



Australian Fatherhood
Research Consortium

Australian Fatherhood Research Symposium 2021

May 6th – 7th | Online



@ausfatherhood | #AFRS2021

Online via Zoom

Zoom links will be emailed directly to participants who register to attend via Eventbrite

The symposium is a collaborative event of the Centre for Social and Early Development (SEED), Deakin University and the Family Action Centre, The University of Newcastle



Program

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Day 1: Thursday 6th May

9:00	Welcome and acknowledgement of country <i>Dr Jacqui Macdonald, Deakin University</i>
9:15	Keynote Presentation: Australian Fatherhood, Learning from History Professor Alistair Thomson, School of Philosophical, Historical and International Studies, Monash University
10:15	Break
10:30	Presentation Session 1: Creating systems that promote parenting equity Chaired by Dr Liana Leach <ol style="list-style-type: none">1. A. Ewald: <i>Barriers to flexibility for fathers: The disconnect between the father and worker role.</i>2. A. Thomas: <i>Creating meaningful engagement of fathers in antenatal settings through structural and practice change.</i>3. W. Simpson: <i>Assessing father inclusive practice knowledge and competence within an early parenting service.</i>
11:30	Break
11:45	Presentation Session 2: Fathers' access to services and supports: Barriers and opportunities Chaired by Dr Chris May <ol style="list-style-type: none">1. K. Wynter: <i>Barriers and enablers to health service use among fathers.</i>2. S. von Saldern: <i>Plus Paternal: A focus on fathers – establishing the case for change.</i>3. F. Forbes: <i>Experiences of Ethiopian-Australian fathers' involvement in perinatal healthcare in Australia.</i>
12:45	Lunch
1:15	Presentation Session 3: Paternal wellbeing and relationships Chaired by Dr Karen Wynter <ol style="list-style-type: none">1. J. Macdonald: <i>Parent and peer relationships in adolescence and subsequent paternal postpartum mental health.</i>2. I. Smith: <i>Fatherhood desire, paternal mental health and father-infant bonding: A systematic review and meta-analysis.</i>3. L. Francis: <i>Paternal trait anger and the father-child relationship from infancy to toddlerhood.</i>4. J. StGeorge: <i>Deconstructing parent-child play.</i>
2:15	Break
2:30	Presentation Session 4: Dads online: Professional and peer support Chaired by Dr Jacqui Macdonald <ol style="list-style-type: none">1. I. Smith: <i>"Help, I'm freaking out": A sequential big data and qualitative analysis of men's unintended fatherhood.</i>2. J. Ericksen: <i>Developing an online intervention for fathers' perinatal depression and anxiety formative work.</i>3. A. Hansen: <i>Fathers' perspectives on engaging with web-based parenting programs for adolescent mental health: a qualitative study and Enhancing engagement of fathers in web-based parenting programs for adolescent mental health: A DCE study.</i>
3:30	Close

Program

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Day 2: Friday 7th May

8:30 Data and analysis working group meeting - new members welcome

9:30 **Presentation Session 5: Structured peer support for fathers**

Chaired by Mr Glen Poole

1. L. Williams and R. Giallo: *A pilot evaluation of Working Out Dads: A group program to promote father mental health in the early years of parenting.*
2. I. Blackwell: *The value of community dads' groups for identity construction and validation.*
3. T. Docking: *Dads groups: Changing the culture of fatherhood.*

10:30 Break

11:00 **Presentation Session 6: Fathering in a pandemic**

Chaired by Prof Tess Knight

1. E. Duursma: *Australian fathers' experiences of parenting during the COVID-19 pandemic.*
2. K. Wynter: *Receiving maternity care during the COVID-19 pandemic: Experiences of women's partners and other support people.*

11:45 Literature review working group meeting - new members welcome

12:45 Lunch

1:15 **Interactive workshop: Engaging and supporting fathers – getting the language right**

Alison Peipers and the Plus Paternal Network

The language used across our health system often excludes fathers and reinforces traditional gendered norms. Healthy Male, together with members of the Plus Paternal Network, is embarking on a new project to promote the use of inclusive language and the engagement of both parents across all health settings, from preconception to early parenthood. Join this consultation workshop to help inform the project by sharing your professional insights and exploring a range of issues that influence the use of language.

2:15 Break

2:30 Science communication and policy working group meeting – new members welcome

3:30 Close

About the Australian Fatherhood Research Consortium



The **Australian Fatherhood Research Consortium (AFRC)** formed in 2017 with 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.



To guide the AFRC collaboration, five groups have been formed within specialising 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 led 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 led by Dr Eileen Dowse of the University of Newcastle. The **Literature Review** group was formed to evaluate and synthesise the existing literature on fathers, and is led by Dr Karen Wynter of Deakin University. The **Science Communication** group was formed to translate the AFRC group's findings from the research domain into the public domain to raise the profile of fathers in policy and practice. It is led by Dr Chris May, University of Newcastle. The **Early Career Research Group** was created to ensure fatherhood research remains sustainable by fostering new researchers and their opportunities for collaboration. It is led by PhD candidate, Lauren Francis, Deakin University.



Find out more:

Web: mappresearch.org/fatherhood-consortium

Twitter: @ausfatherhood



KEYNOTE PROFILE



PROFESSOR ALISTAIR THOMSON

Professor of History, Monash University

'Australian Fatherhood: Learning From History'

Fathers and fatherhood are central to pressing concerns in contemporary Australia: domestic violence and its consequences; parental leave and family-friendly work; the unwillingness or inability of men to contribute a fair share of domestic labour; the bioengineered creation of families without fathers or with two fathers. Fatherhood has a deeply intimate significance while also impacting the wider society far beyond the family unit. Yet contemporary debate is often infused with narrow, ahistorical understandings of fatherhood that undermine efforts to develop policy and advice that is alert to the complex factors affecting men's negotiation of family roles. Historians have themselves not always been especially helpful, with Australian fathers too often slipping out of the frame of historical analysis of the family.

