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Fatherhood Research Bulletin

Bulletin 30

August 2015

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NEWS from the Australian Fatherhood Research Network

A new website for young Aboriginal fathers



“I would never have thought that I would’ve been a dad. But now that I am a dad, it’s the only thing that I want to do” It is statements like this, from young Aboriginal fathers, that make the Stayin’ on Track video clips powerful and compelling. The videos can be seen on the Stayin’ on Track website (www.stayinontrack.com) which aims to support young Aboriginal men as they become fathers. The films titled simply Before the Birth, After the Birth and The Big Day feature young fathers from Newcastle, Tamworth and Moree. Each dad was filmed alone against a plain black backdrop with just a respected Aboriginal mentor asking the questions. With no prompting and no one to impress the men spoke of uncertainty, being scared of the unknown

and the responsibility of a being a father to their own baby.

Not all of the men had their own fathers to look to, behind the joy of seeing the ultrasound image “We got to see him before he was even here” there was sadness too for some at what they had missed out on. But having started life on the rough side they wanted to be “a better dad”. The arrival made a shift in their priorities “I was the type of person that would be out drinking and stuff all the time and yeah, and smoking and that. And it just really, it was like a wakeup call”

Having young Aboriginal men speak candidly about their becoming a father is unusual, but the Stayin’ on Track project has other unique features. Funded as a joint venture between the University of Newcastle and the Young and Well Research Cooperative the project deliberately engaged the young men as co-constructors of the website. Six of the dads, two from each centre, are taking on the media spokesperson role as an extension of the filming project.

The Stayin’ on Track website is designed to draw young Indigenous men from around Australia with the up-front, warts-and-all account of becoming a father. Links to parenting information and support are there too. Anyone can watch the 60 second introduction but to see the films requires entering a postcode. The project software will track clicks from each postcode to give a picture of the usage of the website.

Go to www.stayinontrack.com



ON THE WEB

The Fatherhood Research and Practice Network (FRPN)

The Fatherhood Research and Practice Network (FRPN) is a five-year national project funded through the US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. The goals of the FRPN are to:

1. Promote rigorous evaluation of fatherhood programs that serve low-income fathers. FRPN will fund the evaluation of programs that aim to increase paternal engagement and parenting skills; improve fathers' ability to provide economic support; and increase parenting time, father-child contact, positive coparenting and healthy relationships.
2. Expand the number of researchers and practitioners collaborating to evaluate fatherhood programs through in-person and virtual trainings.
3. Disseminate information, including new evaluation findings, that leads to effective fatherhood practice and evaluation research.

This project is led by Jay Fagan, Ph.D., professor of social work at Temple University and founding editor of the journal *Fathering*, and Jessica Pearson, Ph.D., director of the Center for Policy Research in Denver, Colorado. FRPN also includes a steering committee and four workgroups consisting of 40 leading national fatherhood researchers and practitioners who help guide the direction of the project.

Current funded FRPN projects

Enhancing social support among low-income fathers: A randomized-controlled trial (RCT) of *Circle of Parents*

The primary purpose of this study is to rigorously test the effect of a peer support network known as *Circle of Parents*, which will be delivered to 200 fathers of young children receiving Head Start/Early Head Start services. This group will be compared to a randomly generated group of identical fathers who have been waitlisted for services.

Developing All Dads for Manhood and Parenting

The Center for Urban Families (CFUF), in collaboration with Bright Sarfo, Ph.D., as the lead researcher, will use a randomized control trial to test the efficacy of "Developing all Dads for Manhood and Parenting" (DAD MAP). The DAD MAP curriculum is grounded in behavioral theory and is culturally tailored to low-income, African American fathers. It includes interactive group exercises and activities designed to build parenting skills, improve interpersonal communication, increase knowledge of child support policy, enhance knowledge regarding the importance of fatherhood involvement and strengthen fatherhood self-efficacy.

Continued on next page

The Home Visiting for Fathers Study

The “Home Visiting for Fathers Study” will be conducted by Jennifer Bellamy, Ph.D., using data from a multi-site RCT of an enhancement to home visiting services called Dads Matter. Dads Matter is a modular intervention designed to be layered into any home visiting program model using a co-parenting approach. The study will be conducted within five Chicago-based home visiting programs.

The Ridge Project

A primary aim of this study is to evaluate the effectiveness of a fatherhood program operated by the Ridge Project, Inc. The study includes a two-group RCT with 400 low-income fathers drawn from 11 research sites in nine Ohio cities (Canton, Cincinnati, Cleveland, Columbus, Findlay, Lima, McClure, Toledo, and Wooster). The average poverty rate of these locations is higher than those of the State of Ohio and the U.S.

