They also engage with their children in fun rough and tumble physical activities, learn about fundamental movement skills (e.g. throwing and catching) and encouraging active play. Since 2008, HDHK has been delivered in six local government areas throughout the Hunter and Great Lakes regions of NSW. The results have been overwhelmingly positive with significant improvements in dads behavioural and health outcomes at 12-month follow up and in children's physical activity levels, BMI-z scores and dietary behaviours. In 2014, HDHK is being delivered across the Hunter Region, with the programs being managed by the communities.

Building on this research (and the fact I now have 3 daughters!!), my next project will explore how fathers can improve their daughters' physical activity and social-emotional wellbeing. This was in response to personally observing how profoundly disadvantaged girls are in home and school physical activity contexts. Moreover, I started reading about research highlighting the father-daughter relationship is associated with significant psycho-social developmental and health outcomes. Physical activity provides a useful domain to foster this relationship and benefits both father and daughter. Research shows that >80% of adolescent



girls do not meet physical activity recommendations and that only <10% of girls can adequately perform fundamental movement skills upon entering high school. It is of great concern that girls are approaching adulthood without the skills they need to maintain an active lifestyle. The Dads And Daughters Exercising and Empowered (DADEE) program will increase physical activity, improve FMS proficiency and social-emotional wellbeing in pre-adolescent girls using their fathers as the agents of change.

**Rough and tumble play with dad was a key to the success of Healthy Dads Healthy Kids**

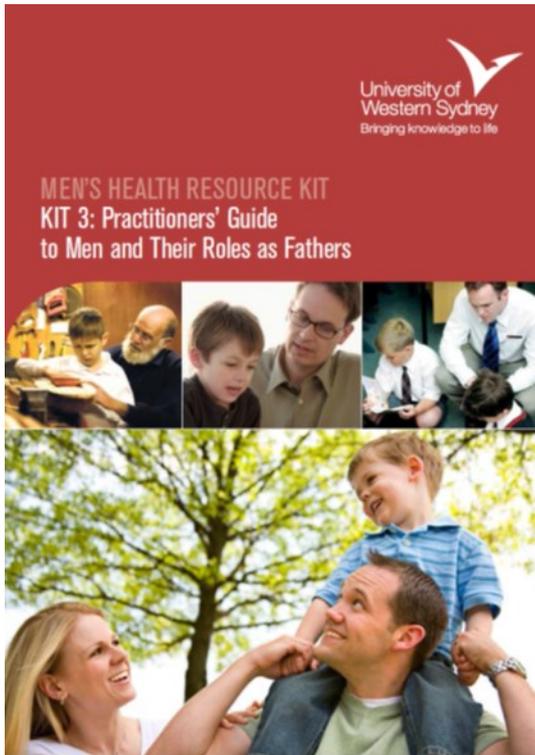
Contact: [philip.morgan@newcastle.edu.au](mailto:philip.morgan@newcastle.edu.au)

## RESOURCES ON THE WEB

### **A guide for health practitioners**

*FRB comment: The Men's Health Information & Resource Centre at the University of Western Sydney has produced guides to various men's health areas. Their guide for practitioners on fathers' roles will be a useful source for those in family and health services wishing to engage men through their fathering role.*

## RESOURCES ON THE WEB



### **MHIRC: Resource Kit 3: Practitioners' Guide to Men and Their Roles as Fathers**

This guide is primarily focused on engaging fathers in community services, health contexts and programs who otherwise are often less involved for a wide variety of reasons. It has been written to support health professionals to engage with the fathers in the families that they work with, encourage them to discuss the significance of the role they play and the impact that this has on other family members.

<http://www.mengage.org.au/Work-Effectively/Father-Inclusive-Practice/Practitioner-Guide-Men-Roles-Fathers.aspx>

## PROGRAMS AND FATHER INCLUSIVE PRACTICE:

### **Regional Men's Health Initiative in Western Australia**

Each year the Northam Hospital (Regional WA) runs a series of "child birth and parenting" workshops. The Regional Men's Health Initiative has been involved in delivering a specific session to the fathers.

The programs primary role is community education on men's holistic health and wellbeing. This is delivered in three ways:

1. Community education session

-Where we talk about blokes physical, mental and social/spiritual wellbeing.