Examining the history of Australian fatherhood can provide a more informed understanding of the factors that continue to shape the role of fathers in family life. This talk will introduce several case studies from early, collaborative research for the first major history of modern Australian fatherhood. By revealing the complex forces and expectations which have shaped Australian fatherhood throughout the 20th century and into the present, our project aims to enrich historical understanding of the stresses and successes of family life, the impacts of fathers in Australian families, and the place of fatherhood in Australian social, cultural and political history.

Biography

Alistair Thomson is Professor of History at Monash University in Australia and President of Oral History Australia. He was previously Professor of Oral History at the University of Sussex, and President of the International Oral History Association. In 2018 he received the Award for Teaching Excellence (Arts and Humanities) at the Australian Awards for University Teaching. His books include: *Anzac Memories: Living with the Legend* (1994 and 2013), *The Oral History Reader* (1998, 2006 and 2015 with Robert Perks), *Ten Pound Poms: Australia's Invisible Migrants* (2005, with Jim Hammerton), *Moving Stories: an intimate history of four women across two countries* (2011), *Oral History and Photography* (2011, with Alexander Freund), and *Australian Lives: An Intimate History* (2017, with Anisa Puri). He is currently leading an ARC Linkage research project about the history of fatherhood in Australia. For more information, visit his [Website](#).



AUSTRALIAN FATHERHOOD
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2021



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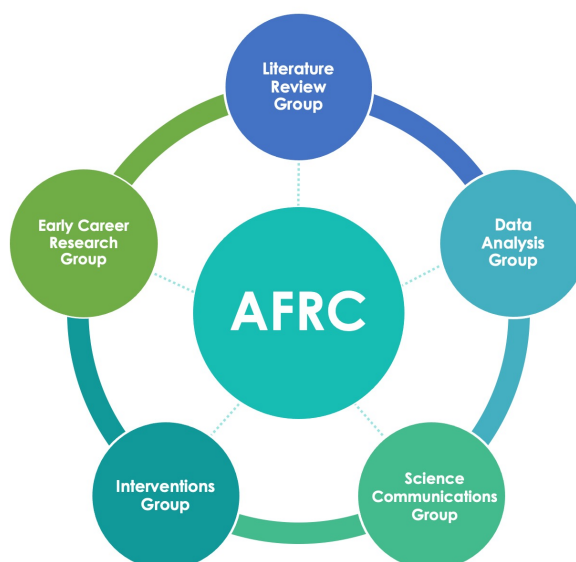
AFRC Working Group Meetings

Working group meetings will take place on Day 2 – Friday May 7th.

8:30am-9:30am: Data and analysis working group meeting - **new members welcome**

11:45am-12:45pm: Literature review working group meeting - **new members welcome**

2:30pm-3:30pm Science communication and policy working group meeting – **new members welcome**



AFRC Groups

Since its conception in 2017, the AFRC's activities have been supported through the collaboration of five working groups: the Data Analysis group, the Literature Review group, the Intervention group, the Science Communication and Policy group, and the Early Career Research group. Open discussions at the 2017 symposium resulted in the decision to focus on a specific domain for activities between the 2017 and 2019 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. The AFRC working groups have produced two peer-reviewed publications on sleep. Descriptions of the groups are provided below.

Data Analysis



The Data Analysis group aims to identify available data relevant to the experiences of fathers and effects of fathers on children from existing population-based studies that allow secondary data analysis. Our [first peer-reviewed publication](#) reports a meta-analysis of data from four Australian cohort studies demonstrating a robust association between sleep problems in fathers of infants and toddlers and risk for mental health problems. The group's next project aims to make use of the data from Ten to Men, the Australian Longitudinal Study of Male Health. **New group members are welcome.**

Institutions represented are: Deakin University, Australian National University, Curtin University, University of Newcastle, Flinders University, University of New South Wales, University of Melbourne, Murdoch Children's Research Institute.

Contact: jacqui.macdonald@deakin.edu.au

Literature Review

The Literature Review group aims to review and synthesise the existing literature on topics of interest to the AFRC. Since the last symposium, the Literature Review group has published its first manuscript: [Sleep, mental health and wellbeing among fathers of infants up to one year postpartum: A scoping review](#). We found that across studies fathers report significant sleep disruption, up to 12 months after the birth of an infant. Studies reporting multivariate analyses were rare, but adjusted analyses showed significant associations between poor sleep and poor mental health, poor relationships with partners and poor safety compliance at work.

We are currently beginning two new reviews, and **welcome new members** who would like to participate in one or both of these reviews:

1. Effectiveness of father-focused and father-inclusive interventions to prevent or intimate partner violence during pregnancy and early childhood (co-ordinated by Dr Karen Wynter, Deakin University).
2. Alcohol and other substance use: Associations with mental health problems among fathers (co-ordinated by Associate Professor Nyanda McBride, Curtin University).

Institutions represented are: Deakin University, University of Newcastle, Curtin University, Monash University, University of Melbourne, Murdoch Children's Research Institute.

Contact: k.wynter@deakin.edu.au

Intervention



The Intervention group aims to conduct research that leads to the development of evidence-based interventions to help improve fathers' experiences. The group is currently focused on collecting formative evidence to inform appropriate interventions that reduce the impact of sleep deprivation/disturbance on family functioning. Individuals with ideas for future interventions or evaluations of interventions can contact the consortium steering group. The Intervention Group's previous co-ordinator, Dr Eileen Dowse, who has overseen the establishment of a national collaboration, ethics approvals and initial data collection, is standing down from the role. **We are seeking a new group co-ordinator.** Interested researchers should contact the ARFC steering committee by emailing kayla.mansour@deakin.edu.au.

