

The background of the entire page is a photograph of a man and a young child. The man is seen from the side, looking down at the child. The child is wearing a blue cap with white star patterns. The image is overlaid with a teal-to-yellow gradient that transitions from the top left to the bottom right.

Australian Fatherhood Research Symposium 2018

May 3rd - 4th | Melbourne, Victoria

 [#AFRS2018](#) | [@ausfatherhood](#)

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.

About the Australian Fatherhood Research Consortium



The **Australian Fatherhood Research Consortium (AFRC)** formed in 2017 following the *'Fatherhood Research Symposium II (FRS-II): Theory, Measurement, Policy and Practice'*. The AFRC has three key aims: (i) to advance the science of fatherhood; (ii) to inform practice and policy that supports men and their families; and (iii) to promote healthy inclusion of fathers in family life.

Open discussions at FRS-II resulted in the decision to focus on a specific domain for activities between the 2017 and 2018 symposiums. The theme of *'Sleep'* was chosen due to its significance as an issue for fathers, and also its relevance to many other aspects of wellbeing.



To guide work between 2017 and 2018, four groups were formed within the AFRC to specialise in different aspects of research and practice. The **Data Analysis** group was created to enable better collaboration across studies with research data on fathers, and is convened by Dr Jacqui Macdonald of Deakin University. The **Intervention** group was created to bring together researchers, practitioners, and policymakers interested in contributing to the development and evaluation of intervention programs for fathers, and is convened by Dr Eileen Dowse of the University of Newcastle. The **Literature Review** group was formed to evaluate and synthesise existing literature on fathers, and is convened by Dr Karen Wynter of Deakin University. Finally, the **Science Communication** group was formed to translate the AFRC group's findings from the research domain into the public domain to improve policy and practice, and is convened by Aladdin Jones and Sam Teague.



Program

Day 1: Thursday 3rd May

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| 9:00 | Arrive, sign in, and hang up posters |
| 9:30 | 'Raising Fathers' Welcome by Professor Craig Olsson, Director of the Centre for Social and Early Emotional Development (SEED), Deakin University |
| 9:55 | Overview of Day 1 <i>Dr Jacqui Macdonald, Deakin University</i> |
| 10:05 | Plenary Session 1: 'In the Field: Fatherhood Research and Practice' <i>A/Prof Richard Fletcher, University of Newcastle, Dr Elaine Bennett, Ngala, WA, Dr Dawson Cooke, Curtin University, Dr Catherine Wade, Parenting Research Centre</i> |
| 11:15 | <i>Morning tea</i> |
| 11:35 | Sharing our work: Day 1 Interactive Poster Session |
| 1:00 | <i>Lunch</i> |
| 1:45 | The Australian Fatherhood Research Consortium (AFRC) Collaboration Model <i>Dr Jacqui Macdonald, Deakin University, and Natalie Pierssene, Queensland Health</i> |
| 2:00 | Plenary Session 2: 'AFRC Group Presentations: Literature Review (Dr Karen Wynter, Deakin), Data Analysis (Dr Jacqui Macdonald, Deakin University & Dr Liana Leach, Australian National University), Intervention (Dr Eilíeen Dowse, University of Newcastle), Science Communication (Aladdin Jones, Eastern Health) |
| 3:20 | <i>Afternoon tea</i> |
| 3:40 | Open Discussion: 'Moving Forward: Expanding the AFRC Collaboration Model' <i>Chaired by Prof Jan Nicholson</i> |
| 4:00 | Parallel Sessions: Day 1 AFRC Group Meetings <i>New collaborations led by A/Prof Richard Fletcher</i> |
| 5:30 | <i>Group Photo, followed by Drinks @ Bar Nacional</i> |
| 6:30 | <i>Dinner @ Chiara Restaurant</i> |

Day 2: Friday 4th May

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| 8:45 | Arrive, sign in, and hang up posters |
| 9:00 | Review of Day 1 and explanation of Day 2 <i>Chaired by Dr Karen Wynter, Deakin University</i> |
| 9:15 | 'Making Fathers Key Partners in Infant and Child Outcomes' <i>Presentation by Stephen Sheehy & Kirsty Lowe from Child and Family Health Service (CaFHS), SA Health</i> |
| 9:35 | Sharing our work: Day 2 Interactive Poster Session |
| 10:15 | Plenary Session 3: 'Engaging fathers in research and practice' <i>Dr Matthew Roberts, Mercy Health O'Connell Family Centre, Sam Teague, Deakin University & Dr Jennifer StGeorge, University of Newcastle.</i> |
| 11:15 | <i>Morning tea</i> |
| 11:35 | Parallel Sessions: Day 2 AFRC Group Meetings <i>New collaborations led by A/Prof Richard Fletcher</i> |
| 1:00 | <i>Lunch</i> |
| 2:00 | Poster Awards |
| 2:30 | Big Table Discussion: 'Bringing It All Together: Future directions for the AFRC' |
| 3:30 | Close |



Sessions

Plenary Session 1: 'Fatherhood Research in the Field: Research and Practice'

This Plenary Session will showcase current work exploring the research and practice of fatherhood. First, Associate Professor Richard Fletcher will present work by the University of Newcastle's Family Action Centre on male callers to the Perinatal Anxiety & Depression Australia (PANDA) helpline. Second, Dr Elaine Bennett and Dr Dawson Cooke from Ngala and Curtin University will present on collaboration between not-for-profit community services and Universities. Finally, Dr Catherine Wade from the Parenting Research Centre will share the results of *Parenting Today in Victoria*, a population-level perspective of fathers' and mothers' parenting experiences. Presentations will be followed by questions and an open discussion.

