

Fatherhood

Research Bulletin *AFRC Special Edition*

Australian Fatherhood Research Network Bulletin 42, May 2018

AUSTRALIAN FATHERHOOD RESEARCH SYMPOSIUM 2018

AFRC



The Bulletin is produced by A/Prof Richard Fletcher (editor), Dr Elaine Bennett, Dr Elisabeth Duursma, Dr Jacqui MacDonald, Dr Eileen Dowse, Dr Jennifer StGeorge & Associate Prof Campbell Paul and Miranda Cashin. We acknowledge the support of The Family Action Centre, Faculty of Health and Medicine, The University of Newcastle

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INTRODUCTION TO THIS SPECIAL ISSUE

Building a collaborative space

The Symposium in Melbourne this year was not the first; the early versions were held at the University of Newcastle starting about 2005. But in 2017 at Deakin we formed the Australian Fatherhood Research Consortium to give some shape to our discussions and working groups were formed to try our hand at collaborative methods of developing the knowledge base. Our topic, for practicing collaboration was fathers' sleep and the effect of infant's sleep on fathers. You will see more of that in the following pages.

This year's Symposium saw a wide range of poster topics and reports from NSW, VIC, QLD, WA, SA and ACT as well as presentations on a year's worth of productive collaboration from the four working groups: Data analysis, Literature review, Intervention and Media. The tone of the proceedings was best captured in the final planning discussion where a proposal to change to a larger more conventional conference format for 2019 was debated. After some minutes, one of the clinicians spoke up pointing out that what made the Symposium attractive was the way that the group of 40 or so participants were able to share a purpose in developing the field and create a safe, encouraging environment for every participant. Those around the table agreed. It was decided that although next year's event would be open to new participants, preserving the collaborative atmosphere should be paramount.

Richard Fletcher & Jacqui Macdonald co-convenors Australian Fatherhood Research Symposium II



REPORTS FROM WORKING GROUPS

The overall aim of the four AFRC groups is to trial and evaluate collaborative processes across one line of enquiry with a view to further consortium studies. The first domain of focus selected was fatherhood and infant sleep. The **Data Analysis** group was created to enable better collaboration across studies with research data on fathers and is convened by Dr Jacqui Macdonald of Deakin University. The **Intervention** group was created to bring together researchers, practitioners, and policymakers interested in contributing to the development and evaluation of intervention programs for fathers and is convened by Dr Eileen Dowse of the University of Newcastle. The **Systematic Review** group was formed to evaluate and synthesise existing literature on fathers, and is convened by Dr Karen Wynter of Deakin University. Finally, the **Science Communication** group was formed to translate the AFRC group's findings from the research domain into the public domain to improve policy and practice and is convened by Aladdin Jones and Sam Teague. Please find the in the following pages reports from the four working groups.

The Systematic Review Working Group

This group's aim to review the existing literature relevant to:

- Fathers' sleep, sleepiness, sleep disturbance, fatigue in the first 12 months postpartum; and
- Aspects of fathers' wellbeing associated with infant sleep and sleep disturbance in the first 12 months postpartum.

This working group has nine group members from Deakin University, Curtin University, the University of Newcastle and Monash University. We have communicated mostly by e-mail, but met once in person (with one person joining by teleconference) at the recent Symposium.

So far we have achieved the following:

- Registered the review in Prospero: <https://www.crd.york.ac.uk/prospero/> (Reference CRD 42017081737)
- Developed, refined and tested the search terms to be used
- Searched four databases: Cinahl, Medline, PsycInfo and Scopus
- Hand-searched review articles for additional potentially relevant references
- Exported all potentially relevant references to Endnote
- Imported all potentially relevant references to Covidence: <https://www.covidence.org/>
- Identified and managed duplicate references
- Completed screening by title & abstract:
 - Developed, refined and tested inclusion/exclusion criteria
 - Double-screened each potentially relevant reference (each reference was screened independently by two reviewers)
 - Resolved conflicts which arose
- Completed screening by full-text review (same three steps as above)
- Discussed what information should be extracted from each paper for the review.

We are still busy with these last few steps, after which we will commence with data extraction and writing of the review.

This has been an enthusiastic and productive collaboration, working slowly and surely towards a clear goal: publication of a review article, which has the potential to inform the work of the other AFRC working groups.

We are happy to share our group processes and experiences (including "lessons learned"!) with anyone who would like to initiate a new systematic review on a different topic relevant to fatherhood research.

Karen Wynter, k.wynter@deakin.edu.au

Intervention Working Group



The overall aim of the four AFRC groups is to trial and evaluate collaborative processes across one line of enquiry with a view to further consortium studies. The first domain of focus selected was fatherhood and infant sleep.

The aim of the **Intervention research-working group**, therefore, is to conduct research that leads to the development of evidence-based interventions that reduce the impact of sleep deprivation/disturbance on family functioning.

The first step is to conduct formative intervention research using qualitative methods to identify the content and intervention components on issues around fathers' sleep, mental health and family functioning in families with infants aged 6-36 months who have problematic sleep. The objectives of the study are to:

- Establish a reference group of fathers and mothers of 6-36 month infants/children with problematic sleep to provide formative input into the interview and survey questions.
- Conduct the focus groups with fathers of infants aged 6-36mths with problematic sleep
- Determine fathers' views on delivery strategies and components of public health interventions
- Conduct the online surveys with mothers of children 0-36mths with problematic sleep
- Identify mothers' views of intervention strategies and the components of an intervention to improve fathers' sleep

The fathers' focus groups are planned to be held in Western Australia, Queensland and NSW. The group is at the stage of finalising ethical approvals and arranging the consumer reference groups to trial the schedule of questions.

Contact email: Eileen.Dowse@newcastle.edu.au

Data and Analysis Working Group

Our objectives:

- **Identify** available data from existing population-based studies that allow secondary data analysis of associations between:
 1. Father sleep and Infant sleep
 2. Father sleep and father mental health, wellbeing and psychosocial functioning
 3. Infant sleep and father mental health, wellbeing and psychosocial functioning
- **Describe**, using the available data, Australian fathers' experiences of their own sleep and their infants' sleep in the postpartum period and their mental health and psychosocial correlates.
- **Develop** a model for extracting and combining data from multiple sources for future AFRC investigations investigating domains other than sleep.



We presented a model to symposium attendees for identifying, organising and extracting data from large existing cohort studies to answer questions about fatherhood. We noted the limited data collected from and about fathers in comparison to data from and about mothers. Nevertheless, our group identified 10 potential datasets with data that could answer sleep-focused questions.

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In two working group meetings, we narrowed down our first analysis to one that would use between four and seven of the datasets to ask the questions:

What is the relationship between postpartum paternal sleep and mental health problems in Australian fathers of infants ≤ 36 months? Does this relationship differ depending on the mental health problem (e.g., depression differs from anxiety), and does it differ depending on a range of factors including father age, socio-economic status, education, number of children?

In the postpartum period there is an elevated risk of *pa-*
ternal mental health problems that also profoundly im-

pacts on *maternal* mental health, child development, family functioning, and workplace performance. However, fathers have minimal engagement with the health system or family support services in the postpartum years. This makes it difficult to identify those men who are risk of mental health problems. The results of our analyses will inform how useful it would be to ask fathers a single question about their sleep as a preliminary indicator of the need for next-level mental health screening.

AFRC DAWG Members

Contact: Dr Jacqui Macdonald, Deakin University, jacqui.macdonald@deakin.edu.au;

Dr Liana Leach, Australian National University; Dr Karen Wynter, Deakin University; Dr Jennifer St George, University of Newcastle; Dr Nyanda McBride, Curtin University; Dr Laura Di Manno, Deakin University; Dr Eileen Dowse, University of Newcastle; Dr Elisabeth Duursma, University of Wollongong; Ms Lauren Francis, Deakin University.