Institutions represented are: University of Newcastle, Ngala, University of South Australia, Curtin University, Queensland Health, New South Wales Health, Deakin University.

Contact: dawson.cooke@curtin.edu.au

Science Communication & Policy



The Science Communication and Policy (SCP) group aims to promote the AFRC as a leading group on fatherhood research, promote the work of AFRC members, and promote informed conversations about fatherhood. It produces the Australian Fatherhood Bulletin which is designed for fathers, practitioners, and researchers. **New members are welcome.** Individuals are also invited to submit ideas and nominate themselves as guest editors for special editions. At this year's symposium meeting, ideas will be shared about the Bulletin content for upcoming editions and opportunities to fund the Bulletin's production.

Institutions represented are: University of Newcastle, University of Queensland, Tresillian, NSW Health, Queensland Health, University of South Australia, Deakin University, Dads Group Inc, Relationships Australia, Australian Men's Health Forum.

Contact: chris.may@newcastle.edu.au

Early Career Research Group



The Early Career Research (ECR) Group provides an informal setting for those included to each get to know others in the field and feel more comfortable talking about their research with peers. It is also an opportunity to forge new collaborations. **Students or early career researchers are welcome to join the group** and may contact Lauren to be put on the mailing list for meeting times.

Institutions represented are: Deakin University, Curtin University, The University of Adelaide, Monash University, University of Newcastle, Flinders University, Queensland Health.

Contact: lauren.francis@deakin.edu.au

Abstracts

SESSION 1 CREATING SYSTEMS THAT PROMOTE PARENTING EQUITY

1

Barriers to flexibility for fathers: The disconnect between the father and worker role.

Alina Ewald, Western Sydney University; Dr. Emilee Gilbert, Dr. Kate Huppatz

Background: There has been increased interest in how workplace flexibility and 'family friendly' work policies may facilitate father involvement and work-family balance for men. Although such arrangements have the potential to provide men with more control and choice around the way they manage work and family commitments, there is a paucity of fathers adopting such arrangements for the purpose of caring, and few organisations actively promote the use of flexibility for men. **Aims:** To explore fathers' experiences constructions and negotiations of workplace flexibility including parental leave. **Method:** Semi structured interviews with 43 fathers of young to older children who worked within the Australian finance sector were analysed using Foucauldian Discourse Analysis. **Results:** Barriers to flexibility include organisational norms and cultures which restrict men's work and family practices, gender norms which underpin work-family policies and societal expectations, and the fear of negative consequences in the form of career penalties and stigmatisation. **Conclusion:** These barriers to flexibility result in a disconnect between policy and practices, and in some level of tension between the worker and father role for men. **Implications:** Fathers need to be included in work-family policy, they need to be made aware of their entitlements, and the stigma associated with flexibility for men needs to be addressed by organisations and society as a whole.

2

Creating meaningful engagement of fathers in antenatal settings through structural and practice change.

Anita Thomas, Carrington Health; Marie Treloar, Carrington Health

Background: The antenatal setting is a key touchpoint for first-time parents and hence a potent influencer of expectations on both men and women as parents. Using a co-design method to identify levers and intervention points that currently reinforce rigid gendered expectations (norms) of parenting in antenatal services, Carrington Health (CH) has developed an effective sustainable model to influence practices and structures to include and engage non-birthing parents (mostly fathers) as equal and active partners in the parenting journey. This model builds on learnings of CH's Baby Makes 3 program - an evidenced-based, social change initiative, targeting gender-based attitudes and social norms of parenting. Aim Develop an effective sustainable model of integrating gender equality principles, approaches and messages into antenatal practices and structures. Successful implementation would achieve: • services more inclusive of non-birthing parents • greater gender equality • optimal mothers', fathers' and babies' health outcomes. Description A co-design process identified levers for change within settings and trialled strategies to actively engage with, and be inclusive of fathers and other non-birthing parents. These levers for change were identified as: Parent access points – Antenatal appointment and Child Birth and Parenting Education Workforce development – existing and emerging Health information Physical environment Policies and Procedures Impact Strategies were developed and commenced across 6 Victorian services, however the effect of COVID 19 restrictions resulted in a reduced timeframe for implementation and collecting evaluation data. Additional Victorian Government funding in 2021-23 will enable scaling to additional antenatal settings and ongoing evaluation. A snap shot from the CBPE strategy implementation provides promising results. • 16 CBPE educators from 6 services participated in training to embed gender equality principles, practice and messages into existing CBPE programs. • 616 parents attended programs delivered by these educators – feedback included: • 'Parenting is not just mum's responsibility but also dad's responsibility' • Educators observed an increase father-initiated discussions

Assessing father inclusive practice knowledge and competence within an early parenting service.

Dr Wendy Simpson, Ngala and Edith Cowan University

Background and aims: Consideration of issues specific to fathering are a fundamental aspect of providing early parenting support for families. Over time, services have been changing to include fathers, however there are still gaps in the provision of inclusive services. The successful embedding of father-inclusive practice (FIP) in parenting and early childhood services is relatively new and challenging to implement, but successful implementation is necessary for services to be more equitable for both mothers and fathers. The aim of this study was to establish a baseline assessment of FIP in an early parenting organisation and to identify the strengths and areas for development in services, which would assist future planning of FIP initiatives. **Method:** Three strategies were utilised to assess FIP at the early parenting service: a descriptive survey that investigated the self-reported attitudes, beliefs and practices of staff; an organisational audit of documentation and practice, and program and site specific FIP, and; focus group feedback from fathers who had accessed the service. **Results:** The results of this project demonstrated that services and staff have a high value of the father role and an understanding of fathering. There is also clear evidence of areas where staff and services can be improved, including: staff reflective supervision and continuing professional development; further consideration of FIP in program development, and; better engagement of fathers in the antenatal period. **Conclusion and implications:** Father-inclusive practice principles and assessment results can inform improvements to staff supervision, professional development and program development to provide an equitable access to early parenting services for both mothers and fathers. This study demonstrated an effective method to examine the extent to which early parenting services provide families with support that is father inclusive that can be adapted for similar parenting services.