2. Fast track pit stop

-An interactive health awareness and listening tool that is themed around the servicing of a vehicle (e.g. Chassis – waist measurement, Oil pressure – blood pressure, Shock absorbers – coping skills)

3. Advocacy

-Promote the motto ...before it all gets too much Talk to a Mate! , personal resilience/ counselling support, providing critical links to professional services.

## RESOURCES ON THE WEB

“Antenatal – New Dads” Community Education Session, is one of the many education sessions that we deliver to a range of audiences across regional Western Australia. We have been involved in delivering this session at the Northam Regional Hospital for the past several as a part of their “Child and Parenting” Workshops.

The session is delivered following a BBQ, and conducted in a way that engages fathers (usually 1<sup>st</sup> time dads) in an educational discussion around some of the challenges, expectations, concerns, issues we face as a new dad, and involves the following points/questions:

1. Whose baby is this?
2. What is my role as dad? Importance of fathers!
3. What can I do to help?
4. What about post natal depression?
5. Hormones and Emotions
6. Sleeping arrangements and sex

The second part of the session is focused around the father and his personal wellbeing (physical, mental and social/spiritual) and promoting “looking after yourself”.

Life can be stressful even at the best of times, not to mention how our personal health and wellbeing can be effected by the many life transitions that come our way.

One of these life transforming moments is child birth, and while we acknowledge and respect the numerous effects this has on the Mother’s life, this is also a significant time of transition and change for a new, or any Father for that matter.

Any life transition, change, moving out of our comfort zone, can be a stressful or even distressing time. That’s why it’s so important for blokes to recognise, be aware and have the opportunity to talk about these things in an open and safe way. Blokes find it difficult enough as it is to recognise and talk about how they are travelling emotionally.

Our Emphasis is on Men’s holistic wellbeing, which means the whole personal and understanding problems/issues in the context of their life. When we consider the individual we believe we are more than just physical and mental beings, the often-neglected element, is our “social/spiritual” wellbeing. We promote the important requirement to know and understand the story behind our identity.



Contact: <http://www.regionalmenshealth.com.au/>

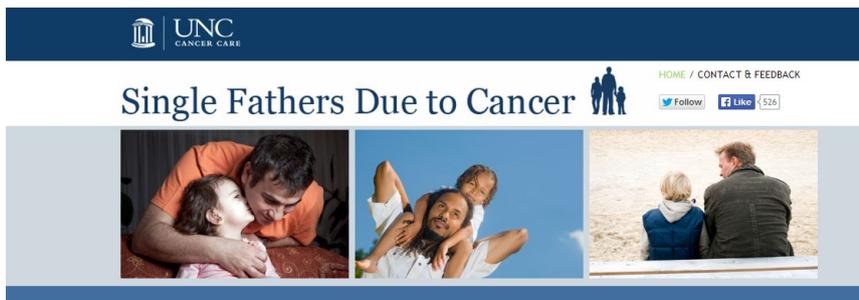
## RESOURCES ON THE WEB

### Single Fathers Due to Cancer

The Single Fathers Due to Cancer program is dedicated to the thousands of fathers who each year lose their spouses to cancer and must adjust to being sole parents. Our program includes an ongoing local support group, a developing research agenda, and educational efforts to oncologists and other care providers.

We created this website as a resource for fathers. It contains information, resources, and a series of short videos for fathers adjusting to being sole parents and working through their grief and that of their children. There are also materials available for health care professionals in oncology and clinical settings.

If you are a single father whose wife or partner died from cancer, please click on the above button to complete a brief survey. Our hope is that through your participation, we will better understand your experience as a single father so that we can develop treatments for fathers in your position. Your answers will also inform us about how to provide better end-of-life care for mothers with cancer.



<http://www.singlefathersduetocancer.org/home.do;jsessionid=383AF7E0402BDA5318EC71FB0EC32DF4>

## CONFERENCES



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## CONFERENCES



Men's health and wellbeing is everyone's business. This is the foundation on which the Australian Men's Health Forum in conjunction with a consortium of leading agencies on the Central Coast of NSW will be hosting the 2015 Men's Health Gathering.

