



Engaging fathers
Evidence review

Engaging fathers: Evidence review

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Executive summary

This report aims to set out the knowledge and implementation support that is mostly likely to be effective in changing practice to fully engage fathers in Family and Children services. Recent research (published ~2008-2014) linking fathers' behaviours with children's wellbeing is reviewed and barriers and facilitators to including fathers in services are identified. Effective approaches to father inclusion are described and examples of evidence-based programs targeting fathers are presented.

Why include fathers?

A key feature of studies examining parental influences on child development published in the last five years is the separation of father and mother effects. The evidence shows fathers' influence as a separate, important factor in children's successful transition through infancy to adulthood. Even in areas where fathers' impact on children can be harmful, professionals and government are increasingly recognising the need to engage fathers in services for the sake of their children (Maxwell et al., 2012).

Barriers to father-inclusion

While barriers to father-inclusive practice have remained unsatisfactorily stable over the last two decades, there is now a clearer understanding of specific factors that inhibit or facilitate father's involvement in family-related services and programs. At the Government level, current barriers include social benefits and parental leave. At the service level, practitioner approaches remain maternal-focused, and many practitioners feel they lack the capacity to respond to men's violence in family work.

Facilitators of father-inclusion

A number of strategies enhance father-inclusion in human services. These include staff skills and competencies, system level policies and practices, and government strategies that support men's involvement in family life.

Programs that successfully engage fathers

A large number of programs are reviewed. Successful strategies include intervening early in men's transition to fatherhood; targeting co-parenting; using behaviour change programs to address fathers' violence; and linking programs, staff development and community awareness. Including Indigenous fathers requires building relationships between fathers, community and service, and focusing on school-based programs.

Conclusion

The research regarding the inclusion of fathers demonstrates how fathers' close involvement from birth can support infant and child development. The next decade could provide many of the strategies to ensure fathers' and father-figures' contribution to healthier, safer, socially resilient communities.

1. Background

As research into family and community wellbeing continues to reveal complexity and diversity, family-related services seek ways of working that are responsive and effective. The sector is adopting approaches that consider the family in context; approaches that are targeted and universal, integrated and holistic (Blakemore et al., 2011). Such approaches aim at delivering coordinated yet flexible services for families and communities.

Despite government encouragement of integration and collaboration, there remain challenges to family services and practitioners in implementing and sustaining service for a range of individuals and groups, including fathers. In 2009, the Commonwealth Government published the *Fathers Inclusive Practice* guide as an important step in extending services' knowledge and skills. In 2014, engaging fathers in human services continues to be a challenge that invites consideration and action.

This report aims to set out the knowledge and implementation support that is mostly likely to be effective in changing practice to fully engage fathers in family support services. Recent research (published ~2008-2014) linking fathers' behaviours with children's wellbeing is reviewed and barriers and facilitators to including fathers in family support programs are identified. Effective approaches to father inclusion are described at the level of individual practitioner competencies, service orientation and policy and examples of evidence-based programs targeting fathers is presented.

2. Definitions: Father-inclusive practice

For the purpose of this paper, a father is defined as a male who provides either primary parenting to a child within the context of family or parenting within the context of a parenting partnership. This includes biological and social fathers (men undertaking the role of father such as step fathers, foster fathers, boyfriends or partners), and father figures such as uncles and other male care givers.

Father-inclusive practice responds to the needs of families as a system by including fathering in all aspects of the planning and implementation of service in a manner that enables families to make optimal use of their internal family resources (Commonwealth of Australia, 2009). Research clearly demonstrates that without deliberate measures to develop and incorporate father-inclusive practice into all aspects of service delivery, service providers will overwhelmingly concentrate their efforts on maternal / child dyads. Research also shows this may result in both lower levels of satisfaction for families using the service and poorer outcomes for children, mothers and fathers.

Although father-inclusive practice will often aim to engage fathers in some form of interaction with their children, this may not always be either possible or appropriate. For example, families may seek help from services where fathers have been violent or abusive and it may not be safe for staff or families to engage with some of these men.

However, in both policy and service delivery, practices inclusive of fathers recognise the importance of fathers in children's developing sense of themselves and in the future family roles of boys and young men. Father-inclusive practice considers fathering as integral to service provision for families, including in the context of diverse care arrangements for children such as single parent families, separated families and families where both parents have the same gender. To be inclusive of fathers is to keep the importance of fathers to their children in mind even when no father is present or the immediate focus is the needs of the mother.

3. Fathers and child wellbeing

The overall finding from recent studies of fathers and child wellbeing can be summed up as 'fathers matter'. However, the way that fathering influences children's development is not straightforward. For example, while there is growing evidence that father-child engagement can boost children's social, emotional and academic development there is increasing evidence of the damage to children from father's violence toward the mother. As well, the understanding of fatherhood itself is evolving through new approaches to studying families across the biological and social sciences.

The evidence demonstrating fathers' potential to positively influence their children's health, social success and academic achievements is now robust and compelling. A key feature of studies examining parental influences on child development published in the last five years is the separation of independent father and mother effects. A fathers' influence on children's cognitive development, social skills, mental health, literacy and maths achievement is found to be separate to that of mothers', to operate in different pathways to that of mothers or to compensate for deficiencies in mothers' parenting (Cabrera, Fagan, Wight, & Schadler, 2011; Pougnet, Serbin, Stack, & Schwartzman, 2011; Pears, Kim, Capaldi, Kerr, & Fisher, 2012; Herbert, Harvey, Lugo-Cuelas, & Breaux, 2013; Majdandžić, Möller, de Vente, Bögels, & van den Boom, 2014). This evidence does not, overall, show fathers' influence as superior to that of mothers but as a separate, important factor in children's successful transition through infancy to adulthood.