Sharing our work: Interactive Poster Sessions

Presenters have 3 minutes (only) to speak about each poster followed by 2 minutes to answer a question from the floor. Abstracts are listed on the following pages. Prizes will be awarded for the best student poster and the best overall poster. Judges of the poster competition are: (i) Assoc. Professor Tess Knight, a developmental psychologist and health academic from the School of Psychology at Deakin University; (ii) Aladdin Jones, a practitioner with over a decade of work on family violence work and family therapy, currently working as a health promotion officer for Eastern Health in the Yarra Valley; and (iii) Jake Farrer, a current Masters in Clinical Psychology at Federation University, and an Advanced Practitioner in the Behaviour Support Services team, Specialist Disability Services, DHHS.

Plenary Session 2: 'AFRC Group Presentations'

This Plenary will showcase the work of the Australian Fatherhood Research Consortium over the past 12 months. Each AFRC Group leader will present on behalf of their group, including: Dr Jacqui Macdonald from Deakin University and Dr Liana Leach from the Australian National University on the Data Analysis group; Dr Eileen Dowse from the University of Newcastle on the Intervention group; Dr Karen Wynter from Deakin University on the Literature Review group; and Aladdin Jones from Eastern Health on the Science Communication group.

Open Discussion: 'Moving Forward: Expanding the AFRC Collaboration Model'

This session follows a review of the current AFRC Collaboration Model and an update from each of the current AFRC Groups. Attendees are invited to discuss how the AFRC Collaboration Model can be developed to support new group collaborations across new domains, chaired by Professor Jan Nicholson.

Plenary Session 3: 'Engaging fathers in research and practice'

Researchers and practitioners alike both face challenges in engaging fathers in their projects. This plenary session will explore methods, metrics, success stories and lessons learnt in engaging fathers by fatherhood researchers and practitioners. First, perinatal psychiatrist and clinical science communicator Dr Matthew Roberts will speak on engaging everyone with a stake in fatherhood...from clinical to universal healthcare settings, and beyond. Deakin University's Sam Teague will present on engaging fathers in longitudinal research, discussing the results of a meta-analysis of over 140 articles. Finally, Dr Jennifer StGeorge, University of Newcastle, will consider how new knowledge on fathers can be a driving force in successfully engaging fathers in practice and research. Presentations will be followed by questions and an open discussion by the larger AFRC.

'Making Fathers Key Partners in Infant and Child Outcomes'

This presentation by the Child and Family Health Service (CaFHS) from SA Health will discuss how CaFHS is developing from an organisation where services to fathers existed on the periphery, to a whole of service approach where fathers are key partners in improving outcomes for infants and children.

Big Table Discussion: 'Bringing It All Together: Future Directions for the AFRC'

In 2017, the Australian Fatherhood Research Consortium was born during a big table discussion at the culmination of the symposium. It turned out to be a fruitful process, so we're doing it again. This final session aims to consolidate the work achieved across AFRS 2018, and document the AFRC's plans before the next symposium.



Poster Abstracts

Linking fatherhood researchers, practitioners, and policymakers

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

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

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

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

Dom Alford

Relationships Australia

Aim: To support young men and fathers in their role as parents and partners, and reduce violence against women and children in Australia. **Process:** To consult with young men, fathers and service providers across Australia, to identify resources needed to support young men and fathers. **Output:** Resources for young men and fathers. A Professionals' Toolkit for services supporting young men and fathers. **Contact:** To join in consultations or for more information: Dom Alford, Project Coordinator – Support for Fathers. Email dalford@rav.org.au | Phone: 0437 305 881

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

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Background & Aims: Structural and social determinants of poor maternal-child health outcomes in resource-constrained settings are exacerbated by gender inequality, which constrains mothers' capacity to care for themselves and their children and excludes fathers from taking an active role in maternal-child health. Engaging expectant and new fathers to support their female partners during and after pregnancy is a promising strategy to improve health outcomes, by increasing care-seeking for essential health services, improving home care practices for women and children, and increasing male partner uptake of reproductive health services. While there is evidence that increased father engagement benefits maternal mental health, this remains underinvestigated in resource-constrained settings. We aim to explore how male partner support affects women's and men's experiences in resource-constrained settings, in order to understand the potential of father engagement to benefit maternal mental health. **Method:** We conducted 16 focus group discussions and 16 in-depth interviews with women and men aged 15-19 years and 20 years and older. All participants lived in under-served communities in Tanzania or Zimbabwe where a program designed to increase father engagement in maternal-child health had recently been implemented. **Results:** Increased father engagement in maternal-child health reduced women's exposure to known determinants of mental morbidity. Men's practical support in the home improved women's personal comfort, dignity, and autonomy, while more equitable division of household labour reduced conflict within couples. More informed fathers were more willing to cooperate with health worker recommendations, again reducing conflict. Men's participation in activities relating to pregnancy and child health increased opportunities for couples to build emotional intimacy through shared experiences. **Conclusion and Implications:** In settings of severe hardship exacerbated by gender inequality, interventions to promote father engagement in maternal-child health can reduce women's exposure to known determinants of maternal mental morbidity. Effects on paternal mental health are plausible but underinvestigated in resource-constrained settings.