Go to <http://www.frpn.org/>

CONFERENCES

FRB comment: *In the last quarter of this year there are several conferences offering reports of programs for fathers, models of practice to include fathers and, particularly for Aboriginal fathers, culturally informed ways to engage and support men in their caring roles. We include selections from these conferences below.*

The Australian Association of Infant Mental Health Conference *And father makes three: Family Inclusive Practice*

Professor Sarah Schoppe-Sullivan will be a keynote speaker at The Australian Association of Infant Mental Health Conference *And father makes three: Family Inclusive Practice* to be held October 29-31 in Sydney.

Professor Schoppe-Sullivan is a highly regarded and engaging Developmental Psychologist working out of Ohio State University. Sarah is an inquisitive and focused researcher who has not surprisingly received several awards for her contribution to knowledge and for distinguished teaching. She has recently been named as a Fellow of the National Council on Family Relations (USA) for outstanding scholarly contribution and significant service to the field of family science. In addition to many academic publications her work has been reported in The New York Times, Time Magazine, and numerous veins of popular media worldwide. Professor Schoppe-Sullivan has played an influential role in developing an understanding of the determinants and importance of father involvement, coparenting behaviours, maternal gatekeeping, attachment and other factors associated with the transition to parenthood. Her recent publications have explored factors such as the predictors of maternal and paternal engagement; gender division of labor in childcare; the importance of romantic attachment in the family system; the roles of gender, personality and depression in determining the trajectory of couple relationships; and commitment between parenting partners across the transition to parenthood. Professor Schoppe-Sullivan’s abiding interest in the importance of fathers and the relationships that they share with their partners and their children will make an important contribution to discussions of fatherhood in Australia.

Go to <http://aaimhconference.org/index.php>



The Australasian Marcé Society Conference *SOS: Stresses, Outcomes, Solutions: working in perinatal mental health*

In Adelaide, the Australasian Marcé Society Conference *SOS: Stresses, Outcomes, Solutions: working in perinatal mental health* to be held October 22-24. Several papers examining father-related issues:

- Strategies for supporting the mental health of new fathers: The Healthy Dads project *Luke Martin, beyondblue, VIC*
- An exploration of negative thoughts and fathering experiences in recent fathers *Jaime Wroe, The University of Newcastle, NSW*
- Developing and testing the acceptability of text messages to support and influence new fathers in the perinatal period *Chris May, University of Newcastle, NSW*
- What do men who call the Post and Antenatal Depression Association (PANDA) need? *Richard Fletcher, University of Newcastle, NSW*
- Factors associated with poor father-to-infant attachment at 6 months postpartum: A community study in Victoria *Karen Wynter, Jean Hailes Research Unit, School of Public Health and Preventive Medicine, Monash University, VIC*
- Fathers' distress and parenting self-efficacy in the postnatal period, later parenting behaviour and children's emotional-behavioural functioning: longitudinal evidence from an Australian cohort *Holly Rominov, Australian Catholic University, VIC*

Go to <http://www.plevin.com.au/marce2015/welcome.html>

2015 National



Men's Health Gathering

Men's Health Gathering Sharing the Knowledge: male health is everyone's business

The 2015 Men's Health Gathering Sharing the Knowledge: male health is everyone's business Crowne Plaza, Terrigal NSW will be held October 20-23. The Gathering is open to Aboriginal and non-Aboriginal men and women.

The two abstracts below give an idea of how programs are working with young men to reduce or prevent the despair that can become engrained across generations.

It's a sad day: broken dreaming, young males and community response

Presented by Mark O'Bryan

It is a sad day when a young person thinks that the only way he can get a better life is to get locked up because he doesn't have family and doesn't have community to help him. It's even sadder when he keeps getting bailed and can't get to that place which he knows will provide a break from the cycle of drugs and crime, to get clean and start again. It's a broken system that breaks young male's dreams. Our young people are not dreaming about having a better life than their mothers, fathers or care-givers; a lot are expecting they will have a similar life – drugs, violence and mental health problems – if they are lucky. I worry because the troubles keep rising and that is a crime in itself. If you think about your life and that fact you were able to dream; to dream that you would have a job, to be connected to friends, have a family, a place to live, someone to love, and someone to love you, then you understand how important dreams are.

Continued on next page

But, as 50% of our young people test positive for drugs as they enter the Justice system then we have a problem with drugs; let's spend more money on drug prevention. Then we say mental health is the issue; let's spend money on mental health programs. If we say Dreaming is the issue you get a lot of looks and not much else. This paper will talk about the problems that young males are living every day and the way the system is operating to keep the cycle turning and keep dreams out of their reach. It draws on experience delivering an Indigenous youth program designed to address offending and help get our young people back on their feet and able to dream again.