The case for fathers' negative contribution to children's development is equally compelling. An Australian survey of new mothers found that 29 per cent of mothers reported partner abuse in the first 4 years postpartum (Gartland et al., 2014) and both physical and psychological abuse during pregnancy have been linked to adverse birth outcomes (Gentry & Bailey, 2014). The Second Action Plan 2013-2016 of the National Plan to Reduce Violence against Women has drawn attention to the extent of intimate partner violence impacting on children:

The 2012 Personal Safety Survey reported that 31 per cent of women who experienced current partner violence and 48 per cent of women who experienced previous partner violence stated that their children had seen or heard the violence. Being exposed to, or experiencing, domestic and family violence can have a profound effect on a child, impacting on future relationships, health and emotional wellbeing and engagement in work and community life. Research is also increasingly recognising exposure to domestic and family violence in childhood as a form of child abuse (Department of Social Services, 2012, p. 14).

The significance of fathers in areas of child rearing thought to be solely 'mothers' or 'womens' issues has also recently been established. Where mothers' perinatal depression has been recognised as an important influence on children's wellbeing, now fathers' mental health is also acknowledged.

An analysis of the Longitudinal Study of Australian Children (LSAC) data found that children whose fathers showed signs of depression in the first year after their birth had three times the risk of behaviour problems (Fletcher et al., 2011). Similarly, using the same nationally representative data set, the effect of fathers' obesity has been revealed in dramatic terms. Four-year olds whose fathers were overweight or obese (but whose mothers were in the normal weight range) were up to 15 times more likely to be overweight or obese four years later (Freeman et al., 2011).

There have also been developments in our basic understanding of fatherhood and fathering with implications for how we deliver services to support families. The evidence of successful development among children raised in same-sex, female couple families and the increase in female-headed single parent families has challenged the idea that fathers are essential in child rearing (Biblarz & Stacey 2010; Tasker, 2010). However, the evidence of a biological basis for male parenting rather than as simply a social convention has overturned the exclusive position of mother-infant relationships in our notion of normal child development.

New techniques examining hormonal pathways and neurological substrates have demonstrated a physiological basis to fathering behaviours. Specific fathering behaviours such as stimulative play have been directly linked to oxytocin, a key hormone involved in parent-infant bonding in mammals, with different effects and pathways identified for mothers and fathers (Gordon, Zagoory-Sharon, Leckman & Feldman, 2010; Naber et al., 2010; Naber et al., 2013). New methods to assess infant-parent attachment have been developed to assess fundamental aspects of father-child relationships (Bretherton, 2010). The model of mother-infant attachment as the primary attachment figure with fathers as secondary is no longer supported by the evidence linking fathers' behaviours, such as sensitivity and physically stimulating play, to optimal child development (Fletcher, 2011).

Implications of research evidence linking fathering and child wellbeing

The available evidence offers strong support for efforts to involve fathers in support of their children's wellbeing. Building on earlier research reports we now have sufficient evidence to assert that fathers have an important function in family well-being. Notably, even in areas where fathers' impact on children can be harmful, professionals and government are increasingly recognising the need to engage fathers in services for the sake of their children (Maxwell et al., 2012). However, although the momentum for father engagement seems to be increasing, there are a number of factors that continue to hinder translation of new cultural ideals into human service practice.

4. Barriers to father-inclusive practice

While barriers to father-inclusive practice have remained unsatisfactorily stable over the last two decades, there is now a clearer understanding of specific factors that inhibit or facilitate father's involvement in family-related services and programs; these can be crudely divided into issues of either policy or practice. At the government level, policies may tacitly or actively discourage fathers' engagement, for example, through the structure of social benefits, or through the provision of parental leave (Alio et al., 2011; Feely et al., 2013).

However, at the practice level, other factors such as organisational policies, training, professional standards and staffing structures also play important roles in determining how practitioners encourage or discourage father involvement (Cullen, et al., 2011). Service orientation and accessibility remain problematic, many services retaining mother-focused approaches and resources (Government of Western Australia, 2012). Father-inclusive practices are often ad hoc and practitioners frequently revert to a maternal orientation while overestimating father inclusion, therefore, policies and standards need to be supported by data collection systems which ensure that providers can objectively assess and report on father inclusion (Cullen et al., 2011). Data management systems can also drive processes that sustainably integrate fathering into the delivery of family service (Alio et al., 2011; Cullen et al., 2011).

The increasing complexity of problems facing recipients of government assistance also challenges practitioners' skills and attitudes. When fathers do wish to be involved in family services, their participation can be limited by fathers' perceptions of maternal bias in both service delivery and program development (Ferrell, 2013; Panter-Brick et al., 2014; Summers, 2011). Additionally, fathers themselves may be reluctant clients, and mothers may also block or divert service access to fathers (Maxwell et al., 2012). Negative stereotypes of fathers within child welfare practice are still prevalent and many practitioners feel unprepared to work with men in domestic violence contexts (Zanoni, Warburton, Bussey, & McMaugh, 2013).

Concerns about effectively dealing with men's aggression can be a further barrier to including these fathers in family work impacting upon the content and approaches of fathering programs and initiatives. While the rates of family violence are recognised as a major public health problem and governments commit considerable resources to reduce violence against women (Department of Social Services, 2012) there is a lack of appropriate services for intervening with fathers.

Fathers in rural areas may have additional complexity relating to isolation, and beliefs about rural masculinity which encourage stoicism and repressed emotions, and require different assistance to men from urban areas to understand and address their use of violence against their partners and families (Bartels, 2010). Programs for fathers targeting father-child relationships generally fail to address violence-related aspects of fathering (Kaspiew & Humphries, 2014), while most programs attempting to change men's behaviour in relation to violence do not include fathering in their curricula, even though men's desire to be good fathers and to have a good relationship with their children is recognised as a motivator for changing violent behaviours (Featherstone & Frazer, 2012; Ferguson & Gates, 2013).

5. Facilitating father-inclusive practice

Potential facilitators for father-inclusive practice in human services can be identified at three levels:

- the skills, attitudes and competencies of practitioners,
- the systemic processes and culture of the service or organisation where the intervention is based, and
- the community values and policy framework surrounding the families involved.

Staff skills and competencies

Over recent years, professional practice guides, staff development workshops and seminars on topics related to the engagement of fathers have become more common as services identify the lack of fathers attending. However, these offerings remain sporadic and the level of training among family-related service staff remains low. Standard professional education which is focused on mothers and children pays scant attention to fathers' needs and role (Walmsley et al., 2009; Zanoni et al., 2013). Undergraduate or preparatory courses in Health, Welfare and Education contain little in the way of preparation for working with fathers and since most staff in these services are female, they have limited experience of 'being a father' to draw on. The field is developing nevertheless, and there are now postgraduate courses specifically addressing work with fathers, such as the *Father-Infant Attachment and Coparenting*, or *Working with Fathers in Vulnerable Families* courses at the University of Newcastle.