AFRC Science Communication and Policy Group

We were tasked by the AFRC at AFRS 2017 to share the science of sleep in fathers with **fathers, researchers, practitioners, policy makers**, and the **wider public**. We set out trying to develop some resources that met that aim by “translating” a journal article on sleep in new fathers, using the existing skills of the group.

The following were presented at the AFRS and received warmly:

- “Sleepy Dads”, developed by Dr Chris May at the University of Newcastle
- “Dad Scientists”, video and podcast developed by Matthew Roberts and Aladdin Jones
- “The AFRC Asks” video and “Science Snippets” Infographic by Sam Teague
- These resources will soon be made available publicly.

At the AFRS we agreed that the AFRC leadership group will peruse each resource once our group has prepared it via our collaborative process. We also agreed to a name change, incorporating “policy” into our title. The Science Communication and Policy Group grew in numbers and breadth of skill base at AFRS 2018, and we are now in a position of great synergy and complementarity of skills.

The SCPG plans to:

- Continue the Dad Scientists podcast/vodcast series by interviewing AFRC members on their research/clinical/advocacy work in 2018/19. We will begin with the winners of the poster prize at AFRS 2018.

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- Meet regularly by videoconference to develop our team’s capacities and deliverables
- Seize opportunities for more intense promotional activity around dates in the health promotion calendar, eg. Men’s Health Week etc.



We’ve launched a Twitter page for the AFRC - @ausfatherhood. It is now live for anyone to follow! The page is co-managed by Sam Teague and Matthew Roberts, who will post with careful consideration as representatives of the ARFC. For speed of response any items for posting should be emailed to both sam.teague@deakin.edu.au and doctormatthewroberts@gmail.com

REFLECTIONS



Elaine Bennett—Research Director Perspective

My involvement with fatherhood research began in the 1990s when undertaking a Masters degree and interviewing men with a partner who had experienced postnatal depression. I’ve been at Ngala 12 years as the Director of Services and in recent years the Director Research. Ngala have been involved with the Family Action Centre, University of Newcastle for a number of years now. Firstly, with the development of the Father Inclusive Practice Guide and my involvement in the initial development of SMS4Dads in the development of text messages and the piloting of these.

Ngala has had fatherhood practitioners since the late 1990s and since then we have strived to ensure the organisation has a focus on fathers and that staff have an understanding of the importance of engaging fathers with our services. As a female champion for the engagement of fathers in our work I would very much like to see more men in the work we do with parenting.

I have really enjoyed the meeting up of like-minds with the AFR Consortium and these symposiums are very energising. Meeting with both researchers and practitioners presents opportunities to learn and grow from others diverse skills and knowledge. It is a very collaborative, collegial and cooperative experience. We are all very passionate about translational research which can make a difference to the fathers and potential fathers we work with.

*Elaine Bennett - Director Research Ngala
Adj Assoc Professor Curtin & Notre Dame Universities (SNM)*

Imogene Smith - Student Perspective

As an Honours psychology student, I attended my first ever research symposium in 2017. I was nervous about what to expect. My mind was blown (repeatedly) and I felt simultaneously inspired and intimidated by the groups of experts, academics and researchers in the room. I made a 30 second contribution to a group poster presentation and spent the rest of the day wondering how these presenters knew so much.

Continues next page

When the opportunity arose this year, I jumped at the chance. The timing could not be more perfect as I was 'almost there' with a paper I am writing for publication and I desperately needed the inspiration. Preparing my research poster and presenting was just the motivation boost I needed. The accountability! I presented my own research this year and I was so excited and proud when there was genuine interest from the crowd. The symposium has thus far provided me with inspiration and motivation. I can only hope that in the future I will be able to contribute to the research work being produced by the group.

Imogene Smith

Student Researcher | The MAPP Study

Natalie Pierssene - Clinician's Perspective

In 2017 I was pondering the world of sleep with my child health colleagues in the tea room. As all clinicians know a cup of tea and food (well wine really but that's for after hours!) is essential for solving our biggest challenges, both personally and for our clients. Sleep challenges are a topic that induces groans from clinicians and tears from parents. I was in the throes of my Masters with University of Newcastle and I had completed several subjects with Richard Fletcher on fathers which had ignited my interest. The nurses and I hypothesized how fathers fit into the world of supporting infants to sleep and that predominantly we worked with mothers. This idea was bandied around as a research subject but we had no experience in how to take it forward.



I saw the AFRC advertised in the Fatherhood Research Bulletin and asked Richard if students and beginner (clinicians with an idea) researchers could attend and he welcomed us with open arms and encouraged myself and two nurses to attend. We accepted the challenge with enthusiasm and a large dose of trepidation.

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The first day of the AFRC 2017 was overwhelming and we ran away googling terms we had never heard of. The research field feels like a new country with its own culture, language and unwritten rules which we had jumped head first in to. The second day our sleep idea was adopted as an idea the AFRC could utilize as a vehicle to work collaboratively together over the next year. We were amazed and empowered that our idea could trigger an Australian wide research project.

It has not been without challenges, technology, different ideas, different clinical backgrounds and differing time zones and of course the never-ending pressures of not enough time in the day. We have brainstormed and questioned the minute details, ethics proposals and site-specific applications and disagreed with where we are going and what it is for. But like one big happy family, differences were resolved and the project is moving forward.

This year the AFRC 2018 was like coming back home to a place where as a clinician your voice mattered and you could translate your client's needs to the researchers in the room. I'm happy I have dipped my toes into the research world and appreciate that the AFRC has given me the support and vehicle to take our seed of an idea in rural Queensland and let it bloom country wide.

Natalie Pierssene

Senior Social Worker

Early Intervention Parenting Service

Darling Downs Hospital Health Service

Aladdin Jones - Practitioner Perspective

This article is a reflection, as a practitioner base, of my attendance at the National Fatherhood Research Symposium in 2017 and this year, 2018, held at Deakin University, Melbourne.



My work as a health promotion officer with *Eastern Health*, (based in the Yarra Valley, Victoria) in engaging men in gender equity and prevention of family violence, led to an increased interest in father engagement in health services. The transition to fatherhood offers an important opportunity for engagement of men in health services and as such in 2017 I initiated a quality improvement project on service provision in engaging fathers within *Eastern Health*. This involved to date, a literature review, focus group of fathers in the region, interviewing maternity staff and the formation of a steering group to support recommendations and implementations of best practice. This period naturally (how could it not!) led to correspondence with the legendary A/Prof Richard Fletcher of Newcastle University Family Action centre who suggested attending the then upcoming 2017 fatherhood research symposium.

While I had completed research papers as part of a Masters in Education/Social Ecology, I was unsure, as primarily a practitioner, just how engaging a researchers' symposium would be.

It was soon apparent that this was an unfounded assumption! Indeed, it was not only engaging but led to some wonderful meetings and conversations. I felt privy to an interesting range of fatherhood research projects from around Australia. It certainly felt unusual to be in a room full of men and women focussed on all aspects of fatherhood. The atmosphere was warm and inviting with a genuine sense of care. Both professionally and personally this was rewarding, inspiring and encouraging. There was a genuine spirit of collaboration and inclusivity, of valuing each participant's contributions. By the end of the conference I found myself part of a newly formed consortium consisting of 4 streams. 'Scientific Communications' being one in which over the next year I shared a chairing role. The common theme of all 4 streams in 2017 was on facets of sleep and fatherhood.

