Appendix A.
Evidence of Support for the Project Letters

Table 1. Written Support from Service Providers /Community leaders

Number	Organisation	Supporter	Dated
1	Australian National Research Organisaion for Women's Safety (AROWS)	Action Research Leader Lyn Orr	15/2/2015
2	Member for Maylands – Parliament of Western Australia Legislative Assembly	Lisa Baker MLA	8/5/2021
3	Member for Ninderry	Dan Purdie MP	16/8/2019
4	Townsville Hospital Health Service	Amanda Ostrenski Midwifery /Nursing Director	27/2/2020
5	Rockhampton- Central Queensland Hospitals and Health Service	Vickey Blackford Maternity Unit Manager	27/2/2020
6	Kirwan Health Campus -Townsville Hospital and Health Service	Pamela Hueber Nurse Unit Manager Team Leader	27/2/2020
7	Federal Minister of Deakin Member of Parliament	Michael Sukka (MP)	20/4/2020
8	Rockhampton Central Queensland Hospital	Acting Maternity Unit Manager	17/12/2020
9	Brimbank City Council	Coordinator Early Years Community Programs	18/12/ 2020
10	Moreland City Council	Maternal Child Health and Immunisation Unit Manager	21/12/2020
11	City of Stonnington	Acting Community Services Manager	21/12/2020
12	City of Monash	Coordinator of Playgroup and Early Years Engagement	23/12/2020
13	Logan Hospital	Midwifery Nursing Director	23/12/2020
14	Caboolture Hospital	Nursing & Midwifery Director	4/01/2021
15	Redcliffe Hospital	Nursing Director Critical Care, Women's and Children's Service	4/01/2021
16	Townsville Hospital - Maternity Unit	Midwife/Childbirth Educator Coordinator	5/01/2021
17	University of the Sunshine Coast	Deputy Director, Centre for Human Factors and Sociotechnical Systems	6/01/2021
18	Sunshine Coast Hospital and Health Service	Nursing & Midwifery Service Director	7/01/2021
19	Coast City Life	Private Midwife/Director	9/01/2021
20	Cairns and Hinterland Hospital	Childbirth and Parenting Education Coordinator	11/01/2021

21	Townsville Hospital - Early Intervention Parenting Clinician Service	Coordinator Early Intervention Parenting Clinician Service and Team Leader	11/01/2021
22	Royal Brisbane & Women's Hospital	Deputy Executive Director	12/01/2021
28	Mater Mothers Hospital - Brisbane	Parent Education & Support Services	15/01/2021
23	Federal Member for Fairfax (Sunshine Coast)	Ted O'Brien MP	Undated
24	Federal Member for Western Australia	Patrick Gorman MP	Undated

Table 2. Verbal Support Communicated for the Project

Number	Organisation	Supporter	Dated
1	Ipswich Maternity Hospital	Julie Eaton Maternity Unit Manager	8/01/2020
2	Townsville Private Maternity Hospital - Mater Mothers	Michelle Burge Nurse Unit Manager	6/01/ 2020

Queensland Government

Townsville Hospital and Health Service

27th February 2020

Dear Sir/Madam

I am writing to express Townsville University Hospital Maternity Services strong support and agreed collaboration approach with Dads Group, in their application for the thriving communities grant.

Providing greater access to social support groups for new and expecting fathers and father figures is an identified focus and priority for our services. This partnership/collaboration opportunity will allow us to provide father specific programs therefore providing fathers greater support and more active participation in our services and wider community. In the event that this application is successful we will be looking to leverage our services where required to ensure the outcomes are delivered.

Please consider this application as we feel this is an important step in supporting families in our community and improving child development outcomes. We also note that this evidence-based programs supports the Queensland Health First 1000-day initiative and programs, the national men's health strategy and will align with policies on prevention of violence against women and children.

These are critical issues for many regional communities and collaborating with this unique program that both addresses men (fathers) and delivers the key protective factors against family violence, and suicidality should be supported.

We look forward to the opportunities that this grant will provide for families that attend our services and go on to build resilient healthy local communities.

Yours sincerely

Amanda Ostrenski
Midwifery/Nursing Director
Townsville Hospital and Health Service

Townsville Hospital and Health Service
Queensland Government
health.qld.gov.au/townsville

T +61 44331827
E amanda.ostrenski@health.qld.gov.au

100 Angus Smith Drive
Douglas QLD 4814

MICHAEL SUKKAR MP
Federal Member for Deakin

20 April 2015

To whom it may concern

As the Federal Member for Deakin, I am writing to endorse an organisation I have come to know very well, Dads Group Inc. ("**DGI**").

I am always proud to be involved with local community organisations that exist to benefit others and which meet an explicit need in our society. In my view, DGI certainly fulfils both of these pre-requisites.

I fully endorse DGI's vision to help families, in particular by assisting men navigate the challenges of fatherhood. It is becoming increasingly apparent to me, that as a society, we don't have organisations which offer or facilitate support for fathers in the same way that we do for mothers. I therefore believe DGI can help meet this shortfall, potentially at a national level.

If one believes – as I do – that healthy and happy families are the cornerstone of a successful society, we are duty bound to encourage an organisation such as DGI, to continue and expand their work.

I have also been particularly comforted by the professionalism and energy of all involved with DGI, and it is partly for that reason, I have advocated for federal government funding to assist with the further development of DGI. Indeed, I find it reassuring that a number of other reputable organisations share my faith in DGI and have subsequently become strategic partners to DGI.

I believe that these partnerships, along with DGI's engagement with all levels of government, will assist DGI in their ambitions to help fathers, families and ultimately our society.

I am proud to be associated with all the team at DGI and would be happy to elaborate further, if requested.

Yours sincerely

Michael Sukkar MP
Federal Member for Deakin

Office 5/602 Whitehorse Road, Mitcham VIC 3132 Post PO Box 232, Mitcham VIC 3132 Telephone 9874 1711
Fax 9874 0599 Web www.michaelsukkar.com.au facebook.com/Michael.Sukkar.MP @MichaelSukkarMP

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

Thomas Docking, Founder / CEO
Dad's Group Inc. (DGI)
email : tom@dadsgroup.org
www.dadsgroup.org

Re. Dad's Group Inc.'s application for a Victorian Government Communities for Partnership Prevention Grant

Dear Thomas,

As the Project Leader of the ANROWS Action Research Support project for Building Safer Communities Projects, it is a pleasure to provide Dad's Group Inc. with a letter of support for your application for the above grant. The grant would provide timely support to develop and strengthen the prevention work that you have been leading and to initiate further partnerships, including the proposed collaboration with 'The Fathering Project'.

The trust that your BSCW project has developed through effective engagement strategies with the primary target group – new fathers and their infants – is a strong endorsement of the approaches used in your work. Your recent presentation at the national BSCW workshop held in Brisbane outlined the innovative methodology of Dad's Group Inc.'s program activities, and demonstrated the capacity of your organisation to deliver further primary prevention projects.

The successful collaborations which underpin your work, with local councils, maternal and child health services, hospitals, Rotary clubs and other organisations, indicates the capacity of Dad's Group Inc. to develop good relationships, which is the basis of good partnership work. These demonstrated and ongoing program partnerships suggest that Dad's Group Inc. is well placed to facilitate the work you have proposed in your application.

The primary prevention framework used to guide your work, which centers on social connectedness and family wellbeing as a method for reducing isolation and ending family violence, is in some ways treading new ground in the ways it is being implemented by Dad's Group Inc. and thus offers significant opportunities to build the evidence-base around promoting gender equality to prevent family violence. However, this requires long term planning and commitment and I strongly support your application for this grant because it would enable Dad's Group Inc. to continue to further develop this work, as well as enabling you to share your lessons-learned and broader findings.

Yours sincerely ,

Liz Orr

Action Research Project Leader

15 February 2017.

Queensland Government

Central Queensland Hospital and Health Service

17.12.2020

Dads Group
21 Shierlaw Ave
Canterbury, Victoria 3126

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of Maternity Services, Rockhampton Hospital, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Rockhampton community, as it works closely with both Maternity Services and Child & Youth Health Services.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Judy Bowler RN RM B.HSc, Dip App Sc, Grad Dip CE
Acting Maternity Unit Manager

Rockhampton Hospital /Maternity
Central Queensland
Hospital and Health Service
North & Canning Streets
Rockhampton
Queensland 4700 Australia
Telephone +61 (07) 49206843
Website www.cq.health.qld.gov.au

Brimbank City Council

T 9249 4000
W brimbank.vic.gov.au

PO BOX 70
Sunshine, Victoria 3020

18 December 2020

Dads Group

21 Shierlaw Ave

Canterbury, Victoria 3126

To whom it may concern,

Re: Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

On behalf of the Brimbank City Council, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Brimbank community, as it works closely with both the Antenatal services and the Maternity and Child and Youth Health Services in and around Brimbank.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely

Rene Burke

Rene Burke
Coordinator Early Years Community Programs

Moreland City Council
Municipal Offices
90 Bell Street
Coburg
Victoria 3058

Postal Address
Locked Bag 10
Moreland
Victoria 3058

21/12/2020

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of Moreland Council, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Moreland community, as it works closely with both the Maternity hospitals and Child and Youth Health Services.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

Our partnership with DG has been positive and seen several new dad's groups start, be supported and provide them with a space to connect, share and learn with other dads. We support the growth of any programs for expecting and new fathers.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Leanne Giardina

Leanne Giardina
Maternal Child Health and Immunisation Unit Manager

21/12/2020

City of
STONNINGTON

21/12/20

Dads Group
21 Shierlaw Ave
Canterbury, Victoria 3126

Re: Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the City of Stonnington, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Stonnington community, as it works closely with both Maternal and Child Health and Child &Youth Health Services.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Dianne Panjari
Acting Community Services Manager

Stonnington City Centre
311 Glenferrie Road, Malvern
Stonnington Services and Visitor Hub
Chatham Street, Prahran Square, Prahran
Stonnington Depot (Administration Building)
293 Tooronga Road, Malvern

PO Box 58, Malvern Victoria 3144
T 8290 1333 F 9521 2255
E council@stonnington.vic.gov.au
AUSDOC DX 30108
stonnington.vic.gov.au

CITY OF
MONASH

23 December 2020

Dads Group
21 Shierlaw Ave
Canterbury, Victoria 3126

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the City of Monash I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Monash community, as it works closely with both the Maternity, Child and Family Health Services.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Nicole Dalgleish

Coordinator, Playgroup and Early Years Engagement

City of Monash

Queensland Government

Metro South Health

23.12.2020

Dads Group
21 Shierlaw Ave
Canterbury, Victoria 3126

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Logan Hospital Maternity Services, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This will ensure to help fathers stay socially connected and build strong connections with other fathers in their community.

The program is important to the Logan Community, as it works closely with both the Maternity and Child and Youth Health Services.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely

Amanda Ostrenski
Midwifery Nursing Director
Women's and Children's Division

Queensland
Government

Metro North
Hospital and Health Service

4th January, 2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Women's, Children & Families Service Line at Caboolture Hospital, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community.

The program is important to the Metro North Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community Dads Group opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Anne Clayton
Nursing & Midwifery Director
Women's Children & Families Service Line
Caboolture Hospital
WCFNMD@health.qld.gov.au

Queensland
Government

Metro North
Hospital and Health Service

04 January 2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of Critical care, Women's and Children's Service Line at the Redcliffe Hospital, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. Receiving this grant funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community.

The program is important to the Metro North Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services across the network of the Health Service to better support new families in our area.

This program provides opportunities specifically tailored for fathers to strengthen the bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community Dads Group opportunities for fathers to develop peer support networks with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I commend the concept to you for consideration and wish Dads Group all the best for their grant application.

Yours sincerely,

Sally Jones
Nursing Director Critical Care, Women's and Children's Service Line
Redcliffe Hospital
Metro North Hospital and Health Service

Sally Jones
Nursing Director
Critical Care, Women's
and Children's Service
Redcliffe Hospital
07 3883 7580

Insert facility/hospital name
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Queensland <insert postcode> Australia

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www.metronorth.health.qld.gov.au

Queensland Government

Townsville Hospital and Health Service

05/01/21

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Townsville Hospital and Health Service - Maternity Unit, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community

The program is important to the Townsville Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Jacqueline Morrison
Midwife / Childbirth Educator Coordinator
Maternity Unit
Townsville Hospital and Health Service

USC

Centre for Human Factors
and Sociotechnical
Systems

6th January 2021

RE: Department of Health's Perinatal Mental Health and Wellbeing Grants for 2021

To Whom It May Concern

On behalf of the Centre for Human Factors and Sociotechnical Systems (CHF-STS) at the University of the Sunshine Coast (USC). I would like to provide my strong support for Dads Group and the delivery of *Dads Group Perinatal Wellbeing Program - National Expansion.* This represents a strategic 4-year partnership proposal for funding under the Department of Health's Perinatal Mental Health and Wellbeing Grants for 2021.

Our research centre has an established and ongoing connection to Dads Group. In 2019 we established a research partnership under USCs Project Innovation Grant Scheme. The aims:

1. To understand the approaches which best enable the Dads Group organisation to implement new dads' groups, including the required resources, functions, priority measures, and purposes.
2. To offer Dads Group empirical and evidenced-based insights into their strategic operations and their community impact.

Our support for this current project proposal recognises the importance of connecting with new parents to provide improved perinatal engagement pathways to care. It occupies an existing gap in perinatal approaches and represents a program which is father inclusive and educates the importance of social connection and cohesion during the challenging times of transitioning to parenthood.

While CHF-STS have a proposed role to undertake the 4-year impact monitoring and evaluation, our Centre will also commit significant additional resources. Principally my role in research management and oversight of the evaluation will be undertaken in-kind, representing a contribution of $140,649.00 over the 4 years.

Having worked collaboratively with Dads Group, I am confident of their ability to develop and deliver this project. The Centre for Human Factors and Sociotechnical Systems at the University of the Sunshine Coast fully supports Dads Group in its aim to establish their ground-breaking program nationally. We fully support this funding proposal and look forward to playing a role in this important initiative.

Yours sincerely,

Dr Nicholas Stevens
Deputy Director, Centre for Human Factors and Sociotechnical Systems
University of the Sunshine Coast
Direct tel: +61 5459 4453
Email: nstevens@usc.edu.au

7 January 2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Sunshine Coast University Hospital, Women's and Children's Services, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community

The program is important to the Sunshine Coast Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Cathy Styles.

Cathy Styles
Nursing & Midwifery Service Director
Women's & Family Service Group

Adjunct Associate Professor, USC

Sunshine Coast Hospital and Health Service
P: 07 5202 3221
M: 0409 066 185
E: Cathy.styles@health.qld.gov.au
W: www.health.qld.gov.au/sunshinecoast

Coast Life
MIDWIFERY

09.01.2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Coast Life Midwifery, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community

The program is important to Coast Life Midwifery as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community, Dads Group provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Jillian Clarke

Private Midwife / Director

Coast Life Midwifery

Cairns and Hinterland
Hospital and Health Service

January 11th 2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Childbirth and Parenting Education, Maternity Unit, Cairns Hospital, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community

The program is important to Cairns Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,
Annette Loadsman RNM
Childbirth and Parenting Education Coordinator
Maternity Unit, Cairns Hospital

Townsville Hospital and Health Service

11/01/2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Child Youth and Family Health team, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program - Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community.

The program is important to the Townsville Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Helen Giles
A/Co-Ordinator Early Intervention Parenting Clinician Service
Child, Youth & Family Health
138 Thuringowa Drv.
KIRWAN QLD 4817

Pam Hueber
NUM/Team Leader
Child, Youth & Family Health
138 Thuringowa Drv.
KIRWAN QLD 4817

Queensland
Government

Metro North
Hospital and Health Service

12th January 2020

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of Women's and New Born Services at The Royal Brisbane and Women's Hospital, I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community.

The program is also important to the Metro North Hospital and Health Service as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

Additionally, this program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community, Dads Group also offers opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by fathers to establish healthy social connections with the intention to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Gillian Nasato
Deputy Executive Director
The Royal Brisbane & Women's Hospital
12/1/2021

Insert facility/hospital name
Address line 1
Address line 2
Queensland <insert postcode> Australia

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Facsimile +61 7
www.metronorth.health.qld.gov.au

Mater Misericordiae Ltd
Raymond Terrace,
South Brisbane Qld 4101

P 07 3163 8111
ACN 096 708 922

materhealth.org.au

15/01/2021

Perinatal Mental Health and Well-Being Program- Emerging Priorities Grant.

To whom it may concern,

On behalf of the Mater Mothers' South Brisbane I am writing in support of the Dads Group grant application for the Federal Government funding, Perinatal Mental health and Well-Being Program- Emerging Priorities Grant. This funding will ensure fathers are educated regarding the importance of mental wellbeing in the perinatal period and stay socially connected and build strong connections with other fathers in their community

The program is important to Mater Mothers' South Brisbane as it works closely with both Maternity Services and Child and Youth Health Services to better support new families in our area.

This program provides opportunities for fathers to bond with their partners and unborn babies in the antenatal period through engagement in antenatal classes. In the community DG provides opportunities for fathers to develop peer support with other fathers in local cafe/park settings, facilitated by local fathers to establish healthy social connections, to build safer homes and communities.

I wish Dads Group all the best for their grant application.

Yours sincerely,

Kathleen Goldsmith
Midwifery Unit Manager
Parent Education & Support Services
Mater Mothers' Hospital

TED O'BRIEN MP

Federal Member for Fairfax

To Whom It May Concern,

I write as an enthusiastic supporter of *Dads Group*, a national father's support organisation operating around Australia.

Dads Group founder, Thomas Docking, is based in my electorate of Fairfax on the Sunshine Coast and has a passion for getting men together to support one another through fatherhood.

The Sunshine Coast's local *Dads Group,* located in Coolum, has over 200 members and meets regularly to allow new fathers to meet in a relaxed and supportive environment to connect and build relationships with each other and their children. It encourages fathers to engage and discuss challenges they may be facing as a new parent, and the organisation also provides encouragement for their children through activities and social interaction.

I support the work that Mr Docking and *Dads Group* do in my electorate and we hope more communities are able to enjoy its benefits.