A difficulty in promoting the need for father-related education lies in specifying the competencies involved. Some descriptive studies offer tentative markers for competencies, suggesting that practitioners' knowledge, attitudes and skills focus on self-reflection, the historical discourse of father involvement, and cultural sensitivity towards men (Fletcher & StGeorge, 2010). The usefulness of these competencies is supported by others who identify practitioner awareness of paternal roles, and self-reflection as essential competencies (Ewart-Boyle et al., 2013; Storhaug, 2013). One study evaluated a training programme for social workers, finding that practitioner reflection on personal values, and an improved understanding of men and fatherhood, were related to increased practitioner self-efficacy and rates of father engagement (Maxwell et al., 2012).

Service-level features to promote father inclusion

The Early Head Start initiative in the United States, which has been in operation since 1965 delivering more than 700 programmes to 62,000 pre-school children and their parents, provides an example of an ongoing service for disadvantaged families where fathers have been targeted (Vogel et al., 2011). Although almost all programs attempt to engage fathers, few report that they are successful. Those that indicate high levels of father involvement have adopted a range of strategies including:

- had a vision of father's needs, which included both his provider role and his relationship with the child, and had goals beyond getting the father to attend;

- completed a needs assessment for fathers and made it clear through policies that the program was for fathers as much as for mothers;
- had many or most fathers participating in family activities (as opposed to reporting that 'a few' fathers participated);
- designated day-to-day responsibility for father involvement to a specific individual;
- involved fathers despite challenging situations, such as when the mother and father are in conflict, when the father has been involved with domestic violence, or when the father has been out of contact with the child for some time;
- provided training for the father involvement coordinator and for all staff;
- had hired male staff; and
- reached out to separated or incarcerated fathers (Fletcher et al., 2008, p.46).

These strategies are similar to those identified in an Australian Government funded guide to *Fathers Inclusive Practice* (Commonwealth of Australia, 2009) and to the principles of father-inclusive practice developed at the University of Newcastle and taken up by SA Health (Government of South Australia 2011) (see case study in What Works below).

These Australian-based guidelines suggest active recruitment of fathers, adapting promotion materials and program content to be father-friendly, ensuring support of father inclusion through policy development and staff training, and an action research model of evaluation to refine practice (Government of South Australia, 2011). Strategies include:

- Targeting family transitions, such as the birth of a first child or the first day of school (Habib & Lancaster, 2010; Maxwell et al. 2012; Redshaw & Henderson, 2013)
- Working with couples to address the needs of fathers. This is thought to be particularly important because of both the limited success of father-only initiatives and the critical role that mothers often play in either promoting or inhibiting father involvement (Cullen et al.; Feeley et al., 2013; Ferrell, 2013; Salinas, Smith & Armstrong, 2011; Zvara, Schoppe-Sullivan, & Dush, 2013)
- Deliberately focusing on specific factors such as understanding child development and creating realistic expectations of child or infant behaviour within programs and interventions. This has been shown to increase engagement with fathers (Fletcher, 2011; Feeley et al., 2013; Salinas, Smith & Armstrong, 2011).

Community values

There is limited direct evidence of change in community values applying to fathers as carers for children. The most recent Australian Survey of Social Attitudes on this topic (conducted in 2003) found that 90 per cent of males and 91 per cent of females agreed or strongly agreed that "a father should be as heavily involved in the care of his children as the mother" (Wilson et al., 2005; p. 59). However, while women's working hours have increased steadily over the last 30 years, fathers' work time has remained steady and time use surveys show relatively small increases in fathers' time spent with children (Australian Bureau of Statistics, 2012; Baxter, 2013).

Soft markers of culture change give a different picture. Focus groups by manufacturer Lego UK found that fathers wanted a more hands-on relationship with their children than their own

fathers but lacked opportunities to engage (Snoad, 2012). Fathers' tenderness is also starting to show up on our screens to help sell cars. Volkswagen's 2012 Polo ads show a father's gentle care for his daughter from birth to when he chokes back a tear as she drives off in her first car (Skarica, 2012). The ad, which includes lyrics from the song "I'll watch over you", scored 210,000 hits in just five days on YouTube.

Policy framework

At a governance level, the policy framework to encourage father engagement in family programs has been the subject of a number of initiatives, but the impact of these is mixed. A common finding is that despite strong and innovative policies concerning father involvement in services, translation into practice is slow (Cullen, 2009). Since evaluations of policy impacts are rare, information about the effectiveness of the strategies may be gleaned from evaluations and reports on individual programs spawned by the policies.

In the USA, Responsible Fatherhood and Healthy Marriage policies and funding have supported the development of numerous programs over the last decade. While only some of these programs have outcome data, successful features of the responsible fatherhood programs (*Parents Fair Share; Parents for Fragile Families*) included:

- substantive employment and earnings components, combining immediate income with longer-term skill-building and job retention;
- custodial mothers included in the programs; and
- 'striking while the iron is hot' – programs were more effective when assisting parents while parents are still together and the child is expected or very young.

Good retention rates and child outcomes were achieved in couple relationship programs in the Healthy Marriage initiative (*Supporting Father Involvement; Supporting Healthy Marriage*). Programs were more successful when recruiting couples than men only. In their review of these policies, Knox et al. (2011) conclude that taking a *family-relationship perspective* is most successful, as it addresses some of the key risk factors that affect both children's development and family functioning in diverse types of families.

McAllister and Burgess (2012) arrive at a similar conclusion following an international review of father-inclusive policies and programmes. Despite promising policy directives, they too noted a lack of parenting interventions that include fathers, and little evaluation and specificity of gender effects. Their assessment of 35 successful or widely used programmes suggested that holistic, multi-dimensional programmes incorporating universal provision have the greatest chance of success.