This role kept alive, albeit amidst a full work and family life, newly found connections within the research consortium, in particular with other members of the same stream. Like a fledgling band, we held several rehearsals in the form of teleconferences and practice runs at social media, which producing several short videos, a podcast and infographics. As I write this there is a feeling of excited anticipation with the thoughts of co-producing *viral videos* and *hit songs* to help put the AFRC on the map of public participation in fatherhood/family research.

Surprisingly quickly the 2018 symposium was upon us. This time bought with it an increased sense of familiarity. As one of three poster judges (for best poster depicting research synopsis) and co-presenter of the 'scientific communications stream', it was also more personally involved. Once again it was wonderful to hear of other national research in the fatherhood space, to re-connect with 2017 participants, and meet first timers to the symposium, both researchers and practitioners.

These experiences have impressed upon me, that this is more than a symposium, rather a sense of community – that has, as its heart, an invested interest in human relationships, and how to better understand and support the experience of becoming a new family in Australia, drawing on quality research and practical applications. As a practitioner this can only inform and support best practice.

Thank you for being able to be part of it all and I look forward to being there in 2019!

Aladdin Jones M.ed

Health Promotion Officer, Social Ecologist & Family Therapist

ABSTRACTS AND POSTERS

Symposium attendees were invited to present a poster to share their work with others interested and involved in researching and working with fathers. The objective of the poster was to facilitate introductions that hopefully help to spark ideas about ways researchers might work together and with practitioners and policymakers. Posters focus on information about bodies of research, specific studies or area of practice or policy and may include any one or more of the following:

- A description of a program of research;
- An overview of a study underway, with or without results;
- A traditional poster describing results of an analysis;
- An overview of you, your team, practice or organisation, (field of interest, aims, challenges).

The following pages list the abstracts of posters presented over the two day Symposium, in alphabetical order

Please note not all abstracts are available as data is unpublished. Those marked with an asterisk have not been included for this reason.

Author(s)	Title
Dom Alford	Support for Fathers: A national project which aims to support young men and fathers in their role as parents and partners
Liz Comrie-Thomson, Webster Mavhu, Christina Makungu, Stanley Luchters, Cathy Vaughan	Fathers' engagement in maternal-child health feasibly improves maternal mental health in resource-constrained settings: lessons from Tanzania and Zimbabwe
Dr Dawson Cooke & Dr Garth Kendall	Champion Dads Group (CDG) Program
Laura Di Manno, Lauren Francis, Liam Graeme & Angela Nastoulis. *	Mental health at the peak age for first-time fatherhood: A snapshot from the Men and Parenting Pathways Study
Thomas Docking, Katherine Docking	Organisational Overview DGI
Thomas Docking, Dr Chris May *	Developing a National Guideline for Practitioners Working with New Fathers During Their Transition to Fatherhood
Elisabeth Duursma	Indigenous fathers' involvement in home learning activities with their Kindergartners: Results from the Longitudinal Study of Indigenous Children (LSIC)
A/Prof Richard Fletcher, Dr Jennifer StGeorge, Dr Chris May	SMS4dads Defence Health
Daisy Gemayel *	Understanding the challenges of perinatal experience from the fathers' perspective
Dr Angela Gent, Prof Suzanne McLaren & Kate Potter	Fatigue and depression in fathers of young children: The role of fathers' parenting self-efficacy and partner relationship quality

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Liana Leach, Shannon Bennetts, Rebecca Giallo, Amanda Cooklin	Engaging fathers in research about parenting
Jacqui A Macdonald, Tessa Harrison, Laura Di Manno, George J Youssef *	Patterns of depressive symptoms and anger in men at the peak age for entering fatherhood: Associations with post-partum paternal-infant bonding.
Sherrian Price, Dr Diana Keatinge, Denise Kinross	“When a baby is born, a father is born”: Voices of First Time Fathers: Implications for future revitalizing of CFHN practice from phenomenological research.
Jennifer M. StGeorge, Jaime K. Wroe, Miranda E. Cashin	What’s in a name? Mapping the concept of paternal ‘stimulating play’
Imogene Smith, Tess Knight, Richard Fletcher & Jacqui Macdonald	“I’m 90% sure”: Decision-making processes of men who choose to remain childless
Samantha J Teague, Adrian B R Shatte *	Exploring the transition to fatherhood using online communities: A ‘big data’ text-mining application
Karen Wynter, Nathan Wilson, Patsy Thean, Bei Bei, Jane Fisher	Depression, anxiety, stress, irritability, alcohol use, fatigue, sleepiness and sleep quality among men whose partners are admitted to a residential early parenting service



Support for Fathers: A national project which aims to support young men and fathers in their role as parents and partners

Dom Alford

Relationships Australia

Aim: To support young men and fathers in their role as parents and partners, and reduce violence against women and children in Australia.

Process: To consult with young men, fathers and service providers across Australia, to identify resources needed to support young men and fathers. **Output:** Resources for young men and fathers. A Professionals' Toolkit for services supporting young men and fathers.

Contact: To join in consultations or for more information: Dom Alford, Project Coordinator – Support for Fathers. Email dalford@rav.org.au | Phone: 0437 305 881

Support for Fathers

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Dom Alford, Project Coordinator – Support for Fathers
Email dalford@rav.org.au | Phone: 0437 305 881

Support for Fathers is funded by the Department of Social Services as part of the National Plan to Prevent Violence against Women and their Children 2010-2022.

Relationships Australia
VICTORIA

Fathers' engagement in maternal-child health feasibly improves maternal mental health in resource-constrained settings: lessons from Tanzania and Zimbabwe

Liz Comrie-Thomson^{1,2,3}, Webster Mavhu⁴, Christina Makungu⁵, Stanley Luchters^{1,2,6}, Cathy Vaughan⁷

¹Burnet Institute, Melbourne Australia

²Department of Epidemiology and Preventive Medicine, Monash University, Australia

³Department of Obstetrics and Gynecology, Ghent University, Belgium

⁴Centre for Sexual Health and HIV/AIDS Research-Zimbabwe, Harare, Zimbabwe

⁵Ifakara Health Institute, Dar es Salaam, Tanzania

⁶International Centre for Reproductive Health (ICRH), Department of Obstetrics and Gynecology, Ghent University, Belgium

⁷University of Melbourne, Melbourne, Australia

Background & Aims: Structural and social determinants of poor maternal-child health outcomes in resource-constrained settings are exacerbated by gender inequality, which constrains mothers' capacity to care for themselves and their children and excludes fathers from taking an active role in maternal-child health. Engaging expectant and new fathers to support their female partners during and after pregnancy is a promising strategy to improve health outcomes, by increasing care-seeking for essential health services, improving home care practices for women and children, and increasing male partner uptake of reproductive health services. While there is evidence that increased father engagement benefits maternal mental health, this remains under-investigated in resource-constrained settings. We aim to explore how male partner support affects women's and men's experiences in resource-constrained settings, in order to understand the potential of father engagement to benefit maternal mental health. **Method:** We conducted 16 focus group discussions and 16 in-depth interviews with women and men aged 15-19 years and 20 years and older. All participants lived in under-served communities in Tanzania or Zimbabwe where a program designed to increase father engagement in maternal-child health had recently been implemented.