Yours sincerely,

Ted O'Brien MP
Federal Member for Fairfax

17 Southern Drive, Maroochydore QLD 4558 **Phone** (07) 5479 2800
Email ted.obrien.mp@aph.gov.au **Web** tedobrien.com.au **Facebook** TedOBrienLNP **Twitter** Ted4Fairfax

PARLIAMENT OF WESTERN AUSTRALIA
LEGISLATIVE ASSEMBLY

LISA BAKER MLA

Member for Maylands

8 May 2019

To whom it may concern,

Dads Group support

I recently met with Clinton Etheridge from Dads Group Inc.

Dads Group Inc started in 2014 to connect new fathers and is now adding new local dads groups to help fathers and families.

The DGI Connect Program is a Government and Movember-funded positive intervention initiative to prevent critical issues such as isolation, family violence, depression and suicide.

In WA, Mr Etheridge and DGI is looking to develop partnerships with hospitals, sponsors, councils and community organisations in order to expand the program and set up further local groups.

I encourage you to provide support for this group.

Please contact my office if you need further information.
Yours sincerely,

Lisa Baker MLA
MEMBER FOR MAYLANDS

946 Beaufort Street, Inglewood 6052 (PO Box 907, Inglewood 6932)
Phone: 9370 3550 Fax: 9272 4291 Email: maylands@mp.wa.gov.au

Dan PURDIE MP
Member for Ninderry

TO WHOM IT MAY CONCERN

I write in support of the Dads of Coolum, part of the Dads Group Incorporated (DGI) which has established a local division on the Sunshine Coast.

The national support group for new dads is a positive step in addressing new fathers physical and mental health and improving family relationships.

The Sunshine Coast is home to a growing number of young families, and it is great to see this not for profit community organisation connecting and supporting new fathers and families in our region.

As a former police officer and a father of two young children myself, I am well aware of the importance of men playing an active role in parenting, and having access to a network of peers for mateship and support.

Equally important is the need for children to have positive role models, and Dads Group Incorporated (DGI) are fulfilling a much needed role in encouraging healthy family relationships.

With the help of Movember, DGI have established over 50 new dads groups across the country and are looking for local, state and federal support to grow their impact across all communities of new families in Australia, and I am fully supportive of their efforts to achieve this.

Yours sincerely,

Dan Purdie MP
Member for Ninderry

16th August, 2019

11 Heathfield Road, Coolum Beach QLD 4573 PO Box 989, Coolum QLD 4573 07 5406 7900
ninderry@parliament.qld.gov.au danpurdie.com.au DanPurdieMP DanPurdieMP

PATRICK GORMAN MP
FEDERAL MEMBER FOR PERTH

To Whom it May Concern,

I have met Clinton Etheridge from Dads Group on a number of occasions. He has been doing incredible work in my electorate.

Mr Etheridge has been building groups of fathers to bond and support one another mentally and emotionally through fatherhood.

These "Dads Groups" allow isolated and new fathers to come together, in a supportive, relaxed, and social environment. It promotes good mental health, community engagement, and allows the children to have healthy interactions with others, and make friends

With the Hyde Park Dads Group in my electorate having 250 members, it is clear to see this kind of group fills a gap in the community. Groups across Perth have grown from five, to nine, with the goal of creating twelve groups to support Dad's across the greater region.

I support the work that Mr Etheridge and Dads Group does in my electorate and hope even more communities are able to enjoy its benefits.

Kind Regards,

Patrick Gorman MP
Federal Member for Perth

953 A Beaufort Street
INGLEWOOD, WESTERN AUSTRALIA, 6052
+61 8 9272 3411

PARLIAMENT OF WESTERN AUSTRALIA
LEGISLATIVE ASSEMBLY

LISA BAKER MLA

Member for Maylands

8 May 2019

To whom it may concern,

Dads Group support

I recently met with Clinton Etheridge from Dads Group Inc.

Dads Group Inc started in 2014 to connect new fathers and is now adding new local dads groups to help fathers and families.

The DGI Connect Program is a Government and Movember-funded positive intervention initiative to prevent critical issues such as isolation, family violence, depression and suicide.

In WA, Mr Etheridge and DGI is looking to develop partnerships with hospitals, sponsors, councils and community organisations in order to expand the program and set up further local groups.

I encourage you to provide support for this group.

Please contact my office if you need further information.
Yours sincerely,

Lisa Baker MLA
MEMBER FOR MAYLANDS

946 Beaufort Street, Inglewood 6052 (PO Box 907, Inglewood 6932)
Phone: 9370 3550 Fax: 9272 4291 Email: maylands@mp.wa.gov.au

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Townsville Hospital and Health Service

Kirwan Health Campus

27th February, 2020

Dear Sir/ Madam,

I am writing to express Child Youth and Family Health Kirwan Health Campus's strong support of Dads Group, in their application for the Social grants and Partnerships grant with Townsville City Council.

Providing greater access to social support groups for new and expecting fathers and father figures is an identified focus and priority for Child Youth and Family Health at Kirwan Health Campus. This partnership opportunity will allow us to provide father specific programs therefore providing fathers greater support and more active participation in our service delivery.

Please consider this application as we feel this is an important step in supporting families in our community and increasing child development. We look forward to the opportunities that this grant will provide for families that attend our services.

Yours sincerely,

Pamela Hueber
Nurse Unit Manager Team Leader
Child Youth and Family Health
Kirwan Health Campus

Queensland
Government

27th February 2020

Central Queensland
Hospital and Health Service

Dear Sir/ Madam,

I am writing to express Rockhampton Hospitals strong support and agreed collaboration approach with Dads Group, in their application for the thriving communities grant.

Providing greater access to social support groups for new and expecting fathers and father figures is an identified focus and priority for our services. This partnership/collaboration opportunity will allow us to provide father specific programs therefore providing fathers greater support and more active participation in our services and wider community. In the event that this application is successful we will be looking to leverage our services and premises where required to ensure the outcomes are delivered.

Please consider this application as we feel this is an important step in supporting families in our community and improving child development outcomes.
We also note that the evidence-based programs we anticipate being collaborating on both support of the national men's health strategy and align with policies on prevention of violence against women and children.

Needless to say, these are critical issues for many regional communities and investing in this unique program that both addresses men (fathers) and delivers the key protective factors against family violence, and suicidality should be a state health priority.

We look forward to the opportunities that this grant will provide for families that attend our services and go on to build resilient healthy local communities.

Yours sincerely,

Vickey Blachford
Maternity Unit Manager

Maternity Unit Manager
Central Queensland
Hospital and Health Service
Canning Street
Rockhampton
Queensland 4700 Australia
Telephone +61 (07) 4920 6843
Website www.cq.health.qld.gov.au
ABN <ABN number>

Townsville Hospital and Health Service

Kirwan Health Campus

27th February, 2020

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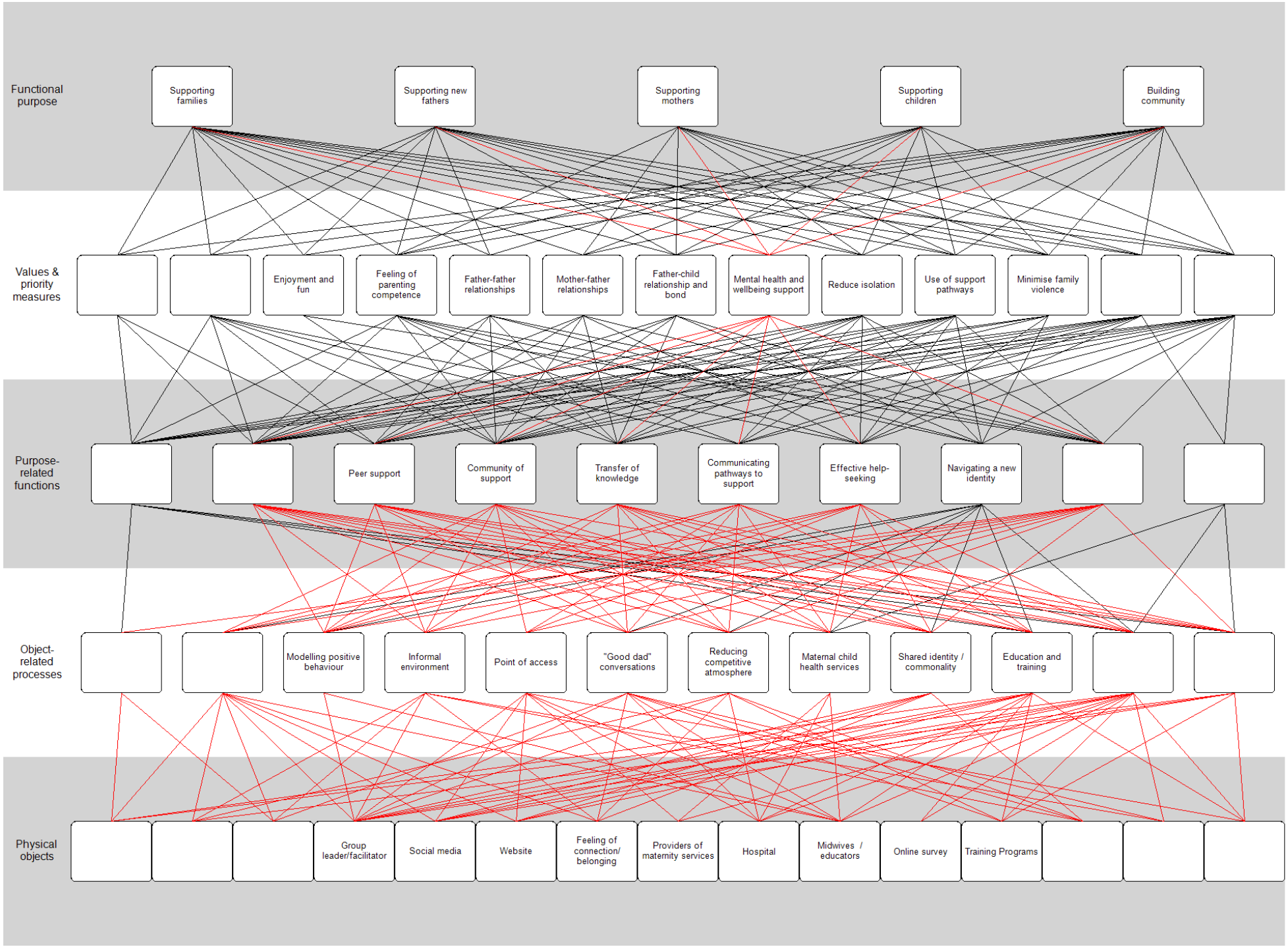
Pamela Hueber
Nurse Unit Manager Team Leader
Child Youth and Family Health
Kirwan Health Campus

To the right is an excerpt of the Dad's Group organisational abstraction hierarchy (Lane et al 2020).

This model presents a whole of systems understanding of the organisation.

Highlighted here in red is the interdependency and influence of '*mental health and wellbeing support*' to the Dads Group organisation purposes at the top, and then the activities, processes and resources that assist this priority measure.

Lane, B. R., Gregory, M., Docking, T., Stevens, N. J. (2020) *The Functional Structure of Fathers' Groups in Supporting New Fathers, Families, and Communities*. (Draft Manuscript) .



Australian Government | Australian Charities and Not-for-profits Commission

DADS GROUP

- Charity is registered
- Charity reporting is up to date

Charity details

ABN:
66621506134

Address:
21 Shierlaw Ave (level 1)
Cantebury VIC 3126
Australia

Email:
tom@dadsgroup.org

Address For Service email:
tom@dadsgroup.org

Website:
www.dadsgroup.org

Phone:
0424 907 249

Charity Size:
Information Unavailable

Who the charity helps:
Families
Males

Date established:
2017

Next report due:
31 January 2021

Financial Year End:
30/06

Where the charity operates

States:
VIC
TAS
NSW
QLD
WA
SA
ACT
NT

Using the information on the Register
Information on the Charity Register has been provided to the ACNC by charities. If information is not shown, this may be because it has not yet been provided. The ACNC may also approve information be withheld from the Charity Register in certain circumstances. Read more about information on the Charity Register.

Annual reporting

TITLE	DUE DATE	DATE RECEIVED	DOWNLOAD
Financial Report 2021	31 December 2021	Pending	—
Annual Information Statement 2021	31 December 2021	Not yet submitted	—
Financial Report 2020	31 January 2021	Pending	—
Annual Information Statement 2020	31 January 2021	Not yet submitted	—

Documents

TITLE	DATE	REPORTING YEAR	DOWNLOAD
Governing Document	22 November 2019		Download

Responsible People

The role of a 'Responsible Person' is an important one for registered charities. Generally, a charity's Responsible People are its board or committee members, or trustees.

Haydn Stewart
Board Member

View profile →

Jason McEwen
Chairperson

View profile →

Natalie Rice
Board Member

View profile →

Thomas Docking

Secretary

View profile →

Varsha Raghavan

Board Member

View profile →

The charity's subtype history

PURPOSE	START DATE	END DATE
Advancing health	8 October 2019	—
Institution whose principal activity is to promote the prevention or control of diseases in human beings (Health Promotion Charity)(HPC)	8 October 2019	—

Registration status history

EFFECTIVE DATE	STATUS
8 October 2019	Registered

Enforcement action history

There have been no enforcements for this charity.

Enforcement action refers to the exercise of powers under the ACNC Act.

SUMMARY RESEARCH REPORT

November 2019

Why do we need Dads Groups?

A cooperative research project between Dads Group and the University of the Sunshine Coast.

By: Dr Ben Lane, Mary Gregory, Dr Nick Stevens, and Thomas Docking

Research Overview

This research overview outlines a cooperative research project currently being undertaken between Dads Group Inc (DGI) and the University of the Sunshine Coast.

What is Dads Group?

DGI is a leading, national, not-for-profit organisation that facilitates support for fathers of young children primarily through the establishment of social groups. With the view that supporting fathers ultimately contributes to addressing broader social issues such as domestic violence, suicide, and isolation, Dads Group has proven successful in engaging dads, establishing groups in over 70 locations across Australia.

Research Background

Although the transition to parenthood is widely considered a challenging time for new mothers, the experiences of new fathers have long been under researched. Parenting by fathers is occurring in the context of changing norms about masculinity and fatherhood (Johansson, 2011). Men may struggle in negotiating their new identity as a father and are known to be reluctant to seek help – this may have negative implications for their family (Asenhed et al., 2013; Yousaf et al., 2015). It is recognised that father-child bonding contributes to healthy child development (Fletcher, 2011; Lamb, 2010). Furthermore, supporting fathers who are struggling through parenthood, reduces the burden on families which translates into better psychological and behavioural outcomes for the child (Wilson & Durbin, 2010).

The success of DGI makes it a suitable case study to inform the design of community-based interventions seeking to engage dads in social activities. With expectations on fathers increasing, investigating the operation of an organisation that engages and supports fathers, facilitating their negotiation into a new role and identity as a father, is timely. This research will capture the intersection between support groups and these changing norms, providing an important research understanding of community-based programs for fathers.

Research Aims

The aims of this research therefore are:

1. To explore the approach of DGI in their implementation of new dads' groups, including:
   a. required resources and the functions they perform
   b. measures of success and how they contribute to the overall vision of DGI
2. To provide a 'systems' model of DGI's strategic approach and vision, offering greater insight into the operations and potential for optimising community impact.
3. To undertake a community survey aiming to inform the ongoing development of DGI by exploring the approaches and challenges of dads, mums and care-givers.
4. To identify an ideal DGI system that best supports social change which will contribute sustainably to the ongoing wellbeing of dads and families.

Challenges for men in Australia

The health and wellbeing of men in Australia is recognised as requiring urgent action (Burns et al., 2016). In Australia, intentional self-harm is the leading cause of death for those aged between 15 and 44 years, with men accounting for three quarters of these deaths (Australian Bureau of Statistics, 2019). Suicidality is well-researched and key risk factors have been identified, such as acute stress, depressed mood, unhelpful conceptions of masculinity, and ineffective coping strategies, particularly, withdrawing socially (Proudfoot et al., 2014). The ways in which these risk factors affect suicidality are complex and interrelated. Men who report greater social isolation, for example, also report greater psychological distress and self-stigma, and lower personal wellbeing (Burns et al., 2016).

Domestic and family violence is a further societal issue in which men are implicated. Domestic violence includes physical, sexual, emotional and psychological abuse, and family violence is a wider term that encompasses violence between family members as well as intimate partners. In Australia, one in six women have experienced sexual or physical violence (Cox, 2015) and one in four women have experienced emotional abuse by a current or former partner (Australian Bureau of Statistics, 2017). Children exposed to domestic and family violence are likely to experience maltreatment as a result of diminished parenting capacity and neglect (Campbell & Thompson, 2015) or through direct violence (Horton et al., 2014). Consequently, there can be significant trauma and negative effects for children's cognitive functioning and emotional wellbeing (Kimball, 2016; McTavish et al., 2016).

There is a clear need to address these challenging and prevalent societal issues in Australia. The transition to fatherhood, bringing new sense of identity, demands on resources, and responsibilities, may be an opportune point at which to support men's mental health and address the risk of domestic and family violence.

The New Fatherhood Experience

New fatherhood is a time of excitement and joy for most men. In a survey of new fathers in Australia (N = 1379), most reported finding real joy in being a father (89%) and feeling satisfied with their role as a parent (81%; Colquhoun & Elkins, 2015). Fatherhood may, however, involve elevated risks that come with life disruption, additional stressors (e.g., sleep deprivation), and new commitments. It has been argued that fatherhood has become increasingly individualised in the face of societal and household change and that fatherhood is increasingly being challenged by partners and social institutions, such as the media and government (McKelley & Rochlen, 2016; Williams, 2008). Furthermore, although fathers in Australia today may be more involved in child care than in past decades, recent statistical trends for most families indicate that the time fathers spend in employment remains the same before and after having children (Baxter, 2019). Many new fathers report not spending the amount of time they wish to with their child (55%) and less than half have reported that it was easy to find someone to talk to when feeling stressed or down (44%; Colquhoun & Elkins, 2015). Many also report feeling stressed or anxious about needing to be "the rock" in their family (47%) and a high proportion scored highly for risk of depression or anxiety (39%; Colquhoun & Elkins, 2015). Across studies globally, approximately 25% of fathers have been estimated to experience depression in the period 3- to 6-months postpartum (Paulson & Bazemore, 2010).

