



Fatherhood Research Symposium II: *Theory, Measurement, Policy and Practice*

April 20th – 21st 2017, Melbourne, Victoria

The Symposium is under the auspices of the Family Action Centre, The University of Newcastle and The Centre for Social and Early Development, Deakin University.



Program

Day 1: Thursday 20th April

10:00	Welcome, Acknowledgement of country
10:15	Explanation of Day 1
10:30	Poster Presentations by participants Session A
11:30	<i>Morning tea</i>
12:00	Poster Presentations by participants Session B
1:30	<i>Lunch</i>
2:15	Panel presentation on three collaboration areas: 1. Life Course Approach* 2. Measurement* 3. SMS4dads outcomes* <i>See description of these areas</i>
3:00	Breakout sessions 1. Life Course Approach 2. Measurement 3. SMS4dads outcomes
3:50	<i>Afternoon tea</i>
4:00	Plenary with feedback
4:30	Close

Day 2: Friday 21st April

9:30	Review of Day 1 and explanation of Day 2
9:45	Poster Presentations by participants Session C
10:15	Presentation on options for next session: 1. Practice Challenge 2. Continue with groups from Day 1 3. Paper in a Day
11:30	<i>Morning tea</i>
12:00	Continue morning sessions
1:30	<i>Lunch</i>
2:15	A final plenary discussion hearing individual comments evaluating the day
3:15	Close

Breakout Group 1: Lifecourse perspective to understanding fatherhood

Developmental history and cultural influences inform how fathers adjust psychologically to paternity and how they interact with partners and children. A lifecourse perspective provides insights into opportunities to support the capacity of men to be caregivers, as well as insights into men's contributions to the developmental outcomes of their children. The first aim of this breakout group is to share information about lifecourse studies and datasets available to fatherhood researchers and to set in place collaborations that can draw on these resources. The second aim is to discuss how to build effective links between lifecourse evidence and application.

Breakout Group 2: Measurement in fatherhood research

Measurement methods are a key to answering pointed questions about fathers. Building on the findings of the 2016 Symposium on Fatherhood Research in Australia, the aim of the Measurement breakout group will be to identify feasible and innovative approaches to measuring key aspects of fatherhood. Breakout group 3. SMS4dads health outcomes The third breakout group will involve several small research teams meeting to plan feasibility/pilot studies exploring SMS4dads methodology in a variety of contexts. Teams will be planning health behaviour interventions on fathers' smoking, alcohol use or family conflict, others will focus on international low-income contexts or testing key design features of SMS4dads.

Posters

The posters are to be A3 size and to convey an aspect of your research (completed, ongoing or planned). We are hoping to scan them and put them up on the web. As a presenter, you will have 3 minutes (only) to speak to your poster. However there will be plenty of time to follow up and discuss the content with others.

Paper in a Day

Paper in a Day aims to foster collaborations between young researchers who will be future leaders in the domain of fatherhood research. Paper in a Day is designed to stimulate connections and the exchange of ideas by working on a tangible outcome: a brief paper or commentary for a peer-reviewed journal or conference presentation. This will be an intensive, productive and enjoyable exercise. Participants will choose a topic based on their discussions from Day 1 or another shared interest. The workshop will include plenary discussions about the topic and then writing time in subgroups. Planning follow-on writing and publication will be included.

Practice Challenge

The review of a Child and Family Service in one state pointed to the lack of engagement with fathers. As a result, senior officers from the Service are seeking advice on ways to be more inclusive of fathers. The officers will be guests of the Symposium and take part in a facilitated discussion of relevant theory, measurement, policy and practice issues.



Poster Submissions

Linking fatherhood researchers, practitioners, and policymakers

Symposium members were asked to present an A3 poster to facilitate discussion between members. The objective of the poster was to facilitate introductions that hopefully help to spark ideas about ways researchers might work together and with practitioners and policymakers. Symposium members were asked to share information about their research or area of practice or policy that would be helpful in building collaborations. Posters may have included any one or more of the following:

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

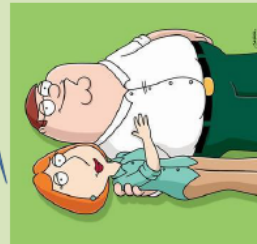
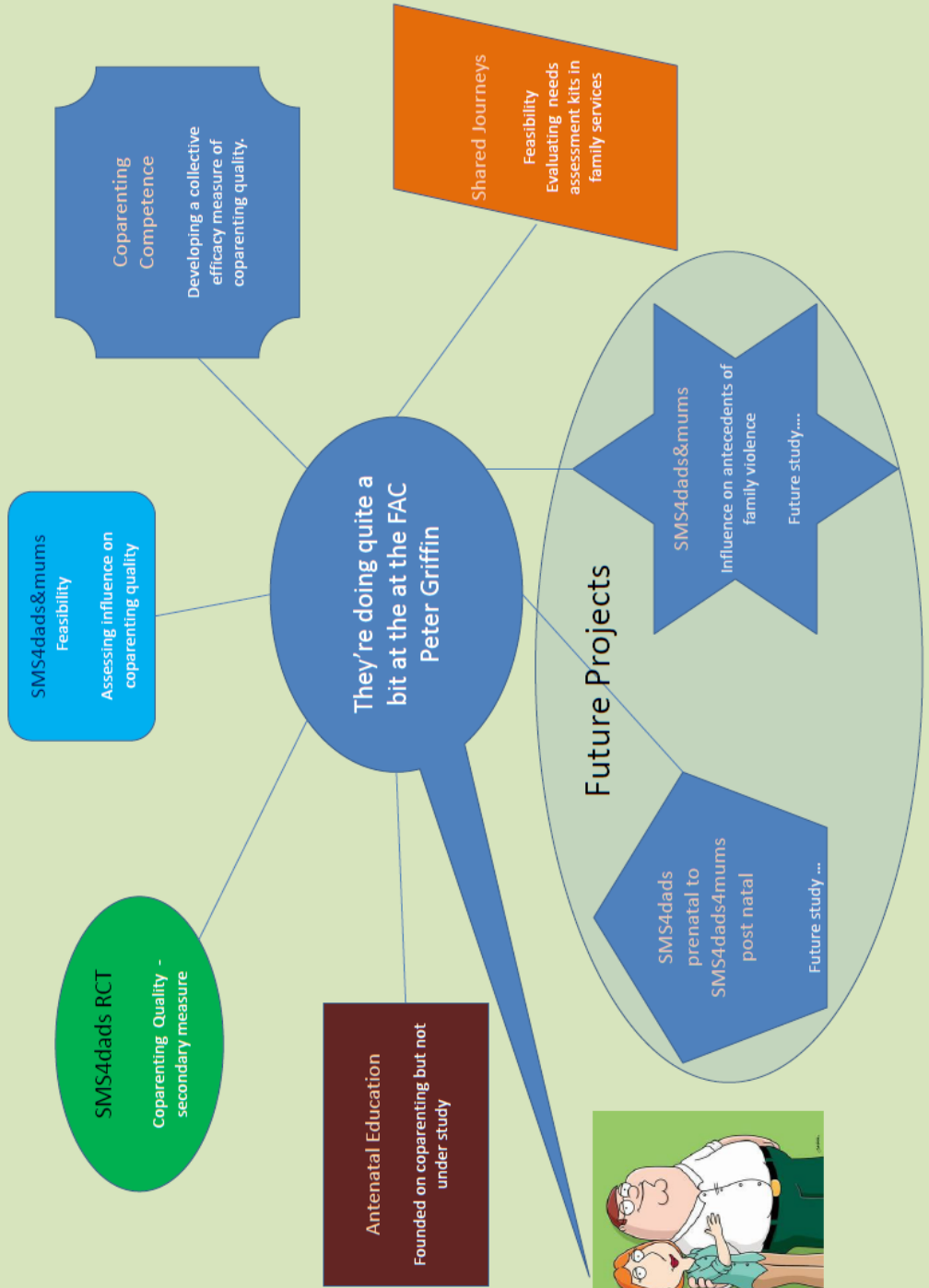
The following pages contain a 'snapshot' of posters presented over the two day Symposium.



**Ask us about Active Dads Programs
available in this Maternal and Child
Health Centre:**

**Your next New Dads and families evening
session is on....**

Coparenting Research & Practice Family Action Centre - University of Newcastle



FATHERS, ALCOHOL AND PREGNANCY: A SYSTEMATIC REVIEW

Dr Nyanda McBride, Senior Research Fellow and Project Leader, and Dr Sophia Johnson, Research Associate,
National Drug Research Institute, Curtin University

Aim

To explore the impact of fathers' alcohol consumption during preconception and pregnancy on maternal alcohol consumption during pregnancy, on pregnancy health, and on child health outcomes.

Background

Alcohol consumption during preconception and pregnancy is generally considered to be the prospective mother's responsibility, with many current international alcohol policy guidelines recommending the reduction or non-use of alcohol by pregnant women. However, research suggests that decisions about alcohol use can often be influenced by others, in particular the prospective father.

Decisions about alcohol use during preconception and pregnancy are not the sole responsibility of women...

Methodology

PRISMA approach. 1990-2014. Report paternal effect separate from maternal effect.

A total of 11 studies included in the review, involving 35,080 cases (n=41,062 with controls).

Contact: Dr Nyanda McBride
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More information and full references are available in the October 2016 edition of the Connections newsletter – visit www.connections.edu.au



Results

Paternal social facilitation of maternal drinking, and relationship quality

Women who drank during pregnancy were more likely to have a live-in male partner who consumed alcohol.

Risky paternal drinking was associated with continued maternal drinking.

The quality of the couple's relationship also had an impact on maternal drinking. Women who reported significantly less satisfaction with their relationship and who reported less ability to discuss relationship problems were more likely to continue drinking during pregnancy (AOR=34.1).

If male partners actively supported preconception and pregnancy health care, women were 20% more likely to actively follow the preconception healthcare protocols.

Effects of alcohol on sperm health

Paternal drinking in the week prior to sperm collection (for IVF/GIFT) was associated with failure to achieve live birth and spontaneous miscarriage. Increased risk with one can of beer (AOR=45.64).

Impacts on fetal/infant health

Replicated studies reported increased risk of spontaneous abortion and low birth weight.

Single studies report impacts on live birth, low gestational age, mental retardation, single heart ventricle, and acute lymphoblastic leukaemia.

Summary

Fathers pre-conception alcohol use can have a negative impact on pregnancy outcome, and fetal health.

Fathers also contribute to alcohol exposed pregnancies through social facilitation.

75-80% of males want preconception information.

Decisions about alcohol use during preconception and pregnancy are not the sole responsibility of women but occur within the context of the home and the broader social environment.

McBride, N. and Johnson, S. (2016). Fathers role in alcohol exposed pregnancies: systematic review of human studies. *American Journal of Preventive Medicine*. Early Online DOI: <http://dx.doi.org/10.1016/j.amepre.2016.02.009>