Father engagement in maternal-child health feasibly improves maternal mental health in resource-constrained settings: lessons from Tanzania and Zimbabwe

Liz Comrie-Thomson,^{1,2,3} Webster Mavhu,⁴ Christina Makungu,⁵ Stanley Luchters,^{1,2,6} Cathy Vaughan⁷

¹Burnet Institute, Melbourne, Australia; ²Department of Epidemiology and Preventive Medicine, Monash University, Australia; ³Department of Obstetrics and Gynecology, Ghent University, Belgium; ⁴Centre for Sexual Health and HIV/AIDS Research, Harare, Zimbabwe; ⁵Ifakara Health Institute, Dar es Salaam, Tanzania; ⁶International Centre for Reproductive Health (ICRH), Department of Obstetrics and Gynecology, Ghent University, Belgium; ⁷University of Melbourne, Australia

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Background	Results
<ul style="list-style-type: none"> Structural and social determinants of poor maternal-child health outcomes in resource-constrained settings are exacerbated by gender inequality. Unequal gender norms constrain mothers' capacity to care for themselves and their children, and exclude fathers from taking an active role in maternal-child health. Engaging expectant and new fathers to support their female partners can improve health outcomes, by increasing care-seeking, improving home care practices, and increasing men's uptake of reproductive health services. While there is evidence that increased father engagement also benefits maternal mental health, this remains under-investigated in resource-constrained settings. Paternal mental morbidity is an important health concern in resource-constrained settings, with non-psychotic common mental disorders affecting one in five pregnant women. Known risk factors for maternal mental morbidity include constrained autonomy, heavy workload, and conflict between partners. A kind, supportive partner relationship is a known protective factor. 	<ul style="list-style-type: none"> Increased father engagement in maternal-child health reduced women's exposure to known determinants of maternal morbidity. Fathers' practical support in the home improved women's personal comfort, dignity, and autonomy. <ul style="list-style-type: none"> Previously when I fell ill he would say 'Get up and cook'. Now, when I fall ill he takes a bucket of water to the bathroom and says 'You can now go and bath'. He will then cook for me. (Adult female ID1, Zimbabwe) Nowadays I can tell him that I need your 'thing' (I need something from you) and he doesn't refuse... he just provides, and that doesn't make him angry. (Adult female ID1, Tanzania) More equitable division of household labour reduced women's workload, and conflict within couples. <ul style="list-style-type: none"> [Back then... it was a struggle to get along because one would come from where they spent the day working... and find him sitting waiting thinking 'if only my wife would get back and cook'. (How you get these things he has cooked... and we eat together. (Adolescent female ID1, Zimbabwe) More informal fathers were more willing to cooperate with health worker advice - including for HIV prevention - reducing conflict and stress for women. <ul style="list-style-type: none"> (Previously) when you come to your husband and explain to him you are supposed to go to clinic, he will say you don't go to me... you start fighting with your husband, honestly it was so difficult. (Adult female FGD, Tanzania) Fathers' participation in activities relating to pregnancy and child health, and domestic work, increased opportunities for couples to build emotional intimacy. <ul style="list-style-type: none"> When you are pregnant and it is time to go for check-up, it is quite pleasing if you go with your husband. (Adolescent female FGD, Zimbabwe) When I'm having her (baby) I think it comes to her mind that I love her, I don't do that before. (Adult male FGD, Tanzania)
Aim	Conclusions
<p>To explore how father engagement in maternal-child health affects women and men in resource-constrained settings, in order to understand the potential of father engagement to benefit maternal mental health.</p>	<ul style="list-style-type: none"> In settings of severe hardship exacerbated by gender inequality, interventions to promote father engagement in maternal-child health can reduce women's exposure to known determinants of maternal mental morbidity. Programs seeking to engage fathers in maternal-child health should be designed with reference to good practice in mental health promotion. Effects on paternal mental health plausible but undocumented.
Method	
<ul style="list-style-type: none"> 16 focus group discussions and 16 in-depth interviews with women and men aged 15-19 years and 20 years and older. Data collected separately by sex and age. Facilitators and interviewers were the same sex as the participants. All participants lived in under-served communities in Tanzania or Zimbabwe where a program designed to increase father engagement in maternal-child health had recently been implemented. 	
References	
<ol style="list-style-type: none"> 1. Bell SE, et al. <i>Healthy men: A review of paternal and maternal health in a population review of the World Health Organization.</i> WHO, 2014. 2. Vaughan C, et al. <i>Male involvement and maternal health outcomes: systematic review and meta-analysis.</i> BMC Public Health 2014; 14(1):1-11. 3. Fisher J, et al. <i>Prevalence and risk factors of common mental disorders in women in the low-income and middle-income countries: a systematic review.</i> BMC Public Health 2014; 14(1):1-11. 	

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Results: Increased father engagement in maternal-child health reduced women’s exposure to known determinants of mental morbidity. Men’s practical support in the home improved women’s personal comfort, dignity, and autonomy, while more equitable division of household labour reduced conflict within couples. More informed fathers were more willing to cooperate with health worker recommendations, again reducing conflict. Men’s participation in activities relating to pregnancy and child health increased opportunities for couples to build emotional intimacy through shared experiences. **Conclusion and Implications:** In settings of severe hardship exacerbated by gender inequality, interventions to promote father engagement in maternal-child health can reduce women’s exposure to known determinants of maternal mental morbidity. Effects on paternal mental health are plausible but under-investigated in resource-constrained settings.

Champion Dads Group (CDG) Program

Dr Dawson Cooke & Dr Garth Kendall

Curtin University, School of Nursing, Midwifery and Paramedicine

This poster at the Fatherhood Research Symposium presents a brief description of the Champion Dads’ group (CDG) program and evaluation of their effectiveness in supporting positive father involvement. A CDG is a group of fathers (and father figures) from the same school who meet together in ways that support their fathering interactions, knowledge and skills - in a relaxed, informal environment. The groups are facilitated by volunteer dads who also have children at the school. These volunteers are supported by staff employed by The Fathering Project. Currently, there are over 110 schools with active father groups, located mostly in Western Australia. Groups are being established throughout Australia, with local support co-ordinators now in Sydney and Melbourne. A recent survey was undertaken to receive feedback from the fathers, including: (i) Level of commitment and satisfaction with the group; (ii) Self-reported change in areas such as: time with their child, confidence, teamwork with partner, involvement in school community, connection with other fathers, and being a father-figure for other children; (iii) Report of talking with their child more often about specific topics: resolving conflict, respect, alcohol and drug use, sexual behaviour, social media, peer pressure, and personal health and well-being; (iv) Report of change in their child’s behaviour, such as: talking more often about feelings or school issues, coming to you more often for help, play, hugs or to celebrate something good or exciting. A survey is currently in progress with CDG leaders to provide accounts of the attendance and details of activities undertaken over 2017. To complement these surveys, we intend to survey opinions of the CDGs from school principals and seek reports from the mothers and children.

Primary School Dads' Groups: Supporting Father-Child Involvement

School Dads' Groups
These Groups are made up of fathers (and father figures) with children at the same school, who meet together in ways that support their fathering interactions, knowledge and skills - in a relaxed, informal environment. The Groups are facilitated by volunteer dads who also have children at the school. These volunteers are supported by staff employed by The Fathering Project. Currently, there are over 110 schools with active Dads' Groups, located mostly in Western Australia. Groups are being established throughout Australia, with local support co-ordinators now in Sydney and Melbourne.

Results of survey with fathers
181 fathers from 34 Dads Groups completed a survey

- 40% with kids in Kindergarten/Pre-School or Younger
- 80% with kids in Primary Years 1-6
- Over 70% with kids in High School

MOST fathers reported that involvement in the group has led to...

- their child talks to them more often
- about their feelings about school
- their child comes to them more often
- for help to play to celebrate

Results of survey with Dads' Group leaders
Leaders from 52 WA groups provided details on their group and activities for 2017. Not 123 groups are registered with The Fathering Project nationally.

4,750 Fathers registered with **52 groups**

24,000 attendances at 190 activities

Feedback from Leaders about group members...

