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Research dissemination and publication
This report, program and research has been accepted as a presentation at Child Aware Approaches Conference to be held in Brisbane from 15 -16 May 2017. Building connections for Dads: research into Dad focused parenting programs - what works. This national conference showcases effective programs that promote Child Aware Approaches to service delivery and improve the lives of children.
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Section one

Introduction

The evaluation of the programs provided by the Communities for Children initiative (CfC) is presented here. This report is divided into five sections. The first section presents the background information on the CfC initiative including an outline of the demographic and epidemiological outcomes for children in the area of focus for this evaluation. Additionally, the introduction outlines some of the theoretical basis for the models of care and the therapeutic models of care that are common in all the programs provided. Subsequent sections provide the therapeutic models of care specific to the particular program provided by the organisation or service. The report also provides a conclusion for each program and a final conclusion for the evaluation research project as a whole.

Background

There are known linkages between child maltreatment and levels of economic and social stress that are generally prevalent in areas of relative disadvantage (Access Economics Pty Limited 2008, Maggi, Irwin et al. 2010, AIHW 2012). Accordingly, Communities for Children (CfC) was established in 2004 following a decision by the then Australian Government to
establish the ‘Stronger Families and Communities Strategy’ (2004–08). Communities for Children was one of four streams of the Strategy, with the aim of addressing the risk factors for child abuse and neglect before they escalate, and to help parents of children at risk to provide a safe, happy and healthy life for their children and thus circumvent the deleterious health, education and welfare outcomes for children at risk.

Underpinned by the social determinants of health (Maggi, Irwin et al. 2010), the CfC strategy’s key feature sought to engage parents and caregivers in activities that enhanced their children’s development and learning. The CfC program providers have developed activities such as home visiting, early learning and literacy programs, early development of social and communication skills, parenting and family support programs, and child nutrition programs (Allen 2011, AIHW 2012, Australia 2014). CfC is a community-based initiative aimed to provide integrated services for families, particularly vulnerable and disadvantaged families, to improve child wellbeing and development, safety, and family functioning.

ac.care Murray Bridge is the Facilitating Partner of CfC and, as such, acts as a broker in engaging the community in the delivery of children’s and parent’s programs aimed at enhancing community outcomes (Muir, Katz et al. 2010). The CfC initiative aimed to improve the coordination of services for children 0-12 years and their families in order to minimise the impact of area-based disadvantage (Muir, Katz et al. 2010). Further, the initiative aimed to build community capacity to provide appropriate, targeted and enhanced services delivery and improve the community context for children (Muir, Katz et al. 2010). The whole community approach to improving child development incorporated the needs of the community (Muir, Katz et al. 2010). This report presents the findings from the evaluation of the ac.care Communities for Children Murraylands Antenatal Dads and First Year Families program.

The ac.care Communities for Children Murraylands Antenatal Dads and First Year Families program is delivered at various sites and towns near Murray Bridge South Australia. Engaging fathers in understanding the importance of contemporary neurobiological, psychological, biological and socio-cultural development is paramount to improving infant and child outcomes (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). The Antenatal Dads and First Year Families program provides an integrated service delivery approach supporting fathers in improving their relationships with their children. The program also aids fathers in
accessing other programs through individual support and links with referral agencies and the broader community service sector. The Antenatal Dads and First Year Families program delivers preventative interventions based on evidenced based theories and the targeted relationships frameworks.