Mark O'Bryan grew up on Gubbi Gubbi lands and Badtjala lands as a child and has a blood connection to the Gangulu and Darumbal people of Queensland. Mark has worked in the community section for over 20 years from child care to youth intergeneration programs

Respecting our past, securing our future – Intergenerational trauma and healing in Aboriginal community Workshop leader Roy Ah-see

My story has many chapters. It starts with a strong spirited Aboriginal boy who has five sisters and two brothers raised on a mission located in the Central West of NSW on the banks of the Macquarie River. Like so many Aboriginal families and communities we were very poor and my mum's only source of income was the single parent pension. This proud, young Aboriginal boy has ambitions, dreams and aspirations, but quickly his spirit is shattered and his dreams become broken dreams. Alcohol and gambling eventually become his master and the destruction in his life becomes unbearable, he is exposed to the vicious cycle of crime, multiple relationships with women and becomes unemployable. In his own mind he is a prisoner trapped and crippled by fear and depression. My personal narrative reveals a triumph, no longer is alcohol the master, my spirit becomes whole and my roots are planted in new soil, one's dreams are no longer broken/shattered now days are filled with inspiration. Gone is the fear of failure, the fear of the unknown, the fear of success. No longer crippled by depression, self-pity and self-seeking motives. My story tells of one reborn, filled with love, compassion, patience, tolerance and kindness, one is able to stand tall, able to cope and live life on life's terms. This story is important and can provide inspiration to our younger generations.

Roy Ah-See is currently Deputy Chairperson NSW Aboriginal Land Council, Deputy Chairperson Yerin Aboriginal Health Service Incorporated, Board member of the NSW Aboriginal Health and Medical Research Council (AH&MRC), Member of Darkinjung Local Aboriginal Land Council.

Go to <http://www.workingwithmen.org.au/>

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) National Conference *Community Voices: Sharing Knowledge & Practice*

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) National Conference *Community Voices: Sharing Knowledge & Practice* will be held in Perth from 15-17 September. The focus SNAICC is early childhood and parenting. Two father-specific presentations are described.

Go to <http://www.snaicc.org.au/conference/>



The Strengths of Maambart Maam (my Father) for Maali Moort (Urban Families)

Using a community participatory action research framework within an Aboriginal male worldview, our project explored the mental health of Aboriginal male carers during the perinatal period.

The aim of our project was to understand, respect and recognise the needs of male carers in order to develop and evaluate a program suitable for male carers' needs in raising their family.

Cheryl Kickett-Tucker, John Kalin, Vantor Parfitt & Athol Michael, Kerry Hunt (Pindi Pindi, Centre for Research Excellence in Aboriginal Wellbeing, WA), Caroline Nilson (Murdoch University, WA) & Dawn Bessarab (The University of Western Australia).



A User-Designed Website for Young Aboriginal Fathers

Video presentations of young Aboriginal fathers will be shown to illustrate the website features and development. This work involves remarkable video footage of young Aboriginal fathers describing how they found out that they were to be a father and their thoughts and feelings surrounding the birth.

Craig Hammond (Family Action Centre, Faculty of Health and Medicine, The University of Newcastle, NSW)

Go to <https://www.newcastle.edu.au/newsroom/featured-news/stayin-on-track>



The Royal Commission into Family Violence

Presentations (witnesses giving evidence) at *Day 3 Children - Intervention and response* included statements from witnesses who were then sworn in and answered questions from counsel assisting the Commission or from the Commissioners on their statement.

Coparenting programs to prevent violence

A feature of the statement by **Mark Feinberg**, Research Professor of the Prevention Research Centre at the Pennsylvania State University in the United States of America, was the role of co-parenting programs to prevent violence.

His statement said in part:

Family Foundations is a universal program that I developed to support expectant parents' need for information and skills to equip them to make a healthy transition to family life. It is a 9-session program with the key goal of promoting healthy family relationships and, through positive relationships, to improving child mental and social well-being.

Continued on next page

Family Foundations was not originally designed to address issues of family violence but we have found that by focusing largely on enhancing co-parenting support, which reduces parents' stress and depression, enhances parenting quality, and results in positive impacts on children's capacity to self-regulate. This has contributed to lower levels of family violence.

We have found that this is the case both in relation to intimate partner (or couple) violence and parent-child violence. In our second trial of the program with 399 families participating, we looked at the reduction in the average number of incidents of violence, using the Conflict Tactics Scale (a measure widely used in the research literature). We measured psychological aggression separately from physical violence and saw reductions in both forms of violence. Specifically: a) for intimate partner violence and parent-to-child violence, there were roughly half as many incidents in the intervention condition as in the control condition; and b) for psychological aggression, both between parents and from parents to children, there were roughly one-quarter as many incidents in the intervention condition as in the control condition.