- 96% More engaged with the school community (agreed or strongly agreed)
- 94% Better understanding of the importance of the father-child relationship (agreed or strongly agreed)
- 96% Greater confidence in engaging positively with their children (agreed or strongly agreed)

Conclusions
The Fathering Project's Dads' Group is an easily accessible and rewarding program for supporting father involvement. It has benefits for fathers, children, families and the school community. A survey is currently in progress with Group leaders to provide accounts of the attendance and details of activities undertaken over 2017. To complement these surveys, we intend to survey opinions of the program from school principals and seek reports from the mothers and children. Go to the website below for research updates.

How has involvement in the group impacted them?

- 68% More time with their child
- 81% Better understanding of the importance of the father-child relationship
- 82% Greater awareness of their impact on child development
- 69% Greater confidence in engaging positively with their children
- 68% Improved teamwork in parenting
- 94% More involved with the school community
- 98% More connected with other fathers
- 81% More involved as a father figure to other children
- 75% More engaged in conversations with their child

www.thefatheringproject.org

Dr Dawson Cooke & Dr Garth Kendall
Curtin University
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Organisational Overview DGI

Thomas Docking, Katherine Docking

Dads Group Inc

Aim: Dads Group Inc (DGI) was established in 2014 with the aim to identify and develop effective support for new fathers and families. At the time in Australia there wasn’t any federal or state program support directed at new fathers leaving new fathers at a high risk of isolation, suicide and involvement in family violence. **Description:** DGI is an organisation that has worked collaboratively with many other organisations to establish an understanding of the needs of new fathers and families at a local and national level. DGI have developed a number of programs to test and identify effective support for new fathers as well as identify models of support that are sustainable. There are three key DGI connect program events: (1) Events for fathers and babies; (2) Events for families (Mothers fathers and babies etc); (3) Major community events (including community leaders and supporters).

Continues next page

Method: This study looked at father data (n=257) from the Longitudinal Study of Indigenous Children (LSIC) in Australia, also called Footprints in Time. LSIC is an initiative of the Australian Government and is conducted by the Department of Social Services. The study includes two groups of Aboriginal and/or Torres Strait Islander children who were aged 6-18 months (birth cohort) and 3 ½ -5 years (Kindergarten cohort) when the study began in 2008. In wave 1 over 1,680 interviews were conducted with the children’s parents or primary carers (usually mothers) and over 265 interviews were conducted with fathers or other significant carers. Currently data for wave 10 is being conducted. The study covers a wide variety of topics about children’s health, learning development, family and community. For this study we looked at the father interview from wave 5 and child assessments. **Results:** Almost all fathers reported feeling positive about being a father. Preliminary results on home learning activities demonstrated that 37% of fathers reported reading occasionally and 29% often. Fathers were more likely to engage in oral storytelling with 33% of fathers reporting to do so very often. Multiple regression results demonstrated that both shared bookreading and oral story telling were not significant predictors of children’s language development. However, socioeconomic status, not education, was a significant predictor of whether fathers engaged in bookreading with their children, with higher socioeconomic status associated with more frequent bookreading. **Conclusion:** Australian Indigenous fathers are very much involved with their young children, as many fathers expressed joy in spending time with their child. Fathers also spent time on home learning activities. **Impact:** This study contributes to the emerging field of father involvement in Australian Indigenous families. It is important to include the perspectives and roles of Australian Indigenous fathers in the lives of their children, as they are often excluded from research studies.

SMS4dads Defence Health

A/Prof Richard Fletcher, Dr Jennifer StGeorge, Dr Chris May
The University of Newcastle

The problem: Very few services cater to the needs of new dads before and after the birth of their baby. Fathers managing the stresses of fathering are time poor and reluctant to attend groups. Those experiencing depression and/or anxiety are often uninformed about the significance of their mental health for themselves and for the family and are disconnected from health services and informal supports. **Our solution:** SMS-based messages (SMS4dads) to the phones of new fathers can deliver tailored information that connects recipients to resources, track their mood and responds to signs of significant distress. The SMS4dads feasibility study (n=520) demonstrated high acceptability among fathers. **SMS4dads DH:** Defence Health provides health insurance to members of the Australian Defence Force (ADF) and the wider Defence Community. A research team from the University of Newcastle was funded to provide SMS4dads to fathers who were serving ADF members or related to members of the ADF. Over the course of 18 months more than 7,750 messages were sent to 72 fathers across all states and territories of mainland Australia. Messages targeted fathers’ relationship with his new baby, his relationship with his partner and his own health and well-being. Messages are linked to the new baby’s development – based on their actual or expected date of birth. Mood Tracker messages with 5 response options [good to bad] are delivered every 3 weeks with a link to the National Perinatal and Anxiety Australia Helpline when reporting high levels of distress. As part of the evaluation fathers were interviewed on their experience of SMS4dadsDH.



The Problem
 Very few services cater to the needs of new dads before and after the birth. Fathers managing the stresses of fathering are time poor and reluctant to attend groups. Those experiencing depression and/or anxiety are often uninformed about the significance of their mental health and disconnected from health services and informal supports.

Our Solution
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SMS4dads DH
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MOODtracker
 An engaging way for you to track your mood and well-being. It's easy to use and you can track your mood and well-being over time.

Example messages
 It's important for you to track your mood and well-being. It's easy to use and you can track your mood and well-being over time.

What did the dads say?
 As part of the evaluation fathers were interviewed on their experience of SMS4dads DH. DADS COMMENTED ON:

MESSAGE CONTENT
 Knowing that it's from an actual research organisation and general towards dads is added an element of trust. It was good because it was through to sort of get you back into thinking about some stuff that you should be thinking about - without feeling like it was pushing.

MESSAGE TIMING
 The best messages are a lot more tailored towards my relationship - I found that quite useful. Like, how in the first month it just talked about support, and then after that it talked about things like anxiety and so that, so it was quite relevant.

MESSAGE IMPACT
 There was information that I couldn't look for at the most. Like, things that you know, talked about the idea to when time. I've been to work before as it's a bit tricky to spend time with them. But then just getting there, finding my thoughts, I'm actually these things to him, observing the SMS4dads is a good prompt for what I should be looking forward to at the end of the day. FaceTime with dad wasn't anything I had any idea about. That by doing that together with the kid and engaging with them and talking to them and holding them sort of of some length, really helps with their development. And it also equipped the ones to when they want to do it, and can be as when they want to stop. Some of those members were just so useful for her as they were for me. We had a particularly rough night where we just couldn't settle the baby, and the next morning the thing was up and over. They, maybe I was going all right, or maybe I was doing something, but I'm not doing it on purpose, this is just something that's not necessarily your fault. That was a really good message for both of us to hear.



ACKNOWLEDGEMENTS
 AUSTRALIAN FATHERHOOD RESEARCH SYMPOSIUM
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Dads commented on: **(i) Message content:** (a) It was good because it was enough to sort of jog you back into thinking about some stuff that you should be thinking about without feeling like it was pestering; (b) Knowing that it's from an actual research organisation and geared towards dads it added an element of trust; (c) What's been most useful is the ones that have links to articles where you can then read further information and bits of knowledge, and you can do it in your own time. **(ii) Message timing:** (a) The messages really helped. To sort of just stop and kind of reflect on where things are at and be reminded that it's not, you know, for ever like this; (b) Timing wise, it was just amazing as to how accurate – how close it was to what I needed; (c) The text messages are a lot more tailored towards key milestones, I found that quite useful. Like, how in the first month it just talks about support, and then after that it talked about sleep, after that it talked about things like intimacy and all that, so it was quite relevant; **(iii) Message impact:** (a) information that I could action and that it was things, that was the stuff that I probably liked looking at the most. Like, things that you know, talked about the skin to skin time; (b) Facetime with dad wasn't something I had any idea about, that by doing the Facetime with the kid and engaging with them and talking to them and holding them sort of at arm's length, it really helped with brain development. And it also explained the cues as to when they want to do it, and the cues as to when they want to stop; (c) I'm back to work fulltime so it's a bit tricky to spend time with him. Rather than just sitting there twiddling my thumbs, I'm actually there listening to him, observing, and the SMSs are a good prompt for what I should be looking forward to at the end of the day; (d) Some of those reminders are just as useful for her as they are for me, we had a particularly rough night, where we just couldn't settle the baby, and the next morning the thing pops up and says, hey, maybe I was crying all night, or maybe I was doing something, and I'm not doing it on purpose, this is just something that I do, not necessarily your fault. That was a really good message for both of us to hear.