Theoretical Basis for Program Models

Targeted relationship based programs

Early human development impacts on health, learning, and behaviour throughout life (Mustard 2010). Programs targeting parents of children at risk aim to decrease the impact of the negative characteristics of some of the Social Determinants of Health (SDH) (Solar and Irwin 2010) and address the children’s potential level of complex vulnerabilities that accumulate to produce poorer adult health outcomes (Mackintosh, White et al. 2006, Noble-Carr 2007, DoCS 2009, Keys 2009, Dockery, Grath et al. 2010, Gibson and Johnstone 2010, Lynam, Loock et al. 2010, Solar and Irwin 2010, Marcynyszyn, Maher et al. 2011, Nelson and Mann 2011, Kilmer, Cook et al. 2012, McCartney 2012, McCoy-Roth, Mackintosh et al. 2012, Zlotnick, Tam et al. 2012, Coren, Hossain et al. 2013, Embleton, Mwangi et al. 2013, Roos, Mota et al. 2013, Kuehn 2014). Of note, the use of parenting programs has been effective in decreasing emotional and behavioural problems in children (Wyatt Kaminski, Valle et al. 2008). This includes children with behavioural conduct disorder, oppositional behaviour, attention-deficit hyperactivity disorder, and anxiety disorders (Wyatt Kaminski, Valle et al. 2008, DoCS 2009). In addition, there is evidence that investing economically in early childhood programming for children in disadvantaged circumstances has sustained benefits for the community and from a human resources perspective (Belfield, Nores et al. 2006, Mustard 2006, Noble, Norman et al. 2006, DoCS 2009, Moffitt, Arseneault et al. 2010, Bartik 2011, Reynolds, Temple et al. 2011, Richter and Naicker 2013). Early Child Development (ECD) research has established that infants and children, who participate in well-conceived ECD programs tend to be more successful learners in primary, secondary and tertiary education, are more competent socially and emotionally, and show higher verbal and intellectual development during early childhood than children not enrolled in high quality programs (Mustard 2006, DoCS 2009, Dockery, Grath et al. 2010, Mustard 2010, Reynolds, Temple et al. 2011). Ensuring healthy child development, therefore, is an investment in a country’s future workforce and capacity to thrive economically and as a society (Reynolds,
Temple et al. 2011). Figure 1 below illustrates the interconnections between health, welfare, and the community.

Figure 1 A child centred approach for social support (Sawyer, Gialamas et al. 2014).

Supporting children and parents through community based programs is soundly theoretically based as figure 1 is based on the bio-ecological theory of development (Sawyer, Gialamas et al. 2014). The Communities for Children Murraylands program offered through ac.care Antenatal Dads and First Year Families and delivered by the Community Partner Centacare provides Early Childhood Care and Development and Parenting programs, to target the most vulnerable and disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. An evaluation of whether the programs efficacy
is necessary in order to ensure funds have been well spent and to secure continued funding and expansion of such programs.

The impact of children’s environment on their development

The health of children is determined within the context of the environments in which they are born, grow, live, play, and learn (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). A range of determinants have been identified that shape the health of children and families. These education, housing, employment, health access, income, gender and social processes, such as social support and social exclusion are coined the Social Determinants of Health (SDH) (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). As such the SDH are the aspects of people lives in which they are born, grow, live, work, and age (Maggi, Irwin et al. 2010). This definition incorporates a variety of factors that impact on children and influence their adult health status. The SDH represent a broad array of characteristics that are not biological or genetic but result from the social, physical, and community environments (Maggi, Irwin et al. 2010).

The social determinants of health (SDH) are recognised as measures of individual and structural characteristics that can be addressed to assist families and communities to move away from vulnerability (Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Maggi, Irwin et al. 2010, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014). The concepts that define the SDH enable research into the structural and intermediary influences on health outcomes. Significantly, these concepts provide a means of understanding differences in health outcomes for different population groups (Hetzel, Page et al. 2004, Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014).

Additionally, the Social Determinants of Health (SDH) provides a framework for exploring health inequities against services that provide supported, wrap around, models of care and intervention, which deliver individual support across a broad range of determinants of health through links with community health, education and welfare services. The development of models of care that address health inequities have been shown to deliver significant improvements (25%) in children’s development, behaviour, education, and health outcomes using community based relationship partnerships in the delivery of targeted parenting.
programs (Lynam, Loock et al. 2010). As the programs provided by CfC promote the community based delivery ethos then using the SDH measurements could also highlight the impact of these programs on the community.