The 2015 gathering incorporates the 8th Aboriginal Men's Health Conference and the 11th Australian Men's Health Conference, and promises an opportunity to contribute, debate and discuss the successful ways that we can all increase men's health and wellbeing.

Under the umbrella theme of Sharing the Knowledge the conference will explore research and practice in the areas of men and young boy's health and wellbeing, family relationships, effective programs in the community, sexual health, the changing role of men in society, neuroscience, men and behaviour and men and babies health.

Key benefits of the conference are:

- *Immerse yourself in cultural activities*, the highlight of which will be a corroboree with dancers from across Australia, and on-country visits to many cultural sacred sites on the Central Coast.
- *Learn from leading experts in the field of male health and wellbeing* on current and developing practices
- *Increase your capacity* to engage and work alongside men and boys to create safer and happier communities.

*Celebrate the collective experience* and great work that is being done in the sector

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## CONFERENCES

A conference such as ours incorporates many opportunities to learn during aspects of the formal conference proceedings. An important part of conference is also the opportunity to immerse yourself in cultural activities and to meet colleagues – both old and new – in informal social settings.

This gathering will provide a fertile environment to hold challenging discussions and broaden our understandings of working with men and boys to increase our community's health and wellbeing.

*For more information on conference registration and sponsorship opportunities, please visit [www.workingwithmen.org.au](http://www.workingwithmen.org.au)*

## RESEARCH

### Tracking the health-fatherhood connection

**FRB comment:** *The research on father's health is, in many ways, research on family health. In the following abstracts a sample of recent work illustrates the transactional nature of this topic. Following two papers from the Diabetes area several examples of how health issues relate to fathers and fathering are reported.*

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### Fathers and Type 1 Diabetes

**FRB comment:** *When children or adolescents have Diabetes fathers will be involved in some way. These two papers give some insights into how fathers influence their children's coping but also highlight how little we really know. These two cross-sectional studies suggest that fathers' parenting stress will influence his diabetic child's mood but that the mother's perception of the fathers' helpfulness led to better regimen control. While these studies offer important starting points they also make clear the lack of detailed, longitudinal investigations into the crucial interactions between fathers and their children managing Diabetes.*

## RESEARCH

### **The Interrelationships Among Paternal and Maternal Parenting Stress, Metabolic Control, and Depressive Symptoms in Adolescents With Type 1 Diabetes Mellitus**

To examine the relationship between paternal and maternal parenting stress, metabolic control, and depressive symptoms in adolescents with type 1 diabetes mellitus (T1DM). Methods 151 adolescents with T1DM (mean age 14.9\_1.7 years) and a comparison group (n¼122) reported their depressive symptoms and behavior problems. Mothers (T1DM n¼126; comparison group n¼106) and fathers (T1DM n¼103; comparison group n¼55) each reported parenting stress. Metabolic control was assessed by the glycosylated hemoglobin (HbA1c) values obtained from the medical records. Results Fathers of adolescents with T1DM reported significantly more parenting stress than fathers of the comparison group. Parenting stress was associated with depressive symptoms only in adolescents with T1DM. Parenting stress in fathers explained 25% of the variance in depressive symptoms in adolescents with T1DM and 18% of the variance in HbA1c. In mothers, this was 22% and 19%, respectively. Conclusion The combination of blood glucose control and depressive symptoms in adolescents with T1DM was found to be associated with both paternal and maternal parenting stress.

Maas-van Schaijk, N. M., Roeleveld-Versteegh, A. B., & van Baar, A. L. (2013). The interrelationships among paternal and maternal parenting stress, metabolic control, and depressive symptoms in adolescents with type 1 diabetes mellitus. *Journal of pediatric psychology, 38*(1), 30-40.