The full statement can be found at <http://www.rcfv.com.au/Public-Hearings>

Why should family violence workers work with men?

Wendy Bunston is a senior clinical mental health social worker, qualified family therapist and an infant mental health specialist with 18 years' experience working in the family violence sector. Apart from numerous parenting programs she developed 'Dads on Board' a program for fathers who had been violent to family members.

Her answer in part was:

The family violence sector needs to work with men because they cannot be ignored. In my experience, children very clearly demonstrate that they want their fathers to remain in their lives. The child often has an attachment to their father, regardless of what the father has done or whether the father is the perpetrator of violence. Regardless of the child's opinion of the father, there will always be some form of attachment between a child and their biological parent. Some children might experience their mother as being hostile and violence, and their father being more available to them, even in circumstances where the father is the perpetrator of violence. Alternatively, it might be that the mother is violent or there is reciprocal violence. Situations of family violence are extremely complex, and also include intergenerational issues. The family violence sector does not currently take into account this complexity.

The full statement can be found at <http://www.rcfv.com.au/Public-Hearings>

What we do not have – and what we urgently need

Richard Fletcher, Senior Lecturer at the family Action Centre, The University of Newcastle was asked to address the issue of fathers' engagement in finding solutions to family violence.

His statement said in part:

In order to address some of the issues I have raised, the following is needed: (a) a substantial funding stream to support the development of evidence-based programs addressing fathers' violent behaviour; (b) a mechanism supported by state and federal governments to connect with men as they become fathers and to support couples to identify conflict and redefine their relationship to avoid violence; (c) a substantial funding stream to bring what we know about substance abuse and the new understanding of the effects of trauma on brain development into the family violence area; (d) appropriately funded research examining early intervention programs with pregnant couples (such as Healthy Relationships: Healthy Baby) to prevent violent behaviour patterns developing; and (e) support for Indigenous programs that focus on male parents for fathers to evaluate and document their programs to allow refining of the programs and so that funding can be guaranteed on the basis of evidence.

The full statement can be found at <http://www.rcfv.com.au/Public-Hearings>

Are we hearing about more research on fathers at conferences?

Ten years of Marcé conferences

Since 1980, the Marcé Society has held biennial conferences covering a broad range of areas that relate to the mental health of mothers, fathers and infants. Conference titles and abstracts, as presented in the conference program for each of the biennial conferences held between 2005 and 2015, were screened for maternal (e.g. mother, maternal, woman, mum) and paternal (e.g. father, paternal, man, dad) search terms. Prior to the conference in 2013, between 91% and 96% of the Marcé conference presentations exclusively focussed on the mother or mother-infant dynamic. More recent figures suggest interest in fathering research is on the rise, with a modest 13% of the presentations in 2013 and 17% of the proposed presentations for this year's biannual conference including a paternally-focused search term in the title and or abstract of the program. *Table 1* illustrates the number of titles or abstracts that contain maternal terms exclusively versus those with a paternal dimension (i.e. contain paternal terms but may also include maternal terms). Despite a growing social and professional awareness of the importance of fathering in the parenting dynamic the conference presentations reviewed here indicate only a modest movement toward more balanced research.

Table 1

Marcé Conference Papers

	<u>2005</u> <i>n</i> = 24	<u>2007</u> <i>n</i> = 24	<u>2009</u> <i>n</i> = 58	<u>2011</u> <i>n</i> = 36	<u>2013</u> <i>n</i> = 45	<u>2015</u> <i>n</i> = 39
<i>Presentations with gendered terms</i>						
<u>Maternal terms</u>						
mother	6	10	24	12	17	14
maternal	6	6	9	5	11	2
Mum	0	0	1	0	1	1
women	10	7	19	17	10	15
Totals <i>N</i> (%)*	22 (92)	23 (96)	53 (91)	34 (94)	39 (87)	32 (82)
<u>Paternal terms</u>						
Father	2	1	5	2	4	6
paternal	0	0	0	0	1	0
dad	0	0	0	0	1	0
man	0	0	0	0	0	1
Totals <i>N</i> (%)	2 (8)	1 (4)	5 (9)	2 (6)	6 (13)	7 (18)

* Percentages rounded

PROGRAMS AND FATHER INCLUSIVE PRACTICE

Dads Empowerment



Above. Dads playgroup in the sandpit

I am Glenn Hodgson, I am the Dads Empowerment Program Coordinator at The Family Place in Logan, QLD. I have a Bachelor in Science (Psychology) and Master in Social Work and have been working in this job for 2.5yrs and previously in a similar role but doing intensive case management with dads for 3yrs. I work with two other female staff members who do similar work and are amazingly supportive. I run a Dads Playgroup and Dads in Distress group and assist with the delivery of antenatal, parenting programs and family support and encourage father's participation in the programs.