Communities for Children Murraylands Programs

Our clients: ac.care,

Program Evaluated: Antenatal Dads and First Year Families

The Communities for Children Facilitating Partner programs are funded by the Australian Government Department of Social Services and aimed at delivering strong outcomes for Australian families with a focus on early intervention and prevention to provide programs for children aged 0-12 years and their families (AIHW 2012, Stewart 2014). Research shows that children living in poverty are exposed to higher levels of stress and this interferes with their ability to learn and meet developmental milestones (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). Furthermore, the differences in cognitive ability are evident at aged four (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). Additionally, research and systematic literature reviews highlight the importance of engaging fathers antenatally to improve longer term childhood outcomes (Bronte-Tinkew, Ryan et al. 2007, Committee 2014, Fletcher, May et al. 2014). The Murraylands Rural Region of South Australia has been recognised as an area where children experience high rates of developmental vulnerability (Australian Early Development Census 2015). There are five measures that outline domains of vulnerability for Australian children in the Australian Early Development Census (AEDC). The five domains are: physical health and wellbeing; social competency; emotional maturity; language and cognitive skills (school based), and, communication skills and general knowledge (Australian Early Development Census 2015). In Australia 6.8% of all children aged 0-12 years are assessed as being developmentally vulnerable in one or more domains (Australian Early Development Census 2015). In the Murraylands Rural Region of South Australia, in 2009, 43.5% of children are assessed as developmentally vulnerable in one or more domains and a further 34.8% assessed as developmentally vulnerable on two or more domains (Australian Early Development Census 2015). Of significance, is the reduction in the percentage of children assessed as vulnerable during the time the Communities for Children (CfC) programs have been implemented. In 2015, for example, 16.7% of children in the Murraylands Rural Region of South Australia were assessed as developmentally vulnerable on one or more domains. This has decreased significantly by -26.8% (Australian Early Development Census 2015).
Development Census 2015). Furthermore, the percentage of children assessed as developmentally vulnerable on two or more domains in 2009 was 34.87%, and in 2015 this had decreased significantly to 11.1% a change of -23.7% (Australian Early Development Census 2015). While the Murraylands Rural Region of South Australia is still behind the Australian average of 6.8% (Australian Early Development Census 2015) however, initiatives such as the CfC programs aim to address children’s vulnerability. The graph (5) below from the AEDC website indicates the improving results for children in Murraylands Rural Region of South Australia. The figure below outlines the emerging trends from the AEDC website for the Murraylands region as of June 2016.

**5: Emerging trends in child development in this community**

As data is available from three points in time, we can start to consider emerging trends. Figure 2 shows change in the percentages of developmentally vulnerable children in this community from 2009 to 2015.

The graphed data in Figure 2 is repeated in Table 7, below.

![Figure 2 – Emerging trends in developmental vulnerability for this community, showing change in percentage (2009 to 2015).](image)

The figure above shows an improvement in the AEDC outcomes across all developmental domains. The levels of vulnerability across the AEDC domains are decreasing in this area. The period of these improvements coincides with the development and implementation of the communities for children programs in the region. The improvements are of note especially considering the economic decline in this area over the same time period.

**Significance of the program and this research**

Programs targeting parents of children who are at risk aim to decrease the impact of the SDH and address the children’s potential level of complex vulnerabilities that accumulate to

The CfC programs offered through ac.care Communities for Children Murraylands provides early intervention and prevention programs, targets the most vulnerable and disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. This report details research that aimed to explore the relationship between CfC programs delivered in Murraylands Rural Region of South Australia and the social determinants of health for the children and families who have used the service. This type of analysis and research provides the bridge between policy objectives and the practice applications of policy. This research provided the next keystone step in examining the broader impact of individually tailored programs. The research presented here provides validation of the Antenatal Dads and First Year Families program and supporting documentation for its wider application. The use of qualitative methods here generates in-depth descriptions of the impact of the interventions provided by the Antenatal Dads and First Year Families program from the fathers’ perspectives that would otherwise remain inaccessible using quantitative methods which would prove inadequate in this instance.

**Aim and objectives of this evaluation**
The overall aim of this research project is to explore the relationship between CfC programs delivered in Murraylands Rural Region of South Australia between 2011 to 2016 and changes in parenting/carer behaviours in the children and families who have used the service. The
qualitative objectives are to gain the first hand lived experiences of the participants and the changes in their parenting through the CfC programs.

**Aim of the evaluation research**
The research evaluated the relationship based programs that were delivered to at risk children in Murraylands Rural Region of South Australia (2011-2016).