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### **Paternal Involvement in Pediatric Type 1 Diabetes: Fathers' and Mothers' Psychological Functioning and Disease Management**

Psychological functioning in fathers of children with Type 1 diabetes has received relatively little attention compared to mothers. This study examined fathers' perceived involvement in their children's diabetes care as it related to mothers' and fathers' pediatric parenting stress, depression, anxiety, marital satisfaction, and sleep, and to their children's diabetes regimen adherence and glycemic control. Eighty-two mothers and 43 fathers completed questionnaires. Multivariate linear regressions were conducted separately for mothers and fathers to determine the relationships between the perceived amount and the perceived helpfulness of father involvement in child diabetes care on parental psychosocial functioning and child diabetes control. Maternal perceptions of father helpfulness and amount of involvement in illness care were related to improved marital satisfaction and fewer depressive symptoms in mothers. In fathers, perception of their own amount of involvement was related to increased pediatric parenting stress and anxiety. Better child regimen adherence was associated with maternal perceptions of father helpfulness but not the amount of their involvement, while paternal perceptions of their own helpfulness were related to poorer glycemic control. These findings suggest that fathers and mothers may react differently to their roles in childhood illness and that perceptions of their involvement may be differently associated with children's glycemic control and regimen adherence.

Hansen, J. A., Weissbrod, C., Schwartz, D. D., & Taylor, W. P. (2012). Paternal involvement in pediatric Type 1 diabetes: fathers' and mothers' psychological functioning and disease management. *Families, Systems, & Health, 30*(1), 47.

## RESEARCH

### **Fathers' contribution to low-birth weight infants**

#### **Paternal Metabolic and Cardiovascular Risk Factors for Fetal Growth Restriction**

Fathers of low-birth weight offspring are more likely to have type 2 diabetes and cardiovascular disease in later life. We investigated whether paternal insulin resistance and cardiovascular risk factors were evident at the time that fetal growth-restricted offspring were born. **RESEARCH DESIGN AND METHODS** We carried out a case-control study of men who fathered pregnancies affected by fetal growth restriction, in the absence of recognized fetal disease ( $n = 42$ ), compared with men who fathered normal-birth weight offspring ( $n = 77$ ). All mothers were healthy, nonsmoking, and similar in age, BMI, ethnicity, and parity. Within 4 weeks of offspring birth, all fathers had measures of insulin resistance (HOMA index), blood pressure, waist circumference, endothelial function (flow-mediated dilatation), lipid profile, weight, and smoking habit. Comparison was made using multivariable logistical regression analysis. **RESULTS** Fathers of fetal growth-restricted offspring [mean (SD) 1.8th (2.2) customized birth centile] were more likely to have insulin resistance, hypertension, central adiposity, and endothelial dysfunction and to smoke cigarettes compared with fathers of normal grown offspring. After multivariable analysis, paternal insulin resistance and smoking remained different between the groups. Compared with fathers of normal grown offspring, men who fathered pregnancies affected by fetal growth restriction had an OR 7.68 (95% CI 2.63–22.40;  $P = 0.0001$ ) of having a 1-unit higher log HOMA-IR value and 3.39 (1.26–9.16;  $P = 0.016$ ) of being a smoker. **CONCLUSIONS** Men who recently fathered growth-restricted offspring have preclinical evidence of the insulin resistance syndrome and are more likely to smoke than fathers of normal grown offspring. Paternal lifestyle may influence heritable factors important for fetal growth.

Hillman, S., Peebles, D. M., & Williams, D. J. (2013). Paternal Metabolic and Cardiovascular Risk Factors for Fetal Growth Restriction A case-control study. *Diabetes care*, 36(6), 1675-1680.

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### **The effect on fathers of pregnant partners' pelvic girdle pain**

#### **Demanding and challenging: Men's experiences of living with a pregnant woman with pelvic girdle pain: An interview study**

Pelvic girdle pain (PGP) is a universally disabling condition affecting approximately 50% of pregnant women. Qualitative research describes how PGP leads to struggle in women's daily lives, makes them question and doubt their roles and identities as professionals and mothers, and test their (marital) relationships. The purpose of this study was to describe men's experiences of living with a pregnant woman with PGP. **Methods:** Participants were men whose pregnant partners participated in a project containing both qualitative and quantitative studies in 2009 to 2011. Interviews were conducted in person ( $n=18$ ) or by telephone ( $n=8$ ), lasting approximately 20-50 minutes. Sixteen men were interviewed during their wife's pregnancies (M age = 30 years), eight men were re-interviewed within 12 months postpartum and two men were interviewed only postpartum (26 interviews) **Results:** Three major categories emerged: having no knowledge of PGP, a period of emotional and physical strain, and merging. Pregnancy in a woman with PGP caused men to alter focus from themselves to their partners and family. They expressed worry, powerlessness, inadequacy, and a need for support. They had to adapt and cope, both demanding and challenging. However, they stressed that relationships with their older children improved, and that they and their partners had succeeded in becoming a team.