SESSION 2

FATHERS' ACCESS TO SERVICES AND SUPPORT: BARRIERS AND OPPORTUNITIES

1

Barriers and enablers to health service use among fathers.

Dr Karen Wynter, Deakin University; Ms Kayla Mansour, Deakin University; Dr Jacqui Macdonald, Deakin University

Background & Aims: Engaging fathers in perinatal health services can be challenging; however it has benefits for the whole family, and has been prioritised in the Australian National Men's Health Strategy. The aim was to describe available evidence on barriers and enablers to health service use among fathers. **Methods:** Two systematic reviews were conducted using separate searches guided by PRISMA protocols. One identified Australian studies, and the other international literature reviews ("umbrella" review). Twelve international reviews and 23 Australian papers yielded quantitative and/or qualitative data on barriers and opportunities for engagement in health services. Fathers reported avoiding help-seeking as they experience pressure to conform to traditional, narrow views of "masculinity". Fathers from different cultures described expectations of involvement in health services which differed from traditions in their countries of origin. Other barriers included a health service-level focus on mothers, available appointment times conflicting with fathers' work commitments and limited access to appropriate support resources. On the other hand, some studies reported that men are often highly motivated to attend maternity services and to seek help for themselves during the transition to parenthood. Opportunities for engagement include tailoring the content and format of information and support according to men's preferences; e-health programs (Apps or websites); "gateway" consultations, in which health professionals encounter fathers "incidentally" as families seek help for mothers or infants; and strategies informed by "new masculinities", which include childcare domains traditionally associated with women. **Conclusion & Implications:** Barriers and opportunities for engagement were identified at individual, cultural and health service level. There was little evidence on e-health strategies, or "going to where men are" (engagement through workplaces / leisure facilities). There is a need for innovative strategies, informed by healthy masculinities, to engage fathers in health services, and for high quality evidence of the effectiveness of these strategies.

2

Plus Paternal: A focus on fathers – establishing the case for change.

Simon von Saldern, Healthy Male; Alison Peipers, Healthy Male; Alison Coughlan, Healthy Male; Vanessa Jones, Healthy Male

Background & aims: The health of mothers and babies is rightly prioritised within our health system, but men have health needs at as they seek to, and become fathers, that are often overlooked. In its first phase, Healthy Male's 'Plus Paternal: a focus on fathers' project sought to establish the current situation in Australia in relation to men's involvement in reproductive health services, and to identify opportunities to improve their health and wellbeing. **Methods:** Evidence was gathered through surveys of men and health professionals, literature reviews, health sector consultations and a review of national strategies and guidelines. The emerging themes were then tested with multi-disciplinary stakeholders. **Evidence-building strategies:** Surveys [526 participants (159 health professionals, 367 men)]. Literature reviews [2 reviews, 154 articles reviewed]. Stakeholder consultations [40 interviews, representatives from 26 organisations]. Strategy & guidelines review [Desktop review of 14 national policies, strategies and guidelines]. Sector engagement [43 participants from 14 disciplines provided advice through the Plus Paternal Virtual Round Table]. **Results:** The results showed that men are not being proactively engaged by the health system as they consider fatherhood or become fathers. Across many health services, non-birthing parents, most commonly men, are viewed as secondary to achieving pregnancy and child-bearing – welcome, but not active partners. This leaves men feeling undervalued and overlooks their fertility and health needs, as well as their contribution to healthy pregnancies and families. **Conclusion & implications:** Health policy and systems changes are needed to create a more inclusive health system — one that recognises the evolving roles, expectations and needs of both parents. The 'Plus Paternal Case for Change' sets seven goals for change, calling for the collective efforts of a wide range of stakeholders to challenge traditional parental stereotypes and to improve the experiences, health and wellbeing of men and families.

Experiences of Ethiopian-Australian fathers' involvement in perinatal healthcare in Australia.

Faye Forbes, Monash University; Karen Wynter, Deakin University; Berihun M Zeleke, Monash University; Jane Fisher, Monash University

Background: In response to evolving social norms of increasing levels of father's involvement in families, and a growing awareness of the benefits of father's engagement with their children from an early age, healthcare policy and practice is striving to be more inclusive of men in the perinatal period. There is limited evidence regarding the experiences, attitudes and beliefs of men and women in relation to father's involvement in perinatal healthcare in culturally and linguistically diverse families in Australia, including Ethiopian migrant communities. **Aim:** The aim is to describe the experiences, attitudes and engagement in relation to father's involvement in perinatal healthcare in families of Ethiopian-origin currently living in Melbourne, Australia. **Method:** Ethiopian women and men who had experienced or their partner had experienced pregnancy and childbirth in Australia in the last three years, were recruited using snowball sampling. Data were collected in individual interviews which followed a semi-structured interview guide addressing: men's experience and involvement and women's experience of men's involvement, during pregnancy, childbirth and the infant's first year. The interviews were conducted in English, audio recorded, transcribed and then thematically analysed. **Results:** Themes identified in analyses included: Men and women were in favour of male partner's involvement in perinatal healthcare. Male partner attendance at ANC and birth was common. Men were usually not involved in infant health checks. Experiences of care during birth were positive. Male partners were seen as a facilitator between the hospital and their wives. Men were an emotional support during birth. Positive and negative experiences of cultural competency among healthcare staff. Midwives and nurses were more caring than doctors. Members of the Ethiopian community in Melbourne were a great source of support, but many still felt the absence of extended family. **Discussion and conclusion:** Attitudes held by Ethiopian-Australians regarding father's involvement in perinatal healthcare, shows high expectations, which was similar to patterns demonstrated globally. The findings also suggest that strategies to increase father's involvement in this group should be targeted to infant checks, as presence at ANC and birth is already high. Poor experiences of cultural competency suggests that healthcare staff may benefit from training in engaging fathers, and culturally diverse families.