The support of new fathers and prevention of mental ill-health is imperative given the influence fathers can have on their children's development. Historically, warm and involved fatherhood has been associated with a range of positive outcomes, such as school readiness (McWayne et al., 2013), and cognitive, emotional, and social development broadly (Lamb, 2010; Towe-Goodman et al., 2014). More recently, the father-child relationship has been directly linked to child prosocial behaviour, even when controlling for the influence of mother and teacher relationships (Ferreira et al., 2016). A father's positive beliefs about parenting in early life have also been associated with their child having fewer challenging behaviours in subsequent years (Kroll et al., 2016). Furthermore, emerging research suggests that rough-and-tumble play, common in father-child interactions, is associated with better social and cognitive outcomes, as well as fewer aggressive behaviours in the child (Anderson et al., 2019; StGeorge & Freeman, 2017). In contrast to these beneficial outcomes, when parental mental ill-health is present, there can be significant social, economic and psychological impacts on families and the capacity for sensitive care may be compromised (van Santvoort et al., 2015).

Help-seeking behaviour is infrequent in men (Yousaf et al., 2015). Indeed, men typically enter services for mental health only when the severity of symptoms, extent of disability, and number of comorbidities becomes highly elevated (Harris et al., 2014). Help-seeking in relation to fathering, specifically, is also likely to be low. In qualitative research (N = 20), Australian men have reported feelings of marginalisation based on services being designed for access by mothers (Rominov et al., 2018). Fathers also viewed their partner as the gateway to parenting information and expressed preference for informal supports, such as family and friends, rather than formal programs (Rominov et al., 2018). Determining ways in which to engage fathers in behaviours that support physical and psychological wellbeing, particularly before concerns become severe, remains a challenge to be addressed in the academic literature.

How Dads Group Can Help

Community-based programs are an avenue through which individuals can become engaged in a strengths-based environment. For example, peer-led support has been used to facilitate behaviour change by building trust based on shared lived experiences, role-modelling living well, and engaging others with help available and the broader community (Gillard et al., 2015). The community-based Men's Sheds program in Australia has been used to address social isolation in men and provides another example (Ballinger et al., 2009; Morgan et al., 2007). Gendered approaches to encouraging help-seeking have been recognised as important (Harris et al., 2014) and community-based groups may be well-suited to cater to these needs, providing an inclusive and non-pathologising environment where men build relationships and engage as peers (Morgan et al., 2007). Such programs may be viewed as a form of "social prescription" (Chatterjee et al., 2018), which help bridge the gap between medical involvement —such as the birthing process in the parenting context—and psychological wellbeing in the community.

Community-based groups could also have a role in addressing the broad societal issues men face. Dads play groups, for example, aim to help fathers develop supportive social relationships, sense of purpose, family harmony, and connections to physical and mental health services, all of which are recognised as protective factors against the risk of suicidality (Black Dog Institute, 2018). Further to this, the act of empowering fathers to develop an identity as a father and embrace this new role is a step towards challenging gender stereotypes as well as strengthening equal and respectful relationships, both of which contribute to the prevention of domestic and family violence (Our Watch, 2015)

Community-based programs for new fathers remain to be formally investigated in the academic literature. In Stage 2 of the research, a systems analysis is thus being applied to understand the ways in which Dads Group Inc supports outcomes related to men's mental health and domestic and family violence.

The Next Phase Of The Research

As part of Stage 3 of the research, a Community Perspectives Survey of new mothers, fathers, and other primary caregivers is underway.

This survey is examining:

- The support needs of new fathers
- The impact of Dads Group programs and events on new fathers.

If you would like to participate, please go to:

https://www.surveymonkey.com/r/USC_DGI_survey

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Dads Group

USC

Want to find out more?

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Tom Docking
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dadsgroup.org.au

Plus Paternal: A focus on fathers

Case for Change

Plus Paternal
A focus on fathers

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@healthymale au

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Search: Healthy Male

Plus Paternal: A focus on fathers
Case for Change

Australian fathers want and deserve more from our health system.

Non-birthing parents, most commonly men, are not systematically engaged or supported from pre-conception to parenthood. They are often treated as secondary to fertility, birthing and parenting processes — welcome but not active-partners.

Healthy Male — together with men, health professionals and organisations from across Australia — is calling for changes to our health system, and society.

This Case for Change outlines:

- How social and gendered norms affect fathers
- Why our health system needs to change, and
- How, by taking a top-down and bottom-up approach, the system can be changed to recognise, value and support the health and wellbeing of men and women from preconception to parenthood.

It also asks policy makers, organisations and individuals to support seven goals for achieving change:

1. Society recognises and values both parents equally
2. Health policy addresses the health and wellbeing of both parents
3. The health system supports the proactive engagement of both parents
4. Health professionals are willing and able to support men and women
5. Both parents are prepared for the transition to parenthood
6. Parents who experience loss, distress, or are struggling with parenthood, receive the care they need
7. Practice is evidence-informed and shaped by the lived-experiences of both men and women

Achieving these goals will create healthier families.

“I understand that the majority of attention needs to be provided to the mother and I am supportive of this. However, having a child was still the most important event of my life, and yet I was often ignored completely during preconception consultations, during the pregnancy, and perinatally. Being treated like a member of the team on more occasions would have been valued.”

Men s Lived experience Survey Participant

Why focus on fathers?[1]

For understandable reasons, Australia's reproductive health services focus on the health and wellbeing of mothers and babies. The explicit focus on mothers is entrenched within the model of care and is apparent from preconception to parenthood.

But what about fathers?

Healthy Male embarked on the Plus Paternal: A focus on fathers project in response to the National Men's Health Strategy 2020-2030's call for a more inclusive approach to parenthood and expansion of the maternal and child health infrastructure to include fathers.

With guidance from a national, multi-disciplinary Advisory Group we began by building knowledge to establish an understanding of the current situation in Australia in relation to fathers. We engaged men, health professionals and policy makers to determine what, if anything, needs to change to improve the health and wellbeing of fathers, prospective fathers and their families.

Not only did we discover **a pressing need for change** across all levels of the health system and beyond, we found a **strong desire for change** amongst men and health professionals.

The evidence clearly shows that our health system does not proactively engage men as they attempt to, and/or become fathers. Instead, across many health services, men are viewed as secondary to the child-bearing process – welcome, but not active partners. This mindset, and the system that supports it, leaves men feeling undervalued and ignores their fertility needs, and the mental health and wellbeing issues they may face as they become fathers. It also lessens their ability to be engaged and proactive parents, who make positive contributions to the growth and development of their children.

There is a wide range of organisations across Australia committed to the health and wellbeing of families, and some great work is happening with fathers. As a peak national men's health organisation, Healthy Male sees its role as a 'facilitator of change' – working to draw organisations and individuals together to grow a movement to increase the focus on fathers nationally.

Join the collective effort by endorsing the Case for Change and its seven goals (visit www.healthymale.org.au/plus-paternal) and by taking action within your sphere of influence to help improve the experiences and outcomes of fathers and their families. (See page 19 for suggestions)

Together we can make a difference.

Simon von Saldern
Healthy Male CEO

REFERENCES

[1] Healthy Male's work focusses on the health needs of men. Within this document the terms mother and father have been used to highlight gender differences within families. We recognise and respect that gender nonbinary people may prefer gender-neutral terms.

[2] Reproductive health services include a broad range of services that support fertility, pregnancy, birth and parenthood. They include general practice, family planning, fertility support services, hospitals, antenatal education providers, maternal and child health services and family health services.

Principles for action

The following principles should underpin all actions to improve the support and care of fathers:

- **Equality** All men have equal access to information, care and support, regardless of their backgrounds or circumstances
- **Proactive care** - At all points on their pathway to fatherhood men are proactively engaged and supported. Saying they are welcome is not enough.
- **Strengths based focus** - Initiatives highlight men s strengths and promote empowerment
- **Evidence informed practice** - Initiatives are informed by evidence, expert opinion and the voices and experiences of men
- **Co design** - Initiatives are co designed with men who have diverse lived experiences
- **Collaboration** - Organisations and stakeholders collaborate, share knowledge and resources and form partnerships to leverage expertise and avoid duplication
- **No competition** Initiatives to improve the health of men do not detract from, nor compete with, women s health initiatives

Australian fathers at a glance[3]

1 in 5
Australians are fathers – that's 5 million fathers

Most men desire to be fathers

Fatherhood is a time of significant transition

The average age of first-time fathers is 33 years

1 in 20
fathers experience depression while their partner is pregnant

Men's preconception health affects fertility and the health of their children

Over **2 million** fathers have a child under 18 years of age

For infertile couples, the male contributes to infertility in around half of all cases

1 in 20 of the parents who access the government's primary parental leave scheme are males

After a miscarriage or stillbirth men often hide their grief to support their partners

The proportion of stay at home fathers (4–5%) has not grown much in the last **20 years**

Less than 1%
of the parents who access the government's paid parental leave scheme are males

Father-child bonding contributes to healthy child development

1 in 10
fathers experience depression and/or anxiety before or soon after birth

The risk of suicide is higher for men in the perinatal period than at any other time in their lives

38%
of new fathers worry about their mental health

1 in 5
fathers report feeling totally isolated in the first year of fatherhood

45%
of fathers are not aware that men can experience postnatal depression

Over half of new fathers report not spending as much time as they wish with their child

Most men report finding real joy in being a father

Almost half of new fathers report feeling stressed or anxious about needing to be 'the rock' in their family

REFERENCES

[3] See www.healthymale.org.au/plus-paternal/case-for-change for references

Australia's diverse fathers

Men's health is influenced by a complex range of factors, including social, economic, cultural, environmental and political influences.

Australia's diverse fathers have different needs and experiences. Their engagement and support require tailored approaches, cultural understandings, community partnerships and the insights of men themselves.

The complex needs of men who belong to more than one priority population group[4] must also be considered, as must the needs of men whose aspirations for fatherhood are not realised.

Stay-at-home fathers	**LGBTI+ fathers**	**Working fathers**
Step-fathers	**Fathers with disability**	**Older fathers**
Separated fathers	**First-time fathers**	**Donor fathers**
Fathers with several children	**Fathers who work away from home**	**Fathers in rural or remote areas**
Fathers who are unwell	**Single fathers**	**Young or teenage fathers**
Fathers who speak languages other than English	**Fathers who've lost a child to miscarriage, stillbirth or neonatal death**	**Aboriginal & Torres Strait Islander fathers**
Fathers who weren't expecting to be fathers	**Fathers who left school early**	**Fathers with financial concerns**
Unemployed fathers	**Fathers who were born overseas**	**Experienced fathers**
Fathers who are thriving	**Fathers who are struggling**	**Imprisoned fathers**
Isolated fathers	**Fathers from different cultural backgrounds**	**Fathers of varied religions**

REFERENCES

[4] The National Men's Health Strategy 2020-2030 identified nine priority population groups of men at greater risk of poor health: Aboriginal and Torres Strait Islander males; males from socio-economically disadvantaged backgrounds; males with a disability, including mental ill-health; males from culturally and linguistically diverse backgrounds; members of the LGBTI+ community; males living in rural and remote areas; male veterans; socially isolated males; and males in the criminal justice system. These men, together with a 10th group – Young men, are likely to experience additional challenges in relation to parenthood.

Who can engage and support men from preconception to parenthood?

General practitioners

Nurses

Aboriginal health workers

Peer support workers

Parenting educators

Employers

Obstetricians

Gynaecologists

Genetic counsellors

Community workers

Dads' groups

Peers

Partners

Family members

Other fathers

Health educators

Teachers

Work colleagues

Midwives

Psychologists

Counsellors

Fertility specialists

Friends

Neighbours

> "Our obstetrician talked to my partner and I as a team, which we both really appreciated."
>
> **Men's Lived-experience Survey Participant**

> "I wasn't even acknowledged. Could have been invisible."
>
> **Men's Lived-experience Survey Participant**

> "There is a lot of literature about engaging fathers – we know what to do but we don't systematically apply the principles".
>
> **Stakeholder Consultation Participant**

Evidence for change

The Case for Change is supported by strong evidence, including the voices of fathers. It draws together the views of experts in reproductive health, knowledge from reviewed literature, analysis of national policies and guidelines, and the experiences and suggestions of hundreds of men and health professionals.

Surveys

500+ total participants including 159 health professionals and 367 men

Literature reviews

2 literature reviews - 154 articles reviewed

Sector engagement

43 participants from 14 disciplines provided advice through the Plus Paternal Virtual Round Table

Strategy & guidelines review

A desktop review of 14 national policies, strategies and guidelines

Stakeholder consultations

40 interviews with health experts from 26 organisations

The evidence and the feedback show clear, consistent themes.

1

Australian fathers have unmet needs and diverse experiences

- There is no single pathway to fatherhood. Fathers and prospective fathers across Australia have a wide range of experiences from preconception to early fatherhood.
- This time of life is associated with significant change. Although it is a positive time for most men, many experience distress, anxiety and depression. Financial pressures, changing family and intimate partner relationships and dynamics, and the responsibilities of fatherhood weigh heavily on Australian fathers and fathers-to-be.
- Many men have unmet needs when they attend health services, from preconception to early fatherhood. They are routinely excluded from the conversation or not acknowledged at all, and report feeling undervalued or irrelevant to the process of having a child. First-time fathers often feel uninformed or ill-informed when it comes to pregnancy, how their relationship with their partner may change, how to interact with and handle their child, and more generally, in how to be a successful parent.
- There are inconsistencies in the care men receive across and within Australian States and Territories.
- Those from priority population groups are likely to face additional barriers in accessing information and appropriate care.
- For some men, engagement in pregnancy, birth and parenting is not the traditional approach in their culture.
- There are many examples of emerging good practice in engaging and supporting men, despite a lack of consistent policy consideration, inclusion or guidance.

2

Traditional norms can negatively influence the roles, support and experiences of men (and women)

- Most men wish to become fathers. There is a clear shift towards the active and equal involvement of men in parenting, as well as a desire by men to support their partners as best they can. The notion of 'multiple masculinities' supports diversity amongst fathers rather than traditional 'father' roles.
- There is growing expectation and acceptance of men's involvement during pregnancy, such as attending antenatal appointments and the birth of a child. When men do attend, however, they are often not actively engaged and included and there is little acknowledgement of their role or needs when interacting with the health system at these times.
- Traditional social and gendered norms negatively impact men. Harmful notions include: that fertility and child rearing is women's business; that the primary roles for a man are as breadwinner and supporter of their partner; and that men are stoic and strong and have a lesser emotional bond or experience than women, especially when the loss of a child occurs.
- These prevailing norms impact on whether men raise concerns or advocate for their own needs, with some men feeling pressure to align with these norms. During the perinatal period, pressure to 'stay strong' and 'be a man' can be exacerbated because many fathers feel that they must support their partners.
- Our health system reflects wider society. Norms influence, consciously and unconsciously, how health professionals engage with men and whether they consider engagement to be relevant.
- Norms also translate into workplace policies and attitudes which can inhibit men from taking as active a role as they would like as fathers and partners. The uptake of parental leave remains relatively low and flexible working arrangements are not always accessible to men.

3

The health system's focus on mothers masks opportunities to support and prepare men for fatherhood

- The focus on women and infant welfare within reproductive health services is appropriate and required, and is supported by men. However, the benefits of providing support for the family unit as a whole are often overlooked, as are men's needs as they attempt to, and/or become fathers.
- The emotional needs of fathers and prospective fathers are not consistently acknowledged or supported. This particularly includes: men who may be anxious about impending fatherhood; men who may be infertile or experiencing protracted engagement with fertility support services; and those who have experienced the loss of a child.
- The pathway to fatherhood provides opportunities to engage, inform and prepare men for the transition to fatherhood and the many challenges and impacts it will have in their lives.
- Structural changes and more father-inclusive practice across the board would help to support the proactive engagement of men in reproductive health services. This includes the development of a clear health pathway specifically for men from preconception to early fatherhood, including for men who have experienced loss.

4

The knowledge and skills of men and health professionals in relation to fatherhood need to be strengthened

- Men's knowledge about preconception, fertility, pregnancy, birth and early fatherhood is insufficient. This extends to the importance of maintaining their mental and physical health at this time, understanding and preparing for changes in relationships, knowing how to support their partner beyond the physical pregnancy and birthing process, and in shaping their role and understanding the influence they can play in child development.
- Men are calling for more engagement, greater provision of information and support from healthcare services, and for opportunities for peer support.
- Health professionals are seeking education and information to support them in engaging with men from preconception through to early fatherhood.
- An integrated, father-inclusive approach to health policies and guidelines would support the consistent care of fathers and potential fathers.

> "The whole system squeezes men out. There are no universal structures within the system to engage men."
>
> **Stakeholder Consultation Participant**

The problem

Australian society, and our health system, has not kept pace with the changing needs, expectations, roles and diversity of modern-day families.

Non-birthing parents, most commonly men, are not systematically engaged or supported from pre-conception to parenthood. They are often treated as secondary to fertility, birthing and parenting processes – welcome but not active-partners. Many do not receive the care they need if they are unable to conceive, if they lose a child or if they are struggling with parenthood. Opportunities to prepare them for this major life transition are lost.

The goals and changes outlined on the following pages arose from the evidence gathered and suggestions from men and health professionals.

> “A ‘quick screen, dispense medications, off you go’ approach is not conducive to engaging and supporting men who may have fertility concerns or be struggling with early parenthood.”
>
> **Men’s Lived-experience Survey Participant**

> “We will benefit as a society if fathers have access to the same service provision as mothers…we are often working with only one half of the parenting partnership.”
>
> **Health Professional Survey Participant**

> “Don’t just include fathers, treat us as equal partners and parents.”
>
> **Stakeholder Consultation Participant**

Achieving change

Achieving meaningful, sustainable change will require the collaboration and commitment of a wide range of stakeholders.