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## RESEARCH

Conclusions: The findings indicated a need for greater focus from midwives and other health care providers on the psychological impact of PGP on the man/partner. This is important, not only for men but for their respective women as well, whereby men influence their partner's health.

Elden, H., Lundgren, I., & Robertson, E. (2014). Demanding and challenging: Men's experiences of living with a pregnant woman with pelvic girdle pain: An interview study. *Clinical Nursing Studies*, 2(4), p17.

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### **The effect on fathers' work of having a child with cancer**

#### **A longitudinal assessment of work situation, sick leave, and household income of mothers and fathers of children with cancer in Sweden**

Background. The diagnosis of childhood cancer often results in an altered life situation for the parents, characterized by difficulties regarding work, family and household demands. Previous research shows that parents' work situation and income are impacted, yet, few studies have explored the issue from a longitudinal perspective. This study sought to increase the knowledge about the socio-economic conditions of parents of children with cancer in Sweden by means of a longitudinal assessment of work situation, sick leave, and household income. Material and methods. The sample consisted of mothers (n 139) and fathers (n 138) of children with cancer recruited from 2002 to 2004. Data was collected by telephone interviews at six time points, ranging from the time of diagnosis to one year after the end of treatment. Results. Findings showed that parents' work situation was most evidently impacted during the child's treatment, when the greatest proportions of non-working and sick-listed parents were found. Compared with the time of diagnosis, fewer mothers worked up to three months after the end of treatment, and more mothers were on sick leave one year after the end of treatment. Although the extent of sick leave among fathers did not differ compared with the time of diagnosis, fewer fathers worked one year after the end of treatment. Household income was significantly reduced during the child's treatment and months thereafter, while income was at an equal level as before the diagnosis for most families one year after the end of treatment. Conclusion. The results offer a unique understanding of how mothers' and fathers' work situation and income are impacted in the short- and long-term, and give guidance on how to improve the comprehensive support given to parents of children with cancer. Socio-economical issues should be emphasized as these may provide targets for policy interventions aiming to reduce parental strain related to work and finances.

Hovén, E., von Essen, L., & Norberg, A. L. (2013). A longitudinal assessment of work situation, sick leave, and household income of mothers and fathers of children with cancer in Sweden. *Acta Oncologica*, 52 (6), 1076-1085.

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## RESEARCH

### **Father's ADHD**

#### **Paternal ADHD symptoms and child conduct problems: is father involvement always beneficial?**

Maternal psychopathology robustly predicts poor developmental and treatment outcomes for children with attention-deficit/hyperactivity disorder (ADHD). Despite the high heritability of ADHD, few studies have examined associations between paternal ADHD symptoms and child adjustment, and none have also considered degree of paternal involvement in childrearing. Identification of modifiable risk factors for child conduct problems is particularly important in this population given the serious adverse outcomes resulting from this comorbidity. **Methods** This cross-sectional study examined the extent to which paternal involvement in childrearing moderated the association between paternal ADHD symptoms and child conduct problems among 37 children with ADHD and their biological fathers. **Results** Neither paternal ADHD symptoms nor involvement was independently associated with child conduct problems. However, the interaction between paternal ADHD symptoms and involvement was significant, such that paternal ADHD symptoms were positively associated with child conduct problems only when fathers were highly involved in childrearing. **Conclusions** The presence of adult ADHD symptoms may determine whether father involvement in childrearing has a positive or detrimental influence on comorbid child conduct problems.

Romirowsky, A. M., & Chronis-Tuscano, A. (2013). Paternal ADHD symptoms and child conduct problems: is father involvement always beneficial?. *Child: Care, Health and Development*.