Dads Playgroup runs Saturday mornings so working dads can come. Fathers play differently with their children and the group provides a space for this and to build relationships with their kids. It's also a chance to meet other dads, have fun and build networks.

Dads in Distress is a peer support group for fathers going through high conflict separation/ difficulty seeing their children. Peers provide information and advice on coping with not seeing their children, mediation, family court, DVO's and strategies to manage their relationship with their ex-partner. Dads share their story which is both cathartic and turns the dads negative experience into one that it useful for other fathers to learn from. We also workshop an issue or situation to come up with strategies/ options/ practical choices for the guys to make next week a better week.

In other groups I chat to parents, particularly the dads and make sure they are welcome and know someone in the space. Chatting to the mums I tell them about the groups we run for dads and make sure to invite them along. Mums are the greatest referrers of dads in the space.

I also work with other professionals providing information for dad's issues and working with men that enables me to more broadly influence how other professionals and organisations work with and value dad's involvement with their families. The presence of less reputable/ trained men's organisations means my work is at times met with scepticism. Therefore relationship building with professionals has been a valuable means to build trust and make referral pathways easy and simple for dads.

Contact Glenn Hodgson g.hodgson@candk.asn.au

SAFE Dads (Stopping Abuse Fathering Effectively)

SAFE Dads is a program run by The North Queensland Domestic Violence Resource Service (NQDVRS) in Townsville. The aims of SAFE Dads are to provide education and information to fathers which highlights and supports the men with their desire to be a good dad; to provide an enabling and safe environment for fathers to talk about their feelings and their fathering role; to enable men to address the impact of their violence within a group setting; and to assist men to model respect for their children's mother and significant others.

The SAFE Dad's program is designed for any father over the age of 18 who uses or has used domestic violence. Any father wishing to learn about and address his use of domestic violence and the effect this violence has on his children may attend the program. All fathers and step-fathers are welcome regardless of their family circumstances.

The program consists of four two-hour weekly sessions and is free of charge. The program explores what it means to be a father. Participants address how domestic and family violence negatively impacts on their children, the children's mother and themselves. The group aims to increase the fathers' understanding of how to provide non-violent discipline and to negotiate the discipline of their children with the children's mother. Participants are equipped with tools to prevent violence. The group discusses the benefits of being in a healthy relationship.

Typically more dads indicate an interest than actually turn up for the group, usually between 3 and 5 men attend sessions however few rarely attend all 4 sessions. On average we try to have around 4 to 5 groups a year but we can add additional groups when there is an increased number of men interested in attending.

Recently a young man presented at the group due to a mandated probation and parole referral. The young man initially was unsure why he was referred to a DV service however on discussion with the facilitators he described himself as having a "lightbulb moment" where he realised that his children were witnessing abuse similar to the abuse he witnessed his father perpetrating to his mother when he was a child. This young man attended the whole program and made a promise to himself never to let his children go through what he went through as a child. He followed on by referring himself to the men's behaviour change program (MenTER) that is run at NQDVRS.

Contact Geoff at SAFE Dads safedads@nqdvrs.org.au



Townsville, North Queensland: Engaging Fathers Seminar, Tuesday 14th July 2015

Background:

Townsville Family Support Services in partnership with North Queensland Domestic Violence Resource Service (NQDVRS) began discussing the challenges and barriers of attempting to engage men in family support/domestic violence programs/services in September last year. We realised we had limited knowledge of specific male programs and as a result we organised a half day gathering with our Townsville Family Support Services and our male specific programs/initiatives to build knowledge and referral pathways across those agencies.

The opportunity to partner with a Department colleague arose in November, when I became aware that *Project 18: Fathers and Fairness* sessions were being run by Steve Lock (Department of Communities, Child Safety and Disability Services - DCCSDS) across DCCSDS regions. After further discussions a planning group was formed in late January 2015 culminating in a very successful seminar with 8 presenters and 84 people in attendance as a continuation of our previous place based work in this area.

Dr Richard Fletcher, Senior Lecturer, Family Action Centre, University of Newcastle was a key note speaker at the Townsville event along with Steve Lock. Local content included presentations from Family Inclusion Network, the Townsville Aboriginal and Islander Health Service (TAIHS), Uncle Alfred's Men's Group (Alfred Smallwood), Child Safety Officer - Intervention with Parental Agreement team, NQDVRS and the Townsville Multicultural Support Group.