Champion Dads Group (CDG) Program

Dr Dawson Cooke & Dr Garth Kendall

Curtin University, School of Nursing, Midwifery and Paramedicine

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

Mental health at the peak age for first-time fatherhood: A snapshot from the Men and Parenting Pathways Study

Laura Di Manno, Lauren Francis, Liam Graeme & Angela Nastoulis.

Centre for Social and Early Emotional Development, School of Psychology, Deakin University, Geelong, Australia

Background: The median age for entering fatherhood in Australia is 33 years. This transition is marked by new responsibilities, adaptation to changes in intimate partner relationships, and profound psychosocial adjustment. Prior research indicates it is a time of vulnerability for men, yet much remains unknown about normative transitional patterns of mental health and wellbeing. **Methods:** Men and Parenting Pathways (MAPP) is a 5-year longitudinal study of Australian men (N=610; 55% not yet fathers and not expecting) across the peak age for first-time male reproduction (28-37 years). Recruitment was via social media, word of mouth and through partner organisations. Data are collected annually via web survey and assess domains including: socio-demographics, mental health, relationships with parents, peers, partners and children, work-life, and psychological characteristics (e.g., personality, coping, sense of purpose, self-reliance, role salience etc.). Here, baseline proportions are presented for mental health indicators (DASS-21 and STAXI State Anger) and risky behaviours (alcohol consumption [Audit-C] and smoking) for men aged 28-32 years. **Results:** Symptoms at the severe-to-extremely severe levels were reported by 17.7% of participants for depression, 6.2% for anxiety and 39% for stress. A third of men reported feelings of anger, and 10% reported feeling the urge to be physically aggressive. Risky alcohol consumption was reported by 56% of men and 18% of the sample disclosed smoking cigarettes. Smoking was lowest among expectant fathers, but alcohol consumption did not differ by parenting status. **Conclusion:** The MAPP sample is one characterised by considerable vulnerability among men who are either fathers or at the normative age for entering fatherhood. Project aims are focused on identifying modifiable factors associated with risk for men and their families at this life stage. Analyses in progress this year include examination of links between paternal responsibilities and mental health; sleep and mental health; and, predictors of paternal bonding with infants.

Organisational Overview DGI

Thomas Docking, Katherine Docking

Dads Group Inc

Aim: Dads Group Inc (DGI) was established in 2014 with the aim to identify and develop effective support for new fathers and families. At the time in Australia there wasn't any federal or state program support directed at new fathers leaving new fathers at a high risk of isolation, suicide and involvement in family violence. **Description:** DGI is an organisation that has worked collaboratively with many other organisations to establish an understanding of the needs of new fathers and families at a local and national level. DGI have developed a number of programs to test and identify effective support for new fathers as well as identify models of support that are sustainable. There are three key DGI connect program events: (1) Events for fathers and babies; (2) Events for families (Mothers fathers and babies etc); (3) Major community events (including community leaders and supporters). **Impact:** The DGI programs are designed with four key stakeholders in mind. Target outcomes/benefits for each of these four include; (i) *Fathers:* a) Increased sense of; belonging, competence, connection with child, confidence, paternal role, partner support, awareness of support mechanisms, connectedness with like minded peer group; b) reduction of; isolation, anxiety, depression, anger, frustration, worry and some of the underlying factors of suicide and family violence; (ii) *Mothers:* a) Increased sense of; partner support, shared parenting, capacity, self awareness, importance of self care and wellbeing' b) Reduction of sense of; exhaustion, frustration, sole responsibility of child; (iii) *Infants:* Increased sense of; connection with father, confidence, awareness of community and other children, learning and development milestones; (iv) *Community:* Increased awareness of; shared parenting roles, healthy family behaviours, gender equality.

Developing a National Guideline for Practitioners Working with New Fathers During Their Transition to Fatherhood

Thomas Docking, Dr Chris May

Background: There are many centres across Australia delivering a variety of programs to fathers during the transition to parenthood. This occurs in father only and mixed parent groups. Childbirth and Parenting Educators Australia (CAPEA) guidelines have recently included fathers but give little detail about their specific learning needs or the way in which information could be delivered to fathers. **Aim:** To develop a consensus document in cooperation with researchers and practitioners across Australia which outlines the potential and credible components that could be delivered in early fathering programs. **Method:** *Phase 1:* Scoping - The project will seek representation from all early fathering programs across Australia. *Phase 2:* Collaboration and Inputs - Structured feedback to form circulated to program representatives (via email). The form is designed to evaluate representative's perceptions and knowledge in regard to priority subject areas, associated evidence base, facilitation methods and related resources. *Phase 3:* Collation and recirculation of outcomes to reference group to provide a second round opportunity to comment on, and contribute to the findings *Phase 4 :* Publication - Publication and dissemination of insights and outcomes with the aim of presenting a national consensus guideline which describes the process and outcomes and provides practitioners with a guide to key concerns that could be addressed in interventions aiming to facilitate and support successful paternal transitions to parenthood. **Discussion:** This presentation will provide an overview of the project and seek collaboration and input from AFRC participants regarding the project design, implementation and potential sources of collaboration.