SESSION 3

PATERNAL WELLBEING AND RELATIONSHIPS

1

Parent and peer relationships in adolescence and subsequent paternal postpartum mental health.

J.A. Macdonald, Deakin University; C.J. Greenwood, Deakin University; P. Letcher, Murdoch Children's Research Institute; E. Spry, Deakin University; K. Mansour, Deakin University; J.E. McIntosh, Deakin University; K.C. Thomson, Deakin University; C. Deane, Deakin University; E.J. Biden, Deakin University; B. Edwards, Australian National University; D. Hutchinson, Deakin University; J. Cleary, Deakin University; J.W. Toumbourou, Deakin University; A. Sanson, University of Melbourne; C.A. Olsson, Deakin University

Background: Close, secure relationships with parents and peers are protective factors that reduce risk of mental health problems in adolescence and young adulthood. Using longitudinal data, we sought to determine if these relationships in boys were protective against postpartum mental health problems in the early years of fatherhood. **Methods:** We asked 270 males aged 17-18 years to report on their trust, communication and alienation in their relationships with mothers, fathers and peers. More than a decade later, when the adolescents had become fathers, we assessed them at 12 months postpartum (N = 409 infant offspring) for symptoms of depression, anxiety and stress. Logistic regression was used to examine the extent to which trust, communication and alienation predicted paternal postpartum mental health, adjusting for potential confounding, and with assessment for interactions between parent and peer relationship factors. **Results:** Trust in mothers and peers, and good communication with fathers during adolescence, were associated with 5 to 7 percentage point reductions in postpartum mental health symptoms in early fatherhood. Weak evidence of parent-peer interactions suggested secure attachments with either parent or peer may compensate for an insecure attachment with the other. **Conclusions:** Fostering trust and communication in relationships that adolescent boys have with parents and peers may protect against paternal postpartum mental health problems. Benefits may be preventative in intergenerational cycles of risk for mental health problems.

2

Fatherhood desire, paternal mental health and father-infant bonding: A systematic review and meta-analysis.

Imogene Smith, Deakin University; Jacqui Macdonald, Deakin University; David Demmer, Deakin University; Tess Knight, Cairnmillar Institute; Laetitia Coles, University of Queensland; Kat Cain, Deakin University; Georgia Craigie, Deakin University; Lauren Francis, Deakin University; Levita D'Souza, Monash University

Background: For many new fathers, the social and emotional changes experienced across the perinatal period are accompanied by an increased risk of mental ill-health. When fatherhood is unintended or not desired, men of poor psychological adjustment may be heightened. **Aim:** The aim of this systematic review and meta-analysis is to synthesise existing literature that explores the relationships between desire for children, the father-infant bond and paternal mental health. **Method:** Systematic searching was conducted via databases (Medline, CINAHL, Academic Search Complete, PsychInfo and Embase), grey literature and hand searching of reference lists. Studies were included if they measured the relationship between desire or intention for a child and mental health (clinical and sub-clinical symptoms) and/or bonding with an infant among men with a child aged 36 months or younger. There were no restrictions on study design. **Results:** Our search returned 2350 articles, of which 16 met inclusion criteria. Of the 16 articles, eight were longitudinal and the remaining eight were cross-sectional. Studies were based in Finland, USA, UK, Japan, Vietnam, Malawi and Iran. Sample sizes ranged from 100 to 2150. Fathers were mostly recruited at hospitals and health clinics. Initial data indicate results in line with expectations that low desire or lack of intention for a child is associated with elevated paternal mental health risk. **Conclusions:** Qualitative synthesis of the literature and meta-analytic results will be presented reporting on the strength and direction of relationships. Methodological limitations varied among studies. Most studies assessed fatherhood intention retrospectively, after men had opportunities to interact with infants. Prospective well-constructed measurement is important to minimise response biases. Clinical implications for parents and infants will be discussed.

3

Paternal trait anger and the father-child relationship from infancy to toddlerhood.

Lauren M Francis, Deakin University; George J. Youssef, Deakin University; Christopher J. Greenwood, Deakin University; Peter G Enticott, Deakin University; Ashlee Curtis, Deakin University; Liam G Graeme, Deakin University; Jacqui A Macdonald, Deakin University

Background/Aims. High trait anger exhibits as pervasive expression of irritability, annoyance, and rage and is prevalent in approximately 8% of the population. When in the family environment, it can have detrimental effects on child social and emotional development. We examined pathways of father trait anger on the formation of emotional bonds with infants, and subsequent parenting stress during the toddler years. We further investigated differential effects of components of trait anger ('angry reaction' and 'angry temperament') in these pathways to identify targets for intervention. **Method:** This study used data from the longitudinal Men and Parenting Pathways study. Participants (N=163 Australian fathers of 186 children; mean age 30.04 years, SD=1.40) were eligible for this study if they were father to a child under 12-months-of-age at wave 1, and/or under 18-months-of-age at wave 2 or 3. Trait anger was measured with the State-Trait Anger Expression Inventory-2 at baseline. Participants reported father-infant bonding ('patience and tolerance', 'pleasure in interaction', 'affection and pride') at wave 1, 2 and/or 3 and parenting stress ('parental distress', 'paternal-child dysfunctional interaction', 'difficult child') at waves 2, 3 and/or 4. **Results:** In separate path models, fathers' total trait anger and 'angry temperament', predicted 'parental distress' and 'difficult child' during the toddler years, mediated by low 'patience and tolerance' during infancy. Direct associations were found between trait 'angry reaction' and fathers' 'parental distress'. **Conclusion/Implications:** We found enduring effects of men's trait anger on their emotional experience of fathering and perceptions of their children during the toddler years. These associations were mediated, in some cases, by fathers' early bonding experiences with their infants, which may indicate an early intervention target. We also found that trait 'angry reaction' did not predict bonding. Therefore, prevention of bonding problems and subsequent parenting stress may be most effective if focused on trait 'angry temperament'.