Opportunities for change may arise through health system changes, health promotion, education, fertility support, perinatal support, promotion of general health and wellbeing, or workplace policy.

The goals and changes outlined below arose from the evidence gathered and suggestions from men and health professionals. They are supported by senior health professionals and policy makers who participated in the Plus Paternal Virtual Round Table.

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
Society recognises and values both parents equally	• Social and gendered expectations of men evolve so that our society views men and women as equally important to raising children. • Health promotion and communication campaigns challenge traditional family stereotypes, promote positive role-models, reduce stigma associated with help-seeking and help shift social and gendered norms related to parenthood. • Workplaces acknowledge the importance of men being active, present and engaged fathers. Parental leave provisions and flexible work arrangements are routinely available for fathers and uptake is actively encouraged and modelled by leaders in all fields. • Secondary-school curriculum includes content related to healthy parenting, male and female fertility and the contributions of both parents to the health of their children.	• Business, employment, health and education sectors • Media • Workplaces • Trade unions • Professional organisations and peak bodies • Health organisations • Education departments • Schools and universities • Private health insurers
Health policy addresses the health and wellbeing of both parents	• All policies, strategies and guidelines related to reproductive health acknowledge the needs of both parents and provide guidance in meeting those needs. • A universal Pathway of Care for parents is embedded across the health system to support nationally consistent, standardised care, with mechanisms to recognise men who are prospective fathers as unique clients with specific needs.	• State and Territory Health Departments • Primary Health Networks • Professional health organisations and peak bodies • Private health insurers • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc.

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
The health system supports the proactive engagement of both parents	• Our health system is structured and adequately resourced to effectively care for both parents' health and wellbeing. • Men and women are proactively engaged and supported from preconception to parenthood, and at times of loss or distress. • Initiatives that support the care of men become standard practice: — Men are encouraged to attend appointments to discuss reproductive life planning and their pathway to fatherhood. — A screening tool for anxiety and depression that has been validated for men is routinely offered to fathers, with clinical guidelines developed for appropriate usage. — The routine engagement of men in relation to reproductive health is supported by service/practice level initiatives including software systems, health pathways and local information campaigns.	• State and Territory Health Departments • Primary Health Networks • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Professional health organisations and peak Bodies

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
Health professionals are willing and able to support men and women	• The roles and remits of health professionals who provide reproductive health services include the proactive engagement and care of fathers and prospective fathers. • The reproductive health workforce receives training and information on father-proactive practice, the benefits of supporting men as they become fathers, emotional support during fertility treatment and at times of loss, and strategies for engaging men.	• Professional colleges and associations • Peak agencies • Primary Health Networks • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Non-Government Organisations
Both parents are prepared for the transition to parenthood	• Information and education for fathers and prospective fathers, that addresses their needs as well as the needs of their families, is widely available in various formats and languages. • The curriculum of antenatal education and first-time parenting classes is reviewed and expanded to include nationally consistent content that addresses the needs of both parents. • Information is available on practical issues related to having a child and emotional issues, such as likely relationship changes. • Effective, culturally appropriate programs, services and resources for supporting fathers are available across all levels of service provision and are widely accessible in diverse formats. • Initiatives for fathers from priority population groups are trialled and, if successful, made widely available.	• State and Territory Health Departments • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Health education providers • Peak agencies • Non-Government Organisations • Parenting support services

Goals	What would change for fathers look like?	Who can influence these changes? (Examples only)
Parents who experience loss, distress or are struggling with parenthood receive the care they need	• The emotional wellbeing of men is routinely monitored by health professionals if: — they are undergoing fertility treatment — they have experienced the loss of a child through miscarriage, termination, still birth or an infant death — they have a traumatic birth-related experience — they are experiencing anxiety, depression or other emotional challenges during the transition to fatherhood. • Tailored information, debriefing, counselling support and culturally appropriate care is readily available for and offered to these men. • Hospital, clinic and service policies support the routine follow-up of each parent who has experienced loss through miscarriage, medical termination, stillbirth or the death of a child.	• Peak agencies • Public and private health service providers and health professionals from a range of disciplines – general practice, allied health, psychology, midwifery, obstetrics and gynaecology, maternal and child health, Aboriginal and Torres Strait Islander Health Services, mental health support etc. • Non-Government Organisations • Peer support
Practice is evidence-informed and shaped by the lived-experiences of both men and women	• The evidence base for how best to engage diverse fathers and respond to their needs builds over time. • Initiatives are co-designed with men who have diverse lived experiences. • The engagement of fathers across the health system is monitored using national indicators. • Progress across all of the areas listed above is routinely measured and reported over time.	• National research institutes and organisations • Universities • Research consortia • State and Territory Health Departments • Statutory data collection and reporting agencies • Health consumers' groups

Call to action

The Case for Change is strong and the time to act is now. Men are missing out on the care they need, and this is impacting on Australian families.

Although many organisations are making great progress in engaging and supporting fathers, there is still much work to be done to mainstream their care and development as parents. The current system, that was not designed with men in mind, can't simply be 'retro-fitted', nor should its evolution to encompass fathers detract from the services needed by women.

To improve the experiences and support of men, a fundamental shift in the way society and the health system views fathers is required, and change across all levels of the system, and beyond. This requires policy, service-level and individual commitments to a philosophy that is truly inclusive of men and fathers. Tokenism has no place.

Social, cultural and systemic change will require the collective and collaborative efforts of many stakeholders, but the results will undoubtedly benefit men, their families and society more broadly.

How can you get involved?

There are many ways to support the Case for Change. Here are some ideas:

- Publicly endorse the Case for Change. Visit healthymale.org.au/plus-paternal/supporters to register your support and/or that of your organisation
- Participate in joint advocacy activities and sector partnerships
- Review the Achieving Change table on page 15-18 and identify opportunities for change within your sphere of influence e.g.:
  - Develop an organisational response to the Case for Change
  - Lobby for additional resources to support programs for men
  - Audit your organisation's policies, procedures and resources to determine whether they are father-inclusive and father-proactive
  - Work with men to improve systems and resources
  - Support the men in your life as they plan for, or become fathers

For more information about Healthy Male and Plus Paternal: A focus on fathers visit www.healthymale.org.au/plus-paternal

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> "Be aware that our (fathers') health and wellbeing is just as important to the child's wellbeing as the mother's in the long run. Prepare fathers for being a dad and don't just treat us as assistants."
>
> **Men's Lived-experience Survey Participant**

HEALTHY MALE

ANDROLOGY AUSTRALIA

Building Safe Communities for Women and their Children:

A compendium of stories from the field

EDITED BY ELIZABETH ORR
PROJECT LEADER, ACTION RESEARCH SUPPORT INITIATIVE

ANROWS

AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present, and future, and we value Aboriginal and Torres Strait Islander history, culture, and knowledge.

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Foreword

In the past decade there has been unprecedented national action on the prevention and response to violence against women in Australia.[1] This national action gained momentum in 2015, when Rosie Batty was named Australian of the Year. The award recognised Rosie's courageous and effective advocacy for change following the death of her son, Luke, who was killed by his father, Rosie's former partner. Rosie's advocacy was a catalyst for broad-based local community action. Many Australians not otherwise connected to policy or practice responding to domestic and family violence began asking "what can we do?".

In late 2015 the Australian Government's Department of Social Services (DSS) established the Building Safe Communities for Women and their Children (BSCW) program to capitalise on this community engagement opportunity. DSS provided establishment funds for communities across the country to develop and implement practical solutions to reduce violence against women and their children. Funded projects were required to implement an action research approach, with support from ANROWS, to build their initiatives on an evidence base and to share their learnings with other communities.

This compendium of stories from the field complements the Action Research Support Initiative report, *Evidence to action and local action as evidence: Findings from the Building Safe Communities for Women and their Children Action Research Support Initiative* (Orr, Backhouse, & La, 2018) and is best read in conjunction with that report.

ANROWS was honoured to have the opportunity to work with the BSCW projects across Australia in the development and implementation of the action research components of the projects. We thank DSS for funding the establishment of the BSCW projects and the ANROWS Action Research Support Initiative, and we wish the projects continued success with the support of their local communities.

Dr Heather Nancarrow

Chief Executive Officer

1 See for example, *Time for action: the National Council's plan to reduce violence against women and their children* (National Council to Reduce Violence against Women and their Children, 2009) and the *National Plan to Reduce Violence against Women and their Children 2010-2022* (Council of Australian Governments, 2011), which established Australia's National Research Organisation for Women's Safety (ANROWS) and Our Watch.

PROJECT 28

Dads Group

Dad's Group Inc.

STORYTELLERS
Thomas Fagernes and Thomas Docking

Research shows that an effective father figure results in reduced incidents of violence, crime, and alcohol and drug abuse; enhanced mental health and self-esteem; improved school engagement and performance; increased social competence; decrease in risky sexual behaviour; and improved health behaviours (Wood & Lambin, 2013).

This project was conducted by Dads Group Inc. (DGI) from March 2016 to December 2017 to champion healthy dad role models, connect isolated and lonely dads at risk of mental health issues, and as a strategy to prevent family violence by challenging gender parenting stereotypes.

DGI has established approximately 30 Dads Groups in a number of suburbs and country towns including Ringwood, Belmont, Stonnington, Croydon, Craigieburn, Burwood, Manningham, Healesville, Whittlesea, Yarrawonga and Mildura.

The services and organisations involved in the project are the Department of Social Services, Accenture, Dando, Rotary, YMCA, Toyota, Herbert Smith Freehills, Movember, Playgroup Victoria; The Fathering Project.

Action Research

ANROWS supported the design and development of a research framework and methodology to underpin the reporting of impact data on the project. The tools and methodologies DGI utilised to measure the effectiveness of the project and achieve outcomes were largely digital assets and platform technologies to enable a cost- and time-effective approach to data gathering and solution development updates.

Deliverables and measures of success

Service model components:

- digital technology that can measure interaction and activity of users;
- groups that can be engaged and can share experiences and learnings;
- leadership events that educate and train on topics such as violence against women and children;
- public events that can connect isolated dads; and
- tools that can equip users with resources and parenting skills that will reduce violence against women and children, as well as isolation and suicide.

Service delivery

Strategic delivery partnerships have been established with local community partners such as councils, maternal and child health nurses, Rotary clubs, YMCA and local businesses. We worked on a strategic design partnership with service providers such as Playgroup Victoria and Movember to assist the organisation with implementation, delivery and measurement of project outcomes.

Proposed outcomes – qualitative

- Feedback capturing improved relationship sentiment between partners (mothers and fathers) in first years of parenthood.

- Feedback capturing improved relationship sentiment between fathers and their children in early years of parenthood.
- Feedback capturing aspects of growth of resilient communities of new fathers and families.

Proposed outcomes – quantitative

- Number of fathers connected with the platforms.
- Number of fathers involved in programs/groups/events.
- Number of families engaged in DGI events and programs.
- Number of women who have indicated improved relational outcomes as a result of DGI programs.
- Number of men who indicated improved relational outcomes as a result of DGI programs.

WHAT DID THE PROJECT DO?

Dads Group developed a digital platform that promotes gender equality and respect for relationships through the facilitation of face-to-face connections and online resources. The digital platform leverages social media and a website and app were developed together with digital partner Dando.

The Dads Group website (www.dadsgroup.org) features an online form for fathers who want to start a new Dads Group in their area. A process for starting a new group and training of new Dads Groups has been developed. Team members are trained and resources are available to respond to enquiries, and start new groups. The DGI services directory and toolkit available on the website and app provide links to services and resources that help guide healthy behaviours and increase awareness.

Weekly events and barbeques are promoted on each Dads Group's individual Facebook page, and major DGI events are listed on the DGI website. Dads Groups events are hosted throughout the local groups on a regular basis. These events include weekly coffee meetings at local coffee shops and barbeques hosted by local Rotary clubs.

The annual Man with a Pram event is held at the Eastland Town Square in Ringwood. The 2016 event was a success with around 70 dads with prams joining the fun.

WHAT HAPPENED?

DGI reach and feedback from families and service providers: DGI is constantly developing new groups and as part of our action research we have been gathering feedback from participating dads and mothers and service providers.

Maternal child health (MCH) professionals: over 50 discussions and interviews were conducted with various MCH professionals. The aggregated themes were:

- deep awareness and understanding of the need to provide similar programs as the ones developed and implemented for mums over the past 40 years;
- clear concern and effort to make mothers' programs "father inclusive";
- overwhelmingly similar outcomes of the efforts to be "father inclusive" led to very limited continuity and sustainability of dads' programs; and
- genuine collaboration invited (and trialled) with clear mutually valuable program outcomes for mothers, fathers and infants – 99.5% of all MCH professionals are females running female programs and there is a general consensus that to maintain continuity and connectedness for fathers' programs there needs to be a father/male-led program for males to engage sustainably.

Mothers: over 150 discussions and interviews were conducted with mothers. The aggregated themes were:

- deep concern for the mental wellbeing of their partner (the father);
- awareness of need for him to be connected with the child and with other fathers in similar life transition;
- concern and/or frustration with lack of sleep impacting their relationship and the family dynamic; and
- exhaustion and in need of a break.

Feedback:

- "The Dads Group program has given my husband confidence to be involved and given me a break on Saturdays which is much needed."
- "It has helped us transition from a couple to a family of three while helping us keeping our marriage a priority."
- "It's the best, a Saturday morning off is so helpful and to know that it is not only building a bond between your child and their Dad but it also strengthens family and relationships at home."

Fathers: over 500 discussions and interviews were conducted with fathers. The aggregated themes were:

- feeling isolated because of the amount of support directed at mothers compared to nothing for fathers;
- increased pressure at work, increased pressure at home trying to do both well with half as much sleep;
- impacts on their sense of freedom, sex lives, finances and identity following becoming fathers;
- loss of friends and social connections that no longer associate or identify with parenting life; and
- a strong desire to be a great dad.

Health and mental health practitioners: the key themes from health practitioner discussions and interviews included;

- fathers were often the overlooked parent in the parenting equation both from a service perspective and a cultural perspective; and
- most fathers want to do the right thing but don't have the tools or education to enable them to do this – well over 99% of traditional services for fathers are in the crisis support space or behavioural correction space which doesn't change to core social problems.

Local, state and federal government: the key themes from government discussions and interviews included;

- there is significant government support for programs that can reduce tragic family and community outcomes; and
- the DGI initiative ticks the box on all the requirements for a project to be funded – the challenge is often that it is so new as an innovation it will take time and trial data to support a government-funded national implementation.

Non-government and industry service organisations: there is a major gap in services for new fathers from all communities but our funding was being reduced from current programs, so expanding our reach without new government and donor support in this area will be limited. There are great needs, particularly noticed in culturally and linguistically diverse communities, for parenting support directed at new fathers.

Examples of strong relationships and ongoing partnerships developed: relationships with local community organisations are a key element in the success of DGI. In particular, local councils have been very supportive. For example, we have strong and ongoing relationships with:

- the Craig Family Centre in Ashburton – promotions and support for Dads of Ashburton;
- MCH City of Boroondara – providing information to new parents about DGI;
- MCH City of Hume – providing information to new parents about DGI;
- Rotary – hosting regular barbeque events for dads;
- Playgroup Victoria – working in partnership to engage fathers and promote healthy behaviours to prevent family violence and mental health issues; and
- the Fathering Project – promotion of their programs to reach out to fathers of school-age kids.

PROJECT SUSTAINABILITY: WHERE TO FROM HERE?

The planning commenced in July 2016 with BSCW funding ceasing in December 2017. The organisation aims to continue to build on the achievements of the project and the established collaborative partnerships to identify ongoing funding sources and continue to fund projects in relation to the safety of women and children in the community. The DGI program was continuously being improved throughout this project, and all key processes within the organisation were captured. This allows for a scalable program where a rollout of the program on a larger scale can be achieved. A scalable program has the potential of being more effective and becoming sustainable. Risk factors are being taken into consideration in all activities within DGI. A risk management policy is in place and continuously being reviewed by DGI management to ensure that it takes all known risks to the organisation into consideration. It is important for the organisation's sustainability that it has a strong foundation that closely monitors its strengths, weaknesses, opportunities and threats.

This project has established a collaborative partnership of organisations that want to continue to undertake and evaluate safety of women and their children in this community.

Keeping the partnership strong will provide more opportunities to build safe communities and family violence prevention.

DGI and Playgroup Victoria are working in a partnership to engage fathers of children from pre-birth to five years of age. Playgroups bring young children, parents, families and communities together to learn and develop through informal play activities and social interaction.

DGI will receive Movember pilot funding as part of the Movember Social Innovators Challenge.

PEOPLE TO THANK

None of this work would have been possible without Group Leaders; DSS; ANROWS; Accenture; Baby Jogger; Dando; Rotary; YMCA; Café Stazione; Parenting Research Centre; Toyota; Herbert Smith Freehills; Movember; Playgroup Victoria; The Fathering Project.