Indigenous fathers' involvement in home learning activities with their Kindergartners: Results from the Longitudinal Study of Indigenous Children (LSIC)

Elisabeth Duursma

University of Wollongong

Background: Research has documented that father involvement in young children's lives benefits their overall development and wellbeing (Cabrera et al., 2000; Fletcher et al., 2014). While we know that engaging children early on in home literacy activities (De Jong & Leseman, 2001), little is known about how much fathers engage their children in literacy activities and whether this impacts children's language outcomes. Not much is known either about father engagement in Australian Indigenous families. According to Morgan (2012), father expectations and behaviours in Australian Indigenous communities are influenced by various factors, such as location, education, and employment. However, no information is available on whether Indigenous fathers are engaged in home literacy activities such as story telling and reading books. **Aims:** The aim of this study was to examine Australian Indigenous fathers' attitudes towards being a father, as well as their involvement in home learning activities with their 5-year-olds. Another aim was to look at the relationship between home learning activities and child language development. **Method:** This study looked at father data (n=257) from the Longitudinal Study of Indigenous Children (LSIC) in Australia, also called Footprints in Time. LSIC is an initiative of the Australian Government and is conducted by the Department of Social Services. The study includes two groups of Aboriginal and/or Torres Strait Islander children who were aged 6-18 months (birth cohort) and 3 ½ -5 years (Kindergarten cohort) when the study began in 2008. In wave 1 over 1,680 interviews were conducted with the children's parents or primary carers (usually mothers) and over 265 interviews were conducted with fathers or other significant carers. Currently data for wave 10 is being conducted. The study covers a wide variety of topics about children's health, learning development, family and community. For this study we looked at the father interview from wave 5 and child assessments. **Results:** Almost all fathers reported feeling positive about being a father. Preliminary results on home learning activities demonstrated that 37% of fathers reported reading occasionally and 29% often. Fathers were more likely to engage in oral storytelling with 33% of fathers reporting to do so very often. Multiple regression results demonstrated that both shared bookreading and oral story telling were not significant predictors of children's language development. However, socioeconomic status, not education, was a significant predictor of whether fathers engaged in bookreading with their children, with higher socioeconomic status associated with more frequent bookreading. **Conclusion:** Australian Indigenous fathers are very much involved with their young children, as many fathers expressed joy in spending time with their child. Fathers also spent time on home learning activities. **Impact:** This study contributes to the emerging field of father involvement in Australian Indigenous families. It is important to include the perspectives and roles of Australian Indigenous fathers in the lives of their children, as they are often excluded from research studies.

SMS4dads Defence Health

A/Prof Richard Fletcher, Dr Jennifer StGeorge, Dr Chris May

The University of Newcastle

The problem: Very few services cater to the needs of new dads before and after the birth of their baby. Fathers managing the stresses of fathering are time poor and reluctant to attend groups. Those experiencing depression and/or anxiety are often uninformed about the significance of their mental health for themselves and for the family and are disconnected from health services and informal supports. **Our solution:** SMS-based messages (SMS4dads) to the phones of new fathers can deliver tailored information that connects recipients to resources, track their mood and responds to signs of significant distress. The SMS4dads feasibility study (n=520) demonstrated high acceptability among fathers. **SMS4dads DH:** Defence Health provides health insurance to members of the Australian Defence Force (ADF) and the wider Defence Community. A research team from the University of Newcastle was funded to provide SMS4dads to fathers who were serving ADF members or related to members of the ADF. Over the course of 18 months more than 7,750 messages were sent to 72 fathers across all states and territories of mainland Australia. Messages targeted fathers' relationship with his new baby, his relationship with his partner and his own health and well-being. Messages are linked to the new baby's development – based on their actual or expected date of birth. Mood Tracker messages with 5 response options [good to bad] are delivered every 3 weeks with a link to the National Perinatal and Anxiety Australia Helpline when reporting high levels of distress. As part of the evaluation fathers were interviewed on their experience of SMS4dadsDH. Dads commented on: **(i) Message content:** (a) It was good because it was enough to sort of jog you back into thinking about some stuff that you should be thinking about without feeling like it was pestering; (b) Knowing that it's from an actual research organisation and geared towards dads it added an element of trust; (c) What's been most useful is the ones that have links to articles where you can then read further information and bits of knowledge, and you can do it in your own time. **(ii) Message timing:** (a) The messages really helped. To sort of just stop and kind of reflect on where things are at and be reminded that it's not, you know, for ever like this; (b) Timing wise, it was just amazing as to how accurate – how close it was to what I needed; (c) The text messages are a lot more tailored towards key milestones, I found that quite useful. Like, how in the first month it just talks about support, and then after that it talked about sleep, after that it talked about things like intimacy and all that, so it was quite relevant; **(iii) Message impact:** (a) information that I could action and that it was things, that was the stuff that I probably liked looking at the most. Like, things that you know, talked about the skin to skin time; (b) Facetime with dad wasn't something I had any idea about, that by doing the Facetime with the kid and engaging with them and talking to them and holding them sort of at arm's length, it really helped with brain development. And it also explained the cues as to when they want to do it, and the cues as to when they want to stop; (c) I'm back to work fulltime so it's a bit tricky to spend time with him. Rather than just sitting there twiddling my thumbs, I'm actually there listening to him, observing, and the SMSs are a good prompt for what I should be looking forward to at the end of the day; (d) Some of those reminders are just as useful for her as they are for me, we had a particularly rough night, where we just couldn't settle the baby, and the next morning the thing pops up and says, hey, maybe I was crying all night, or maybe I was doing something, and I'm not doing it on purpose, this is just something that I do, not necessarily your fault. That was a really good message for both of us to hear