In Australia, most states have written father-inclusive strategies into policies, but again, evidence of impact from these policy directives is piecemeal (Government of Western Australia, 2012). Resource provision, such as the *Fathers Matter* booklet produced by the Victorian Department of Education and Early Childhood Development (Raising Children's Network & Fletcher, 2009) and problem-targeted programs, such as *Nurturing the Pilbara* (Ngala, n.d.) appear to be successful in various aspects of uptake, engagement or impact.

While there are a many documents, entities or institutions that suggest policy directions for father-inclusive practice, there is an acknowledged difficulty of translating policy into sustained

and well distributed practice. The process of successfully building father-inclusive practice requires developing new ways of thinking and fundamentally different approaches to father involvement, resulting in specific stages of change that bring about paradigmatic shifts in thinking (McAllister et al., 2007).

Parental Leave

This difficulty is also acknowledged by the Organisation for Economic Co-operation and Development (OECD), which writes that parental leave is one of the few policy tools that can directly influence parents' behaviour (OECD, 2011). Comparative international analysis by Broomhill and Sharp (2012) suggests high impact on fathers' engagement with children's lives will flow from parental leave policies that include:

- a level of remuneration sufficient to allow parents, and men in particular, to participate in caring without experiencing a significant loss of income;
- the allocation of a significant period of non-transferable leave for fathers that encourages greater responsibility for parenting;
- a legislated provision for greater flexibility in both women's and men's employment hours and conditions; and
- a legislative guarantee of job and career protection for working parents who take leave.

Nordic models of parental leave are acknowledged as exemplars in the sector, and an important focus of these policies is the explicit articulation of gender equity as an important aim in structuring parental leave policy (Broomhill & Sharp, 2012). Reviews have pointed to the importance of parental leave in supporting the transition to genuine dual earner / dual responsibility families (Alio et al., 2011; Broomhill & Sharp, 2012; Knox et al., 2011; McAlister & Burgess, 2012). However, Swedish fathers' leave did not flow on to increased engagement with children's health centres. (Wells & Sarkadi, 2011). Many Australian fathers fail to take their opportunities for paternity leave, or, employment circumstances (casual, contract, etc.) prevent uptake. The merging of maternal and paternal leave that has occurred has mainly been driven by maternal workforce participation; however, there are substantial structural limitations to this convergence (Craig, Mullan & Blaxland, 2010; Maloney, Weston & Hayes, 2013).

When both parents work full-time, some share parenting work equitably, but Australian men continue to commit longer hours to paid work than their partners, who tend to work in part-time roles (Baxter, 2010; Craig et al, 2010; Thomas & Hildingsson, 2009). These structural limitations have meant that providers of services to families and children continue to develop familiarity in working with mother / child dyads and less experience in working with the extended family system (Burgess, 2009; Cullen, 2009). While equitable paternity leave is an important issue in its own right, it is an adjunct to policy that promotes and facilitates father-inclusive practice.

6. What works – review of interventions

Interventions to include fathers into programs and initiatives for the benefit of the fathers' children, his partner and himself have occurred across the range of human services. However, despite government-supported initiatives and the development of numerous of programs targeting fathers, family-related services, both in Australia and internationally, are overwhelmingly mother-focused (McAllister, Burgess, Kato, & Barker, 2012). Deciding whether particular approaches 'work' requires assessing a range of effects in a particular context for a specific population of family members. Commentators agree that in the case of programs and services attempting to engage fathers, the research base is limited (Bronte-Tinkew, Burkhauser & Metz, 2012; Maxwell et al., 2012; Ferguson & Gates, 2013; Burgess, 2009).

Not only are evaluations of many parenting interventions flawed in not reporting fathers' recruitment, engagement and outcomes separately but evaluations of father-specific initiatives are frequently of poor quality (Panter-Brick et al., 2014). In addition, as fathers' engagement may be influenced by a complex web of factors outside of the family and the program environment, assessing the outcomes from any specific intervention is extremely difficult. Nevertheless, if father-inclusive practice is to develop, it will be important to take stock of the available evidence to identify those directions which have the strongest research base at this time and to suggest as well, where further research might best be directed.

Programs for fathers

A recent systematic search for evidence of father participation and impact in parenting interventions found considerable variety in program types (Panter-Brick et al., 2014). Some programs described themselves as for 'parents' yet were clearly aimed at mothers, some were father-specific while others offered parallel mother and father sessions. Programs addressed specific issues such as fathers' obesity, father-son relationships or fathers' violence others addressed coparenting or children's behaviour problems (see Table 1).

Few of the interventions located through the systematic search were rigorously evaluated, a point made in previous reviews of father-directed programs (Fletcher, Fairbairn & Pascoe, 2004; Burgess, 2009; McAllister, Burgess, Kato, & Barker, 2012; Bronte-Tinkew, Burkhauser & Metz, 2012). Among the 92 programs identified from 20 countries only 11 were tested with a randomised control design. However, among the programs for 'parents' none included sufficient data on fathers' recruitment, engagement and satisfaction to effectively compare the program's success with fathers.¹

A meta-analysis analysis of English language randomised controlled studies of the Triple P-Positive Parenting Program for example, found a stark difference in the number of mothers and fathers reported to be involved in the program. Out of the 4959 parents recruited into these studies, 983 (20 per cent) were fathers. In one of the largest Australian studies only 16 fathers were recruited compared to 1610 mothers (this difference was overlooked in the results section where successful change in 'parents' was reported using only data from

¹ An Australian Randomised Controlled Trial is currently underway for an adaptation of the Tuning in to Kids parenting program targeted at fathers with preliminary data indicating positive impacts (Wilson, Havighurst & Harley, 2014).

mothers). The effect of the program on mothers' and fathers' parenting was judged by their answers to questions measuring laxness, verbosity or overreaction. Overall, the parenting of fathers did improve; however it was significantly less than that for the mothers (Fletcher, Freeman, & Matthey, 2011).

The historical lack of reporting on fathers' recruitment, engagement and response to the program has made it difficult to definitively conclude whether Triple-P is suitable for fathers, even though evaluations are randomised controlled studies. A recent New Zealand RCT study has assessed an adapted version of mixed Group Triple-P with specific enhancements targeted at fathers. Outcomes data from this study provides a welcome addition to the evidence base, especially as regards the barriers and enablers of fathers' participation in the program (Frank, Keown, Sanders & Dittman, upcoming; Frank, Keown, Dittman & Sanders, 2014).