Fatigue and depression in fathers of young children: The role of fathers' parenting self-efficacy and partner relationship quality

Dr Angela Gent, Prof Suzanne McLaren & Kate Potter

School of Health Sciences and Psychology, Federation University Australia

Background & Aims: Growing research suggests that depression amongst fathers in the early parenting years is a significant public health issue, with the potential for adverse effects on child development and the partner relationship. Increased levels of fatigue have been identified as a risk factor for depression in mothers and fathers of infants and young children, however, the mechanisms implicated in this relationship are less understood in fathers. Whilst reduced parenting self-efficacy has been found to account for some of the fatigue-depression relationship in mothers, its role in fathers' distress is less clear. Furthermore, little research has focused on protective factors that may assist fathers of young children to manage the stresses and challenges inherent in raising a young child. This study aimed to investigate whether parenting self-efficacy mediated the relationship between fatigue and depressive symptoms in fathers of young children. Additionally, this study explored whether the relationships between these variables were influenced by the quality of fathers' partner relationship. Method: The sample consisted of 159 Australian adult men, aged between 18 and 55 years, who were fathers of at least one child aged between 1 and 4 years and currently in a couple relationship. Fathers completed the Fatigue Assessment Scale, the Centre for Epidemiologic Studies Depression Scale – Revised, the Parenting Sense of Competence Scale and the Revised Dyadic Adjustment Scale via a self-report online survey.

Fatigue and Depression in Fathers of Young Children: The Role of Fathers' Parenting Self-efficacy and Partner Relationship Quality
Dr Angela Gent, Prof Suzanne McLaren, & Kate Potter

The image shows the cover of a research paper. At the top, it reads 'Federation UNIVERSITY AUSTRALIA'. Below that is the title 'Fatigue and Depression in Fathers of Young Children: The Role of Fathers' Parenting Self-efficacy and Partner Relationship Quality' and the authors 'Dr Angela Gent, Prof Suzanne McLaren, & Kate Potter'. The cover is divided into sections: 'INTRODUCTION', 'AIMS OF THE CURRENT STUDY', 'METHOD', and 'RESULTS'. The 'RESULTS' section contains a table with columns for 'Fatigue', 'Parenting Self-Efficacy', 'Depression', and 'Partner Relationship Quality'. The table shows various statistical values such as means, standard deviations, and correlations. For example, the mean for Fatigue is 4.28 (SD 1.02), for Parenting Self-Efficacy is 4.88 (SD 0.78), for Depression is 1.12 (SD 0.78), and for Partner Relationship Quality is 100.12 (SD 10.12). The table also includes correlation coefficients (e.g., r = .32, p < .001) and beta weights (e.g., β = .18, p < .05).

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Engaging fathers in research about parenting

Liana Leach¹, Shannon Bennetts², Rebecca Giallo³, Amanda Cooklin²

¹Research School of Population Health, The Australian National University, Canberra, Australia.

²Judith Lumley Centre, La Trobe University, Melbourne, Australia

³Murdoch Children's Research Institute, Melbourne, Australia

Background and Aims: Increasingly, there are calls for men to be involved

in all aspects of their children's lives and to be valued in their roles as fathers. Fathers' voices need to be heard in public discussion and research on parenting. However, men are only minimally engaged in social and health research; including research focused on parenthood. To explore this issue, and provide evidence about potential strategies to engage fathers, the current study compared recruitment strategies aimed at 'parents' (gender-neutral) versus 'father-specific' options. **Methods:** A brief online survey investigating how parents manage work and family responsibilities was conducted in 2016. Paid recruitment involved 11 Facebook advertising campaigns using Facebook's 'Adverts Manager'. The 11 campaigns all targeted employed adult parents of children (≤18 years), residing in Australia, but differed in terms of the language and images used to target 'parents', 'dads' or both 'mums and dads'. Information recorded for each campaign included: (a) the language used (i.e. parents, mothers and fathers, or just fathers); (b) the number of participants recruited; (c) the advertising cost per person recruited; and (d) the proportion of participants who were male and female. **Results:** Of the 11 recruitment campaigns, two targeted 'parents'; three targeted 'mums and dads'; and six targeted dads specifically. The campaigns that used gender-neutral language (i.e. 'parents' and 'mums and dads') successfully recruited many mothers at low cost (i.e. ~\$1.10 per participant recruited), however they recruited very, very few fathers (~1-2%). Campaigns targeted solely at fathers were more expensive (~\$2.75 per participant recruited), but were highly successful at recruiting fathers (~100%). **Conclusions:** We contribute to the growing body of evidence describing barriers and supports to fathers' engagement – in research, services and supports. This study highlights the importance of language, and the need for 'father-focused terms' to specifically target and engage fathers.

Engaging Fathers in Research about Parenting

Liana S. Leach¹, Shannon Bennetts², Rebecca Giallo³, Amanda Cooklin²

Background
Increasingly, there are calls for men to be involved in all aspects of their children's lives and to be valued in their roles as fathers. Fathers' voices need to be heard in public discussion and research on parenting. However, often men are minimally engaged in social and health research, including research focused on parenthood. How can we better engage fathers in research focused on parenting?

Aim
The current study aimed to provide evidence about online recruitment as a strategy to engage fathers in research investigating parenthood, the current online recruitment strategies aimed at parents generally (i.e. gender-neutral), versus 'father-specific' options.

Methods
A brief online survey investigating how parents manage work and family responsibilities was conducted in 2016. Fathers (n=148) were recruited using 11 Facebook advertising campaigns using Facebook's 'Adverts Manager'. The campaigns were comparable in the number of images presented (single images), length of campaign (one week), creative content (same text), and cost per person recruited (paid for the first week in the advertisements). The 11 campaigns all targeted employed adult parents of children (≤18 years), residing in Australia, but differed in terms of the language used to target 'parents', both 'mums and dads' or 'just dads'.

	'Parents' campaigns (n=2)	'Mum and Dad' campaigns (n=3)	'Dad' campaigns (n=6)
No. of dads recruited	2/596 = 0.50%	24/1143 = 2.10%	1442/1484 = 97.10%
Cost per consent	\$1.29	\$0.90	\$2.75
Dads' recruitment overall	X	X	✓

Key Conclusions

- Fathers do not actively engage with the gender-neutral term 'parents' or the inclusive term 'mum and dad'
- This study highlights the need for father-focused language to target and engage fathers in parenting research (and services). This is particularly relevant when the research/service is seeking to include samples from mothers and fathers.
- Online recruitment demonstrates good feasibility to recruit fathers for parenting research (time efficient and low-cost).

"When a baby is born, a father is born": Voices of First Time Fathers: Implications for future revitalizing of CFHN practice from phenomenological research.

Sherrian Price, Dr Diana Keatinge, Denise Kinross

Willoughby Residential Unit, Tresillian Family Care Centres

(Presented at Tresillian Family Care Conference 2016 and in poster at McCAF-NA Conference 2017)

Background: Fathers have until recently been left out of the Child and Family Health Nursing practice, but there is growing interest in increasing the involvement of fathers. **Objectives:** To identify, explore, and describe the experiences of fatherhood during the first six months of the birth of their infant, and to interpret the meaning that first time fathers held about fatherhood. **Design:** A hermeneutic phenomenological study using in-depth unstructured interviews with fathers at two different times in the first six months following the birth of their baby. **Participants and Setting:** Five first time fathers ranging in age from 30-36 years, with a full term, healthy baby, and from a broad range of cultural and socio-demographic backgrounds and occupations, were accessed through the local Child and Family Health Nursing Service in a major regional city of NSW.