Understanding the challenges of perinatal experience from the fathers' perspective

Daisy Gemayel

Charles Sturt University

Background: Limited research are into understanding men's experience of perinatal period, the difficulties and the way of coping during the perinatal period. The aim of this study is to investigate how father coped with the perinatal difficulties, the impact on their emotional wellbeing and understanding the perinatal experience from fathers' perception. **Methods:** The participants met the inclusion criteria of being resident in Sydney and Inner suburbs; aged 18 years and older, identified as a father at either the antenatal and postnatal period; and be able to speak conversational English. This study considered the constructivist paradigm to understand the fathers experience during the perinatal period. A thematic analysis was performed to identify the themes of the obtained qualitative data. The narratives of fathers were interpreted to explain the paternal perinatal experiences. **Results:** The thematic analysis identified 5 main themes, which are the father-mother relationship, the father-child relationship, changes, support, and birth. Three common coping styles were identified in perinatal fathers; problem-focused style, emotion-focused style, and adjustment-focused style. Six aspects were noted while the interpretation of the semi-structured interview that help to understand the perinatal experience. **Conclusion:** The paternal perinatal experience is a complex phenomenon that require to take into consideration several aspects. The perceptions of the difficulties, the applied coping styles and fathers' characteristics, beliefs and values play an important role in formulating fathers experiences of the perinatal period. **Implication:** Developing a contextual scale that identify the challenges faced by fathers during the perinatal period.

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

Dr Angela Gent, Prof Suzanne McLaren & Kate Potter

School of Health Sciences and Psychology, Federation University Australia

Background & Aims: Growing research suggests that depression amongst fathers in the early parenting years is a significant public health issue, with the potential for adverse effects on child development and the partner relationship. Increased levels of fatigue have been identified as a risk factor for depression in mothers and fathers of infants and young children, however, the mechanisms implicated in this relationship are less understood in fathers. Whilst reduced parenting self-efficacy has been found to account for some of the fatigue-depression relationship in mothers, its role in fathers' distress is less clear. Furthermore, little research has focused on protective factors that may assist fathers of young children to manage the stresses and challenges inherent in raising a young child. This study aimed to investigate whether parenting self-efficacy mediated the relationship between fatigue and depressive symptoms in fathers of young children. Additionally, this study explored whether the relationships between these variables were influenced by the quality of fathers' partner relationship. **Method:** The sample consisted of 159 Australian adult men, aged between 18 and 55 years, who were fathers of at least one child aged between 1 and 4 years and currently in a couple relationship. Fathers completed the Fatigue Assessment Scale, the Centre for Epidemiologic Studies Depression Scale – Revised, the Parenting Sense of Competence Scale and the Revised Dyadic Adjustment Scale via a self-report online survey. **Results:** Results confirmed that parenting self-efficacy mediated the relationship between fatigue and depressive symptoms in fathers. Furthermore, partner relationship quality moderated the relationship between parenting self-efficacy and depressive symptoms, but not the relationship between fatigue and parenting-self-efficacy. The relationship between parenting self-efficacy and depressive symptoms was not significant for fathers reporting high levels of partner relationship quality. **Conclusion & Implications:** These findings suggest that fatigue contributes to depressive symptoms in fathers of young children via a lowered sense of parenting self-efficacy. Furthermore, the quality of the partner relationship, including levels of consensus, conflict regulation and stability, and cohesion, weakens a specific aspect of this mediation pathway, that is, the relationship between parenting self-efficacy and depressive symptoms. Results highlight the importance of considering fathers' partner relationship quality in models investigating the fatigue-depression relationship and provide preliminary evidence of at least two potential pathways for interventions to address depression in fathers of young children. First, fatigue management interventions may indirectly minimise the risk of depression by helping fathers maintain a sense of parenting self-efficacy. Second, interventions targeting the quality of the partner relationship may weaken the association between lowered parenting self-efficacy and depressive symptoms.