Table 1 provides examples of programs which target or involve fathers. The type of delivery and extent of father involvement is described. Evaluation of the program including the measures utilised are listed. The evaluation process and the impact outcomes are also summarised.

Table 1. Programs for fathers

Parenting Program	Mode of Delivery	Target Group and Extent of Father Involvement	Nature and Rigor of Evaluation	Intended Process and Impact Outcomes
<p>Australia</p> <p>Dads on Board (Bunston, 2013)</p>	<p>Weekly 2 hour therapeutic group work sessions over 8 weeks plus 'therapeutic newsletter' (reporting on each session) for parents between sessions</p> <p>Two facilitators (male & female), closely supervised</p>	<p>Fathers who had already participated in behaviour-change programs as a result of their use of violence – plus their babies/toddlers. Mothers can attend but focus is on father–child dyad</p>	<p>Progress of seven father-participants and their partners (if attending), monitored and reported. Measure: Maternal/Paternal Postnatal Attachment Scale</p>	<p>Process: pre/post test (parent report) plus facilitator observation and report</p> <p>Impact: father/infant and mother/infant attachment; fathers' behavior and understanding (read infant cues; develop curiosity/respect for infant; understand concept of 'holding'; understand impact of own behavior on infant)</p>
<p>Australia</p> <p>Healthy Dads, Healthy Kids Program (Morgan, Lubans, Callister, Okely, Burrows, Fletcher, and Collins, 2011)</p>	<p>8 X 1.5 hour weekly face-to-face sessions for 3 months: 5 sessions for fathers only, 3 physical activity sessions for fathers and children</p>	<p>Overweight and obese fathers and their primary school-aged children</p>	<p>Randomised Control Trial (RCT) n = 27 intervention, n = 26 wait-list control</p>	<p>Process: data collected at baseline, 3 and 6-month follow-up: observation and self-report. Impact: (a) fathers: weight status; waist circumference; systolic blood pressure; physical activity; dietary intake, physical activity, and (b) children: dietary intake; weight status</p>
<p>Australia</p> <p>Positive Parenting Program (Triple P) (Fletcher, Freeman, and Matthey, 2011)</p>	<p>Exemplar of a widely-endorsed behavioral parent training (BPT) program, delivered in various formats – the most effective with fathers being Stepping Stones (10 sessions, for parents of a child with a disability) and Pathways (14 sessions, including 4 on anger management)</p>	<p>Focus on dyadic parent–child interaction: 26% of attendees are single mothers and 21% fathers [likely to be the partners of participating mothers]</p>	<p>Meta-analysis of 28 studies reporting father engagement in Triple P (a tiny proportion of program delivery, since data are rarely gender-disaggregated and never disaggregated by individual v. couple participation)</p> <p>Measure: The Parenting Scale</p>	<p>Process: (mainly) pre- and post- self-report (mothers and fathers); attendance & homework completion (facilitator report); up to 2 year follow-up.</p> <p>Impact: (a) Compliance with program; impact on parenting and (b) children: behavior</p>

Parenting Program	Mode of Delivery	Target Group and Extent of Father Involvement	Nature and Rigor of Evaluation	Intended Process and Impact Outcomes
Canada Caring Dads (Scott and Lishak, 2012)	17-week group parenting intervention; systematic outreach to mothers to ensure safety; ongoing, collaborative case-management of fathers with referrers and other professionals.	Men who have maltreated (including neglected) their children and/or exposed them to intimate partner violence	Assessment of 98 men who completed the course and had pre and post assessments Measures: Buss-Perry Aggression Questionnaire; The Parenting Scale; The Parenting Alliance Measure	Process: Pre- and post (fathers' self-report) Impact – fathers: aggression/hostility/laxness; parenting; coparenting
Israel Nonviolent resistance (NVR) Parent Training (Lavi-Levavi, Shachar, and Omer, 2013)	50 minutes once-weekly sessions with both parents for 4–10 weeks plus 29 intersession phone support calls	Mothers and fathers (couples) of children (age under 18) with acute behavior problems	Quasi-experimental: 46 mothers and 43 fathers, with wait-list control Measures: The Parental Helplessness Questionnaire; an Escalation Questionnaire; Demographic Questionnaire	Process: Pre/post (6 weeks after intervention) questionnaires (parent self-report). Impact: parental helplessness, power struggles, negative feelings, parental submission, father's family-participation
Sweden Internet-based Parent Management Training (Enebrink, Hogstrom, Forster, & Ghaderi, 2012)	7 x 1.5 hour sessions delivered over 10 weeks via the internet (text, illustrations, videos of parent/child interactions, parenting discussion forums) Homework. Online feedback	Mothers and fathers of 104 children aged 3–12 exhibiting conduct disorders	Quasi-experimental design: intervention compared with wait-list. Sixty-nine percent of participants were couples Couple and individual parent participation measured, impact by child gender and dose-response rates Measures included: Early Assessment Risk List-20B/21G; Eyberg Child Behavior Inventory; Strengths and Difficulties Questionnaire; Parenting Practices Interview	Process: Baseline face-to-face evaluation of children for psychiatric disorders. Pre/post (and 6 month follow-up) parent reports. Attendance records Impact: child behavior; parenting strategies; cost