Development of Multidimensional Paternal Conceptual Scale

Daisy Gemayel

School of Psychology, Charles Sturt University

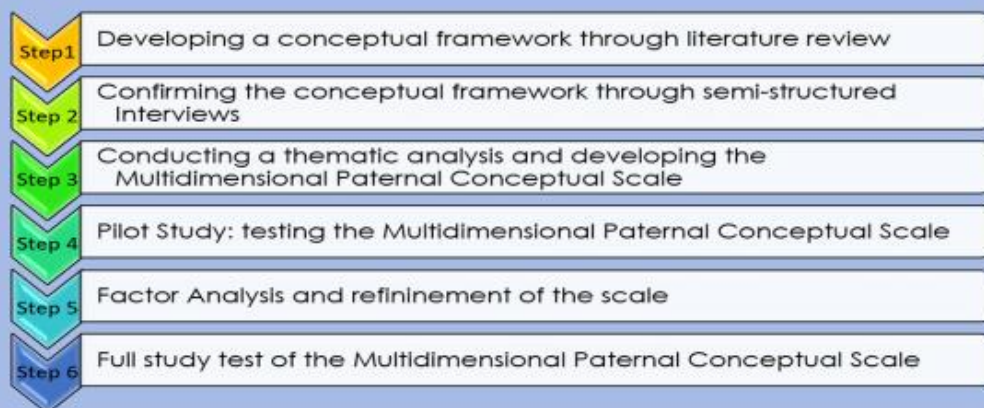
1. Background

Fathers experience changes and challenges during the perinatal period, which may affect their emotional well-being. To date, no screening tool exists to screen fathers at risk of experiencing low emotional well-being during the perinatal period, such as, depression, anxiety and stress.

2. Aims

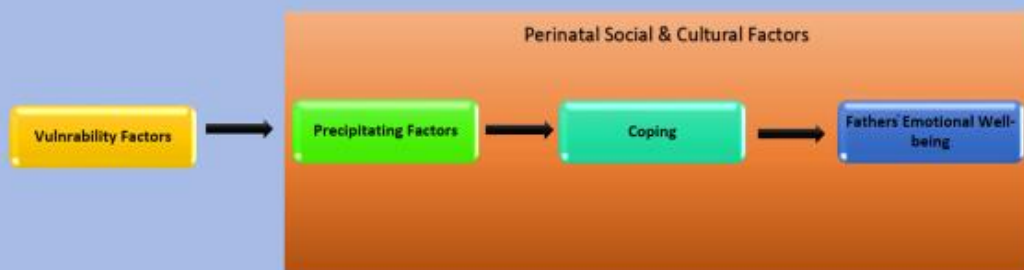
This study aims are: 1) to understand and develop a paternal conceptual framework and identify precursors to low emotional well-being in fathers during the perinatal period, 2) the development of a multidimensional scale that identifies fathers at high risk of developing low emotional well-being during the perinatal period.

3. Methods



4. Result of Step 1

Paternal Perinatal Conceptual Framework



5. Potential Outcomes

1. The Paternal perinatal conceptual framework will help to better understand the perinatal experience of fathers.
2. The Multidimensional Paternal Concept Scale will be effective in identifying fathers with high-risk of developing low emotional well-being during the perinatal period.

6. Conclusion and implications

- The Multidimensional Paternal Concept Scale should be considered as a screening tool that will help to identify fathers with high risk of developing lower emotional well-being in the perinatal period.
- Information gained from this tool may also help clinicians to develop a more targeted intervention program specifically for fathers suffering from lower emotional well-being such as, perinatal depression.

Research on Fathers Dr Karen Wynter and colleagues (karen.wynter@monash.edu)

Fathers in the community:

- Prevalence of common mental health problems in the first 6 months postpartum was 17% (compared to 33% for women)
The most common diagnosis in men was Adjustment Disorder with Anxiety Symptoms.

Wynter, Rowe & Fisher, Journal of Affective Disorders, 2013

- Poor quality intimate partner relationship was significantly associated with elevated depression symptoms, in both women and men.

Criticism by the partner was more strongly associated with poor emotional wellbeing than lack of affection and care.

This was particularly true in the context of unsettled infant behaviour and coincidental, stressful life events.

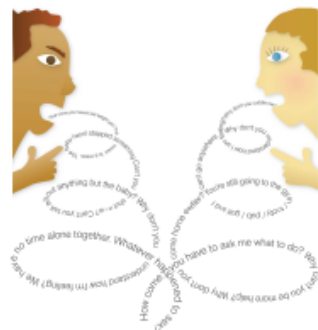
Wynter, Rowe & Fisher, Australian Journal of Primary Health, 2014

- Poor quality intimate partner relationship was significantly associated with poorer father-to-infant attachment.

In particular, fathers whose partners frequently criticised the way they cared for their babies reported poorer father-to-infant attachment.

Poorer father-to-infant attachment was also associated with specific personality traits and depression symptoms in fathers.

Wynter, Rowe, Tran & Fisher, Journal of Reproductive and Infant Psychology, 2016



© What Were We Thinking!



Fathers whose partners and infants are admitted to a Residential Early Parenting Service (REPS) (collaboration with School of Psychological Sciences, Monash University):

REPS currently assess and address unsettled infant behaviour and women's mental health and wellbeing. The needs of the fathers are not well understood.

In this sample (n=56):

- Fathers had significantly higher stress and irritability scores compared to community norms.
- More than half of the fathers reported binge drinking, at least occasionally.
- More than 80% of fathers were in the clinical range for poor quality sleep, 50% reported clinically significant fatigue, and sleepiness scores were significantly higher than community norms.

Possible implications include impact on:

- Relationship with partner and child/ren.
- Alertness, vigilance, participation in safety-sensitive activities (paid work, ability to care for children).

Wynter, Wilson, Bei & Fisher, in preparation

Jennifer M StGeorge^a, PhD; Emily E Freeman^b, PhD.

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BACKGROUND

There is increasing evidence of fathers' influence on children's development, and father-child physical play is prevalent in Western societies (Paine & Smith, 1998). Physical play is associated with increased boys' psychosocial adjustment (Lopes, Rodrigues, Maia, & Malina, 2011), and executive function (van der Nijl et al., 2015). Thus father-child physical play, particularly rough-and-tumble play (RTP) has been proposed as a valuable opportunity for children to practise interpreting others' emotions, managing their own impulses (e.g. hitting or biting) and coping with failure or frustration (Carson, Bucks, & Parke, 1995; Peterson & Flanders, 2005).



Father-child physical play...

