

Father Links Stage One Project Report June 2007



Cover Photos: Dave and Michael Roffe

Men taking part in a Father Link discussion group at Engadine

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Contents

| | |
|-----------------------------------|----------|
| Introduction | 1 |
| Background | 1 |
| Health outcome/s | 2 |
| Goal | 2 |
| Scope | 2 |
| Approach | 2 |
| Project Description | 3 |
| Project Achievements | 3 |
| Discussion..... | 3 |
| New model of service | 4 |
| Recruitment | 4 |
| Training..... | 4 |
| Other factors..... | 5 |
| Conclusion | 6 |
| References..... | 7 |

Introduction

The Father Links Project was developed to extend and support men-only discussion sessions as part of the existing antenatal education programs across the Central and Northern hospital networks of SESIAHS. The men-only sessions were commenced in 2000 at St George Hospital as a quality improvement exercise and had been well received by fathers-to-be attending the Preparation for Parenthood Program. (Oliver 2001). This report outlines the development and implementation of strategies used to expand the men-only discussion groups to the Royal Hospital for Women (RHW) St George Hospital and the Sutherland Hospital (TSH), within existing antenatal education programs during 2005-6.

Background

Increasing access to pregnancy and early parenting services and information (both in the antenatal and early postnatal period) has been identified as a major strategy to reduce perinatal morbidity and mortality (including pregnancy related complications, postnatal distress and depression and child abuse). Historically the focus has been mainly on women in their role as mothers (Friedewald *et al* 2005).

Changes in community attitudes towards childbirth and childcare indicate that the role fathers play in families is now recognised as increasingly important. Men are now understood to play a significant role in supporting their partners at childbirth and in encouraging breastfeeding. This support is recognised as a protective factor against postnatal depression. Changing patterns of workforce participation have seen women spending more time at work and men playing a greater role in childcare. Research suggests that involving fathers as early as possible in their child's life has long term benefits for the whole family (Beardshaw 2001; Lamb and Lewis 2004). Increasingly, fathers are being recognised as making an important contribution to children's development and long term psychosocial resilience.

Recent brain development research suggests that play activity promotes child development across multiple domains (Frost *et al* 2001). This research viewed in conjunction with Lamb and Lewis' (2004) observation, that play is 'more traditionally a paternal activity in many cultures,' suggests that fathers have an important, previously undervalued role in supporting child development. Encouraging fathers' involvement with their families is now seen as an important strand of health promotion (Russell *et al* 1999). However, health services have a very poor record of engaging men. As a high proportion of first time fathers attend antenatal education programs, this provides an important opportunity to engage new fathers and encourage them into a more active parenting role.

Traditionally, antenatal education programs have focused on women's needs. Feedback from existing antenatal education programs indicates that men frequently feel 'left out' and disengaged from the programs (Barclay *et al* 1996; Donovan *et al* 1998; Nichols 1993, Nolan 1994). Men have been asked to provide emotional support to their partners but offered little or no opportunity to address their own feelings about the impending birth and their new role as a parent. This is particularly the case if men are experiencing feelings such as anxiety, anger, or distress about the birth. There is some research to suggest that encouraging men to discuss their own feelings about parenthood antenatally assists them to engage more fully in the role of father (Friedewald *et al* 2005; Diemer 1997). Offering fathers-to-be a men-only discussion group within existing antenatal education programs provides a safe

avenue for men to express a range of feelings about becoming a dad without compromising their partners need for support.

Health outcome/s

The Father Links Project was conceived as a holistic intervention, intended to influence long term health outcomes across a range of domains. These outcomes include:

- Improved family psychosocial functioning and relationships
- Improvements in health indicators, including breast feeding rates as well as those related to psychosocial factors, for example a reduction in postnatal depression
- A reduction in attachment problems and subsequent behavioural disorders in children
- Increased resilience and reduced rates of mental health problems in the children of men attending the groups.