Parenting Program	Mode of Delivery	Target Group and Extent of Father Involvement	Nature and Rigor of Evaluation	Intended Process and Impact Outcomes
Sweden Leksand Model (Johansson, 2012), and (Hoskings and Walsh, 2010)	16–18 group sessions prenatal to 12 months postpartum Topics include child development, bonding, couple relationship, new roles, parental leave	Expectant mothers and fathers recruited via maternity services, with fathers specifically invited to the first antenatal appointment and there personally invited to participate in Leksand	Quasi-experimental design: families of babies born in 2000, followed to 2006 Leksand groups compared with controls who received traditional parent-preparation and fewer sessions	Process: surveys (self-report), interviews, attendance records Impact: (a) mothers & fathers: satisfaction with staff and program; mother/father attendance; fathers' parental leave uptake; program cost, and (b) children: collected, but not reported in English language publications
United Kingdom Family Nurse Partnership (Ferguson and Gates, 2013), Barnes, et al., 2011)	30-month intensive home-visiting support for mothers (program on Licence and developed from the US Nurse Family-Partnership Program)	Highly vulnerable teenage mothers, fathers frequently engaged also	(a) Survey of 54 fathers currently in the program, (b) interviews with 24 fathers and professionals: (c) Data and information in National Evaluations	Process: father self-report; professionals' reports; national data analysis Impact: fathers' program participation; couple communication and relationship; coparenting; parenting
United States Family Foundations (Feinberg, Roettger, Jones, Paul & Kan (in Press); Brown, Feinberg & Kan, 2011)	Psycho-educational sessions, 8 classes over 6 months delivered through existing childbirth education departments	Expectant first-time parent couples	RCT: 5-waves of follow-up; second wave involved n = 147 mothers (71 control, 76 intervention group). Follow-up to 7 years in some instances	Process: pre–post surveys (parent self-report); observation. Impact: (a) mothers and fathers: includes individual and family functioning (stress, depression, quality of couple and coparenting relationship), and (b) children: child adjustment
United States	Fifteen 2-to-3 hour sessions (fathers with sons) conducted twice-weekly	Nonresident African American fathers and their preadolescent	Quasi-experimental design: 158 interventions and 129 comparison	Process: pre/post test surveys (self-report)

Parenting Program	Mode of Delivery	Target Group and Extent of Father Involvement	Nature and Rigor of Evaluation	Intended Process and Impact Outcomes
Flint Fathers and Sons Program (Caldwell, Rafferty, Reischl, de Loney & Brooks, 2010).	over 2 months	sons	group families. Measures: Parental Monitoring Index; questions from some validated scales coalesced into new scales; demographic and control variables	Impact: (a) fathers: paternal monitoring; father-child communications; communication about sex and risky behavior extent; intentions to communicate; race-related socialization; parenting skills; satisfaction, and (b) sons: paternal monitoring; father-child communications; communication about sex and risky behavior extent/efficacy; race-related socialization; intentions to avoid violence; physical fighting; intentions to exercise
United States Fatherhood Relationship and Marriage Education (Rienks, Wadsworth, Markman, Einhorn & Etter, 2011), and Wadsworth et al., 2011).	14 workshop hours over five group sessions, addressing issues known to affect the quality of couple relationships: communication, coping, problem solving; parenting skill	Low-income, high-risk couples with children	RCT: data collected from 112 fathers out of 137 couples randomly assigned to couple, male-only, or female-only control. Measures: Demographic and control variables including relationship with child (birth. v. social father); Brief Symptom Inventory-18 (anxiety & depression); 8-item Danger Signs scale (communication); Coping Efficacy Scale (modified); Inventory of Father Involvement; Communication Skills Test; Parenting Alliance Inventory; Dyadic Adjustment Scale	Process: pre-post surveys (parent self-report); analysis of demographic and control variables. Impact: amount of father involvement

Adapted from Panter-Brick et al., 2014

Intervene early in men's transition to fatherhood

The perinatal period provides an ideal opportunity for father engagement because this is a time when the majority of fathers attend a range of services with their partner (Cowan et al., 2009; Gilligan, Manby & Pickburn, 2012). A UK study, which included single and separated parents, found that 90 per cent of new mothers had the child's father with them during at least one antenatal ultrasound, 73 per cent of these fathers attended antenatal appointments and 60 per cent joined the mother in antenatal classes. Greater paternal engagement was positively associated with mothers' antenatal checks, attendance at antenatal classes, and breastfeeding (Redshaw & Henderson, 2013).

Antenatal education is important for fathers because targeted interventions can influence the beliefs and behaviours of fathers during the postnatal period (May & Fletcher, 2013) and fathers who attend antenatal services with their partner are more likely to engage in childcare during the postnatal period (Zvara, Schoppe-Sullivan & Dush, 2013).

One of the most striking examples of how influential father involvement can be in perinatal education arises from a US study on the prevention of Non Accidental Head Injuries (NAHI). Non Accidental Head Injury (NAHI) is a major cause of mortality in Australian children under four years of age and for every child presenting with NAHI another 150 are thought to be injured by similar events (Kaltner, Kenardy, Le Brocque & Page, 2013). Men are two to three times more likely to be accused of causing NAHI; this is often associated with infant crying and most commonly occurs in the early months of parenting (Medill Justice Project, 2013). A postnatal, hospital based, NAHI intervention in the US, which engaged with fathers in 76 per cent of families, has been linked with a 47 per cent reduction in reported cases of NAHI over a four year period (Dias, Smith, de Guehery, Mazur, Veetai, & Schaffer, 2005). This outcome has resulted in the introduction of a number of well supported programs designed to reduce NAHI in the US and a film-based program in the UK that has provided a report of reduced injuries (Hogg & Coster, 2014).

Target coparenting

Although coparenting partnerships have been the focus of the Australian Government's Family Relationship Centres programs and services there is growing evidence for the effectiveness of targeting couples and the relationship that they share as parents raising children; a relationship that is distinct from the parents' romantic or marital relationship. Coparenting quality shares a particularly important relationship with factors such as parenting stress (particularly for fathers) and the social / emotional development of children (Scrimgeour, Blandon, Stifter & Buss, 2013; May, Fletcher, Dempsey & Newman, 2014). A longitudinal randomised trial has found that couples who participated in eight pre- and post-birth classes targeting parenting partnerships reported higher levels of parenting self-efficacy, lower levels of parenting stress and better coparenting quality than controls and that this occurred for up to five years after the intervention (Feinberg, Jones, Kan & Goslin, 2010).

An important outcome from this trial was that parents with the poorest quality partnerships reported the greatest benefits from the program. A more recent study has found that a shorter coparenting program - of four 90 minute sessions - can also reduce stress and improve relationship function (Doss et al., 2014). Doss et al. concluded that a specific focus on parenting partnerships attracted more interest from parenting couples than a similar program on other aspects of relationship function.