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### **Weight loss programs for fathers**

#### **Impact of the 'Healthy Dads, Healthy Kids' lifestyle programme on the activity- and diet-related parenting practices of fathers and mothers**

**Objectives:** The aim was to evaluate the impact of the 'Healthy Dads, Healthy Kids' programme on fathers' and mothers' activity- and diet-related parenting practices.

**Methods:** Overweight/obese fathers (n = 87) and their primary school-aged children (56% boys) were randomized to either (i) 7-week programme (n = 45) or (ii) control group (n = 42). The programme involved four sessions for fathers only and three for fathers/children. Mothers were not directly involved. Parenting practices of both fathers and mothers were measured using the parenting strategies for eating and activity scale at baseline and 14-week follow-up. **Results:** Intention-to-treat analysis using linear mixed models revealed significant group-by-time effects for fathers' limit setting (P = 0.048, d = 0.36) and reinforcement for multiple lifestyle behaviours (P = 0.001, d = 0.79). No significant intervention effects were found for fathers' control, monitoring, discipline or mothers' parenting practices (P > 0.05). **Conclusions:** The Healthy Dads, Healthy Kids programme had a positive impact on some parenting practices for fathers but not mothers.

Lloyd, A. B., Lubans, D. R., Plotnikoff, R. C., & Morgan, P. J. (2014). Impact of the 'Healthy Dads, Healthy Kids' lifestyle programme on the activity-and diet-related parenting practices of fathers and mothers. *Pediatric obesity*.

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## RESEARCH

### **Supporting fathering in the midst of grief A Support Group for Fathers Whose Partners Died From Cancer**

Men who are raising dependent children after their spouses or partners have died from cancer face unique challenges adjusting to single parenthood while managing their grief and the grief of their children. Unfortunately, the needs of those widowers have been overlooked in the clinical literature and no published interventions are designed specifically for that population. The current article details the creation and implementation of a peer support group for fathers recently widowed because of their wives' deaths from cancer. Initial observations and emergent themes from the group are described. Group members suggested that they benefited from participation in the support group and that this form of psychosocial support is a promising intervention for fathers in similar circumstances.

Yopp, J. M., & Rosenstein, D. L. (2013). A support group for fathers whose partners died from cancer. *Clinical journal of oncology nursing*, 17(2), 169-173.

## FROM ARACY

### **Think Outcomes Conference 2014, 20-21 November, Melbourne**

This two-day forum is presented by the Centre for Social Impact (CSI), the Social Impact Measurement Network of Australia (SIMNA), and ARACY.

The forum will focus on:

- Best practice outcomes measurement
- Challenges and opportunities
- Analysis and communication
- What meaningful social change can emerge from the outcomes we measure

Find out more from the [conference website](#), or by watching this [YouTube video](#).

## FROM The Family Action Centre

Students who have completed ***the Father-infant attachment and co-parenting: Theory and intervention*** course (an online course) gave this feedback

*This course has given me a deeper and more sophisticated understanding of Father-Infant attachment, Co-parenting and Paternal Post-Natal depression...*

*...I have found this course challenging, informing and extremely positive.*

*...I have been able to take learnings directly into work scenarios and discuss with clients the insights I have gained...*

*I really enjoyed the video assessment and having the option of the narrative text ...*

*Before this course I felt I needed to engage fathers better however did not have the knowledge base to inform my practice...*

***Father-infant attachment and co-parenting: Theory and intervention*** will be run in 2015. A related course ***Working with Fathers in Vulnerable Families*** will commence on September 8. For more information go to [http://www.newcastle.edu.au/data/assets/pdf\\_file/0016/41902/Working-with-Men-and-Fathers-Specialisation.pdf](http://www.newcastle.edu.au/data/assets/pdf_file/0016/41902/Working-with-Men-and-Fathers-Specialisation.pdf)

Next issue of The Fatherhood Research Bulletin will be a special issue on the theme of *Fathers and Family Violence*

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<http://www.newcastle.edu.au/research-and-innovation/centre/fac/research>

Or contact Richard Fletcher:

[richard.fletcher@newcastle.edu.au](mailto:richard.fletcher@newcastle.edu.au)

This edition of the Fatherhood Research Bulletin was produced with assistance from Simon Fowler, Bachelor of Social, Science Student UoN, on behalf Family Action Centre, The University of Newcastle