What worked well?

- Established networks and partnerships that allowed collaborative planning to occur
- Focussing on the identified 'gap' in knowledge (how to better engage with Fathers)
- Having a dedicated resource/person with community development skills to drive the process
- Place based approach – local presenters/agencies
- Diversity of presenters and agencies present on the day
- Aboriginal and Torres Strait Islander perspective

What will happen next:

The ultimate goal is that our children are nurtured and looked after appropriately with **both** parents being supported to co-parent respectfully. Making changes in this space will have long lasting benefits on our society as a whole, not just economically and financially but on the long term health and wellbeing of our children and their parents.

I have high hopes that attendees will continue to discuss and have robust conversations about this topic and strive to make changes in their current practice to *actively increase and seek participation and engagement from fathers/father figures*.

Contact Kate Wimblett, Senior Service Advisor, North Queensland Region, Department of Communities, Child Safety and Disability Services Kate.Wimblett@communities.qld.gov.au

For clinicians – connecting with the hearts and brains of new fathers

Australian Association for Infant Mental Health NSW Seminar Series 2015

Thursday 10 September, 6.30pm to 9pm, Lecture Room 7, Building 103, NSW Institute of Psychiatry
Cumberland Hospital, 5 Fleet St, North Parramatta

Fathers (male carers), respect and value clinicians for their knowledge and skill, especially when there is 'a problem' with their infant or their partner. The hearts of these men however do not readily open to professionals in brief encounters. As well, the information highway that leads from research and clinical experience to parents generally bypasses the fathers. Fathers' brains are left with few resources for the tasks of new fatherhood. What can be done? In this presentation two complementary strategies will be suggested to improve the outcomes for infants and mothers by altering existing services to better connect with fathers. SMS messages, 'mood tracking' and 'open heart' imagery for fathers will be presented. As well, the notion of 'keeping fathers in mind' will be explored in this interactive seminar.

Presenter : Dr Richard Fletcher Fathers and Families Research Program - Convenor ARACY Fatherhood Research Network, Senior Lecturer, Family Action Centre Faculty of Health and Medicine University of Newcastle

Register at <https://www.stickytickets.com.au/29662>

Inquiries: Martha Birch 0401 314 374

RESEARCH

Testosterone and fathering

FRB Comment: *The biological aspects of fatherhood, apart from men's role at conception, does not receive a great deal of attention in the research literature on families. While women's biological connection to their children is obvious, men's involvement with their children is usually seen as a purely social phenomenon. Researchers focus on which of the many social factors decide how and when fathers engage with their children. However there is a steady stream of research adding hormonal and genetic influences to this picture. Gettler and colleagues have been following a large group of Philippino men as they make the transition into fatherhood taking measures of their testosterone along the way (see Gettler et al., Longitudinal evidence that fatherhood decreases testosterone in human males. PNAS 2011). Now they have compared the men who became fathers with those who did not and also mapped the time that fathers spent with their children to confirm the link between lowered testosterone and father-child involvement. The implication of this study is that our view of fatherhood as purely social. As a professor of human evolutionary biology who was not involved in the study commented "the take home message is that male parental care is important. It's important enough that it's actually shaped the physiology of men."*

Longitudinal Perspectives on Fathers' Residence Status, Time Allocation, and Testosterone in the Philippines

Past paternal psychobiology research has focused almost exclusively on biological, residential fathers and the role of fathers as direct caregivers. Here, drawing on a large sample of Filipino men, we help to expand this research area by testing for relationships between fathers' testosterone, prolactin, and weekly hours in work, childcare, and recreation. Using longitudinal data collected when men were an average of 21.5 and 26.0 years old, we tested whether changes in fathers' investments in childcare and work interrelated with testosterone changes. We also assessed whether fathers' residence status affected paternal testosterone changes. Cross sectionally, we did not find evidence that fathers' testosterone or prolactin varied based on work effort or weekly hours of childcare (all $p > 0.1$). Fathers who increased their weekly involvement in childcare between baseline and follow-up experienced declines in testosterone, on average ($p < 0.05$). Men who transitioned from being non-fathers (baseline) to being new fathers residing with their children (follow-up) experienced significantly larger declines in both waking and evening testosterone, compared to men who were residential fathers at both time points (both $p \leq 0.0001$). Men who became new fathers but were not residing with their children also showed significantly greater declines in evening testosterone, relative to the comparison group ($p < 0.05$). Our results add confirmation and expansion of the notion that low paternal testosterone is linked to heightened father-child interaction and proximity, but leave open the possibility that fatherhood can also affect men's testosterone independent of whether they reside with their children.