Goal

To build the capacity of the Area Health Service in providing quality services and information to men who attend preparation for parenthood programs in south eastern Sydney.

Scope

The key target group was expectant fathers attending public antenatal programs in South East Health. Data suggests approximately 80% of first time expectant fathers attend antenatal education sessions at the hospital where they and their partners are booked to birth their babies. Becoming a father is a significant point in men's lives, and the research suggests that this is an ideal opportunity to engage men. The primary focus for the Father Link Project was to engage fathers by developing 'father-friendly' antenatal discussion groups to support child-father relationships. These men-only groups were designed to create a space in which fathers-to-be felt welcomed and valued for the significant role they played during the pregnancy and in their children's lives. Previous surveys have suggested that men perceive men who are already fathers as the people best qualified to facilitate these groups. Fathers within the local community were recruited and trained to facilitate father specific antenatal discussion groups for this project.

Approach

A combination of strategies and approaches were used in this project including:

- A gendered approach to engagement of fathers-to-be with both their infant children and with Health Services
- An evidence-based approach to the provision of antenatal education programs which recognises the long-term health benefits of early father-infant engagement by raising awareness within maternity services of the differing needs of mothers and fathers-to-be

- Developing a collaborative change management process within Area antenatal education services in order to establish sustainable men-only antenatal discussion groups
- A peer education approach to recruit a group of motivated fathers willing to champion these issues within their community
- Expansion and re-orientation of antenatal education sessions toward a preventative focus
- Increasing inclusion of fathers-to-be by creating an environment that affirms the importance of fathering and helps provide a good start in life for the child
- The recruitment of an adequate number of male facilitators to provide men's discussion groups within antenatal programs on a sustainable basis
- The provision of a co-ordinated and evidence-based training program for the male facilitators working with fathers in antenatal programs
- The establishment of management and finance systems within the Area Health Service that support ongoing employment of male facilitators on a sessional basis
- The provision of support and skills development activities for male facilitators working with fathers in antenatal programs across south eastern Sydney.

Project Description

The Father Links Project was established in 2005 using funding made available by a NSW Department of Health Men and Boys' Health Grant. The project was managed through the Early Parenting Program of the Area Women's Health and Community Partnerships unit. A male project officer was employed to manage the recruitment, training, mentoring and skills development processes, as well as liaising with key partner services to ensure implementation of service delivery. This position was part time, two days a week for 12 months, from July 2005 to June 2006.

Project Achievements

- Two separate groups of men were recruited and trained resulting in a total of 12 male group facilitators being inducted into the Father Links Program.
- Men-only discussion groups are now a standard part of all antenatal education programs offered by The Sutherland Hospital, St George Hospital, St George Private Hospital and The Royal Hospital for Women.
- Male-only group facilitators are managed by the coordinators responsible for the antenatal education program at each of these hospitals. Payment of the sessional male facilitators at casual rates has been established within existing budgets, to achieve sustainability of the project.

Discussion

Over the past few decades community attitudes about the role of fathers have changed substantially. Compared with previous generations, fathers today are expected to have a higher level of involvement with their children and a greater willingness to support their partners as parents. These social changes have meant that the project has been generally well received by staff and also by the wider community.

Adjusting to a new model of service

There have been challenges in establishing a new model of service. One has been establishing a system of payment for the male facilitators. There were no protocols in place within finance departments for payments for occasional, non-professional, sessional workers and this caused innumerable problems and delays in payments, particularly at Sutherland Hospital. One of the male facilitators resigned as a consequence of these delays and problems..

A second challenge has been the small size of the teams of men involved in the program at each hospital, which has undermined their sustainability. Two men resigned from Sutherland leaving only 50% of the original team and the program is now short-staffed, with no plans to recruit new facilitators. The Area Women's Health and Community Partnerships unit agreed to facilitate training as required, however coordinators would need to recruit interested men for the training as well as provide support for their integration into the team.

The cost of employing male-only group facilitators has been covered within existing antenatal education program budgets and this has allowed the groups to become financially sustainable.