- Occurs in low levels before 1 year (MacDonald & Parke 1986)
- Peaks during the child's preschool years (MacDonald & Parke 1986)
- Declines to low levels after 10 years of age (MacDonald & Parke 1986)
- Boys need to receive more physical play than girls from their fathers (Parke & O'Leary 2009)
- Frequency of RTP does not seem to be associated with fathers' income or employment (Poquette et al., 2003)
- Younger fathers (<35) are more physically stimulating than older fathers (30+) (Newble & Parke, 1987)
- Less prevalent among agrarian cultures (Roopnarine & Davidson, 2015)

STUDY OBJECTIVES

Determine the nature and usefulness of methods used to measure RTP and examine the association between RTP and children's social-emotional development.

Research Questions

- (a) What are the features (definitions and data collection methods) of the methodological approaches to measuring father-child physical play?
- (b) What does the literature reveal about the influence of father-child physical play on child social-emotional development?

METHODS

Design: Comprehensive literature search and meta-analysis
Search method

- Search terms: father/paternal AND physical play/father-child interaction/rough and tumble/roughhousing
- Inclusion criteria: 1) focus on father-child physical play, excluding caregiving and peer-peer play; 2) child behaviour or child development measures were included in the study design.



Meta-analysis method

Effect sizes were calculated (Hedges and Schmidt, 2009), defining a population effect size using each effect size weighted by its sample size (i.e. the average of the weighted mean effect sizes).

RESULTS

RQ (a) What are the features of the methodological approaches to measuring father-child physical play?

- Observation studies (RTP) observed by researchers, N=11
- Questionnaire studies (information about RTP collected through parent reports), N=35
- Correlational, N=13
- Longitudinal, N=3
- Sample, N=1,500 father-child dyads
- Approximately 27% boys
- Child age at data collection, average 47 months, range 34-72 months

RTP measures

- Frequency of RTP, e.g., summing the number of 10-second epochs in which physical play occurred during play period.
- Duration of RTP e.g., duration was measured by the amount of time in play across a play period
- Quality of RTP, e.g., initiation, Directives, Responses, and Global Quality.

RESULTS (cont'd)

Variation in RTP definitions

- 1 Playful contact**
 Characteristics: Active, rough, physical, play or playful, with & without toys
 Example definition: "Any playful contact or gross motor activity between parent and child, including running, playing with toy and ball" (Lambert & Metz, 2000, p. 573).
- 2 Active play style**
 Characteristics: Active, wrestle, tumble, play (no playful)
 Example definition: "A wide range of active play styles characterized by wrestling, tickling, swinging the child in the air, and so forth, but was not restricted to any particular form of play" (Poquette et al., 2003, p. 206)
 Categories of physical play" (MacDonald, 1987, p. 706).
- 3 Rough and tumble play**
 Characteristics: Physical, active, vigorous, aggressive-playful, non-agonistic play; playful, ligh, positive affect
 Example definition: RTP is a specific form of physical play, including jumping, tumbling and chasing in a play context (Flanders, Lee, Poquette, Phi, & Segum, 2009).

RQ (b) What does the literature reveal about the influence of father-child physical play on child social-emotional development?

Child outcome	n studies	Frequency and effect size	Interpretation
Aggression	7	(CI d = .17 to .31)	A weak, inconsistent relationship between RTP and aggression
Social competence	7	F = .44 (CI d = .19 to .69)	A strong positive relationship between RTP and social competence
Emotional skills	5	F = .25 (CI F = .08 to .49)	A weak relationship between RTP and emotional skills
Self-regulation	4	F = .26 (CI F = .04 to .56)	Although the effect size is suggestive of a positive relationship, the results derived in this meta-analysis may not be representative of the relationship between the variables of interest

Included publications

- Anderson, S., Dwyer, K., & Rogge, L. (2015). Mothering and fathering styles: The role of play in children's social-emotional development. *Journal of Family Psychology, 29*, 1-10.
- Anderson, S., Dwyer, K., & Rogge, L. (2015). Mothering and fathering styles: The role of play in children's social-emotional development. *Journal of Family Psychology, 29*, 1-10.
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CONCLUSIONS, IMPLICATIONS & RECOMMENDATIONS

Methodological issues

- Definitions of physical play vary widely.
- Vigorous physical play need not be cast specifically as play-fighting with self-handicapping or role reversal.
- Not the 'play-fighting' but more the affective touch?
- Definitions and operationalizations should be explicit about the animal pleasure, playfulness and non-agonistic attributes of the interaction. Wide range of measurement contexts (e.g., play instructions, procedures, settings) aggregated to give significant.
- Active physical play can be elicited relatively easily, when participants feel safe, and there is a suitable environment
- No significant effects of study types (observation vs questionnaire)
- However, observation permits finer-grain analysis of behaviour sequences.
- Quality and quantity of RTP (observed & reported) are both reliably associated with child outcomes:
- Frequency of RTP is a useful stand-alone measure of RTP
- The quality attributes of RTP varied
- Further research: Need to include playfulness, physicality, challenge? Single and multiple item coding schemes both effective, but multiple item scheme is costly.
- Future research: equivalence of single and multiple item coding schemes
- Cultural variation was limited, bearing in mind that RTP is less prevalent in non-Western societies
- Future research: Specifically test RTP with different ethnicities to inform multi-cultural approaches to engaging fathers with children.

Fathers' influence on child outcomes

- RTP and aggression weakly linked, but few studies included theoretically linked RTP variables:
- Investigate the association between dominance or control (i.e., directive) in physical play and aggression/supplcity
- RTP and social competence reliably associated.
- Future research: to better understand parenting dimensions for early childhood that are associated with children's social competencies, e.g. executive function
- RTP and emotional skills were weakly associated:
- Future research: use theoretically linked emotion regulation variables, e.g. second-order' emotions, disorganize effects of positive regard throughout physical play from challenge, physicality, playfulness and limit setting
- RTP and self-regulation were positively associated, even though disparate measures were aggregated.
- Future research: examine RTP links to executive function (EF) given evidence for links between EF, self-regulation and social interaction.