4

Deconstructing parent-child play.

Jennifer StGeorge, University of Newcastle

Parent child play is lauded as a core activity contributing to parent-child relationships and development of the child's physical, cognitive and emotional development. However, parents' views and prior experiences often differ markedly from the norm of 'warm, playful, joint activity'. Parents may believe that play is meaningless, mere entertainment or a distraction; parents also often feel inadequate, silly or obliged to play with their child. In this short presentation, I will deconstruct the concept of play to elucidate what parents and children have in common when they play together, and how differences in needs, purpose, and behaviour can be acknowledged and fulfilled for both players.

SESSION 4

DADS ONLINE: PROFESSIONAL AND PEER SUPPORT

1

“Help, I’m freaking out”: A sequential big data and qualitative analysis of men’s unintended fatherhood.

Imogene Smith, Deakin University; Jacqui A. Macdonald, Deakin University; George Youssef, Deakin University; Tess Knight, Cairnmillar Institute; Sam Teague, Deakin University; Adrian Shatte, Federation University

Background: Becoming a father is a profound change in a man's life that is not always planned or wanted. Little is known about the subjective experiences of men who become fathers unintentionally or reluctantly. **Objective:** The aim of this research was to explore how men who did not intend to have children discuss their feelings about becoming a father in an online, anonymous environment. We sought insights into emotional responses, appraisals of family functioning, and relationships with infants. **Method:** Data were collected from two Reddit forums for new and expectant fathers, r/Daddit and r/Predaddit. Between January 2019- March 2020, approximately 2,600 posts and 21,000 comments were extracted. We employed an innovative, 9-step sequential methodology, blending big data techniques with qualitative analyses. Stage One (5 steps) included scraping and preparing data for Latent Dirichlet Allocation. Stage Two (4 steps) employed an adapted approach to thematic qualitative analysis. **Results:** New and expectant fathers with little desire for children reached out to other men online to normalize their experiences and to seek advice. Men’s concerns included: their mental health, problems bonding with baby, their relationships with both family and partner, and finances. We identified that men’s affective experiences exist on a spectrum of complex emotions including regret, resignation, ambivalence, acceptance and excitement. **Conclusions:** Online forums like Reddit provide an opportunity for fathers who did not intend to have children to normalise their experience by expressing their concerns and emotions in a pseudonymous forum. This study highlights the potential for the ‘Two Stage’ approach to the analysis of big data.

2

Developing an online intervention for fathers’ perinatal depression and anxiety, formative work.

Jeannette Milgrom, Parent-Infant Research Institute; Jennifer Ericksen, Parent-Infant Research Institute; Alan Gemmill, Parent-Infant Research Institute; Andre Rodrigues, Parent-Infant Research Institute

Background and Aims: Depression and anxiety affect up to 20% of new fathers and while half of these will suffer debilitating symptoms, few depressed new fathers seek help. Paternal depression and anxiety not only have a serious impact on men’s lives but also on the emotional and behavioural development of their infants. Aim: To review the literature on evidence-based interventions aimed to treat or prevent perinatal depression and anxiety in men. To conduct consumer consultation to facilitate the codesign of an online intervention for fathers with perinatal depression/anxiety. **Method:** The PRISMA protocol was followed to conduct a literature search of PubMed/Medline, Psychinfo, Cochrane Database, Embase and Cinahl (January 2015 to October 2020) recent relevant reviews; Romanov et al 2016, Goldstein et al 2020, and Healthy Male Plus Paternity. Consumer input was collected from 10 healthy perinatal fathers with respect to device preferences, program naming, look and feel, as well as the value and likely usage of its components. **Results:** Twenty-two manuscripts were included in the review. Articles reported on programs or interventions for the treatment or prevention of paternal perinatal mental health difficulties or disorders. The authors reviewed, categorised and developed a narrative synthesis of the included studies, with particular focus on the metrics of user recruitment and engagement. Consumer input was analysed for themes and used to develop the intervention. These results will be shared. **Conclusions/Implications:** Drawing upon the existing literature, consumer feedback and our extensive experience in developing and delivering interventions for perinatal women and their partners, we are developing and evaluating an online program for the treatment of men’s postnatal depression and anxiety. Further input from depressed consumers and an advisory panel of experts in the area of men’s mental health is planned for the next phase of development. A randomised controlled trial of the intervention will follow.

Engaging fathers in web-based parenting programs for adolescent mental health: A qualitative study (Part A) and a discrete choice experiment study (Part B).

Part A: Ms. Ashlyn Hansen, Monash University; A/Prof. Marie Yap, Monash University; Dr. Catherine Wade, The University of Sydney

Part B: Ms. Ashlyn Hansen, Monash University; A/Prof. Marie Yap, Monash University; Scott Brown, University of Newcastle

Part A

Background and aims: Growing evidence substantiates the unique contribution made by fathers to adolescent mental health and the potential for them to benefit from preventive parenting programs. Nevertheless, male parents are markedly under-represented amongst users of these programs. This extends to programs delivered online, despite evidence that the increased flexibility and accessibility of web-based platforms which previous research suggests may better suit the needs of fathers. Therefore, to increase uptake of web-based parenting programs for adolescent mental health amongst fathers, this study aimed to identify factors which influence men's engagement in such programs. **Method:** We conducted semi-structured interviews with fifteen Australian fathers of an adolescent aged 12-18 years. Participants were asked about their understanding of adolescent mental health and parenting, their perspectives on web-based parenting programs for adolescent mental health, and preferences for program attributes such as duration, content and modality. **Results:** Thematic analysis identified four broad themes which may deter their use of web-based parenting programs: 1) limited awareness of web-based parenting programs, 2) perceptions that limit motivation to use web-based parenting programs, 3) uncertainty about their role in parenting for adolescent mental health, and 4) design aspects of programs. **Conclusion and implications:** Our findings indicated that strategies which address practical barriers to accessing programs alone are unlikely to enhance father's engagement. Findings from this study provide feasible avenues for developing and implementing father-inclusive web-based parenting programs. Adopting these solutions can potentially address parenting factors amongst fathers with a view to improving adolescent mental health outcomes.