Despite extensive literature describing strategies to increase paternal participation in father-only parenting programs and participant reports that they enjoyed the experience, their attendance is often poor, and this usually remains the case when recruitment strategies have been exemplary (Burgess, 2009). Bennet and Cook (2012) proposed that fathers are often willing to attend appointments and programs that target specific needs but they do so in the company of their parenting partner.

Experience from these programs indicates that paternal attendance plays an important role in program efficacy because parents who attend these programs as a couple gain and maintain greater treatment effects than parents who attend on their own (Cowan et al., 2009; May and Fletcher, 2013; May et al., 2013). However, it should be noted that fathers are less likely to attend general parenting programs than mothers and although they are more concerned about the skills and attitudes of program presenters than their gender, fathers are much more likely than mothers to be disappointed because programs are too maternally focused in both content and delivery (Abse & Hertzmann, 2008; Fletcher, Freeman & Matthey, 2011; Panter-Brick et al., 2014).

Draw from men's behaviour change programs and fathering programs to address fathers' violence

Successful programs aimed at changing violent behaviour in men acknowledge power relations, prioritise women's safety and foreground men's accountability (Stanley, Graham-Kevan & Borthwick, 2012; Kulkens & Wheeler, 2013; Laing & Humphries, 2013; McCrae, 2014; Osborn, 2014). A number of programs now refer to the importance of building motivation to change (Garvin & Cape, 2014; Stanley et al., 2012) using the stages of change model and Motivational Interviewing techniques originally from the alcohol and other drugs field. Becoming better fathers or parents seems to be one of the keys to building motivation (Bunston, 2013). Programs also include an examination of men's experience of fathering, how they co-parent and awareness of the impact of violence on children (O'Malley, 2013).

Increasingly the trauma literature is identifying the impact of childhood trauma on adults. A key emotion seen in this area is shame. The power of shame is such that it can encompass a person's sense of self to the point where the individual no longer considers themselves a 'good person' (or good partner or father). It is also been shown that traumatised individuals lack empathy hence it is important for programs to encourage empathy for partners and children (Garvin & Cape, 2014; Kulkens & Wheeler, 2013). Opportunities for men to explore their emotions are important components of programs. A strengths-based approach which includes examination of social bonds such as ties to family and social networks is a potential entry point for behaviour change (Garvin & Cape, 2014; McCrae, 2014; Morran, 2013; Stanley et al., 2012).

Link programs, staff development and community awareness

Since the barriers to including fathers in family-related services are multiple it is unlikely that a single program will suffice to embed father-inclusive practice within an agency or community. Co-ordinated, linked approaches that provide resources and engage service staff in adapting existing procedures will have the greatest chance of success. Policy and organisational support for staff training and for managing change can tailor father-inclusive initiatives to meet the needs of individuals, organisations and sector, reflecting their readiness for change (Prochaska, Prochaska & Bailey, 2013).

The Father Engagement Research Project based in South Australia's Children's Centres provides an example of how education, resourcing and an action-research model to engage staff can lead to change. It is important to note that the decision to develop 20 Children's Centres across the state provided a context of positive change. The research project was itself an 'action-research' project in that service staff and the commissioning Health Department staff were engaged in reflection on father inclusion and recognised the lack of existing attention to fathers (Government of South Australia, 2011).

Case study: Including fathers in South Australian Children's Centres

The Fatherhood Engagement Research Project was an 18 month research project commencing in July 2009. The project drew on research commissioned by SA Health to evaluate the barriers and enablers to including fathers into existing and planned Children's Centres. This research, *Men and Children's Centres: A systematic explanatory review—Improving men's participation in primary health services in South Australia* (Fletcher et al., 2008), reported that while there was evidence to support the value of fathers' inclusion there was a lack of evidence regarding the ability of parenting programs to recruit and retain fathers. A range of research and implementation strategies were recommended to increase the participation of fathers in Children's Centres.

Four aims for the Fatherhood Engagement Project were developed:

1. Increase the number of fathers involved in Children's Centres.
2. Increase staff skills and competencies in father-inclusive practices.
3. Enhance community awareness and advocacy for the positive role of fathers.
4. Develop a set of guiding principles and strategies for engaging fathers in Children's Centres for Early Childhood Development and Parenting.

Eleven Project Teams (Children's Centres) volunteered and participated in the project over an 18 month period. As part of the project, a Children's Centre Fatherhood Inclusive Practice Audit Tool was developed which provided quantitative data. Principles to guide practice were trialled and centres developed and evaluated strategies to achieve the four aims in their centre.

As a result of the project, improvements of 50 per cent or more were evident in the elements listed below.

Service culture and environment

- Fathers are effectively informed about the service and programs
- Male staff are actively sought through selection processes
- The aesthetic environment is inviting for men
- Parenting programs that specifically target or engage fathers are provided

Service relevance and accessibility

- Strategies are in place to seek fathers' input into service planning
- Operational hours support the involvement of men

Strategic planning and accountability

- The service has an Engaging Fathers Policy
- Father-inclusive practice is prioritised in the annual strategic plan
- The service regularly reports to governing bodies about fatherhood inclusivity

Increase staff skills and competencies in father-inclusive practices

- Staff understand the demographics of fathers in the community
- Staff deliberately endeavour to engage fathers in programs and events
- Staff are knowledgeable about local services for fathers and can refer as appropriate
- Staff critically reflect on own practice to ensure inclusivity of fathers

Quote from a child centre worker

I noticed that interactions with one particular 'drop and run' dad were at a superficial level, often revolving around sport and weather. I attributed this to the pressing demands on my own time and the father's limited time at the centre.

With an increased effort to 'catch up' with the dad before he left the centre, and by refocusing conversations around the child's experiences, I noticed that the relationship between us improved. This also translated to improved relationships between the dad and other staff at the centre.