KEY MESSAGES

Father-child physical play was strongly positively associated to child prosocial behaviour.
 Different types of father-child physical play may relate to different child outcomes and questionnaire studies were equally effective to measure RTP.

Psychological wellbeing of custodial fathers: Role of father involvement factors

4th year Psychology Research Project by Gavin Duarte, Supervised by Dr. Denise Corboy – Completed 2016



Aim

The aim of this research study was to investigate the relationship between psychological wellbeing and father involvement factors known to influence wellbeing. Based on a model by father involvement (Lamb et al, 1985), three variables including perceived social support, parenting sense of satisfaction and motivation, as well as adherence to male role norms were selected to examine their relationship towards psychological wellbeing in custodial fathers (CFs).

Project Overview

Parenting research has often centred on women given the overwhelming majority of custodial parents being mothers. However there is evidence to suggest that the percentage of CFs has been steadily increasing over the past 10 years, both in Australia (Australian Bureau of Statistics, 2012) and the United States (U.S. Census Bureau, 2014).

Bokker, Farley, and Denny (2006) investigated the relationship between emotional wellbeing and parental status among recently divorced fathers by measuring self-esteem, depression, and divorce adjustment. These findings revealed that fathers with full or joint custody had significantly higher levels of emotional wellbeing than those without shared custody, while it was also found that increased child contact had a similar effect on emotional wellbeing (Stone, 2001). More recently, research has revealed that single fathers had a poorer quality of life, more depressive symptoms and experienced more distress than married fathers, even after controlling for socio-demographic factors such as age, education and income (Kong & Kim, 2015).

After considering the theory of father involvement, the investigative framework of the current study will be based on Lamb et al. (1985) revised model. This model of father involvement will include (a) 'motivation', characterized by a father's adherence to male role norms, (b) 'skills', characterized by their sense of competence as a parent and (c) 'support', characterized by the perceived social support fathers receive from three sources. Given that father involvement is associated with positive wellbeing and relationships (Hawkins & Belsky, 1988), it is possible that the factors predicting involvement might also be directly predictive of psychological wellbeing. Therefore this revised model will be used to predict the psychological well-being of CFs as previous research has primarily focused on the various aspects of father involvement and child wellbeing (Amato & Keith, 1991; King & Heard, 1999)

Hypothesis

Given the dependent variable of psychological wellbeing or negative emotional symptoms (NES), It was hypothesised that 1) perceived social support and 2) parenting sense of competence would be negatively correlated with NES, whilst 3) adherence to male role norms would be positively correlated with NES. A regression analysis would determine whether any of the study or demographic variables were significant predictors and accounted for a significant amount of variance in psychological wellbeing (NES).

Measures

Depression, Anxiety and Stress Subscales (DASS-21)
Lovibond & Lovibond, 1995

The Male Role Norm Inventory Short Form (MRNI –SF)
Levant, Hall & Rankin, 2013

The Parent Sense of Competence (PSCOC) - Johnson & Mash, 1989

The Multidimensional Scale of Perceived Social Support (MSPSS)
Zimet, Dahlem, Zimet and Farley, 1988

Procedure

An online data collection website named 'SurveyMonkey' (surveymonkey.com.au) was used to create and distribute the online questionnaire on a wide range of local and international media platforms. These included Reddit, Facebook, Twitter, and other websites pertaining to information about fathers, parenting and family law. Additionally, a university wide notice and email was sent to all students studying at Federation University to inform and engage any potential participants in this research study as well along with posters distributed at various Melbourne universities.

Participants

Due to the broad reach of the internet and social media platforms such as Reddit, Facebook, Twitter and various websites, fathers from across the world but predominantly western countries participated in the study. After screening, only 100 participants met the criteria of a 'CF' and successfully completed all aspects of the online questionnaire. The age of CFs ranged from 24 to 63 years (M = 37.22, SD = 8.34).

Given the almost identical numbers of CFs who were partnered (n = 55) and unpartnered (n = 44), further analysis could be conducted.

Unpartnered CFs were approximately three years older than fathers in a partnered relationship. The former were also more likely to have their youngest child be approximately more than two years older, than the later group, were more likely to have full or sole custody of their dependent children, a difference which demonstrated a large effect size.

Results Continued

Table 2
Intercorrelations between Dependent and Independent Variables (N = 108)

Variable	1	2	3	4	5	6	7	8	9	10
1. DASS-21										
2. Parenting	.87**									
3. Anxiety	.75**	.59**								
4. Stress	.92**	.69**	.63**							
5. MSPSS	-.46**	-.53**	-.37**	-.38**						
6. B. O.	-.38**	-.44**	-.30**	-.29**	-.82**					
7. Family	-.37**	-.42**	-.34**	-.31**	-.84**	-.52**				
8. Friends	-.38**	-.45**	-.28**	-.33**	-.86**	-.47**	-.55**			
9. PSCOC	-.51**	-.59**	-.37**	-.50**	-.23**	-.15	-.22*	-.17*		
10. MRNI-SF	-.02	-.01	-.03	-.02	-.23*	-.28**	-.13	-.17*	-.06	

Note: ** = p < .05, *** = p < .001.

Preliminary analysis (Table 1) found unpartnered fathers experienced reporter greater overall symptoms of negative emotions than fathers in a partnered relationship. The former group reported greater symptoms on depression, anxiety and stress, differences which demonstrated a medium effect size. In support of the first hypothesis (Table 2), there was a medium negative significant correlation between the DASS and the MSPSS, with high levels of perceived social support associated with lower levels of negative emotions. Similarly, there was a large negative significant correlation between PSCOC and DASS, with high levels of parenting self-efficacy and satisfaction associated with lower levels of negative emotions. Finally the third hypothesis was not supported, with no significant correlation evident between DASS and MRNI-SF. The final regression model however explained a significant 45% of the overall variance in scores of psychological wellbeing found in CFs' psychological wellbeing, $F(6,102) = 13.82, p < .001$.