Gettler, L. T., McDade, T. W., Agustin, S. S., Feranil, A. B., & Kuzawa, C. W. (2015). Longitudinal Perspectives on Fathers' Residence Status, Time Allocation, and Testosterone in the Philippines. *Adaptive Human Behavior and Physiology*, 1(2), 124-149.

How cultural factors impinge on fathering practice

FRB comment: *The dominance of western, mainstream research in the fatherhood area is regularly acknowledged. However we have little detail of how cultural factors impinge on fathering practice. The 'journey to fatherhood' metaphor summing up the findings in this qualitative paper is a familiar one. However there are also important social practices such as the mothers' restricted diet which impact on fathers since some believe this denies their infant sufficient milk. The authority of grandparents is also highlighted "I hardly ever hold my baby and play with him . . . My wife's mother takes over him . . . I get there to join them, they never let me hold him . . . I think they want me to rest". This is the sort of detail we need from cultures and groups within Australia and from other regions to develop a more complex notion of involved fatherhood.*

The journey into fatherhood: A grounded theory study

The objective of this study was to explore the process of transition into fatherhood for Thai men from childbirth to the postpartum period. Forty-one first-time Thai fathers were voluntarily recruited from two hospitals in Chiang Mai, Thailand, from December 2012 to June 2013. In-depth interviews were used to collect the data, which were analyzed based on grounded theory methodology. The basic social process that emerged as the core category was termed: "the journey into fatherhood."

This process was divided into three phases: labor, delivery, and family beginning. Within this process, there were various situations, challenges, and pressures, which caused many changes of mood and feelings for the first-time fathers. Throughout this process, they applied various strategies to manage their concerns and needs, in order to develop into masterly fathers. Identifying the process of *the journey into fatherhood* provides nurses and midwives insight into the new fathers' experiences, which will enable them to be more sensitive, respectful, and effective caregivers.

Sansiriphun, N., Kantaruksa, K., Klunklin, A., Baosuang, C., & Liamtrirat, S. (2015). The journey into fatherhood: A grounded theory study. *Nursing & Health Sciences*. doi: 10.1111/nhs.12216.

How the distribution of working hours and income impact on children's care

FRB comment: *the conventional wisdom explaining why some fathers are more involved with their children's care than others includes father's working hours, his education level and his attitudes. Fathers with longer work hours, of course would be expected to be less involved and better educated men are generally thought to be better, more involved dads. If dads believe in sharing care we expect them to do more. The study reported below examining the UK Millennium Cohort of 19,244 households. Three significant findings were a) Mothers' employment hours when the child is aged three had the largest association with fathers' involvement in childcare at this stage in the child's life, independent of what hours he works. Fathers whose partners work full or part time are more likely to be sharing the care compared to fathers with partners who are not working. Fathers with moderate incomes and those with less education are more likely to be sharing the care that fathers with high incomes and more education.*

Which fathers are the most involved in taking care of their toddlers in the UK? An investigation of the predictors of paternal involvement

Economic provisioning continues to be the essence of 'good' fathering, and the work schedules associated with fathers' employment remain a key factor which shapes their involvement in childcare and domestic work at home. However, the relative impact of fathers' and mothers' employment hours on paternal involvement in childcare is unclear, and little is known about the longer-term impact, that is, whether a work arrangement organised when the child is under a year old has an impact on paternal involvement when the child is aged three. Here we focus on employed couples and explore the association that mothers' and fathers' employment hours have with paternal involvement when their child is three years old. Multivariate analysis using the UK's Millennium Cohort Study reveals that it is the mothers' employment hours when the child is aged three that has the largest association with paternal involvement in childcare at this stage in the child's life, independent of what hours the father works. Furthermore, both fathers' and mothers' employment hours when the child was nine months old have a longitudinal influence on paternal involvement when the child reaches three years old, but it is the hours worked by the mother when the child was aged nine months that has the stronger association with paternal involvement at age three. This suggests that mothers' work schedules are more important than fathers' for fostering greater paternal involvement in both the immediate and longer term.

Norman, H., Elliot, M., & Fagan, C. (2014). Which fathers are the most involved in taking care of their toddlers in the UK? An investigation of the predictors of paternal involvement. *Community, Work & Family*, 17(2), 163-180.

Does having a child with a disability lead to divorce?