Engaging fathers in research about parenting

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

Patterns of depressive symptoms and anger in men at the peak age for entering fatherhood: Associations with postpartum paternal-infant bonding.

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Background and Aims: In studies of men, anger has been linked to depression. For postpartum fathers specifically, co-existing symptoms potentially fuel a volatile caregiving environment that compounds socio-emotional risk for the developing infant. The aims of this study were to: 1) identify latent profiles of men at the peak age for first-time fatherhood, characterised by patterns of depressive symptoms and feelings of anger; 2) investigate associations between profiles and paternity status; and, 3) for men with infants ≤ 12 months, to investigate associations between profiles and postpartum paternal-infant bonds. **Methods:** Participants ($N=666$; 35% fathers) were from Wave 1 of the Men and Parenting Pathways (MAPP) Study, an Australian longitudinal study of men (28-32 years), approaching the peak age for fatherhood (33 years). Depressive and anger symptoms were assessed with the DASS-21 and STAXI-2 State Anger feelings, verbal expression, and physical expression subscales. Profiles were identified using Latent Class Analysis. Differences between classes were assessed on paternity status (full sample) and paternal-infant bonding (fathers with infants ≤ 12 months). **Results:** Four profiles of men were identified: 1) Healthy (47.8%); 2) Mild Depressed/Mild Angry Feelings (29.2%); 3) Severe Depressed/Generalised Anger (15.8%); and, 4) Severe Depressed/Antisocial (7.2%). Compared to the Healthy men, those with Mild symptoms had increased odds of being a biological father ($OR=1.99$, 95% CI 1.36-2.91), or step or adoptive father ($OR=7.11$, 95% CI 2.34-21.62). Compared to men with Healthy and Severe Depressive/Generalised Anger profiles, Depressive/Antisocial men had significantly poorer bonds with their infant children. **Conclusions:** Elevated anger and depressive symptoms at the mild level are associated with fatherhood. Additionally, severe co-occurring postpartum feelings of anger and depressive symptoms are linked to impaired paternal-infant bonding. Further examination of longitudinal risks for fathers and subsequent risks for infants is warranted.

Making Fathers Key Partners in Infant and Child Outcomes

Stephen Sheehy & Kirsty Lowe

Child and Family Health Service, SA Health

Aims: To demonstrate how the Child and Family Health Service (CaFHS) continues to develop from an organisation where services to fathers existed on the periphery, to a whole of service approach where fathers are key partners in improving outcomes for infants and children. **Description:** CaFHS has a long history of recognising the importance of fathers in the care of infants and children, however significant gaps continue to exist in the involvement of and provision of support to fathers. . From having a stand-alone Fatherhood project on the periphery of service delivery to the development of a new model of care, fatherhood and fathers are now seen as an integral part of our service. Moreover, there has been a broadening of our understanding of contemporary family structures and a move away from the focus on maternal and child health alone, which has traditionally been the “business” of CaFHS. This shift has been possible as a result of: (i) An increased focus on the health, development and wellbeing outcomes for infants and children and an understanding that fathers are in a key position to influence these outcomes for their children; (ii) An acceptance that within CaFHS we must change our approach to engaging fathers which includes meeting their needs through the development of more sophisticated ways of working with the effects of trauma, domestic and family violence, and mental health issues; (iii) Improving clinical practice and the capacity of our workforce to engage with fathers through systems and structures that support clinicians to work with fathers in ways that make a difference in the lives of children. **Impact:** The anticipated benefits through the implementation of this model of care include: (i) Increased clinician capacity to work with fathers and men; (ii) Improved engagement of men in the antenatal period supporting their transition to parenthood; (iii) Enhanced quality of co-parenting relationships; (iv) Improved data gathering and analysis to more accurately understand fathers' involvement in CaFHS services; (v) Improved health, development and wellbeing outcomes for children.

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

Sherrian Price, Dr Diana Keatinge, Denise Kinross

Willoughby Residential Unit, Tresillian Family Care Centres

(Presented at Tresillian Family Care Conference 2016 and in poster at McCAFNA Conference 2017)

Background: Fathers have until recently been left out of the Child and Family Health Nursing practice, but there is growing interest in increasing the involvement of fathers. **Objectives:** To identify, explore, and describe the experiences of fatherhood during the first six months of the birth of their infant, and to interpret the meaning that first time fathers held about fatherhood. **Design:** A hermeneutic phenomenological study using in-depth unstructured interviews with fathers at two different times in the first six months following the birth of their baby. **Participants and Setting:** Five first time fathers ranging in age from 30-36 years, with a full term, healthy baby, and from a broad range of cultural and socio-demographic backgrounds and occupations, were accessed through the local Child and Family Health Nursing Service in a major regional city of NSW. **Findings:** Six main themes emerged from the data: The dawning of responsibility; seeking and finding connection; absolute joy, wonder, delight and unconditional love; struggling towards being a father; moving towards cohesion; and arriving at harmony – reflection on the journey. **Conclusions:** A descriptive model and statement of the essence of first time fatherhood emerged from the study which captured these fathers' expression of their tumultuous and uncertain six month journey of transition. **Implications for Practice:** The overall implication emerging from the study is that fathers, need as much psychological support as mothers. It is essential their needs are embraced and policies for their care embedded in Child and Family Health Nursing Services.