All three of the study variables and one demographic variable were statistically significant predictors, with PSCOC recording a higher Beta value, followed by MSPSS, MRNI-SF and the number of 'Dependent Children' under 18 years being cared for. In the final model, two of the variables were equally strong predictors of NES among CFs. These variables included MRNI-SF and number of 'Dependent Children' under 18 being cared for.

Implications and Conclusion

The current study explored and provided evidence about a scarcely researched group of fathers, who following a relationship breakdown are now are the primary custodians of their dependent children. More importantly, this study examined the psychological wellbeing of these custodial fathers at a crucial junction in their lives using self-report measures completed by fathers themselves.

Previous research has often reported on the level of father involvement or psychological wellbeing using the reports of third parties such as mothers (Amato, 2000; Fagan & Barnett, 2003). Specifically, this was the first study to examine how a model of father involvement, characterised by motivation, skills and support, could predict the negative emotions a CF may experience. Given the significance of these findings, CFs may benefit from joining parent and support groups in order to extend their current social support networks while simultaneously increasing their knowledge and competence as a parent in order to alleviate any distress experienced.

Results

Table 1.
Means, SDs for all participants along with statistics and significance levels for examining the study variable differences between groups.

Variable	Unpartnered CFs		Partnered CFs		d
	M	(SD)	M	(SD)	
DASS-21	38.67	26.37	26.76	22.09	2.85*
Depression Subscale	7.15	5.55	4.20	4.85	2.93*
Anxiety	3.51	4.09	2.31	2.93	2.35*
Stress	8.28	5.30	6.87	4.46	1.50*
MSPSS	51.89	17.31	63.93	16.69	-3.70**
PSCOC	65.58	13.49	67.78	11.86	-0.74
MRNI -SF	21.66	7.52	19.88	6.23	1.35

Note: ** = p < .05, *** = p < .001

References: 1) Lamb, P., Pleck, H., Charnov, A., Levine, (1985). A biosocial perspective on paternal behaviour and involvement: Invariance across gender. *Journal of Consulting Psychology*, 60(2), 228-33. Lovibond, P. F. & Lovibond, B. H. (1985). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 23(3), 353-363. 4) Johnson, C., & Mash, J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18(2), 161-175. doi:10.1207/s1537442ccj1802_8_1

Connecting2u Text Messaging Intervention: Connecting baby, family and community

Alanna Philipson, Centre for Children's Health and Wellbeing, Children's Health Queensland Hospital and Health Services Evaluation (conducted by Grims University, School of Medicine (Public Health), Gold Coast Campus, Queensland)
Project Partners: University of Newcastle, Faculty of Health, Mater Health Services – Mater Women Public Hospital, CHQ and Metro-South Hospital and Health Services – Maternity Services (Logan, Redlands, Beaudesert), Child Development Service, Child Health, Perinatal and Infant Mental Health, Deafly Ears, Healthy Hearing Program, Oral Health, Communicable Disease Control

Abstract

Connecting2u (C2u) is an innovative health promotion intervention that utilises mHealth through the use of short message service (SMS). The purpose of this intervention is to provide mothers, fathers and carers with parenting skills, knowledge and resources to positively impact on parenting practices and parental health behaviours. Process and impact evaluation has been conducted, with results currently available for the process evaluation.

Background

Connecting2u (C2u) is led by the Centre for Children's Health and Wellbeing, Children's Health Queensland Hospital and Health Services. It is oriented on the priority life stage of 'early years' and utilises SMS as a mHealth strategy to encourage and support parenting self-efficacy, attachment, parent health behaviour and parenting practices. As a novel intervention, it was piloted at Logan Hospital in 2014. In 2015-2017, it was trialled across four birthing hospitals in South-east Queensland. C2u is based on the Health Belief Model with text messaging as a cue to action and health behaviour change (Atun & Sittampalam, 2006).

Text messages are written from the baby's perspective to align with project objectives of attachment between mother and father and their unborn baby or infant. The C2u project also uses the theory of planned behaviour to predict a sequence of cognitive and affective changes leading to behavioural intentions and behaviours. C2u seeks to build parenting self-efficacy, knowledge and skills to improve health literacy, manage one's own health, prevent health risks and improve health outcomes for mothers, fathers and infants. C2u also encourages the use of health care, and increases expectations for successful pregnancy and new motherhood/fatherhood.

Implementation

Intervention group:

- Participating families receive 2 text messages per week for 12 weeks and then weekly messages for 12 weeks for both the antenatal and early life period
- Families will be allocated to the following message streams options:
 - Mothers
 - Fathers
 - Aboriginal and Torres Strait Islander

Control group

- Families will not receive any text messages

Key points:

- Incentives offered to participants for retention & evaluation purposes
- Families have the ability to opt out



Evaluation

To investigate the process of the intervention and the impact on parental attachment, healthy lifestyle behaviours and infant feeding intentions using identified valid and reliable scales.

The evaluation includes four quantitative data collection points:

- Pre-survey (T1) – Antenatal intervention
 - Post-survey (T2) – Antenatal intervention
 - Pre-survey (T3) – early life intervention
 - Post-survey (T4) – early life intervention
- Semi-structured interviews were also conducted
- Note: Process evaluation results available only at this stage.