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Conclusion

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AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children

Table A1 - INDICATIVE ACTIVITY BUDGET

Year of Funding Proposed States Total Number of Hospitals		Year 1 QLD, NSW, VIC, 11	Year 2 QLD, NSW, VIC, WA 15	Year 3 QLD, NSW, VIC, WA, SA, 25	Year 4 QLD, NSW, VIC, WA, SA, 41		
Activity Item	**Notes/Basis of estimate**	**$ (excl GST)**	**$ (excl GST)**	**$ (excl GST)**	**$ (excl GST)**	**Total $ (excl GST)**	***Total $ (inc GST)***
Administration	All indicative costs are based on existing service delivery costs for FY21						
Rent	Fixed Rent in single head office location	$17,500	$24,500	$26,950	$29,645	**$98,595**	***$108,455***
Office Equipment/Supplies	Increase in supplies and equipment YoY	$10,000	$14,000	$25,000	$40,000	**$89,000**	***$97,900***
FTE / Salaries of key personnel	All indicative costs are based on existing service delivery costs for FY21						
National Program Director	Staff and support services salaries	$90,000	$93,000	$95,000	$97,000	**$375,000**	***$412,500***
Project Manager	Staff and support services salaries	$85,000	$90,000	$93,000	$95,000	**$363,000**	***$399,300***
Project officer 1 (Antenatal Programs)	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Project officer 2 (Antenatal Programs)	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Project officer 3 (Community Programs)	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Project officer 4 (Community Programs)	Staff and support services salaries		$72,000	$73,000	$75,000	**$220,000**	***$242,000***
Project officer 5 (Antenatal Programs)	Staff and support services salaries			$73,000	$75,000	**$148,000**	***$162,800***
Project officer 6 (Community Programs)	Staff and support services salaries			$73,000	$75,000	**$148,000**	***$162,800***
Project officer 7 (Collaboration Father Support Programs)	Staff and support services salaries	$73,000	$73,000	$73,000	$75,000	**$294,000**	***$323,400***
Digital Programs Delivery Expert	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Research and Evaluation Expertise	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Program Promotion and Marketing	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Program Events (Communities)	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Program Events (Hospitals)	Staff and support services salaries	$63,750	$72,000	$73,000	$75,000	**$283,750**	***$312,125***
Allocation for Community Programs	Costs of Community Dads Groups in each locaiton	$55,000	$75,000	$125,000	$205,000	**$460,000**	***$506,000***
Project Monitoring and Support	Support services - see in-Kind ontributions USC $140k	$75,000	$112,500	$187,500	$225,000	**$600,000**	***$660,000***
Travel / Number of trips to each destination	All indicative costs are based on existing service delivery costs for FY21						
QLD	Local travel & 2 interstate travel/trips per year per staff per state	$4,000	$4,000	$4,000	$4,000	**$16,000**	***$17,600***
NSW	Local travel & 2 interstate travel/trips per year per staff per state	$4,000	$4,000	$4,000	$4,000	**$16,000**	***$17,600***
VIC	Local travel & 2 interstate travel/trips per year per staff per state	$4,000	$4,000	$4,000	$4,000	**$16,000**	***$17,600***
WA	Local travel & 2 interstate travel/trips per year per staff per state		$4,000	$4,000	$4,000	**$12,000**	***$13,200***
SA	Local travel & 2 interstate travel/trips per year per staff per state			$4,000	$4,000	**$8,000**	***$8,800***
ACT	Local travel & 2 interstate travel/trips per year per staff per state			$4,000	$4,000	**$8,000**	***$8,800***
TAS	Local travel & 2 interstate travel/trips per year per staff per state				$4,000	**$4,000**	***$4,400***
NT	Local travel & 2 interstate travel/trips per year per staff per state				$4,000	**$4,000**	***$4,400***
IT / Systems & Maintenance	All indicative costs are based on existing service delivery costs for FY21						
SaaS and Technology Costs	Digital support and software as a service	$55,000	$71,500	$104,500	$126,500	**$357,500**	***$393,250***
Resources	All indicative costs are based on existing service delivery costs for FY21						
Training and Development resources and materials	Support resources and materiels for people and programs	$35,000	$42,000	$59,500	$66,500	**$203,000**	***$223,300***
Printing	Print support materials (40 hospitals, 100 Community Dads Groups)	$29,000	$34,800	$49,300	$87,000	**$200,100**	***$220,110***
Total Funding Requested		**$1,046,500**	**$1,294,300**	**$1,665,750**	**$1,903,645**	**$5,910,195**	***$6,501,215***
Per Hospital Cost Estimate		*$95,136*	*$86,286.67*	*$66,630*	*$46,430.37*		
Per Family Cost						*$86.41*	
Per Person Cost						*$28.80*	
Total Anticipated Unconfirmed Contributions Cash	All indicative costs are based on existing service delivery costs for FY21	$35,400	$88,500	$159,300	$241,900	**$525,100**	

Table A2 - ACTIVITY WORK PLAN

ACTIVITY NAME: Dads Group Perinatal Wellbeing Program – National Expansion				
PROGRAMME OUTCOME AND OBJECTIVE				
Task	Output(s)	Deliverable(s)	Performance Measure(s)	Timeline for Completion of Task
Dads Group Hospital Programs Engages expectant fathers in hospitals through peer group sharing facilitated by a trained Dads Group Leader working in collaboration with midwives in gender split activities and research led practices in engagement. The program opens invitation to further engagement for support, one being the opportunity to connect with local dads together in community programs.	Ethics approval to undertake research evaluation of the program at each site	Service sites ethics approvals for the project	Conduct research in accordance with National Statement on Ethical Conduct in Human Research	Within 3-6 months, and ongoing as required throughout
	DG will engage/connect with an approximate 300-400 families per hospital location per year, through the antenatal education programs (ANPs) (Numbers relative to hospital birthing numbers) 75% of parents attending antenatal education classes will complete pre- and post-class surveys	Collaborative working relationships with midwives to improve engagement of fathers in ANPs Review and update antenatal class content to ensure father inclusive in language/images. Educate fathers & partners on mental wellbeing/ill-health challenges in perinatal period in EPP. Trained peer educator with lived experience of mental ill-health recovery facilitating sessions. Provide a DG experience during the ANP	80% of expectant parents attending ANPs report substantial understanding of mental health challenges & confidence in help seeking. 85% of parents attending ANPs report significant awareness of & how to access community father-baby focused programs e.g., community dads' groups	Ongoing, 6 monthly intervals across the four years at each hospital Class survey completed at each location & class over the 4 years
	95-100% of all midwives involved in antenatal group education programs will attend emotional preparation for parenting (EPP) training if this element is implemented at hospital 90% of midwives complete 6 monthly surveys following implementation of EPP class to determine confidence, knowledge and reaction to the program.	Educational support to midwives involved in the ANPs. Provision of training of EPP program for new health service partners	**Performance measure of training: 85% of midwives facilitating the EPP class with peer educators report feeling confident in their roles and understanding of PMH challenges.**	Ongoing, pre and post EPP training Ongoing 6 monthly evaluation surveys of midwives facilitating EPP antenatal education
	75% of hospital service staff will receive relevant training specific to their role in organisation 75% of all staff who have attended relevant project training/in-services complete program evaluations Interviews with key stakeholders involved in program regarding process evaluation	Health Service Staff Training & communication with relevant executive, management/front-line staff. Ongoing communications regarding: 1. DG Perinatal Wellbeing Program- impact and benefits 2. Value of peer educators 3. Research underpinning model 4. Their role to support this project 5. Referral pathways for parents requiring mental health support	85% of health staff feeling confident in their understanding of DG Perinatal Wellbeing Program &importance of including mental health education and support for fathers and their families. 85% of midwives' self-report feeling improved confidence in conversing with families about PMH challenges.	Ongoing, before and during program delivery across the 4 years
	100% of the peer educators will receive training and complete relevant evaluations	DG Team- recruitment/training of its staff as peer educators as the project expands	85% of peer educators report feeling confident in their roles and understanding of perinatal mental health (PMH) challenges.	
	Presentation of a progress report to funding bodies & key health service stakeholders	Project Progress Reports for key health service stakeholders and funding body	Identifying risks and implementation of mitigation strategies	Ongoing, 6 monthly across the 4 years
Task	**Output(s)**	**Deliverable(s)**	**Performance Measure(s)**	**Timeframe for Completion of Task**
Digital Wrap Around Programs The Digital Wrap Around Support programs provide access to both geographically isolated and socially isolated fathers who may not be able to attend social settings. They include online video calls with Mental Health First Aid Certified Fatherhood experts as well as links to further resources and online social groups. Task	Daily Digital Program Delivery: Online Video Group Chats, with approximately (n=1460-5,000) new and expectant fathers over 12 months, session frequency ranges between (4-7 times p/W, @ 30 mins - 1 hour approx.)	Reduction in isolation for participants	Key measures of success will be captured in data from surveys, recordings and interviews.	Ongoing Year 1 - Year 4
			A 60% reported reduction in participants feelings of isolation	Ongoing, 6 monthly intervals across the four years at each hospital
	Locally targeted Facebook Group	Peer education and support for participants	A 60% increase in participants feeling supported and knowledge about parenting	
	Nationally targeted Facebook Group	Understanding how support and relationship growth can be achieved with both partner and child	60% of participants reporting increased self-awareness.	
	On demand, audio, telephone, support	Improved Parenting Capacity, Capability and Confidence	A 60% increase in participants understanding how to better support their partner and child.	Ongoing, before and during program delivery across the 4 years
	Developing and sharing of media resources	Sharing of health support pathways to participants	A 60% increase in participants confidence and parenting capability	
	Capacity building through training and promotional events		80% of program participants demonstrate knowledge of where to get help as a parent	Ongoing, 6 monthly across the 4 years
Task	Output(s)	Deliverable(s)	Performance Measure(s)	Timeframe for Completion of Task
Task DG Community Programs The "Community DGs" are hosted by a supported DG program facilitator and provide a regular, safe place for new fathers to expand their social support networks, build their parenting confidence and skills, and positively engage with their children from birth to early childhood. Community DGs complement existing maternal health supports and improve overall family resources for mental health and wellbeing	Wrap-around DG facilitation in-Community	DG partner with the maternity hospital to co-facilitate parenting classes with a focus on engaging with the fathers in attendance.	A 60% reduction in reported isolation by participants.	Ongoing Year 1 - Year 4 Time frames for performance measure reports as follows:
	Ongoing program development utilizing DG evidence-based methodology	Collection of data from surveys, reflections and peer group leaders	A 60 % of participants report positive learning	Ongoing, 6 monthly intervals across the four years at each hospital
	Ongoing recruitment and training of fathers in close proximity to each new hospital to lead a community DG	Connection of fathers through peer support with both community DG and on digital platforms beginning from the antenatal period.	60% of DG participants report increased self-awareness.	
	Deliver workshops to key stakeholders: hospital staff, maternal and child health services to promote DGs to build awareness, increase capacity in service delivery and providing support pathways for new fathers/figures			
	Produce promotional materials -posters, flyers, social media tiles and weekly social media posts	A Review of existing parenting class presentation materials and provision of feedback on father inclusivity in the information shared.	A 60% increase in participants understanding how to better support their partner and child.	
	Conduct weekly consultations with group leaders, face-to-face or via video, dependent on needs.	A DG agreed collaborative approach with council maternity and child health services providing their services a referral pathway for new fathers. A DG facilitated workshop with hospital and maternal and child health staff per hospital.		Ongoing – following commencement of a new group.
	Group support via weekly conference call			
	Facebook Group Page set up, and communication channels			Setup of Facebook page within first 3 months of receipt of funding
	Run "Man with a Pram Events" in close proximity to each new hospital sites inviting dads across community regions with their babies to connect on a single day			Annually during November Ongoing, before and during program delivery across the 4 years
	Program Promotion to external key stakeholders i.e., early parenting services			
	Social support starting from the antenatal period			
	Develop peer support for expectant and new fathers in their local community	An identified local father(s) to lead the Dads Group per location.	80% of program participants demonstrate knowledge of where to get help as a parent	
	Train local fathers as leaders for their community DG			
	Educate hospital staff in father friendly and inclusive service delivery for new and expecting fathers	DG leadership training to build facilitation capacity.		
	Maximise sustainability (build additional strong networks and partnerships with decision makers throughout project) including with local leaders, council, business and community organisations).			
Task	**Output(s)**	**Deliverable(s)**	**Performance Measure(s)**	**Timeframe for Completion of Task**
Monitoring and Evaluation Program – Process & Impact Evaluation	Development of data collection tools e.g., surveys; interview protocols) for data collection	Online (smartphone and online) survey for class evaluation and response from health providers and participants	90% survey completion rate by health providers and class participants	2months Year 1 for instruments + data collection as required for each class (pre- and post-delivery) Year 1 - 4
	Ethics approvals for each participating site to conduct process and impact evaluations across the three modes of delivery	Interview, observation and reflective protocols are established	The National Statement on Ethical Conduct in Human Research	Ethics approvals established <3 months, Year 1, for program period
All evaluations will use valid online survey instruments accessed via smartphone or computer. These impact surveys utilise a standard five-point Likert scale for participant responses, in line with the SCORE approach to measuring outcomes. Protocols for interviews and observations will be established which will permit them to occur online via video conferencing. The evaluation approach taken here will ensure data provides a reliable outcome measure so that outputs can be interpreted consistently within and across program locations	**HOSPITAL PROGRAMS**			
	Process evaluation Interviews with key health provider staff at each location; Reflections and observations of program facilitators	USC & individual health service ethics approvals for human participant data collection. Interview data and feedback from health providers and program facilitators permitting iterative process evaluation	Research practices conducted in line with the National Statement on Ethical Conduct in Human Research. . Process evaluations conducted by appropriately trained and experienced researcher to ensure ethical practice and accurate reporting and program improvement recommendations.	Ongoing throughout the project 1-4 years
	Impact evaluation Pre and post class participant surveys Post-program family survey (no more than six months after class delivery) Reflections and observations of program facilitators	Analyses and evaluation of each class delivery of each health provider, and broader program participation	-Progress reporting from in-class; and online program delivery	
	COMMUNITY DADS GROUPS			
	Process Evaluation Reflections and observations from Dads group peer leaders	Analyses and evaluation of each class delivery of each health provider, and broader program participation	90% survey & observations participation >90% of group peer leaders across locations are offering timely feedback on group processes and activity	Ongoing, before and during and program delivery - Year 1 - Year 4
	Impact Evaluation: survey of participating Dads; reflections and observations from dads group peer leaders	Accurate representation and insights to the processes associated with the Community Dads Groups	90% survey feedback from dads in groups from each location.	For each class delivered via health providers – Year 1 – Year 4
	DIGITAL DADS GROUP			
	Process Evaluation Reflections and observations from participating Dads ***Impact evaluation*** survey of participating dads participating in the Digital group to monitor uptake and engagement Data collection from classes at participating health provider site Program monitoring & evaluation reporting	Survey data & feedback across core program objectives from participating dads -Accurate reflections and observations on program impact Feedback from dads on the efficacy of the digital and online interactions; Survey data & feedback across core program objectives from participating dads; meta data relating to the uptake, interaction and participation with digital dads Draft program reports pertaining to each class that is delivered Biannual program report	90% of group peer leaders across locations are offering timely feedback 90% participation of digital dads' group 90% response rate from Digital dads group surveys at each site. Draft reports complied and finalized within 2 weeks at each participating site Disseminate to each participating health provider	6 monthly across the four years at each location via progress reports

Table A3 - RISK REGISTER

Risk Ref	Risk Identification	Risk Impact	Risk Controls- what controls are currently in place	Likelihood- what are the effects if it happens?	Consequences	Current risk rating	Acceptable/ Unacceptable	Proposed Treatments
1	COVID-19 related risks for onboarding of organisations in relation to timeline delays	Mod	Prioritise sites where COVID related risks of delays are lower	**Possible in regional and likely in Metropolitan hospitals** **There may be delays for onboarding and implementation of the project at various hospitals. Such delays may include key stakeholder meetings.**	Minor in regional and moderate in metropolitan. Hospitals	Minor in regional and moderate in metropolitan hospital s.	Acceptable	Utilization of digital platforms for meetings for continuance during restricted access Maintain direct and frequent communication with Hospitals and Health service advisory board members to ensure program delivery is able to navigate potential services delivery restrictions. Project timelines may need adjustment depending on any CODID related restriction.
2	Unscheduled Disruption to Partner Hospital services	Low	Reverting to digital platform for service delivery	**Possible in regional and likely in Metropolitan hospitals** **The experience for participants will be different, however providing virtual connection remains valuable**	Minor in regional and moderate in metropolitan. Hospitals	Minor in regional and moderate in metropolitan. Hospitals	Acceptable	Ensure health sites are onboard to offer different elements of DG program. For example, Digital Dads Group if Face to Face restrictions exist
3	Life challenges for peer educators may impact their recruitment and trainings	Med	Remain flexible in the training, offer alternative timing of training sessions. Diversify the facilitator resource pool	**Possible** **This may impact on timelines for training.**	Minor	Low	Acceptable	Engage with PANDA Champion Program to recruit peer staff. A highly experienced trained peer educator will assess and induct new candidates to the peer role. Alternative on-line training methods may need to be undertaken to ensure training is completed in specified timelines. Team will seek to grow and diversify the facilitator resource pool
4	Challenges in relation to buy in' from staff at both executive and grassroot levels at each health site	Med	Regular engagement and clear communication and follow up.	**Possible** **there may lack of engagement with the project.**	Significant	Low	Acceptable	Ensure early engagement and communication with identified staff who are to be a champion of the project implementation. Focus on building a genuine culture of collaboration. – Encourage the local health service to be the driver/leader on the project Provide regular program updates and feedback to evidence to the impact of the program. Additional time and education of these staff may be needed to clarify their roles within the project to accept and commit to 'Buy in" Formalisation of collaboration via a terms of reference or MOU
5	Program Funding requirements increase	Med	Project manager employed to maintain close review of budget to promote efficiencies/prevent overspends and identify complementary funding options	**Possible** **Revaluation prioritising essential spending**	Minor	Low	Acceptable	Proactive funding committee setup to identify complementary funding options as well as internal close monitoring of the budgeted expenses Where necessary adapt program approach / activities accordingly. Identify other funding sources in specific target regions as required
6	Occupational Health and Safety – emotional impact on peer educators and dads group leaders	Moderate	Designated staff member provides weekly check-ins with staff and is available for de-briefing All DG leaders have received mental health first aid training (MHFA)	**Possible** **May need to provide personal leave to affected staff and have backup (casual staff)**	Minor	Low	Acceptable	Regular check-ins by the designated staff member who is available for is available for de-briefing MHFA training completed by all DG leaders
7	Difficulty in recruiting participants to Community Dads Groups	Low	Strong focus on promoting local dads' groups	**Possible** **Low uptake of the program**	Minor	Low	Acceptable	Develop and advertise strategic positions early. Deliver an effective and targeted promotional campaign (both digital, printed and face-to-face). Easy to follow sign-up process Regular 're-marketing' to target audience. Encourage word of mouth promotion through existing participants
8	Slippage in timelines	Med	Project manager engaged to ensure implementation remains on schedule Governance Board and Independent Advisory Board will review milestones and tolgates	**Possible** **Not achieving desired outputs**	Minor	Low	Acceptable	Project manager to remain in close contact with partners to confirm project timeframes and progress Remain flexible, adapting to the individual challenges faced in each location Clear communication between key stakeholders Quarterly Reporting to Governance Board and Independent Advisory Board will oversea milestones, tolgates and Risk Register

Appendix J - Engaging Fathers in Parenting Programs

THE UNIVERSITY OF SYDNEY

Engaging Fathers in Parenting Programs

Best practice guidelines

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Introduction

The *Like Father Like Son* project

Engaging Fathers in Parenting Programs: Best practice guidelines have been developed as an outcome of the *Like Father Like Son* research project, which is proudly funded by the Movember Foundation Australian Mental Health Initiative. It is now understood that active involvement of parents is key to the success of interventions for children's emotional and behavioural problems, yet current evidence indicates that fathers' level of participation in programs for parenting and child mental health is often low. The major aim of the *Like Father Like Son* project is to enhance the participation and engagement of Australian fathers in such interventions at a national level. These guidelines have been developed by a team of practitioners and researchers to further the aims of the *Like Father Like Son* project. The guidelines are intended to assist practitioners and service providers in implementing effective, evidenced-based father engagement strategies.