Part B

The research aim was to determine the relative influence of web-based parenting program attributes on engagement of fathers of adolescents aged 12-18 years. We conducted a discrete choice experiment (DCE) to determine the relative influence of program attributes on engagement behaviour, selected based on findings from our qualitative study and literature review. Each DCE consisted of four attributes, with descriptors of various alternatives (levels) for each attribute. The attribute number of sessions had three levels: 1 session, 4 session, or 8 sessions. The attribute program benefits comprised three levels: recognising signs of mental health problems in my teenager, recognising and understanding issues with my teenager's mental health, or building a positive relationship with my teenager. The attribute program participants had three levels: fathers only, me and my parenting partner, and me and my teenager. Finally, the attribute user control had two levels: I choose program topics based on my preferences, and program topics are chosen for me by an expert. Preliminary findings indicate that fathers' choices for most preferred program were most strongly influenced by family members who participated in the program, the control they had over program content, and number of sessions. In contrast, benefits conferred by program use did not have a statistically significant effect on fathers' choices. This research can inform development of father-inclusive parenting programs, with a view to improve uptake of such programs amongst fathers in light of their unique role in the aetiology, prevention and treatment of adolescent mental health problems.

SESSION 5

STRUCTURED PEER SUPPORT FOR FATHERS

1

A pilot evaluation of Working Out Dads: A group program to promote father mental health in the early years of parenting.

Rebecca Giallo, Murdoch Children's Research Institute; Le Ann Williams, Tweddle Child & Family Health Service

Background and aims: To address the need for interventions to promote fathers, health and wellbeing in the early years of parenting, Tweddle Child and Family Health Service developed Working Out Dads (WOD). WOD is an innovative group-based intervention that aims to: (a) reduce fathers, mental health difficulties, (b) promote healthy lifestyle behaviours, and (c) strengthen social support. This pilot evaluation sought to assess the short-term outcomes of participation in WOD for fathers of young children (0-4 years) and explore their experiences of the program. **Method:** A single group pre- and post-intervention research design with a nested qualitative study was conducted. Survey methods were used to assess the short outcomes of participation in WOD at post-intervention and 3-months. Qualitative interviews were also conducted to explore fathers, experiences of and satisfaction with WOD. **Results:** A total of 53 fathers participated in the evaluation. Fathers reported significant decreases in overall psychological distress and specific symptoms of depression, anxiety and stress, which were maintained three months later. Fathers also reported a significant increase in perceived social support. These changes in outcomes were supported by the qualitative findings. Fathers also shared what they valued about the program, as well as the facilitators and barriers to participation. **Conclusions &/or implications:** WOD addresses a significant gap in health and social care interventions targeting men, particularly at the key life stage of early fatherhood. These pilot findings will be used to inform the next phase of evaluation research to undertake a randomised controlled trial incorporating a health economic evaluation to generate high quality evidence about the effectiveness and cost-effectiveness of WOD in improving the mental and physical health of fathers.

2

The value of community dads' groups for identity construction and validation.

Ian Blackwell, Plymouth Marjon University

Community dads' groups are under-examined locations (Dolan, 2014; Hanna, 2018) where new fathering identities are formed, validated and modified through play and 'hands-on' activities. Through the theoretical lens of symbolic interactionism, this is qualitative ethnographic study of four dads' groups in England. Ethics: participants gave consent to participate; ethics agreed with university. Two groups take place indoors; two groups are outdoors. 51 interviews were undertaken (24 fathers; 8 mothers; 7 children; 12 staff), plus extensive observations at the groups. I will discuss how fathering identities are formed, enacted, modified and affirmed through co-relational interactions with the child, the child's mother, the group leaders and other fathers who attend. Conclusions: Community dads' groups offer spaces where men can be nurturing, and play out new aspects of paternal identities while remaining secure in their masculinity. Dads' groups offer spaces where traditional masculine templates can be weakened, new forms of paternal behaviours can be supported and fathers can affirm constructive fathering practices, with the support of the child, the child's mother and professionals. Implications: deeper understanding of the value of dads' groups and developing 'father-friendly' practices will be presented.

3

Dads groups: Changing the culture of fatherhood.

Tom Docking, Dads Group Inc

Dad's Group Inc promotes positive parenting for men and give new dads the support and connection they need. It's early intervention approach provides new fathers with positive social relationships and easier pathways to health services if they need them. The group philosophy starts with the premise that there are no agendas and definitely no judging. The only qualification for joining a dad's group is identification as a new or expecting father or father figure. Tom Docking is the DG CEO and will talk in this presentation about how this peer led process can change the culture of fatherhood.

SESSION 6

FATHERING IN A PANDEMIC

1

Australian fathers' experiences of parenting during the COVID-19 pandemic.