Selected Paternal Results from Process Evaluation

Question	SO		D		N		A		SA	
	n(%)	M(SD)	n(%)	M(SD)	n(%)	M(SD)	n(%)	M(SD)	n(%)	M(SD)
I have enjoyed being part of the Connecting2u project so far	2	1	10	19	42.2	13	4			
The text messages I have been sent have been helpful	4	4	4	20	0	3	19	42.2	21	4
I can understand all the text messages	4	4	0	0	0	0	0	0	0	0
I like that the text messages are written from my baby's point of view	4	4	1	5	19	42.2	16	4		
I read most of the Connecting2u text messages I go into the web links included in the text messages	2	0	2	14	31.1	27	5			
I feel that Connecting2u has increased my knowledge about my pregnancy	4	4	10	22.2	4	20	44.4	7	4	
I have shared the Connecting2u information about my pregnancy with others (e.g. partner, family and friends)	2	4	4	11	18	40.0	10	4		
	4	4	8	9	17.8	17.8	17.8	17.8	17.8	17.8
	4	4	11	18	40.0	10	4			
	4	4	8	9	17.8	17.8	17.8	17.8	17.8	17.8

Paternal Intervention

Total = 119

Paternal Control

Total = 106

Paternal Total = 224

The total number of intervention group fathers were 88 intervention participants at T2 and 119 at T4. Postnatal recruitment led to an increase from T2 to T4 in intervention fathers. At T2, 45 (51%) paternal intervention participants completed questionnaires. At T4, 38 (33%) paternal intervention participants completed questionnaires.

Conclusions

Overall, quantitative and qualitative findings from the process evaluation indicated that participants found the C2u project supportive, informative and well delivered. Data collected at T2 and T4 provided participant feedback regarding the implementation of C2u, text message content, delivery and application and participant suggestions for the future improvement of C2u.

Further results will be made available in June 2017 regarding the impact evaluation.

For further information, please contact:

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Mercy Health

Care first

Something's working – but what, and why?

Evaluating Father-Inclusive Practice at Mercy Health O'Connell Family Centre



Our FIP Clinical and Research Team

Matthew Roberts

Perinatal Psychiatrist, Fatherhood Clinician, Clinical Science Communicator.

Matthew works in private practice and at Mercy Health O'Connell Family Centre: he is a passionate writer and speaker on perinatal and family health matters, with journal publications as well as a blog mydoctorshandwriting.com attracting international praise on social media. Matthew also enjoys providing psychodynamically-informed clinical supervision for groups and individuals.

Jacolyn Norrish

Provisional Psychologist, Master of Clinical Psychology student.

Following a PhD in Positive Psychology from Monash University, Jacolyn is training in clinical psychology, with interests in perinatal psychology and wellbeing, and attachment theory. She has worked applying evidence-based wellbeing initiatives at Geelong Grammar School, Berry Street, and the ARL Players' Association among others. Jacolyn has also taught mindfulness and wellbeing courses across Monash University.

Matthew Hayes

Mothercraft and Family Nurse, Fathers' Counsellor and Fathers' Group Leader.

Matthew has over 40 years experience in Children's and Family Services, welfare, nursing and education. From a background of parent education, prevention and early intervention with marginalised and vulnerable families, Matthew has developed fathers' groups for parenting centres in NSW and Victoria, and has been involved with research around fatherhood support as prevention for maternal PND.

Bridget Robinson

Clinical Psychologist, Midwife.

With qualifications in midwifery as well as psychology, Bridget has found her clinical Early Parenting Centre work especially rewarding. She has worked in settings as diverse as the Defence Forces and in tertiary Business education, as well as in private perinatal psychology practice. Bridget has special interests in Schema Therapy and attachment trauma interventions such as Circle of Security.

FIP at MHOFC - Our Story So Far

Mercy Health O'Connell Family Centre is a public residential Early Parenting Centre in suburban Melbourne. Each week, ten families with children aged 0-4 stay four nights to work on social, emotional and behavioural understanding and change. Historically the majority of adults admitted have been women, but fathers form an increasing proportion of admitted parents.

Father-inclusive practice initiatives at MHOFC began many years ago with an educational 90 minute fathers' group delivered by an external facilitator. In 2009 the centre employed a male psychiatrist, Dr Roberts, whose background in Mother-Baby Unit and perinatal consultation-liaison psychiatry was largely with mothers as identified patients. He and MHOFC have worked with a specific goal of FIP since then, for example the introduction by Bridget Robinson of **DASS screening for admitted fathers** in 2013.

In 2014-5 the programme underwent an overhaul, becoming the **Babies, Blokes and BBQ programme**, in which fathers in families admitted for the week attend from 5-9pm on Wednesdays, the third night of the stay. This comprises an initial play session with children and partners, followed by a barbecue and then a 90 minute group session with fathers only.

In 2015 Matthew Hayes, an existing staff member, was appointed facilitator for the BBB programme. He has since ensured **exceptional attendance rates** by working Tuesdays as general staff member on the unit, and approaching families to develop rapport and inform them of the BBB programme. Since switching to a multimodal format delivered by an embedded staff member, the written feedback after every session has been **consistently excellent**; now the majority of dads in families visiting OFC access the BBB programme and report finding it useful and enjoyable.

Staff now employ FIP approaches across the centre and regularly review FIP initiatives and outcomes.

Our Planned Research

Recently the team at OFC have taken first steps towards developing a **research collaboration** with Swinburne University. In 2017-2018, Dr Jacolyn Norrish, under the supervision of Drs Catherine Wood and Rebecca Giallo, will complete an investigation of FIP practices at OFC as part of Dr Norrish's Masters' thesis.

Given that FIP is embedded within the OFC residential programme, traditional evaluation methods such as a Randomised Controlled Trial have not been deemed to be suitable. The team are currently exploring evaluation frameworks appropriate for community settings and have been reviewing the literature on feasibility studies, acceptability studies, and **community-based research partnerships** in order to inform the evaluation and research approach.

While this project is at the research proposal stage, and the method has not yet been finalised, it is likely that the project will use an iterative approach commencing with **observations of the BBB programme**, followed by **semi-structured interviews** with staff focused on how FIP is embedded at OFC. This will be complemented with **focus groups and/or interviews** with fathers who attend the residential program. Mothers may also be asked to share their opinions on services for fathers.