More broadly, the *Like Father Like Son* project employs a range of other innovative strategies to promote the engagement of fathers. The key elements of this initiative are:

- Conducting high quality research with fathers and practitioners about barriers and facilitators to father engagement, as well as fathers' preferences for programs and services for children with childhood behavioural problems.
- Developing, disseminating, and evaluating ParentWorks, a web-based parenting program that was specifically designed to meet the needs and preferences of both fathers and mothers. − Implementing a national media campaign to endorse the *Like Father Like Son* message and promote participation in the web-based parenting program.
- Developing, disseminating and evaluating a training program for practitioners to improve the engagement of fathers in programs and services.
- Conducting a national benchmarking study, to identify current rates of father engagement in various child and family services in Australia, as a basis for measuring improvements in engagement.

For the purpose of these guidelines the term "father" is used to refer to biological and social fathers, and father figures. This includes men who undertake parenting responsibilities, child rearing or provision of care or support for a child within a family, parenting partnership, or sole parental care context (Fagan & Iglesias, 1999; Fletcher, May, St George, Stoker, & Oshan, 2014). Where the term "parent" is used, it is also intended to represent both biological parents and those in a primary caregiving relationship with a child. Furthermore, where the term "mother" is used, it is intended to refer to biological and social mothers and mother figures.

Key objectives of the best practice guidelines

These guidelines are intended to synthesise current research findings regarding effective strategies to enhance father engagement. The focus on father engagement is not intended to emphasise the importance of fathers above mothers. Rather, since fathers have lower levels of engagement relative to mothers, strategies to enhance their participation are needed in order to strengthen the involvement of the parenting team and maximise the effectiveness of interventions. These guidelines are intended to assist practitioners and organisations to strengthen their father-inclusive practice by:

1. Identifying specific practices that may enhance the engagement of fathers in parenting interventions.
2. Describing the strengths and limitations of current research as it relates to these guidelines. 3. Highlighting challenges and possible future directions regarding best practice for engaging fathers.

It is beyond the scope of the current document to review research on best practice in engaging fathers in the specific contexts of domestic or family violence, or drug and alcohol abuse. Furthermore, while this document is intended to be for broad consideration, it does not provide specific discussion of working with Aboriginal fathers or fathers from culturally and linguistically diverse communities.

Structure

This document summarises the research on five key elements of best practice and their likely practical applications, and includes suggestions for how to further our understanding of father-inclusive practice. The key elements of best practice described here are based on available research evidence and expert clinical consensus. Each element of best practice is presented as a guideline statement followed by a summary of research supporting this guideline. Clinical practice points have been provided to support the implementation of each guideline. These guidelines are not intended to be an exhaustive or prescriptive document and their implementation relies on the application of sound professional judgement, clinical reasoning, ethical decision-making and cultural competence. Given the existence of recent systematic reviews of the current empirical literature on father engagement and of the issues and challenges faced by practitioners (for examples see: Gordon, Oliveros, Iwamoto & Rayford, 2012; Panter-Brick et al., 2014), these guidelines do not seek to provide a comprehensive overview of the literature. Rather, this is intended to be a dynamic document that may facilitate professional and service development and training, and generate greater interest in furthering our knowledge of best practice in engaging fathers in parenting programs.

Background

Why the focus on engaging fathers?

The foundations of social, physical and psychological wellbeing, as well as lifetime achievement, are established in childhood (Campbell et al., 2014; Nores & Barnett, 2010). In fact, half of all lifetime mental health disorders emerge during childhood (Kessler et al., 2005). One in seven Australian children experience a mental health disorder in any given year (Lawrence et al., 2015). In particular, childhood externalising problems, a common mental health concern among young children, have been identified as a frequent precursor to later adult psychopathology and dysfunction (Kim-Cohen et al., 2003).

Current evidence supports a developmental-ecological perspective on child psychopathology, whereby childhood problems are understood to be highly embedded in the various ecologies or systems in which children develop. As such, children's behaviour and development is seen to be shaped largely by mechanisms based in children's relationships with family members and peers (Hawes, in press). The parent-child relationship is unique in its profound connection to child mental health, as this relationship confers both potential risks and protective processes associated with child wellbeing. Unsurprisingly, the parent-child relationship is therefore a major focus in evidence-based parenting programs that are currently regarded as treatments of choice for childhood behavioural problems (Hawes & Allen, 2016). Indeed, when delivered for the purpose of early intervention, parenting programs which address this parent-child relationship can have both immediate and long-term positive effects on cognitive, behavioural, health and education outcomes (Nores & Barnett, 2010).

In Australia, a wide variety of professionals, agencies, and services address child behavioural and psychological difficulties, and provide parenting programs to support families in promoting positive child behaviour. Evidenced-based parenting programs, sometimes referred to as parent training or parenting interventions, have been widely recognised as effective for addressing early conduct and externalising problems and potentially reducing a lifetime of burden (Dretzke et al., 2009; Sanders, Kirby, Tellegen, & Day, 2014). Parenting programs with the strongest evidence for effectively addressing childhood behavioural problems have been predominantly based on social learning theory (Comer, Chow, Chan, Cooper-Vince, & Wilson, 2013; Eyberg, Nelson, & Boggs, 2008; Michelson, Davenport, Dretzke, Barlow, & Day, 2013). Interventions of this kind typically commence with skills training to increase positive reinforcement of desirable child behaviour, followed by discipline-focused components in which parents are trained to use consistent, non-forceful consequences (e.g., time out) to set limits on negative behaviour (Hawes, Price, & Dadds, 2014). These programs may also focus on strategies to modify parental negative attributions about child behaviour, and strengthen parent-child attachment relationships (Lundahl, Tollefson, Risser, & Lovejoy, 2008). Parenting programs can be offered as universal interventions, to enhance parenting and prevent child behavioural problems for all families, or as targeted interventions for at-risk children and families. The success of these interventions, however, rests on the ability to effectively engage parents in these programs (Piotrowska et al., 2016).

Parent engagement in clinical settings is a complex and multidimensional process for both mothers and fathers (Piotrowska et al., 2016), yet far less is known about father engagement when compared to mother engagement (Fletcher, Freeman, & Matthey, 2011; Flippin & Crais, 2011; Panter-Brick et al., 2014; Phares, Rojas, Thurston, & Hankinson, 2010; Smith, Duggan, Bair-Merritt, & Cox, 2012; Tiano & McNeil, 2005; Tully, Piotrowska,

et al., under review). However, it is now understood that, just like mothers, fathers have the potential to positively or negatively impact their children's lives (Fletcher et al., 2014) and research has found that fathers' involvement in parenting programs leads to improved child outcomes in both the short-term (Lundahl et al., 2008) and longer-term (Bagner & Eyberg, 2003; Webster-Stratton, 1985).

Crucially, fathers are underrepresented in interventions addressing physical, behavioural and emotional wellbeing in children. Numerous reviews have highlighted the low rates of father involvement in parenting programs and interventions (Panter-Brick et al., 2014), child welfare services (Gordon et al., 2012; Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012; Zanoni, Warburton, Bussey, & McMaugh, 2013), paediatrics (Davison, Charles, Khandpur, & Nelson, 2016; Phares, Lopez, Fields,

Kamboukos, & Duhig, 2005), as well as interventions targeting: childhood autism (Flippin & Crais, 2011); externalising problems such as oppositional behaviour, temper tantrums and aggression (Tiano & McNeil, 2005), Attention Deficit Hyperactivity Disorder (ADHD) (Fabiano, 2007); and internalising problems such as anxiety (Bögels & Phares, 2008). Therefore, further attention to father-inclusive practice is warranted to increase father engagement in parenting programs, to improve the efficacy of these interventions and reduce the prevalence of childhood mental health disorders. Although practitioners may feel that engaging fathers can be challenging, especially if there has been significant conflict or separation in the parenting team, systematic investment in father-inclusive practice may lead to improved levels of participation.

What research informs best practice in engaging fathers?

These guidelines are focused specifically on engaging fathers, rather than mothers, because of the low rates of father involvement in parenting programs. In order to enhance engagement of the parenting team and maximise the benefits of parenting programs, evidenced-based strategies to increase father-inclusive practice are required. Interest in understanding father engagement in parenting programs has increased in recent years with contributions from a variety of fields including health, mental health, social work, education, gender studies and social policy. Despite this growing interest, the research base informing strategies to enhance father engagement remains limited in its quality, quantity and consistency of findings (for a recent review, see Panter-Brick et al., 2014).

The empirical literature evaluating parenting programs has predominantly focused on programs developed for, and delivered to, mothers. Very few randomised controlled trials (RCTs), the gold standard in research design, have been conducted within the field of father engagement (for exceptions, see: Cowan, Cowan, Pruett, Pruett, & Wong, 2009; Frank, Keown, & Sanders, 2015). Where RCTs have addressed father engagement, they have not examined the efficacy of specific strategies to enhance father participation, limiting the extent to which conclusions can be drawn about the best methods for engaging fathers.

More broadly, the field of father engagement literature has tended to be dominated by descriptive research involving parents and practitioners in mainly qualitative research designs (e.g., narrative reviews, semi-structured interviews and focus group studies). While this research is generally considered less empirically rigorous than quantitative research, given the large number of these qualitative studies, the consistent findings contribute to an emerging picture of effective strategies for father-inclusive practice.

It can be challenging to compare quantitative and qualitative studies as the two approaches

have different aims and strengths. Studies based on quantitative questionnaire data have the advantage of being able to obtain greater sample sizes and potentially more representative samples. Questionnaire data can also provide objective and easily interpreted numerical outcomes (e.g., percentage of fathers who view cost as a barrier to treatment). In contrast, qualitative studies offer a unique focus on meaning, context and depth, which can provide valuable insights in an emerging field of inquiry (The Cochrane Collaboration, 2013). Caution is needed regarding the generalisability of findings and strengths of conclusions that can be drawn from descriptive research. However, in order to distil clear strategies to guide practice it is important to integrate the findings from this growing qualitative research base alongside quantitative research on parenting programs.

Published reports conducted by expert working groups have also contributed to the father engagement literature (e.g., beyondblue, 2015; The Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2009; Fletcher et al., 2014; King et al., 2014). Yet published reports are also limited by the gaps in the empirical research on which they draw. While such reports may offer the added opportunity to capitalise on expert opinion and practice-based evidence, the National Health and Medical Research Council (NHMRC) cautions against reliance solely on expert opinion (over specific empirical data) unless this is the best evidence available (National Health and Medical Research Council [NHMRC], 2000).

How were these guidelines for engaging fathers developed?

As part of the *Like Father Like Son* project, these guidelines have been developed to draw together available evidence from a variety of fields and research designs. The guidelines are intended to assist practitioners to meet the challenge of integrating father engagement strategies within their practice, while adhering to the fidelity of evidenced-based parenting programs.

Given the limitations in the existing literature on father engagement, the *Like Father Like Son* project has also sought to contribute to growing this research base by conducting large, national surveys of fathers and practitioners about factors related to father engagement and current rates of engagement in services across Australia. Findings from these studies have been incorporated into these guidelines where they address key gaps in the literature, especially concerning fathers' preferences and needs regarding parenting programs and practitioners' experiences of, and competencies in, engaging fathers.

The *Like Father Like Son* project has also developed a conceptual model of parental engagement (Piotrowska et al., 2016). This theoretical model is proposed to address another major limitation of the available research in father engagement, that is, the absence of a consistently applied theoretical model during the design, delivery, and evaluation of research (Panter-Brick et al., 2014). The model conceptualises parental engagement as a continuous process rather than a single event or attempt when first making contact with a family. Thus, this model, which is known as CAPE, encompasses a number of phases of engagement from Connecting (enrolment in a program) to Attending (presence at sessions), Participating (active participation) and Enacting (implementing the parenting strategies). This conceptual model also differentiates between direct engagement (e.g., when the person is attending sessions), and indirect engagement (e.g., when the person engages in program homework activities, implements strategies or discusses the strategies with their partner, but does not attend sessions) as a way of conceptualising

parent involvement in parenting programs (Piotrowska et al., 2016).

The CAPE model provides an overarching framework for understanding the strategies and skills needed to maximise father engagement across a continuum from Connecting (e.g., how fathers are informed or learn about parenting programs, and how practitioners promote father-friendly parenting programs) through to Attending (e.g., maximising father attendance at sessions), Participating (e.g., facilitating fathers' active participation in sessions) and Enacting (e.g., facilitating fathers' successful use of program skills in the child's natural environment). The terms Connecting, Attending, Participating and Enacting are used throughout these guidelines where appropriate to highlight specific strategies that refer to these different phases of engagement. In keeping with the CAPE conceptual framework, the guidelines also identify opportunities and strategies to address "indirect" father engagement (e.g., engaging the father through the mother, when this is the only option available to the family).

These guidelines focus on specific strategies that practitioners and organisations can use to enhance the engagement of fathers, and synthesise available evidence in support of these strategies. Guidelines have been developed in five key areas of practice:

1. Increasing fathers' knowledge and awareness of parenting programs.
2. Engaging fathers as co-parents.
3. Facilitating father-inclusive content and delivery of parenting programs.
4. Conveying positive representations of fathers and avoiding a deficit model. 5. Increasing father-inclusive practice via training and professional development.

These specific guidelines were selected for inclusion as they were supported by available evidence across a number of different studies of various designs. Where there is limited empirical support, or a lack of consistency in research findings, this has been noted within the guidelines. Efforts have been made to include research from a variety of relevant fields including psychology, social work, paediatrics, education and nursing.

Engaging Fathers in Parenting Programs: Best practice guidelines

Guideline 1: Actively communicate information to fathers about parenting programs. Emphasise the importance of father participation and highlight information regarding program content, effectiveness and accessibility.

A growing body of research has found that fathers have insufficient awareness of, and knowledge about, parenting interventions. This knowledge gap represents a significant barrier to their engagement and addressing it is a possible avenue for improving connection with fathers.

Research conducted in Australia and overseas has consistently found that fathers have low levels of awareness about parenting programs. A recent Australian study, conducted as part of the *Like Father Like Son* project, surveyed over 1000 fathers about their preferences and perceived barriers to engaging in parenting programs. Results indicated that one in six fathers lacked awareness of parenting programs in general (Tully, Piotrowska, et al., under review). This finding was consistent with research conducted with a community sample of 161 fathers in New Zealand (Frank, Keown, Dittman, & Sanders, 2015), where only 13% of fathers surveyed had heard of at least one of the common parenting programs. Tully, Piotrowksa, and colleagues (under review) also found that for one in six fathers, a lack of knowledge about the content or effectiveness of programs was an important barrier to their participation in parenting programs. Similarly, Anderson, Kohler, and Letiecq (2002) found that lack of knowledge was a barrier to father engagement in services for children. These researchers conducted a qualitative study exploring the experiences of low income fathers in Responsible Fatherhood programs (programs promoting men's financial and emotional involvement in their children's lives) and identified that a lack of information about available services, and a fear of not knowing what the program will involve, were barriers to fathers participating in these services for their children.

Research indicates that for fathers, the decision to participate in a parenting program may be affected by factors such as accessibility, content and effectiveness of parenting programs, and training of the facilitator.

Helping fathers to understand what is involved in a parenting program, including its efficacy, content and accessibility, may enhance father engagement. Surveys have shown that fathers rate the following factors as most important in their decision to participate in parenting programs: understanding what is involved in the program, knowing the facilitator is

trained, knowing the program has been tested and is effective (Frank, Keown, et al., 2015; Tully, Piotrowska, et al., under review), and ensuring the program is held at a convenient location (Tully, Piotrowska, et al., under review). Similarly, Sanders, Haslam, Calam, Southwell, and Stallman (2011) found that fathers, like mothers, rated knowing that a program has demonstrated efficacy and that it is delivered by a trained practitioner as the most important factors to their decision to participate.

There is little consensus about the most effective medium or method for recruiting fathers into universal parenting interventions. Some researchers champion the importance of word-of-mouth recruitment or referrals from trusted sources (Stahlschmidt, Threlfall, Seay, Lewis, & Kohl, 2013). Others emphasise the need to provide information about parenting programs in community locations frequented by fathers, such as workplaces, schools, religious institutions or places of worship, sporting facilities, or gyms

(Anderson et al., 2002; FaHCSIA, 2009; King et al., 2014). Community-level events have also been recommended as opportunities to connect with fathers and deliver information about a service (King et al., 2014). Yet, there is little empirical research about the effectiveness of these different recruitment strategies. Practitioners and services therefore may be best advised to take a multilevel approach to spreading information about parenting programs (Stahlschmidt et al., 2013) and to trial and evaluate the success of different strategies over time (FaHCSIA, 2009).

Practice points

- **Encourage community-level general awareness about parenting programs among fathers by ensuring that information is broadly available and targeted towards both fathers and mothers.**

- **Use a multi-method approach (for example, distributing flyers, announcements at community or family events/environments, introductory talks, etc.) to spread information about programs and, where possible, evaluate the effectiveness of each recruitment strategy for connecting with parents.**

- **Highlight key information about parenting programs that has been identified as important in fathers' decisions to participate, including details about the availability, accessibility (cost and location), content, purpose and effectiveness of parenting programs, as well as information about the facilitator's qualifications, training, and experience.**

- **Give summary information on what program participation involves.**

- **Provide information about the evidence-base of the intervention.**

Guideline 2: Encourage father attendance and participation as part of a broader focus on empowering the parenting team.