The dad became keen to share the child's at-home experiences with me. Daily interactions centred on sharing the child's at-home and at-centre experiences. The dad began staying longer at the centre, became more attuned to his child's interests, appeared more confident as a father and staff noticed the relationship between father and child improved (Government of South Australia, 2011, 23)

Father-inclusive practice in Australian Aboriginal and Torres Strait Islander Communities

Fathering expectations and behaviours in Indigenous communities are influenced by a range of factors including location, education, income, employment and Aboriginality (Morgan, 2012). Parenting behaviours are rapidly evolving in many Indigenous communities but traditional beliefs and practices, life experiences and community expectations need to be taken into account when planning parenting interventions with Indigenous men. For example, the perinatal period presents an opportunity for father-inclusive practice in the broader community, but this may not be the case in more traditional Indigenous communities, where childbirth and early parenting have been described as 'Women's Business' (Jones, 2011).

A number of Indigenous fathering programs have focused their attention on fathering in and around the school environment, where these programs have reported that they can successfully

engage with Indigenous fathers through their fathering relationships and responsibilities (Family Action Centre, 2013; Urbis, 2013). These opportunities for father engagement in Indigenous communities are important because Indigenous fathers often play a particularly important role in the behaviour management of boys (Robinson et al., 2012). Indigenous fathers participating in school-based programs have reported greater empowerment, wellbeing, connection to family and enhanced social cohesion as a result of their participation (McCalman et al., 2010; Family Action Centre, 2010).

Higgins and Morley (2014) have identified five principles which have underpinned programs that successfully include Indigenous parents. These principles include:

- a culturally welcoming environment,
- empowering parents to support their child's learning; including parents in their child's learning program,
- socially connecting parents with each other, and
- ensuring that the program is coordinated with relevant community agencies (Higgins & Morley, 2014).

Although these principles also apply to the experience of working with Indigenous fathers there are other factors that also need to be considered. A number of programs have identified the importance of having an Indigenous program coordinator who is well respected and well connected to the community in which the program is running and how this person needs to be well supported by the organisation that manages the program (Urbis, 2013; Men In Black, 2010; Robinson et al., 2012; Stuart & Hammond, 2010). Reports have also identified the importance of building relationships with fathers prior to program commencement, consistency in the timing and running of a program, and the provision of practical hands-on activities for the fathers (Family Action Centre, 2013; Urbis, 2013).

7. Future directions: father-inclusive practice in policies and programs

Policy development aimed at engaging fathers in child and family services needs to directly support the development and sustainability of processes, practices and programs that respond to the needs of families as a system. It is important that staff have the knowledge, skills and systems to support effective work with fathers as part of family systems (Ewart-Boyle et al, 2013; Storhaug, 2013). Policy also needs to provide clear direction in the provision of funding for child and family services. The following points provide considerations for future directions regarding father-inclusive practice.

Capacity building and knowledge exchange

- **Practitioner capacity building** is a priority. The competence and confidence of practitioners have been identified as key drivers of improved practice and outcomes. Including father-inclusive practice as a core component of relevant Vocational Education and Training, undergraduate education and postgraduate training is an important strategy. Access to ongoing professional development, especially training in evidence-based approaches to working effectively with families (such as the Family Partnership Model) is also central to building practitioner confidence and capacity.

- **Organisational capacity building** is an important corollary to the training of individual practitioners, as organisations shape the policies, practices and everyday routines of systems and can enable or inhibit the extent to which practitioners have the capacity to be father-inclusive. Father-inclusive practice is more likely to be both effective and sustainable where it is embedded in organisational structures and processes, and is part of an organisation's 'DNA'. Resources such as the Father Inclusive Practice Toolkit can assist agencies to identify appropriate strategies, while funding and accountability arrangements can encourage agencies to maintain a focus on working with families as a whole.

Data and Evaluation

Service providers can 'keep fathers in mind' by collecting, monitoring and acting on data informing them about fathers in their service: how many are there, how many are engaged in service provision, how they are responding and if outcomes are improving for fathers, children and families (Knox et al, 2011).

Identifying screening, assessment and research instruments that are appropriate for use with fathers would help equip agencies to measure changes in father wellbeing and fathering practice more effectively. For example, the Emotional Availability Scales measure the level of fathers' sensitivity, behaviours such as hostility and the child's attachment to the father (Biringen, Robinson, & Emde, 2000) and may be used therapeutically and as a tool for measuring progress and outcomes.

There is a significant need to build the evidence-base around what works in father-inclusive practice, including engaging and retaining fathers in studies and evaluations of programs targeted at parents (including programs not specifically targeted at fathers).

The role of employers and business

A significant contributor to the low numbers of fathers engaged in services is the nature of modern workplaces. This includes inflexible work hours; leave provisions; employer attitudes towards fathers attending child-related events, activities and services during work hours; long work hours; and increasing casualisation of the workforce (especially for low-income families).

Connecting with other services

Engaging early with fathers (ideally during the antenatal period), and providing support during the often stressful early parenting period is recognised as a valuable approach. Universal service platforms² are often 'touch points' for fathers and may be spaces they are in frequent contact with. There is a significant opportunity to engage these organisations and build relationships, in order to disseminate information and develop referral pathways. Many service providers already do this effectively, but some encounter difficulties.

² Such as state-funded services like child and family health, child and family centres or schools; Commonwealth-funded services like Centrelink or GPs; or private services like early education and care or psychologists (funded through Better Access).

8. Final comments

It is now almost a decade since the first national Forum on Father-Inclusive Practice was held at the University of Newcastle. With support from the Bernard van Leer Foundation and the Australian Government Department of Family and Community Services, practitioners, managers and researchers together documented existing practice and developed a set of principles to guide services in adopting father-inclusive practice.

Since that time, across the family services sector there has been a variety of fathers' initiatives and repeated calls to include fathers in support for families even when violence and abuse are involved. In addition, the evidence of the potential benefits of fathers' involvement in their children's lives, commencing at birth, is now compelling.

While there is no one program or policy to ensure fathers' inclusion there are clear directions described in this report: begin early in family formation (recognising the need for state and national government co-operation); target coparenting rather than mother-only or father-only approaches; facilitate bridging across men's behaviour change and fathering programs; link community-wide initiatives with staff education (not simply workshops) to foster a culture of father-engagement; and, support community-based Indigenous programs addressing fathering.

The inclusion of fathers is vital and is founded on research demonstrating how fathers' close involvement from birth can support infant and child development. The next decade could provide many of the strategies to ensure fathers' and father-figures' contribution to healthier, safer, socially resilient communities.

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