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

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

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

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Background & Aims: In most Western cultures, pronatalist norms are constructed to encourage procreation, yet despite societal expectations, a growing number of individuals expressly choose to remain childless. An estimated 5-9 per cent of men do not plan to have children, yet research exploring these intentions remains scarce. This study explores the experiences, subjective reasoning and decision-making processes of voluntarily childless Australian men near the median age for first time fatherhood. **Method:** Semi-structured interviews were conducted with 11 Australian-resident men (28-34 years; M=31; SD=1.48). Nine men identified as Australian, one as Vietnamese-Australian and one as Croatian-Australian; Three were homosexual and eight heterosexual. Two men were single, three were married, one was engaged, and five were in long-term, cohabiting relationships. Participants were selected from the Men and Parenting Pathways (MAPP) longitudinal cohort study (N=608) based on stating they did not want to have children 'at all'. **Results:** Analysis identified a superordinate theme; Fatherhood: The door is still ajar, and subordinate themes; The Realisation, The Talk (or lack of...), The Rationale, and The Pressure. **Conclusion & Implications:** Men's decision-making process to not have children is fluid and influenced by intrinsic and extrinsic factors. At the peak age for paternity, those who are disinclined towards fatherhood remain reluctant to unequivocally commit to their position. Despite changing social trends and acceptance of divergent life trajectories, these men are acutely aware that their intentions place them outside the norm.

Exploring the transition to fatherhood using online communities: A 'big data' text-mining application

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Background & Aims: Experiences of early fatherhood are underreported in the literature, partly due to the difficulties in engaging fathers through traditional research methods. Social media parenting platforms offer an opportunity for researchers to explore the challenges and experiences of new fathers at scale, without adding the burden of research participation. To date, studies exploring fathers' use of online communities for parenting discussions have been unable to explore fatherhood transitions at the 'big data' level due to the exclusion of pre-fatherhood forums (e.g. Ammari, Schoenebeck & Romero, 2018) or low community participation rates (e.g. StGeorge & Fletcher, 2011). This study aimed to assess the feasibility of using big data collected using social media to explore changes in online community discussion topics as men transition to fatherhood.

Method: We explored the topics of discussion in two publically-accessible online parenting communities: r/daddit, a forum for general discussion on fatherhood issues, and r/predaddit, a forum for discussion about the issues faced by expectant fathers. We used the Reddit API to collect discussion threads (original posts and their associated comments combined) over a two-week period [23 March, 2018 - 06 April, 2018]. We also collected additional metadata including post and comment scores (as voted by users). We then implemented an unsupervised machine learning algorithm (k-means) to cluster text within each community, as well as the combined corpus. **Results:**

The cleaned dataset resulted in 1,877 discussion threads contributed by 5,853 unique users, totalling over 185,000 words. Clustering analyses were performed on text discussions for r/daddit, r/predaddit, and the combined corpus. We discuss the qualitative similarities and differences of discussion topics between daddit and predaddit, as well as a general discussion of topics found in the combined corpus. The importance of each topic to the online community is also reported by exploring quantitative popularity metrics such as the number of comments per post and the average post 'upvote' score. **Conclusion & Implications:** This study demonstrates a novel technique for exploring fathers' experiences by monitoring the issues that men discuss with peers before and after fatherhood. The identified discussion topics can assist in the design of support programs and interventions addressing issues identified by men themselves, both before and after childbirth. Importantly, using social media text analysis offers unique clinical utility compared with traditional fatherhood research methods, as the discussions are current and timely, and can be collected and analysed at large scale.

Fathering in Victoria

Catherine Wade, Matthew Burb, & Jan Matthews

Parenting Research Centre

Background & Aims: Fathers are consistently underrepresented in parenting research despite their significant impact on child outcomes. To date, there has been very little research conducted to understand paternal experiences of parenting; fathers are often not included in research or research findings are not disaggregated by gender. This study examined fathers' and mothers' experiences of parenting in relation to parent engagement with children's learning; parent help-seeking; parent coping and support; and parenting practices, including interactions with their child and monitoring and children's use of electronic devices. **Method:** Conducted by the Parenting Research Centre (PRC), Parenting Today in Victoria is a representative survey of 2600 Victorian (Australia) parents, using a single cohort cross-sectional group design. From this survey, fathers (N=1044) and mothers (N=1556) of children aged 0-18 years participated in Computer Assisted Telephone Interviews (CATI) about their experiences as a parent. **Results:** Broadly, Victorian fathers and mothers reported similar parenting experiences, although there was evidence that mothers and fathers cope somewhat differently with the challenges of parenting and think differently about supports available to them. Fathers reported to be significantly less likely to seek help from professionals about parenting and had significantly lower levels of parenting confidence. Fathers were less comfortable talking with their children's educators and less satisfied with the time they gave to their children. There were differences also in the views of fathers and mothers about the division of parenting duties. **Conclusion and Implications:** The findings have important implications for family-focussed services seeking to increase father engagement and suggest professionals and their organisations must consider fathers' preferences in help-seeking and adopt strategies that specifically focus on fathers' sense of parenting self-efficacy as this is a key mediator of child wellbeing.