Research suggests that having both parents (the parenting team) engaged in parenting programs leads to better outcomes for children.

Co-parenting or teamwork parenting is increasingly acknowledged as an important factor in addressing child wellbeing. Co-parenting interactions have been found to impact the quality of family dynamics, independently of parent-child or marital relationships (Cowan, Cowan, & Knox, 2010; Fivaz-Depeursinge & Corboz-Warnery, 1999; McHale & Lindahl, 2011). While every parenting team is different and families comprise of different parenting structures, in many families, fathers, like mothers, play a key role in co-parenting interactions.

Engaging the co-parenting team is therefore important when delivering parenting programs. Early studies found that having both parents (the core parenting team) engaged in a program leads to better results for children (Bagner & Eyberg, 2003; Webster-Stratton, 1985). More recently, a meta analytic review of 26 studies of parenting programs demonstrated that having fathers involved, as well as mothers, leads to improved outcomes for children (Lundahl et al., 2008). Parenting programs that involve the core parenting team

may be more effective as they have the opportunity to promote positive co-parenting (Cowan, Cowan, Pruett, Pruett, & Gillette, 2014; Lee & Hunsley, 2006) and to address parental conflict, which has been linked to less effective parenting and is also a risk factor for externalising problems in children (Rhoades, 2008). Involving both parents also allows for father specific and mother-specific risk factors for child behaviour problems to be addressed (Tully, Collins, et al., under review).

One RCT (Cowan et al., 2009) examined the effect of engaging only fathers versus the parenting team in a preventative program that was aimed at supporting father involvement with children. Families were randomised to one of three different formats: a program delivered to both parents, a father-only program, or a control condition where a one-off session was conducted with both parents. While fathers' engagement with their children increased in both the father-only and co-parent program formats relative to the control group, additional benefits were experienced only in the co parent program. That is, when the program was delivered to mothers and fathers together, they experienced a significant decline in parenting stress from baseline to post-intervention. This reduction in parenting stress was not found for those in the father-only program or control group.

In addition to the positive effects of engaging the co-parenting team, studies have also found there may be limited effects when fathers are engaged alone. For example, in an RCT examining the efficacy of a parenting program for children with ADHD delivered to fathers only (versus a waitlist control group), Fabiano et al. (2012) found that intervention effects did not appear to generalise to untreated mothers. The authors hypothesised that engaging only fathers, rather than both parents, led to limited positive outcomes, particularly for mothers. This provides further support for the importance of engaging both parents in parenting programs.

Findings indicate that fathers are willing to be engaged, and to attend programs as co-parents.

There is insufficient evidence to say with certainty whether fathers prefer, or are more likely to attend, parenting programs that engage them with their partners versus participating on their own. One survey found that fathers were largely ambivalent about attending a program with their child's other parent
whereas mothers rated attendance with a co-parent as significantly less preferable (Fabiano, Schatz, & Jerome, 2016). There is emerging evidence that fathers are willing to be engaged as co-parents in parenting programs that address challenging child behaviour. For example, in focus groups, fathers

have recommended that parenting programs should focus on "how parents can work together to use the same strategies in various parenting situations" (Frank, Keown, et al., 2015, p. 945). Further, a survey conducted in the United Kingdom found that significantly more fathers than mothers agreed that a workplace parenting program should also be made available to their partners (Sanders et al., 2011). Moreover, in a study examining factors that affected father engagement in a parenting program, focus group participants cited the influence of their partner encouraging them to attend as the most significant motivational factor for participating (Salinas, Smith, & Armstrong, 2011). Similarly, they explained that the non-attendance of a partner was a significant barrier to program effectiveness.

Based on a comprehensive review of the literature concerning father engagement, Panter-Brick et al. (2014) concluded that it would be unhelpful to assume father-only

programs are the best option, citing strong evidence to suggest otherwise. Cowan et al. (2010) also recommended that, while father-only interventions should not necessarily be abandoned, fatherhood approaches should be integrated with couple-relationship and co-parenting approaches to address children's well-being. They argued that programs should give consideration to the state of the couple relationship across different family structures, including families where the parenting relationship has broken down or is vulnerable. The authors emphasised that, regardless of whether parents are co-habiting or living apart, the quality of this relationship will affect all members of the family when raising children.

These findings align with recommendations by expert agencies in father engagement, such as the UK based Fatherhood Institute, which reported that there is some evidence that fathers may be more willing to attend mixed-gender than father-only groups (Burgess, 2009). The Men's Health Resource Kit produced by the University of Western Sydney also cautioned against assuming that father-only groups would increase father engagement, suggesting that "some men would feel less self-conscious about attending a program for all parents than one specifically for fathers" (King et al., 2014, p. 5). A recent publication by the Australian Research Alliance for Children and Youth reported that even in instances where excellent recruitment strategies have been employed, attendance rates at father-only parenting programs remain poor, and although fathers are willing to attend appointments they do so in the company of their partners (Fletcher et al., 2014).

It is essential to recognise that a one-size-fits-all approach is unlikely to be the most effective when working with fathers. Providing a range of choices for engaging fathers (including working with them individually, in collaboration with or alongside their partners, and in father-only groups) may be important, especially as research on this topic grows (King et al., 2014). Practitioners should also be aware that every family structure is different, and it may take time to identify who forms part of the core parenting team, particularly in more complex families. In some instances, such as where there is conflict, it may also be appropriate to engage the parenting team in separate sessions. Also, practitioners should be aware that there may be circumstances in which the appropriateness of engaging the father (or the mother) should be further explored with the referring parent, such as when there are concerns related to domestic or family violence, drug and alcohol abuse, or antisocial or criminal behaviour.

Use a multi-informant approach; involve both parents throughout assessment, intervention and evaluation to promote father engagement, and engagement of the core parenting team.

The co-parenting engagement approach is threatened when information is obtained from only one parent. For example, only gathering information from a child's mother (such as contact details, socio demographic information, clinical interview details, and standardised questionnaires) not only potentially limits the information obtained but also raises the risk of marginalising fathers in parenting programs, and may contribute to poor father participation (Duhig, Phares, & Birkeland, 2002; Fabiano, 2007; Phares, 1996). To promote the engagement of both parents, a multi-informant approach is recommended. That is to say that both fathers and mothers should be specifically invited to take part in parenting programs and attend services for children. Practitioners are advised to collect information, data and contact details from both parents to obtain richer and more comprehensive

information about the family and involve the core parenting team (Duhig et al., 2002;

Schock, Gavazzi, Fristad, & Goldberg-Arnold, 2002; Tiano & McNeil, 2005).

Practice points

- **Encourage the parenting team to participate together in interventions, as evidence suggests that this leads to better outcomes for children. If appropriate, this may also include engaging the parenting team from separated families and families with non cohabiting parents.**

- **As there is a lack of research regarding best models for recruiting and keeping fathers engaged, there may be benefits to maintaining some father-only service options to accommodate the diverse needs of fathers in every community. If father-only services are provided, include positive strategies to help them facilitate and enhance co parenting relationships.**

- **Use a multi-informant approach to engagement throughout assessment and intervention:**
  - **Connect with both parents at each stage of intervention and during each form of contact (e.g., intake, email, follow-up questions).**
  - **Ensure that both parents are given the opportunity to complete all assessments or surveys about their child.**
  - **Keep the core parenting team informed and engaged across the process of assessment and intervention wherever possible, even if they cannot attend the session (e.g., offer weekly phone/email/skype calls, pass along handouts or notes to be given to a parent who is unable to attend a session).**

Guideline 3: Ensure that the content and delivery of interventions reflects the needs and preferences of fathers, as well as mothers.

Research suggests that the content and delivery of parenting programs may negatively affect paternal engagement if it is too maternally focused, or if it is not developed to meet the needs of both parents.

The design, delivery and content of parenting programs may need to be modified to reflect the needs and preferences of fathers as well as mothers. Numerous reviews have shown that parenting programs are predominantly attended by mothers, with the research underpinning the content and delivery of these programs derived chiefly from studies of mothers and their children (Fabiano, 2007; Fletcher et al., 2011; Tiano & McNeil, 2005). Researchers have also suggested that maternally focused program content and program delivery (timing and location) that is not tailored to meet the needs of fathers may partially account for low levels of father participation (Fabiano, 2007; Panter-Brick et al., 2014). There is a lack of empirical research to show specifically that tailoring the content of parenting programs for fathers enhances their rates of participation, however, fathers are said to be more likely than mothers to be dissatisfied if parenting program content and

delivery is too maternally focused (Fletcher et al., 2014). Further, fathers have recommended that program content should be tailored to meet the needs of both parents (Frank, Keown, et al., 2015).

Ensuring that parenting program content and delivery is relevant for both fathers and mothers is an important clinical consideration, not just in getting fathers to attend, but in promoting active participation and enactment of parenting strategies. Studies have shown that parental engagement and the quality of in-session participation can predict program effectiveness (Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Nix, Bierman, & McMahon, 2009). Regular home practice of skills learnt in parenting programs is also thought to lead to more positive outcomes (Kazantzis, Deane, & Ronan, 2000). If fathers do not find program content relevant, they may engage in less home practice and be less likely to receive the full benefit of parenting programs (Fabiano, 2007). In fact, a recent systematic review and meta-analysis of multiple levels of the Triple P program found that while the program was effective for fathers in terms of a range of child behaviour and parenting outcomes (including changes in child social, emotional and behavioural outcomes, parenting practices, and parenting satisfaction and efficacy), the effect sizes of these positive outcomes were small to medium, compared to more robust medium effect sizes found for mothers (Sanders et al., 2014). Similarly, a smaller meta-analysis of the Triple P program found that the program, while still effective for fathers, was less effective than for mothers, in terms of changes in self-reported parenting (Fletcher et al., 2011). Attending to fathers' as well as mothers' preferences and needs for content and delivery of parenting programs may lead to increased father participation and enactment, and may therefore result in improved parenting, and consequently enhanced outcomes for children.

Research about fathers' preferences and needs suggests that fathers may be specifically interested in less intensive programs that offer practical skills relating to child development, confidence and social skills.

Survey findings indicate that fathers have a preference for less intensive or low dose interventions, such as internet-based programs and brief parenting programs (Frank, Keown, et al., 2015; Morawska et al., 2011; Tully, Piotrowska, et al., under review), a finding which is also true for mothers (Metzler, Sanders, Rusby, & Crowley, 2012). This suggests that services may need to consider how traditional programs can be made available in a variety of formats or delivered in briefer or more targeted ways. Nevertheless, as noted by Metzler et al. (2012), it is important to keep in mind that stated preferences may not correspond to choices participants make when they actually seek help, and that surveys may not be representative of all help-seekers (e.g., online surveys may inflate preferences for

online interventions). Furthermore, reliance on text-driven formats and information presentation, could exclude some fathers or mothers due to literacy and access demands (Meyers, 1993).

Research findings regarding fathers' preferences for program content are less conclusive than findings related to program delivery, as only a few studies have specifically examined fathers' content preferences. When researchers from the *Like Father Like Son* project surveyed fathers about their preferences for supplementary content in parenting programs, the top three program topics were: dealing with bullying; social skills development; and

problem-solving without aggression (Tully, Piotrowska, et al., under review). These content preferences focus broadly on the topic of enhancing children's social competence. This is consistent with survey data collected by Frank, Keown, et al. (2015), which indicated that fathers' preferred topics were: building positive relationships with their children; increasing children's confidence and social skills; and exploring the importance of fathers' influence on children's development. Focus group findings in the same study also highlighted preferences for program content focusing on practical parenting tasks, such as bedtime, bath time and discipline, and content addressing areas in which they felt less confident such as showing physical affection to their children. These findings were used to adapt the content of the standard Triple P parenting program, and this adapted program was then compared to a group of parents on a waitlist for intervention in an RCT (Frank, Keown, & Sanders, 2015). At the six-month follow-up the fathers who participated in the program reported greater reliable change in their child's behaviour, as well as their own and their partner's parenting practices, relative to waitlist fathers. Session attendance and program satisfaction was high for both mothers and fathers, and observational data indicated fathers participated at comparable levels to mothers during program sessions. As the study did not compare this adapted father-inclusive version of the program to the standard version, it is not possible to determine whether the changes in program content directly led to improved father engagement or outcomes. However, considering previous studies have generally found lower levels of satisfaction and reduced positive outcomes for fathers relative to mothers (Fabiano, 2007; Fletcher et al., 2011), the findings offer tentative support for tailoring program content to meet fathers' identified needs and preferences.

An early pre-post (quasi-experimental) study of a parenting program adapted to meet fathers' needs showed some promising results regarding fathers' involvement with their children (McBride, 1991). Following participation in the program there was a significant increase in fathers' interaction with their children in the home, and an increase in fathers' perceptions of their own competence. The program involved active learning components in sessions, including opportunities for the fathers to practice interacting with and caring for their children. Other experts in the field of father engagement have recommended that programs should incorporate father preferences for active learning, arguing that this may increase both father engagement in and learning from programs (Fletcher et al., 2011). In fact, a meta-analytic review conducted in 2008 found that programs were more effective when they required parents to practice new skills with their children during parent training sessions (Wyatt Kaminski, Valle, Filene, & Boyle, 2008). This review provides further support for the likely importance of active learning in parenting programs, however, it combined results from studies involving both mothers and fathers, and focused on program effectiveness rather than program engagement. Therefore, further research is required to investigate whether including active skills training in parenting programs specifically increases father engagement.

In response to the general paucity of parenting programs that specifically address fathers' preferences in content and delivery, a team of practitioners and researchers working on the *Like Father Like Son* project have developed an online parenting program called ParentWorks. This parenting program is based on an evidenced-based intervention for addressing child behaviour and conduct problems (Dadds & Hawes, 2006). It also incorporates content addressing specific father preferences identified in survey-based research (Tully, Piotrowska, et al., under review). This additional content includes parenting strategies to support children in managing bullying behaviour, and suggestions for play activities for fathers to engage in with their children. This freely available nationwide program is currently being evaluated as part of a research project, the results of which may provide insights into the effectiveness of adapting programs to meet the needs and preferences of fathers.

Fathers are a diverse group, and it is perhaps not surprising that their preferences and needs have proven challenging to characterise in research to date. At the same time, tailoring programs to meet individual needs, while maintaining intervention fidelity, may offer an appropriate approach to father-inclusive practice.

It is important to exercise caution when making substantial changes to existing evidence-based programs on the basis of limited empirical research, for two key reasons. Firstly, when adapting content or changing the delivery of evidenced-based parenting programs, practitioners need to consider the importance of adhering to program fidelity for achieving positive outcomes for children. Deviating from the content of an evidence-based program may risk undermining the efficacy of a program. Secondly, not all research has highlighted significant differences between fathers' and mothers' needs and preferences. For example, in a study of working parents' preferences for parenting programs, Sanders et al. (2011) found that preferences for program features did not differ for mothers and fathers. In this study all participants were working parents, and this shared common role may have accounted for some of the similarity of parents' preferences regardless of gender. To understand fathers' and mothers' needs and preferences regarding parenting programs, it is important to consider factors other than gender. Identifying these factors, which may affect parental identities, roles and needs, requires further investigation. However, some possible factors to consider include parents' employment status, socio-demographic characteristics, level of child-rearing experiences, and religious and cultural beliefs.

A study conducted in Nigeria (L'Ecole des Maris au Niger/Husbands' Schools) reviewed by Panter-Brick (2014) provides an example of a parenting program that specifically mapped program delivery onto roles and identities of fathers within a particular community. This program was based on the theoretical
premise that male social power in this community (that is, the role male caregivers hold as leaders or dominant voices in their community) could affect the rates of improvement in maternal and child health. The program leveraged the dominant position of male caregivers in Nigeria in homes and the community and engaged them to advocate for health services for women and children (United Nations Population Fund [UNFPA], 2011). This was not a typical parenting program as it did not specifically target improving child behaviour outcomes but rather focused on male parents' ability to improve services for children. Nevertheless, the success of this intervention in improving access to maternal and child health services provides some support for efforts to map program delivery onto more specific roles and identities held by parents, especially in diverse communities. However, further research is certainly required to inform appropriate and effective program adaptations for other culturally diverse communities or groups.

The degree of fit between a program and fathers' perceived family roles and identities may be particularly important for father engagement. Using a qualitative design, Anderson, Aller, Piercy, and Roggman (2015) found that the correspondence between strategies delivered in a program, and fathers' perceived roles and responsibilities within the family, may affect program engagement. Findings from a mixed methods evaluation of a Family Nurse Partnership program also support the importance of aligning services with fathers' specific needs and preferences (Ferguson & Gates, 2015). This program was developed to provide early intervention to first time teenage mothers in the UK, and achieved successful father

engagement when there was congruence between fathers' needs for specific skill development and the support the service provided. Fathers were also found to be better engaged when the service providers took into account the needs of the fathers, as well as mothers and babies. This suggests that father engagement can be enhanced by a flexible and tailored approach to intervention that attends to fathers' needs alongside those of mothers and children. Services may need to consider involving fathers from their community as stakeholders to advise on tailoring interventions to suit their needs. This could involve conducting surveys of fathers already accessing a service, asking fathers at intake and post-intervention for feedback about their experiences with services, or working with professionals (such as community liaison officers) to develop working partnerships with fathers in particular community organisations.

Finally, considering different methods of father engagement may also be important when planning program content and mode of delivery. Father engagement can take various forms including direct and indirect engagement (Piotrowska et al., 2016). Practitioners are advised to be mindful of negative

assumptions about these different forms of engagement, for example, assuming that if a father has not attended a session he is therefore disinterested or disengaged. Indirect engagement may occur whereby a parent does not attend sessions in person but engages in at-home discussions about the skills, reads program materials and/or practices program skills. Incorporating indirect engagement into the design and delivery of a parenting program may provide practitioners with another opportunity to engage fathers. Possible ways to boost indirect engagement and enactment of parenting program strategies include the use of catch-up phone calls or emails, take-home summary materials, and efforts to elicit feedback from fathers even when they have not been present during a session.