Recruitment

Similar projects in other Area Health Services have recruited men who are qualified health professionals to facilitate men-only antenatal discussion groups. In order to reduce costs and provide a larger pool of male group facilitators, the Father Links Project chose to use a peer education approach. This approach allowed the project officer to identify and recruit a group of interested and motivated men who could provide leadership in enabling further changes in community attitudes regarding fatherhood. This enabled the project to tap into a high level of enthusiasm, optimism and good will.

The project used local newspapers for promoting the project at a community level and for recruiting interested men from the local area. This proved to be an effective avenue, contributing to the perception of Father Links being a community project. Recruiting sessional facilitators from nearby communities ensured minimal travel time required which decreased the likelihood of burnout.

A relatively large number of men (42) expressed interest in the project in response to coverage in local newspapers. The men were assessed for suitability and the group screened further through a sequence of telephone interviews, formal job applications and interviews. Twenty men attended two separate training sessions resulting in a small pool of skilled and motivated male group facilitators, four for the Sutherland Hospital, four for St George and six for the Royal Hospital for Women.

Training

The Father Links project undertook two brief training sessions designed to equip men who had no background in clinical service delivery with a high standard of group facilitation skills. The Father Links Project Officer established partnerships with UTS School of Midwifery and Good Beginnings Australia (GBA), a non-government organisation, who were jointly undertaking a formal evaluation of men-only antenatal

discussion groups in hospitals in Melbourne and Sydney. This partnership enabled the Father Links Project Officer to draw on the expertise of Paul Prichard, GBA's National Training Director to assist with the delivery of a very high standard training program.

Feedback from men who previously attended antenatal education programs informed the development of the process. To counteract men's reported perceptions that they feel 'left out' of antenatal programs, the Father Links Project training program emphasised engaging men through group discussion rather than delivering information in a lecture format. It is commonly recognised that men have a bias towards an information based style of delivery. Addressing this bias has been an important requirement of the training and mentoring processes.

Trainees were required to demonstrate competence in a range of group facilitation skills with the identified client group prior to being accredited as a facilitator. Although all trainees were required to demonstrate competencies for accreditation final skill levels varied markedly between the men. As there is no formal system for monitoring and developing skills in place standards remain variable. Men who were accredited as antenatal educators were given mentor support by the Father Links Project Officer to assist in their induction into the health system.

The number of men completing training simultaneously combined with the low frequency of groups has meant that some men experienced very long delays between completing their training and having an opportunity to practice and build their skills. A number of men reported that this has had a negative impact on their confidence.

Following completion of their training and mentoring processes, male group facilitators were very isolated within the Health System. There has been no support or professional development provided for these men since mentoring ceased, other than two focus groups associated with the evaluation at RHW. These groups were enthusiastically received by the men as they provided them an opportunity to share and debrief. This made it difficult for the male facilitators to develop their skills and identify as a health worker.

Other factors

Previous studies indicate support from the female antenatal educators was crucial in the implementation of the men-only discussion sessions (Schmied, V et al 2002, Schmied et al 2006). These groups were perceived by some antenatal educators as taking time away from an already crowded antenatal education syllabus, creating some resentment and lack of support. To engage the fathers-to-be in the male-only discussion groups it was important the antenatal educator use positive language and attitude when talking about the discussion group and introducing the male facilitator. When the antenatal educators' comments about the discussion groups were derogatory or ironic, the credibility of the male facilitator was seriously undermined.

To engage the antenatal educators with the Father Links Project they were informed about the purpose and approach of the project. An opportunity was provided to discuss the impact implementation of the project would have on their role and syllabus. At the RHW updates on the project were provided through the newsletter produced by the Health Education Coordinator.

The success of the men only discussion groups depended upon the support of antenatal education program managers. Implementation of the program has been most successful at RHW because the antenatal education program manager has taken ownership of the project. This position is a dedicated full-time role. Where this support has been limited or unenthusiastic barriers have been encountered, including issues about pay, communication and leaving the male facilitators feeling isolated or excluded from the team.