Jane S. Herbert, University of Wollongong; Elisabeth Duursma, University of Wollongong; Annaleise Mitchell, University of Wollongong; Amy L. Bird, University of Waikato

Background and Aims: The COVID-19 pandemic has contributed to unique stressors for families including mitigating lost opportunities for children's learning and social interactions, reduced daily structure, reduced physical activity and increased screen time use (e.g., Fegert et al., 2020; Wang et al., 2020). While mothers reported higher rates of depression and anxiety through COVID-19 (e.g., Cameron et al., 2020) less is known about fathers' experiences. This study examined how work and family experiences changed for fathers during the pandemic, the rewards and challenges of these experiences, and whether fathers' view of themselves as a parent altered during the pandemic. **Methods:** Fifty-three fathers completed an online survey shortly after the 4-week lockdown in Australia. The average age of fathers was 38 years (SD = 6, range=25-59), and 75% had one child living with them (range 1-3). Most fathers were employed full-time prior to COVID-19 (87%), and worked as a professional (54%). **Results:** Sixty percent of fathers reported a change in their views on flexible working patterns, although only 38% reported being able to work from home as a positive experience. More than half of the sample (64%) reported an increase in overall time they spent with their children during the lockdown experience, and 53% said the emotional connection with their children had increased. Although fathers reported appreciating spending more time with their children, individual experiences were variable, as evidenced in the responses to open-ended questions on rewards and challenges (e.g., "Helping my kids with their education has been fantastic", "I felt like a failure at work and a failure as a father"). **Conclusion & Implications:** This study uniquely captures fathers' voices in understanding the effect of the pandemic on home and work-life experiences. Longitudinal research is needed to examine whether these actions and intentions regarding work-family balance are maintained post-pandemic.

2

Receiving maternity care during the COVID-19 pandemic: Experiences of women's partners and other support people.

Dr Karen Wynter, Dr Vidanka Vasilevski, Professor Linda Sweet, Deakin University; Dr Zoe Bradfield, Professor Yvonne Hauck, Dr Lesley Kuliukus, Curtin University; Professor Caroline Homer, Dr Alyce Wilson, Burnet Institute; Dr Rebecca Szabo, University of Melbourne

Background: The COVID-19 pandemic has had a significant impact on health services internationally. In Australia, the provision of maternity care during the COVID-19 pandemic changed significantly to limit transmission of the virus. Many hospitals limited face-to-face antenatal appointments to only the pregnant woman. The number of support people permitted during labour, birth, and postnatal visits was often restricted to only one person. It is not yet known how these restrictions were experienced by partners or other support people of pregnant, birthing or postpartum women. **Objectives:** The aim was to explore the experiences of partners or other support people of women receiving maternity care in Australia during the COVID-19 pandemic. **Methods:** We conducted a two-phased study including online cross-sectional surveys and semi-structured interviews. The research team developed the survey questions and interview guide based on the World Health Organisation guidelines for respectful maternity care and COVID-19 guidelines. Recruitment was via social media. **Results:** Surveys were completed by 102 partners or other support people; 15 participated in interviews. Partners and other support people experienced a sense of 'missing out' from the pregnancy and maternity care experience because of changes in the provision of care during the pandemic. They reported feelings of isolation, psychological distress, and reduced bonding with their babies. Conflicting information and processes within and across maternity services contributed to feelings of uncertainty and a perceived reduction in the quality of care. While participants reported being negatively impacted by visiting restrictions on postnatal wards, they also perceived these restrictions to be of benefit to women due to uninterrupted rest and bonding time with their babies. **Conclusions and Implications:** This study offers insights from the unique perspective of partners and other support people of women receiving maternity care during the pandemic. Many partners and support people were negatively impacted by restrictions in maternity services during the pandemic. For future pandemics, it is recommended that policies and processes that exclude partners and other support people from the provision of maternity care be reconsidered, and specific strategies be developed to facilitate their active involvement in maternity care. However, post-pandemic maternity care policies should also consider the importance of restricting visitors on postnatal wards to allow sufficient rest and bonding time for new parents.

Plus Paternal: Father inclusive language workshop

Engaging and supporting fathers – getting the language right



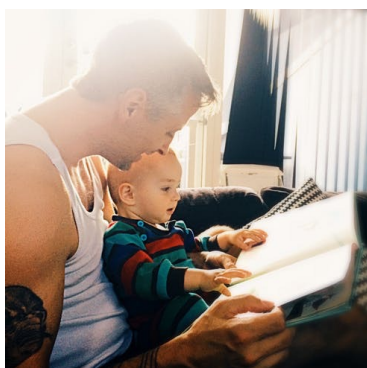
The language used across our health system often excludes fathers and reinforces traditional gendered norms.

Healthy Male, together with members of the Plus Paternal Network, is embarking on a new project to promote the use of inclusive language and the engagement of both parents across all health settings, from preconception to early parenthood.

Participants in this consultation workshop will help inform the project by sharing their professional insights and exploring a range of issues that influence the use of language.

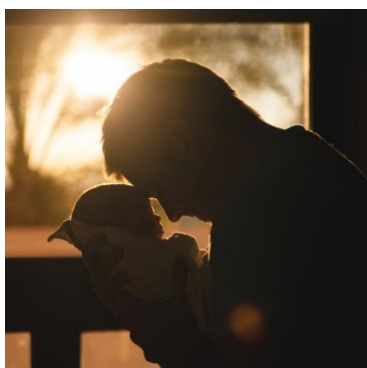


This Symposium is under the auspices of:

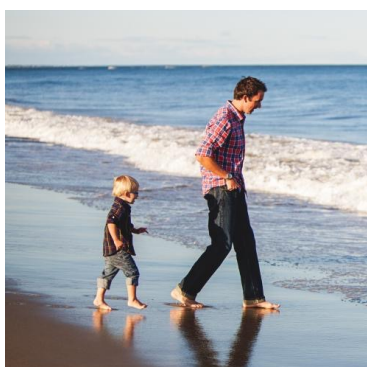


Centre for Social and Early Emotional Development – Deakin University

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

Find out more about SEED at:

<https://www.deakin.edu.au/seed>



Family Action Centre – The University of Newcastle

The Family Action Centre (FAC) is a research 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 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