Practice points

- **Ensure that the content and delivery of parenting programs takes into account the needs and preferences of both fathers and mothers:**
  - **Incorporate discussion and explanation of skills that are relevant for fathers rather than altering the ideas, meaning or mechanisms of an intervention. Be prepared to ask fathers for scenarios and examples that fit with their experiences to help develop skills and strategies.**

- **Be aware that fathers represent a diverse group and may have diverse preferences and needs.**

- **Be aware that fathers' preferences for specific content and delivery format may not necessarily differ markedly from mothers' preferences.**

- **Consider introducing less intensive or low dose parenting program options (including online and brief formats) where access to face-to-face programs is challenging, or fathers express a preference for these formats.**

- **Be mindful of the risk of excluding some fathers or mothers due to the requirements of a program, for example a certain level of literacy.**

- **Involve fathers as stakeholders or partners in tailoring the delivery of**

interventions to meet their needs and preferences. For example:

- **Fathers could be involved as community representatives, contacted via community liaison officers, approached to complete surveys, or asked to comment on service planning.**
- **Use stakeholder engagement to help identify and address community level needs and preferences.**

Guideline 4: Convey positive representations of fathers and focus on individual fathers' strengths and needs to avoid a deficit model of fathering.

A growing body of research and expert clinical consensus suggests that a father deficit model is a threat to engaging fathers in parenting programs.

Panter-Brick et al. (2014) identified that policy frameworks for family-based interventions have often been built on a model that assumes fathers are deficient in their skills and knowledge about child health and development (Hawkins & Dollahite, 1996; Maxwell et al., 2012). Fathers may be deterred from engaging if parenting programs are promoted, or delivered, in a manner that suggests that they have a lack of skills or abilities. Some researchers have suggested that some men may be unlikely to seek help if doing so means admitting there is a problem (Addis & Mahalik, 2003; Fabiano, 2007).

Fathers themselves have called for a less critical view of their roles and parenting. In a recent focus group, fathers highlighted the importance of not being made to feel as if they were doing a bad job when practitioners seek to recruit or engage them in parenting programs: "[fathers] don't need to be made to feel like there is a problem that needs fixing to come along because people shy away from that" (Frank, Keown, et al., 2015, p. 943). Similarly, a qualitative review of the literature on fathers' experiences in engaging with the child welfare system found that fathers desired respect, trust, to be heard and not judged (Campbell, Howard, Rayford, & Gordon, 2015).

It is very important to be aware of staff attitudes and behaviours towards fathers, from

reception staff through to practitioners. These attitudes and behaviours can affect the tone of father engagement (Pfitzner, Humphreys, & Hegarty, 2015), and may risk perpetuating a deficit model of fathers. Negative assumptions made by staff are a commonly reported concern for fathers and a potential barrier to their engagement (Campbell et al., 2015). The findings of a small qualitative study conducted in Northern Ireland highlighted this when it found that social workers can hold implicitly low expectations of the paternal role, contributing to the exclusion of fathers in social work interventions (Ewart-Boyle, Manktelow, & McColgan, 2013).

Other qualitative studies have identified that service providers can hold negative beliefs about fathers' commitment to, and interest in, being involved with their children (Storhaug, 2013). Child welfare workers in each of five focus groups conducted by O'Donnell, Johnson, D'Aunno and Thornton (2005) voiced this as a major explanation for low rates of paternal engagement. Interestingly, workers in four of these five focus groups also identified welfare systems as treating fathers more severely than mothers, suggesting that the staff interviewed were aware that negative underlying attitudes and beliefs about fathers can impair father engagement (O'Donnell et al., 2005). These studies consistently found that child welfare workers designated mothers as the primary, and sometimes the only, caregiver. Workers noted that most services are geared towards mothers as custodial caregivers and view mothers as responsible, reliable and safe (Campbell et al., 2015; O'Donnell et al., 2005). Some staff also viewed mothers as potential gatekeepers, noting that mothers may negatively impact on fathers' engagement with services, sometimes preventing services from contacting fathers (O'Donnell et al., 2005).

However, it is important to note that not all research suggests that practitioners hold negative beliefs about father engagement. In a recent study conducted by the *Like Father Like Son* project, over 200 practitioners working with families in Australia to deliver parenting interventions or treatment for child behavioural problems were surveyed about father engagement. The majority of practitioners thought father participation was extremely (79.0%) or very (19.5%) important in treatment for child issues (Tully, Collins, et al., under review).

It may also be that fathers are sensitive to negative stereotypes of their roles and contributions to parenting even in the absence of expressed negative attitudes within a service. Salari and Filus (2017)

found that fathers with higher perceived self-efficacy were more likely to express an intention to participate in a universal parenting program than those with lower perceived self-efficacy, indicating that fathers' negative views of themselves may impede their attendance, participation and enactment of parenting programs. Thus, it is important to ensure that positive representations of fathers' roles and contributions are made visible and available by those delivering parenting programs.

Emerging research and engagement theories suggest that when engaging fathers, practitioners should ensure they balance highlighting strengths with identifying needs.

Recognition and acknowledgement that both fathers and mothers are experts in their own lives is important (Fletcher & St George, 2010). Greif, Finney, Greene-Joyer, Minor, and Stitt (2007) proposed that when seeking to engage fathers, services and practitioners should focus on fathers' strengths and competence. This approach is in line with research

findings, and current engagement theory, indicating that strategies that engage men in positive roles are more effective at increasing participation (Anderson et al., 2015; Esplen, 2006; Flood, 2010; Harvey, Garcia-Moreno, & Butchart, 2007; Pfitzner et al., 2015).

Along with helping fathers to identify areas of strength, research conducted in child protection and social work suggests that working with fathers to understand their specific needs may be helpful in strengthening their engagement (Duggan et al., 2000). This includes the following strategies: explaining how the parenting-related service may be of benefit to them and their children, focusing on enhancing child development (Frank, Keown, et al., 2015), and working in partnership "with" fathers rather than "on" fathers (Carbone, Fraser, Ramburuth, & Nelms, 2004; Moran, Ghate, Van Der Merwe, & bureau, 2004; Pfitzner et al., 2015). Furthermore, including a focus on skills-building in key areas identified with fathers may assist them to maintain an involved role with their child/children and increase their capacity to parent effectively (Gordon et al., 2012). These goals for skill development are likely to differ for each father and may include strategies for engaging in physical nurturing and developmentally appropriate play, approaches for managing discipline, and strategies for promoting healthy development in children of all ages.

Programs and services have taken different approaches to ensuring a balance between focusing on strengths and needs. Motivational interviewing is one approach that has been suggested as providing a framework for improving work with fathers (Scourfield, 2014; Scourfield, Smail, & Butler, 2015). The Caring Dads program provides an example of how motivational interviewing techniques were used to substantially reduce drop-out rates in a parenting program specifically for fathers who had perpetrated violence (Scott & Crooks, 2006).

Another approach advocated by experts in father engagement involves invoking a generative model when working with fathers. The generative stage of life identified by Erikson (1963) is said to be when people prioritise the impact they can have on their immediate world and key relationships. It involves giving something of the self and caring for something outside of the self, such as a child or a partner. King et al. (2014) have identified "generativity" as a perspective or approach that may be useful when engaging fathers, as it emphasises a strengths framework. Generativity for fathers focuses on the important influence they have on key relationships (relationships with children and partners) in the family, and the opportunity for having further positive impacts within these relationships by developing appropriate skills.

Practice points

- **Establish a working partnership approach with parents, and recognise and make explicit the expertise and strengths of all participating parents.**

- **Ensure that service provision and parenting programs highlight the positive resources fathers represent for their children. Avoid a deficit model of fathering, as this risks sidelining fathers.**

- **Recognise that fathers may be sensitive to negative representations of their role and skills, and ensure that positive representations of fathers' roles and contribution are provided in parenting programs. For example, this could be facilitated by providing posters or images of positive fathering in a service, or through addressing fathers' generative impact**

for their children during service delivery.

- **Engage fathers by balancing a focus on strengths while assessing areas that require action:**
  - **Explain to fathers how your service may benefit them and their children.**
  - **Explain to fathers how the parenting program works to enhance child outcomes, promotes positive child development, and focuses on skill-building. Try not to solely focus on how programs address child problems or deficiencies in parenting.**
  - **Work with fathers and families to establish goals and take action to address areas of need in parenting or for their child.**

- **Reflect on past personal and professional experiences with fathers, and the impact of these on your own beliefs, attitudes, and clinical practice.**

- **Use motivational interviewing techniques, or work that focuses on fathers' generative roles, as this may improve father engagement from initial connection through to enactment of program strategies.**

Guideline 5: Increase father-inclusive practice through professional development and training in father engagement.

Professional training in father engagement and father-inclusive practice, while scarce, holds promise for increasing father participation in services for children.

There is increasing interest in father engagement in parenting programs, both in research and practice (Zanoni et al., 2013). Yet, research has found that consistent monitoring of service-level statistics on father engagement remains scarce (Scourfield et al., 2015). Furthermore, there is limited systematic professional development and staff training in specific father engagement strategies within mainstream practice (Fletcher, Freeman, Ross, & St George, 2013; Fletcher et al., 2014; Gordon et al., 2012). In addition, undergraduate and general training courses in the health, welfare and education sectors usually do not provide specific training in father engagement (Fletcher et al., 2014).

There is evidence that professional training in parent engagement strategies can have a significant effect on practice (Watt, Dadds, Best, & Daviess, 2012). A recent Australian study conducted in a Child and Adolescent Mental Health Service found that, when practitioners participated in a one-day training program focussed on general engagement strategies, there were significant improvements in parental attendance and child/youth outcomes although this research did not focus specifically on fathers (Watt et al., 2012). Professional training also appears to improve practitioners' approaches to working with children and families. Duhig et al. (2002) found an association between practitioners attending a higher number of family-related continuing professional development seminars and increased involvement of parents in family therapy for children and adolescents. In addition, it was found that the number of family-related books and journals read by the practitioner was positively associated with the level of parent engagement in therapy for children. While the directionality of these associations could not be established, these results provide some preliminary support for the importance and effectiveness of continuing professional development to enhancing parent engagement in services for children.

Specific training in father engagement also holds great promise for increasing father participation in services for children and improving practitioner confidence and skills in working with fathers (Arroyo & Peek, 2015; Berlyn, Wise, & Soriano, 2008; Fletcher et al., 2014; Gordon et al., 2012; Humphries & Nolan, 2015; Maxwell et al., 2012; Phares et al., 2005; Scourfield et al., 2015; Scourfield et al., 2012). However, given limitations in the research on father engagement and the broad range of professionals involved in delivering services, defining the specific competencies or frameworks that should be taught may pose a challenge to researchers and practitioners alike (Fletcher et al., 2014).

Effective father engagement training should address: knowledge of fathers' needs and preferences; the impact of practitioners' attitudes and beliefs about fathers on their practice; positive engagement skills; and strategies to promote future father inclusive practice.

A number of relevant research papers and reviews indicate that father-inclusive practice is maximised when training successfully targets the following practitioner competencies: high levels of knowledge about the importance of fathers for child outcomes; positive attitudes and beliefs about fathers; high levels of self-reflection to assist practitioners to recognise the link between their own attitudes and behaviour; expertise in positive engagement skills; and ability to promote father-inclusive practice within their team or organisation (Fletcher et al., 2013; Fletcher et al., 2014; Fletcher & St George, 2010; Fletcher & Visser, 2008).

Empirical support for the importance of these practitioner competencies has been found in a study of a training program developed by the Fatherhood Institute in the UK. The training was recently delivered

to 134 health visitors and community practitioners in England and evaluated in a quasi-experimental study (Humphries & Nolan, 2015). The training covered specific competencies including: discussion of practitioner attitudes and beliefs by reviewing stereotypes and assumptions about fathers; knowledge and information sharing on research around fathers' impact on maternal health and child development; and skill development such as self-reflection, general engagement training, and systemic approaches to planning future father-inclusive practice. This training program was found to improve participants' knowledge and attitudes about fathers, as well as father-inclusive practice; and these improvements were sustained over a three-month period (Humphries & Nolan, 2015).

Further support for the importance of these competencies is found in a study conducted by Maxwell et al. (2012). These researchers used a qualitative, mixed methods design to evaluate a father engagement training program with 50 social workers in the UK. The program aimed to: enhance knowledge in relation to working with fathers; highlight the benefits of working with men for improving the safety of children; enhance inter-personal skills for engaging reluctant clients; and increase confidence in working effectively with fathers. After training, qualitative findings showed that social workers had greater awareness of the importance of making efforts to engage fathers in services for children, and improved knowledge and understanding of men and fatherhood (Maxwell et al., 2012). A quantitative evaluation of the training outcomes was conducted by Scourfield et al. (2012), and survey results indicated a significant increase in social workers' self-efficacy and confidence to engage fathers, as well as in practitioner self-reported engagement of both non-resident and residential fathers.

The importance of addressing attitudes and beliefs of practitioners and enhancing self-reflection skills has also been identified in an early study by Sagi and Fraser (1991). These researchers used questionnaires to investigate practitioner beliefs, attitudes and engagement of parents and found that, on average, practitioners were biased towards a maternal focus, and this bias was related to greater involvement of mothers in interventions than fathers. The researchers called for in-service training and continuing education programs to assist staff to develop skills for engaging fathers, and in particular, to address attitudes about when and why fathers should be engaged in services for children (Lazar et al., 1991). More recent research has echoed this recommendation of addressing practitioner beliefs and attitudes about fathers and father engagement. In a literature review of child welfare practices (Zanoni et al., 2013), the importance of helping staff to gain knowledge and alter any negative assumptions and beliefs about fathers emerged as a core recommendation to improve father-inclusive practice. Other researchers have also emphasised the importance of self-reflection, that is, the ability to reflect on one's own attitudes, beliefs, and behaviours (NHMRC, 2006), as a key competency in promoting father-inclusive practice (Fletcher & Visser, 2008). Finally, experts in the field of father engagement have stressed the need for father-inclusive practice to occur at the service, organisational, and institutional level through service planning and assessing progress over time (FaHCSIA, 2009; Fletcher et al., 2014). As such, training in father engagement would likely benefit from including strategies that assist practitioners to promote father-inclusive practice within their team or organisation, and strategies for maintaining and tracking their own father-inclusive practice.

In response to the need for readily available training opportunities for practitioners, a team of researchers and practitioners working on the *Like Father Like Son* project have developed a national practitioner training program called *Engaging Fathers in Parenting Programs*. This training has been based on research regarding effective training frameworks as reviewed above, and also on surveys with practitioners regarding their experiences and

competencies in father engagement (Tully, Collins, et al., under review). This training program, which involves active skills training, includes information and activities on the following topics: research findings regarding the impact of father engagement on child outcomes, and fathers' preferences and perceived barriers for participation in parenting programs; exploration of possible attitudes and beliefs held by fathers and practitioners and the effect of these on behaviour; positive engagement strategies to include fathers and parenting teams in programs; strategies for managing conflict, either between parents, or between practitioner and parent; and strategies to promote future father-inclusive practice (including self-reflection, team reflection and organisational planning). This training program is being provided both face-to-face and in an online format and is currently being evaluated as part of a research trial, with a future plan to implement a "train the trainer" model to increase access to this training program for practitioners over time.

Practice points

• Practitioners and organisations are advised to undertake father engagement training and professional development activities to increase father-inclusive practice.

• Professional development and training in father-inclusive practice is likely to be most effective when it includes the following components:
- **Information from research about fathers and fathering; fathers' contribution to parenting and child well-being; benefits of father inclusion in parenting programs on child outcomes; information about the barriers and challenges faced by fathers; and survey findings on fathers' experiences and preferences.**
- **An exploration of attitudes and beliefs about fathering and fathers that may be held by practitioners and promoted in organisational policies and practices.**
- **Skills building in general positive engagement strategies.**
- **Skills building in self-reflection to understand links between practitioner attitudes, beliefs, and behaviours in practice.**
- **Skills building in team reflection and organisational planning for future father inclusive practice.**

• Teams and organisations looking to develop father engagement training should first review their team's level of competency across this framework regarding knowledge, attitudes and practical skills for father engagement, and develop training to meet the specific needs of their team and the service they provide.

• Practitioners and organisations can monitor changes in father-inclusive practice following training or professional development, and track the rates of father engagement within a service or organisation over time.

Conclusion

Summary and future directions

These guidelines have been developed to identify practical approaches to enhancing father-inclusive practice. Relevant literature from a variety of fields has been reviewed and the strengths and limitations of the current empirical-evidence base in father engagement have been described to assist practitioners in weighing up the importance and likely effectiveness of different strategies. A number of key best practice points have emerged from this research, including the importance of:

- Increasing fathers' knowledge and awareness of parenting programs.
- Engaging fathers as co-parents.
- Ensuring the content and delivery of interventions meets the needs and preferences of fathers. - Reframing fathers' roles and identities away from a deficit perspective.
- Training practitioners and other staff to facilitate future father-inclusive practice.

However, there remain areas of father engagement research where significant investigation is still required. For a recent review highlighting suggestions to address these empirical gaps, see Panter Brick et al. (2014). Furthering our understanding of father-inclusive practice remains a shared responsibility, and practitioners and services play an integral part in building awareness and knowledge about what works. Practitioners and services are well placed to contribute to this knowledge translation and development of best practice in a variety of ways highlighted in these guidelines, including:

- Trialling and evaluating the relative success of different mediums and methods of sharing information about parenting programs with fathers.
- Comparing father engagement rates across different program approaches, such as couple versus father-only initiatives, to further understand effective strategies for catering to fathers as well as mothers.
- Recruiting fathers as stakeholders to obtain feedback and input on how services and programs are addressing fathers' diverse roles, needs and preferences, as well as those of mothers. - Collecting data and/or feedback about the impact of generative approaches on fathers' participation in and enactment of parenting program strategies.
- Monitoring father engagement rates within services or organisations over time to better understand the impact of father-inclusive practice and/or professional development training on father-engagement.

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