"When a baby is born a father is born"

Voices of first time fathers

Implications for future revitalizing of CFHN practice from phenomenological research

Being a first time father is... **...a common journey**

Essential themes

- The Dawning of Responsibility**
 - Being reliant for the mother and baby in labour
 - Feeling like a father - associating it with responsibility
- Seeking and Finding Connection**
 - Seeking for Reciprocal connection
 - Wanting to do things differently or wanting to be the same
- Absolute Joy, Wonder, Delight and Unconditional Love**
 - Managing & negotiating the work/life balance
 - Feeling like a father - seeing it as a challenge
 - Confusion about what role a father should play
 - Feeling awkward
 - Feeling ambitious
 - Looking towards the future to a clearer role
- Moving towards Cohesion**
 - Reconciling the past and achieving harmony within themselves
 - Recognising success leading to a deep change in attitude and representation of the mother's role
 - Recognised awareness of time
- Arriving at Harmony - reflection on the journey**
 - Fathers' reflection on the journey
 - Be prepared for the first three months to be quite hard, but as soon as you get past the first three months its just dont know what changes, but things just get better' (Andrew)
 - 'you've got to find your own way' (Bruce)
 - 'go with the flow' (John)
 - 'Just love em - spend as much time with em as you can while they're still young' (Bruce)
 - 'I think you're just to make the most of life when you're here' (John)
 - 'A bit of a roller coaster' (Helen)

Outcomes and translation to clinical practice

Fathers struggle with the psychological transition in their own way as much as mothers

- New fathers are ready and able to articulate their feelings to a female health professional and they expressed a need therapists to do
- Suggests we should start adapting our models of care to include new fathers as much as new mothers in our work as Professional Assessment for both parents
- Have simple conversations with fathers whenever you can to give them a chance to communicate and show you are interested

1. When did you first feel like a father?
2. Would you like to be the same or different to your own mother or father?

Promoting father-inclusive practice for health professionals

Continues next page

Findings: Six main themes emerged from the data: The dawning of responsibility; seeking and finding connection; absolute joy, wonder, delight and unconditional love; struggling towards being a father; moving towards cohesion; and arriving at harmony – reflection on the journey. **Conclusions:** A descriptive model and statement of the essence of first time fatherhood emerged from the study which captured these fathers' expression of their tumultuous and uncertain six month journey of transition. Implications for Practice: The overall implication emerging from the study is that fathers, need as much psychological support as mothers. It is essential their needs are embraced and policies for their care embedded in Child and Family Health Nursing Services.

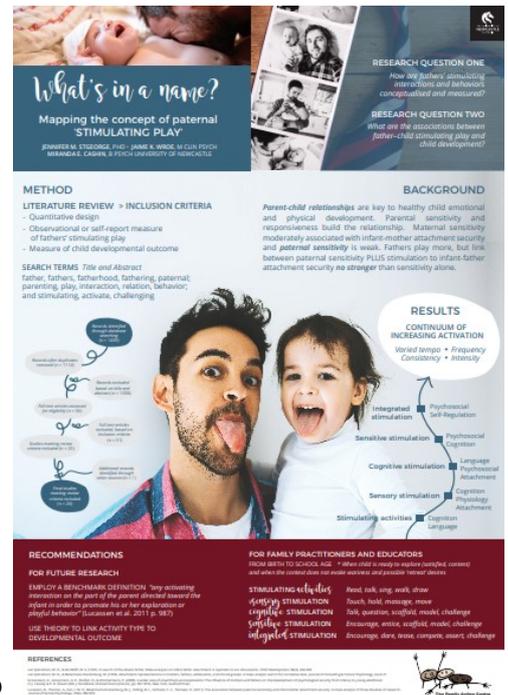
What's in a name? Mapping the concept of paternal 'stimulating play'

Jennifer M. StGeorge¹, Jaime K. Wroe¹, Miranda E. Cashin²

¹Faculty of Health and Medicine, University of Newcastle, Australia.

²Faculty of Science, University of Newcastle, Australia.

It is now well understood that fathers have the capacity to provide for a secure attachment relationship with their child, and there is evidence that this relationship develops through fathers' sensitive and challenging play interactions, rather than caregiving per se. However, a recent meta-analysis by Lucassen et al. (2011) failed to show any contribution of fathers' challenging or stimulating interactions, to the child-father attachment relationship. One reason may be that some definitions and operationalisations of stimulation do not capture the provision of psychological and physical provocation or challenge which characterises "sensitive and challenging" play as found in previous studies. In this poster, based on a systematic review of the literature, we present a mapping of the variation in construct definitions of challenging or stimulating play. We also demonstrate robust links between fathers' stimulating play and child outcomes. Five categories of stimulating play were derived from the analysis, ranging on a continuum of activation and complexity from 'stimulating activities' to 'integrated stimulation'. Most studies reported positive associations with children's cognitive, psychosocial and physical development. The poster will offer suggestions for future research on the structure and function of fathers' play interactions.



"I'm 90% sure": Decision-making processes of men who choose to remain childless

Imogene Smith¹, Tess Knight¹, Richard Fletcher⁴ & Jacqui Macdonald^{1,2,3}

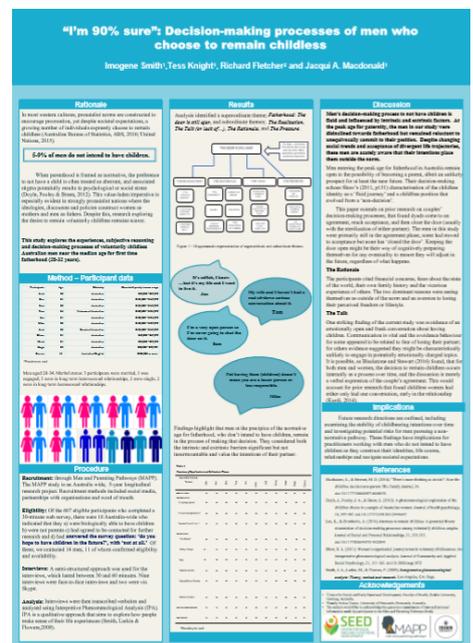
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²Murdoch Children's Research Institute, Royal Children's Hospital Melbourne, Parkville, Australia

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⁴Family Action Centre, University of Newcastle

Background & Aims: In most Western cultures, pronatalist norms are constructed to encourage procreation, yet despite societal expectations, a growing number of individuals expressly choose to remain childless. An estimated 5-9 per cent of men do not plan to have children, yet research exploring these intentions remains scarce.



This study explores the experiences, subjective reasoning and decision-making processes of voluntarily childless Australian men near the median age for first time fatherhood. **Method:** Semi-structured interviews were conducted with 11 Australian-resident men (28-34 years; M=31; SD=1.48). Nine men identified as Australian, one as Vietnamese-Australian and one as Croatian-Australian; Three were homosexual and eight heterosexual. Two men were single, three were married, one was engaged, and five were in long-term, cohabiting relationships. Participants were selected from the Men and Parenting Pathways (MAPP) longitudinal cohort study (N=608) based on stating they did not want to have children ‘at all’. **Results:** Analysis identified a superordinate theme; Fatherhood: The door is still ajar, and subordinate themes; The Realisation, The Talk (or lack of...), The Rationale, and The Pressure. **Conclusion & Implications:** Men’s decision-making process to not have children is fluid and influenced by intrinsic and extrinsic factors. At the peak age for paternity, those who are disinclined towards fatherhood remain reluctant to unequivocally commit to their position. Despite changing social trends and acceptance of divergent life trajectories, these men are acutely aware that their intentions place them outside the norm.