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

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

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This Symposium is under the auspices of:



Family Action Centre – The University of Newcastle

The Family Action Centre (FAC) is a research, teaching and practice centre focused on families and their communities. The Centre produces innovative, dynamic and enduring work that aims to strengthen family and community well-being. The FAC is committed to addressing factors that affect health and wellbeing, and the social and educational paths of families, particularly for those challenged by increasingly complex vulnerabilities.

The FAC offers degrees in Family Studies at undergraduate and postgraduate coursework and research levels through the **Graduate Certificate in Family Studies** and the **Master of Family Studies** and the **PhD in Family Studies**. Professional development education is also offered to enhance workforce capacity in a range of critical practice areas.

The FAC is a national leader in **fatherhood and family wellbeing research**, with a focus on fathers of young children and babies and supporting these fathers in their relationship with their families. An emerging area of research strength is **Strong Families-Capable Communities** with its focus on harnessing the collective capabilities of communities to address complex problems confronting families. The Centre's research in these fields provides evidence for policy and service system innovations that better mobilise capabilities to improve individual, family and community outcomes.

The Centre delivers family support and **outreach services**, such as parenting programs, family inclusive practice programs and health evaluation initiatives. The wealth of outreach expertise and experience, supports and grounds the teaching and research. The Centre hosts a range of students from various disciplines in an inter-professional placement unit, and also provides opportunities to student volunteers to participate in our family support programs, where they liaise with human service workers in education, health, and family and community services.

Contact FAC at: family@newcastle.edu.au



Centre for Social and Early Emotional Development – Deakin University

The Centre for Social and Early Emotional Development (SEED) aims to promote emotional health from conception to young adulthood and into the next generation. 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.

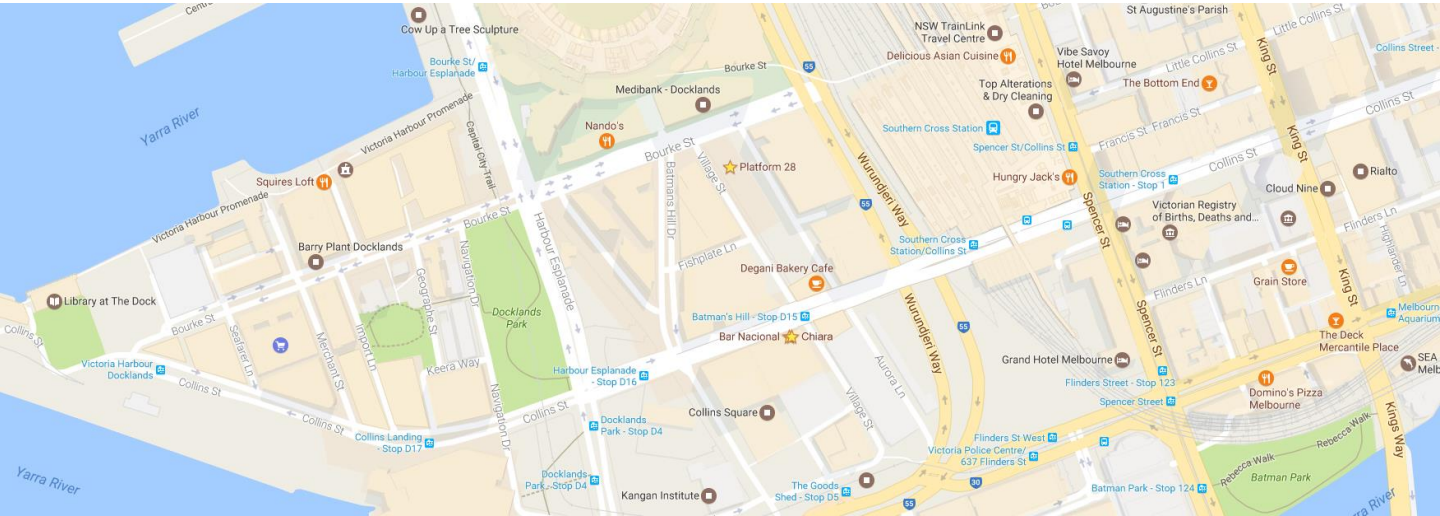
SEED advises on the most effective approaches to promoting wellness and intervening at the earliest opportunities in troubled pathways. SEED brings together life-course, clinical and public health research and practice to describe the major milestones in emotional life. SEED then engages systems for translating our research knowledge broadly to the community, organisations and government.

SEED's Lifecourse and Surveillance Theme aims to improve our understanding of the developmental origins of mental health and disorder. This area of work is guided by SEED's population based longitudinal studies of social-emotional development, including the Men and Parenting Pathways (MAPP) Study. It supports research into the developmental origins of mental health and disorder, within and across generations

Contact SEED at:

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