FRB comment: Many health professionals and families believe that divorce and separation are likely to be higher in families where there is a child with a disability but this belief has not been supported by evidence in a number of studies. For example a large (N= 77,911) cross sectional study in the US has found no significant difference in the divorce and separation rate between parents of children with and without autism – a cohort often reported to experience very high rates of marital breakdown (Freedman et al., 2012). It is true that the risk factors associated with single parenting mean that these (already single) parents are more likely to have a child with a disability (AIHW, 2004). Unfortunately, both poor study design and knowledge of this statistic have resulted in confusion about the sequence of events. Put simply, single parents are more likely to have a child with a disability but this does not mean that cohabiting parents of children with a disability have a higher risk of separation and divorce. Therefore, the pervasive expectation that parents, in this case probably fathers, will cut and run when the going gets hard is not supported by the evidence. Brenner et al's contribution to this area of knowledge explores longitudinal data in a cohort of families with and without children with a disability to find that having a child with severe congenital malformation did not increase the risk of separation, divorce or family dysfunction.

Severe congenital malformations, family functioning and parents' separation/divorce: a longitudinal study

Background: We aim to explore the association of a severe congenital malformation (SCM) with postnatal family functioning and parents' separation/divorce and to examine if this association might be moderated by birth order of the child and parental level of education. SCM refers to malformations that, without medical intervention, cause handicap or death.

Methods: Using the Quebec Longitudinal Study of Child Development, an ongoing population based birth cohort study initiated in 1998, we compared 1675 families of children with and without a SCM to identify if having a child with a SCM was associated with maternal perception of family functioning. We examined if an SCM was associated with parents' separation and examined parents' education level and birth order of the children to evaluate whether these factors had any moderating effect on the results.

Results: There were no significant differences in family functioning between families with and without a SCM child at 5 and 17 months. At 5 months, family functioning was significantly better ($P = 0.03$) for families with a SCM firstborn child than for families with a SCM child that is not firstborn. For parental separation, no significant differences were observed at 5 and 29 months and 4 years. No significant moderating effects were observed for birth order and parental education on parental separation.

Conclusions: Families of children with a SCM do not appear to be at higher risk of family dysfunction within the first 17 months after birth nor of parental separation within the first 4 years after birth. Family functioning tends to be worst in families where the child with SCM is the second or subsequent child born.

Brenner, M., Côté, S. M., Boivin, M., & Tremblay, R. E. (2015). Severe congenital malformations, family functioning and parents' separation/divorce: a longitudinal study. *Child: care, health and development*. doi: 10.1111/cch.12269.

ONGOING RESEARCH

Online Survey for Clinicians or Practitioners

Like Father Like Son Project: What are clinicians' experiences in working with fathers?

Researchers at UNSW are seeking volunteers to participate in Australia's first national online survey of clinicians and practitioners who deliver parenting programs or treatment for child conduct problems. This survey will help us learn about clinicians' experiences and to develop training programs for clinicians in engaging fathers. This survey would be a good fit for you if you are currently working as a clinician/practitioner in Australia and delivering parenting programs (or treatment for child conduct problems). If you decide to take part, the survey will take about 15 minutes of your time. There are no additional costs associated with participation in this research project, nor will you be paid.

To participate in the survey, please go to the following link: <https://www.likefatherlikeson.com.au/fathers/>

This research is being conducted by UNSW and is funded by the Movember Foundation. For further information about the Like Father Like Son project, please visit our website www.likefatherlikeson.com.au. If you wish to contact us, please email Dr Lucy Tully (Senior Project Leader) on l.tully@unsw.edu.au.

What influences fathers to attend or not attend child health services, from the viewpoint of fathers

I am a Master of Applied Science research student from the Queensland University of Technology. I have 18 years of community health nursing experience and mainly with children and families. Most of my professional engagement has been with mother and child, with the father being absent.

Using the Theory of Planned Behaviour (TPB) as the theoretical framework we are conducting a two phase study. In Phase 1 a qualitative study is being undertaken to identify enablers and barriers for fathers in attending child health services. Fifteen to twenty fathers, each with at least one child between new-born and nine months old, are being recruited through convenience and snowball sampling. Phase 2 will involve the development of a questionnaire designed to quantify the findings generated from Phase 1. This questionnaire will be distributed to a minimum of 200 prospective fathers to complete at antenatal classes and repeated at five to nine months post the birth of the child. Post hoc analysis will be undertaken to quantify the findings. The findings will be the basis of recommendations for changes to the delivery of child health services.

Contact: frank.morris@hdr.qut.edu.au

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This edition of the Fatherhood Research Bulletin was produced with assistance from Dr Jennifer StGeorge, Dr Chis May, Jaime Wroe and Tara Payling, on behalf Family Action Centre, The University of Newcastle.

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This edition of the Fatherhood Research Bulletin was produced with assistance from Simon Fowler, B.SocSci, on behalf Family Action Centre, The University of Newcastle