Depression, anxiety, stress, irritability, alcohol use, fatigue, sleepiness and sleep quality among men whose partners are admitted to a residential early parenting service

Karen Wynter^{1,2*}, Nathan Wilson³, Patsy Thean⁴, Bei Bei³, Jane Fisher¹

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⁴Mother-Baby Unit, Masada Private Hospital, Melbourne

Residential early parenting services (REPS) provide psycho-educational programs which primarily target women, for assistance with unsettled infant behaviour and associated maternal difficulties. So far, few studies have investigated the mental health men whose partners are admitted to REPS, and of these none have assessed alcohol use, fatigue, sleepiness and sleep quality using standardised measures. The aim of this exploratory survey was to assess mental health problems, alcohol use and sleep-related functioning among men whose partners and infants were admitted to a privately funded REPS in Melbourne. Partners of women admitted to the Masada Private Hospital Mother-Baby Unit were recruited. Fifty-three men completed surveys (online or hard copy) which included standardised self-report measures of depression, anxiety, stress, irritability, alcohol use, fatigue, sleepiness and sleep quality. Compared to available norms for healthy adults, mean scores for men in this sample were significantly worse on measures of stress, irritability, fatigue, sleepiness and sleep quality. Fifty-one percent of men screened positive for alcohol misuse; 53% reported clinically-significant fatigue and 82% scored in the clinical range for poor sleep quality. This study provides preliminary evidence that men whose partners are admitted to a REPS may have impaired psychological and sleep-related functioning. It is important for health care services to assess and address these difficulties among men, to prevent development of more serious disorders among men and to facilitate healthy interactions among men, their partners and their infants.



Background & Aim: In Australia, residential early parenting services (REPS) provide structured, psycho-educational programs for unsettled infant behaviour and associated maternal difficulties. Women who are admitted with their unsettled infants commonly report symptoms of depression and anxiety, and many have clinically-significant fatigue¹. Less is known about the mental health and functioning of their partners.

The aim was to assess mental health problems, alcohol use and sleep-related functioning among men whose partners and infants were admitted to a privately funded REPS.

Methods: Partners of women admitted to Masada Private Hospital Mother-Baby Unit (MBU) were recruited at weekly “Fathers’ groups”. Approximately 120 men were invited to participate; 53 (44.2%) completed paper or online surveys, including standardised, self-report measures of depression, anxiety, stress, irritability, alcohol use, fatigue, sleepiness and sleep quality.

Results: Mean participant age was 36.3 years (SD=5.2). All men were in paid employment. Approximately a fifth (20.8%) reported a history of mental health problems. Mean infant age was 8.4 months (SD=4.2).



Scale	n (%) scoring above clinical cutoff ²⁵	Additional findings
Fatigue Severity Scale (FSS) ²⁶	28 (52.8)	Mean scores significantly higher than normative data ²⁶ (p<0.001)
Epworth Sleepiness Scale (ESS) ²⁷	10 (18.9)	Mean scores significantly higher than normative data ²⁷ (p<0.001), not significantly different to early postpartum sample ²⁸
Pittsburgh Sleep Quality Index (PSQI) subscale score	41 (82.0)	

Possible misuse of alcohol²⁹ was indicated in 51.7% of men.

Conclusions and implications: Stress, irritability, fatigue, sleepiness and poor sleep quality and risky alcohol use were common among fathers of unsettled infants. These symptoms may affect their interactions with their partners and infants, and their functioning in safety sensitive activities like caring for an infant.

REPS and primary health care services should consider assessing and addressing mental health, alcohol misuse and sleep-related functioning among fathers.

Wynter, K., Wilson, N., Thean, P., Bei, B., Fisher, J. (2018) Depression, anxiety, stress, irritability, alcohol use, fatigue, sleepiness and sleep quality among men whose partners are admitted to a residential early parenting service. *Australian Psychologist*, 53(1), 1-10. doi:10.1080/00050120.2018.1488888

Child and Family Health Service Presentation at the 2018 Australian Fatherhood Research Symposium

‘Making fathers key partners in infant and child outcomes’

Child and Family Health Service (CaFHS) representatives presented at the Australian Fatherhood Research Symposium held at Deakin University, Melbourne. Outlined was the new CaFHS Model of Care and how this model integrates support to fathers. A timeline spanning two decades of support to fathers was outlined to demonstrate the development of father inclusive practice within the organisation. Steve Sheehy (Clinical Lead) and David Goldsworthy (Fatherhood Worker) presented the history of obtaining dedicated funding to support the establishment of a Fatherhood worker. In the initial stage a community based service approach supported fathers who were either referred by agencies or self-referred and then moved to a focus on supporting fathers on a one to one basis where families were already receiving a service from CaFHS.



In introducing the new CaFHS Model of Care Kirsty Lowe (Clinical Lead) presented how the organisation is intending to embed Fatherhood into all of its services, service philosophy and wider systems and build the capacity of its workforce to respond to fathers rather than relying on a specific individual. Key features of the model include the use of father inclusive language, a broader view of families and an emphasis on working with the whole family unit (as defined by the family). Key strategies specific to fathers are being developed and implemented such as involvement in the pilot of SMS4dadsSA. A system driven by achieving best outcomes for children creates both the context and the rationale for positioning fathers as an integral influence on an infant/child’s development and consequently the need to work with and guide fathers. The service recognises that both positive and negative ‘father behaviours’ impact on a child’s development and wellbeing and that this helps us to define the work with fathers through supporting healthy infant-father interactions as well as addressing the harmful behaviours that impact on child health and developmental outcomes.

The presentation was well received and many participants expressed their hopes regarding an organisation having a plan of integration that would support the needs of fathers and their relationships with their children and families. Further discussions throughout the symposium highlighted how the intention to integrate at a systemic level is a big step forward and one that faces implementation challenges. The symposium was keen to have CaFHS representation at future symposiums to hear about progress regarding the implementation of the model of care and its vision to integrate father inclusive practice.

From	To
Response dependent on individual clinicians	Planned and defined service response to fathers
Ingrained culture and language – mothers as primary caregivers	More inclusive language – broader view of parents and families
Structural barriers to supporting fathers (e.g. data capture, documentation in files, operating hours)	Addressing structural barriers and creating flexibility in systems to recognise fathers
Specific support to fathers but very limited resource	Increase capacity across the workforce to respond to fathers
Add-on to already existing services	Fathers involved in and considered in service design from the beginning

AFRC ON TWITTER @ausfatherhood #AFRS2018



Dr Elaine BENNETT @NgalaDirector · May 2

Exciting to meet with passionate people at the Australian Fatherhood Research Symposium in Melbourne #AFRS2018



Dr Matthew Roberts @drmwroberts · May 2

So much great energy in the room today at #AFRS2018 - I'm tweeting along with @sam_teague1 as @ausfatherhood - so you can see the cutting edge of #fatherhood #research here in #Australia and internationally.



Australian Fatherhood Research Consortium @ausfath...

This is what we do! Aims of the #AFRC as at #AFRS2018. Another year wiser and more cohesive, quite a buzz in the room today.



Australian Fatherhood Research Consortium @ausfatherhood · May 2

Natalie Pierssene, Senior #socialworker from Darling Downs Health reflecting on then and now - AFRS 2017 and #AFRS2018. Our chosen focus has been #sleep in #fatherhood and #family #life - we have to make our work meaningful to #Dads and #mums out there!



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