The Father Links Project team consisted of the Project Officer and the Early Parenting Program Coordinator from the Area Women's Health and Community Partnerships unit. The coordinator had an existing knowledge of maternity services and staff and an extensive informal network amongst the early parenting educators. This assisted the team in the identification of resources and the anticipation of potential barriers to the project's implementation.

Conclusion

The Father Link Project offered a sustainable way to engage fathers-to-be with the health service at an important time in their lives. The men-only discussion group within the antenatal education program provides a safe avenue for men to express a range of feelings about becoming a dad. The role of the male group facilitators has been well accepted by the majority of antenatal educators and male participants in the antenatal education program.

The following are recommendations intended to support and develop this new model of service:

- The establishment of a regular recruitment drive by the co-ordinators at each hospital facility in order to maintain a viable pool of trained facilitators
- The establishment of annual training in group facilitation for new male facilitators, run by the Early Parenting Program and an appropriately trained male
- A regular professional development and worker support group to be established across the Central and Northern Networks, to meet on a quarterly basis. This will give the male group facilitators a much stronger professional identity and sense of being supported within the Area Health Service. It would also provide an opportunity to develop their skills
- The male facilitators from the St. George and Sutherland Hospital (Central Hospital Network) be amalgamated into one team of male facilitators to provide a greater 'critical mass'.

References

- Barclay L, Donovan J and Genovese A 1996. Men's experiences during their partner's first pregnancy: A grounded theory analysis. *Australian Journal of Advanced Nursing* 13(3):12-24.
- Beardshaw T 2001 *Supporting the role of fathers around the time of birth*. MIDIRS Midwifery Digest 11(4):476-479.
- Diemer G 1997 Expectant fathers: Influence of prenatal education on stress, coping and spousal relations. *Research in Nursing Health* 20(4):281–293
- Donovan J, Barclay L, England J and Ramsay A 1998 Men's transition to parenthood. In T. Laws (Ed.), *Promoting men's health: An essential book for nurses* Ausmed Melbourne, Australia.
- Friedewald M, Fletcher R and Fairbairn H 2005 All-male discussion forums for expectant fathers: Evaluation of a model *The Journal of Perinatal Education* 14(2): 8 -18.
- Frost J, Wortham S and Reifel S 2001 *Play and child development*. Merrill/Prentice-Hall Upper Saddle River NJ.
- Lamb M and Lewis C 2004 The development and significance of father-child relationships in two-parent families. In M. Lamb (Ed.) *The role of the father in child development* (4th ed. 272 – 306). John Wiley & Sons Hoboken NJ.
- Lamb M and Tamis-Lemonda C 2004 The role of the father: An introduction. In M. Lamb (Ed) *The role of the father in child development* (4th ed 1–31). John Wiley and Sons Hoboken NJ
- Nichols M 1993 Paternal perspectives of the childbirth experience. *Maternal-Child Nursing Journal* 21(3):99–108.
- Nolan M 1994 Caring for fathers in antenatal classes. *Modern Midwife* 4(2):25–28.
- Oliver J 1999 The use of male facilitators and gender groups in preparation for parenthood and childbirth programmes *Interaction* 17(3):25-26.
- Russell G, Barclay L, Edgecombe G, Donovan J, Habib G, Callaghan H. and Pawson Q 1999 *Fitting Fathers into Families: Men and the fatherhood role in contemporary Australia*. Commonwealth Department of Family and Community Services, Canberra.
- Schmied V, Minnis, J and Prichard P 2006 Dad's connect. Achieving change in hospital-based antenatal education. Paper presented at *Parenting Imperatives: 2nd National Parenting Conference* Adelaide p16.
- Schmied V, Oliver J and Gailey P 2002 Male participants in antenatal education groups: ambivalent observers or active participants. Paper presented at *Circle of Life Biennial National Conference of the National Association of Childbirth Educators*, Queensland.