The overall objective is to capture and document a **range of stakeholders' perspectives** on how to best engage and support fathers. This knowledge will be used to refine services at OFC as well as to share key learnings more widely in the spirit of strengthening the provision of services for fathers within the early childhood sector.

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Father Involvement and Indicators of Early Child Development: In Ethiopia and the Ethiopian Community in Australia

PhD candidate Faye Forbes

Supervisors Prof Jane Fisher, Dr Karen Wynter and Dr Catherine Wade

Rationale

Parental caregiving is known to be a central factor in supporting a child's early development. A lot is known about the mother's role, while less is known about the father's role during this time. In particular, very little is known about father involvement and early child development in low and middle income countries or culturally and linguistically diverse (CALD) populations in high income countries.

Aims

The project aims to investigate father involvement and indicators of early child development (ECD) in Ethiopia and in the minority Ethiopian community in Melbourne, Australia.

Methods

The project will be a mixed method study with four components

- Systematic review
- Secondary analysis
- Qualitative study
- Quantitative study (cultural adaptation)

Four different research methodologies will provide distinct perspectives on the associations between father involvement and indicators of ECD.

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Lyn Colvin – The ORIGINS Project

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The ORIGINS Project

- A healthy start for a better future

Dr Lyn Colvin¹ and Dr Elaine Bennett²

1. Telethon Kids Institute
2. Ngala and Curtin University



BACKGROUND

The development of many common and serious diseases occurs as early as in the womb. What happens in pregnancy and early childhood can increase our risk of developing chronic health issues such as obesity, heart disease, allergies, autism and poor mental health in later life: known as the Developmental Origins of Health and Disease, proposed by Barker in 1989.¹

Currently 25% of children develop eczema in their first year of life and 10% develop serious food allergies. Twenty five percent of children are diagnosed with asthma and the rates of childhood obesity have increased from 21% in 1995 to 25% in 2011.² Fifty percent of women enter pregnancy overweight or obese, which potentially has a direct effect on their child's weight.^{3,4} The rates of autism and child mental health problems have increased significantly in the past decade and continue to rise. Both type I and type II diabetes have increased^{5,6} along with a number of inflammatory conditions.⁷⁻¹⁰

There is a pressing need to understand how the early environment is contributing to this unsustainable health burden. Our goal with this Project is to reduce the rising epidemic of NCDs through 'a healthy start for a better future'.

OBJECTIVES

The ORIGINS Project is a joint initiative between the Telethon Kids Institute and Ramsay Health Care to establish a new birth cohort in Western Australia that is fully integrated with clinical and diagnostic services at the Joondalup Health Campus.

A central objective of ORIGINS is to develop a comprehensive research platform through extensive Databank and Biobank facilities. This new research platform will enable world-class investigations into how, when and why non-communicable diseases develop, through the study of early environments, maternal and paternal physical health, the microbiome and genetics.



The diagram illustrates the study timeline. It is divided into two main sections: 'Clinic Visits at Joondalup Health Campus' (blue background) and 'Web-based Questionnaires' (red background). The 'Clinic Visits' section includes icons for Pregnancy, Delivery, 1 year, 2 1/2 years, and 5 years. The 'Web-based Questionnaires' section includes icons for Pregnancy, Delivery, 2, 4, 6, 9, 12 months, 1 1/2, 2, 2 1/2 years, and 3, 4, 5 years. Arrows at the bottom of each section indicate the duration of the respective activities.

METHODS

Pregnant women and their partners planning to deliver their baby at Joondalup Health Campus (JHC) will be eligible to participate in ORIGINS. Recruitment will take place at their first antenatal clinic visit at JHC. In addition to routine care, participants will be involved in internet-based communications with the Project team, including questionnaires, Project updates, and timely reminders for health-based events such as immunisations and child health clinic visits. At 1, 2½ and 5 years of age, ORIGINS children will be invited to attend JHC for a 1 hour health check with a developmental paediatrician and Project team members. This detailed follow-up will provide early detection of developmental issues and referral to services where appropriate.

A core community reference group that is actively involved in suggesting community needs has been established and extensive education and interaction with hospital staff, local general practitioners and child health nurses which has resulted in improved communication and shared care of patients with JHC. ORIGINS has a solid governance structure with an academically outstanding Scientific Committee.

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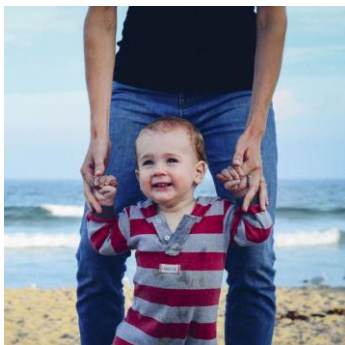
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The Symposium is under the auspices of:



Family Action Centre (FAC), University of Newcastle

The Family Action Centre (FAC) is a research, teaching and practice centre focused on families and their communities. The Centre has a 30 year track record of innovative, dynamic and enduring work that aims to strengthen family and community wellbeing. The FAC is a national leader in fatherhood research, with a focus on fathers of young children and babies and supporting these fathers in their relationship with their partners. Our other major area of research is Strong Families: Capable Communities. The Centre's considerable research in these fields provides evidence for policy and service system innovations that better mobilise capabilities to improve individual, family and community outcomes.

Contact FAC at: family@newcastle.edu.au



Centre for Social and Early Emotional Development (SEED), Deakin University

The Centre for Social and Early Emotional Development (SEED) recognises the seminal role that experiences in early emotional life have on social development, that every age and stage matters in building wellbeing, and that confidence in holding positive and painful emotion is essential to felt security across the life course. SEED advises on the most effective approaches to promoting wellness and intervening at the earliest opportunities in troubled pathways. SEED brings together life-course, clinical and public health research and practice to describe the major milestones in emotional life. SEED then engages systems for translating our research knowledge broadly to the community, organisations and government.

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