**Overall objectives of the evaluation research**
This research project is aimed at addressing parental skills of father in the antenatal period therefore the objectives of the research project were to:

1. Identify the vulnerabilities impacting on the children and families using the service.
2. Explore the relationship between participating in the Antenatal Dads and First Year Families program and changes in parental/carer relationships with their children and the broader community.
3. Develop a set of recommendations that would enhance the programs’ capacity to improve the intended outcomes for this population group.

These objectives represent the overall first steps in determining the extent to which the CfC programs impact on the children broader social outcomes. The program being evaluated aims to improve the knowledge and responses of new fathers to parenting.

**Specific objectives and aims of the Antenatal Dads and First Year Families Program**
The program is delivered to fathers with specific aims (described in detail in section 3) and objectives. This program was evaluated for several specific objectives in order to obtain an understanding of the direct impact of participation in the program on the fathers involved. The specific objectives necessitate the use of qualitative methods to obtain the in-depth insights required from this target population group. The specific objectives of the program are to:

1. Qualify the increase in father’s knowledge of the development of the child from conception through the first five years
2. Ascertain an understanding of the impact of the acknowledgement of the importance of father participation on child development regardless of the adults’ relationship.
3. Determine the extent to which fathers behaviour towards parenting changes as a result of participating the program
4. Identify some of the factors that influence fathers’ participation in antenatal care and parenting

The objectives above provide definition and guidance to the data collection processes. The application of the program is demonstrated in the report and in the provision of a comprehensive program logic (Appendix A) and the manual for the program ensures the program is available for wider dissemination, application and use in other settings (Appendix B).

**Approach to research**

This high quality qualitative methods research project was undertaken in two stages. The first stage involved:

1. The literature review explores the background, theoretical and evidence bases for the programs provided for fathers.

Stage two included:

1. A combination of interviews and focus groups with providers, staff, and parents.
2. Thematic analysis to provide an in-depth understanding of the impact of these programs on several health, welfare and social outcomes.

The predominant research methodology used in this evaluation is qualitative. However, some quantitative data collected by Communities for Children Murraylands staff as part of their program performance analysis and quality improvement of their programs was fundamental in the analysis in the first instance as it informed the qualitative data collection. Using multiple sources of information ensures evaluations are more robust approach (Patton 2002, Parry and Willis 2013). Additionally, the connections between the literature, theories, and program activities, ensures the programs and interventions provided are not only robust and meet the aims of the program, but also address the needs of the target population to improve outcomes for children in the Murraylands community.

**Qualitative Methodology**

The qualitative component of the study was undertaken within a broad framework of critical social theory. This enabled the researchers to consider multiple positions, such as gender, race and poverty as they affect the outcomes of children and families. Importantly, it situates the research as inquiry to inform change.
The subjective nature of qualitative enquiry has a number of relatively stable criticisms. The qualitative researcher selectively collects and analyses data that is not representative (Bogdan and Taylor 1975). Generalisations are consequently not appropriate. Qualitative enquiry is only appropriate as a research design where an in-depth understanding is required of a group of people who have been purposefully selected (Patton 1990). Here the data selected specifically explores the outcomes of the Murraylands Rural Region of South Australia programs on the fathers, mothers, carers, and children.

As such qualitative research using narratives, stories and thematic analysis provides useful insight into the life stressors, social and power relations that influence the participant’s decisions to access services and their abilities to care for and nurture children. This allows for the inclusion of the family story within the broader social context, SDH characteristics and demographic data that explains the impact of the Antenatal Dads and First Year Families program on the care of their children and the interfamily relationships. Thus the inclusion of narratives that allow families to express how the program impacts on their lives and their families. Qualitative research and narrative analysis is the broad term used to describe a research act that aims to obtain from the participants detailed accounts of their lived experience through their stories. In practice, many such projects have focused their attentions on vulnerable or marginalised groups, thus containing an emancipatory emphasis, but the method can be used with any group of people (Davies 2007; Duffy 2008).

While quantitative data provides a broad understanding of some influences on family circumstance, such as attendance, for example, at the Antenatal Dads and First Year Families, qualitative data, stories and narratives provide a personal perspective on life and family circumstances. Both sources of information are useful and highlight the influences on how children and families cope with adverse life circumstances and make decisions (Bogdan and Taylor 1975, Parry and Willis 2013).

**Data Management and Analysis**

All copies of transcripts and any other pertinent qualitative and quantitative data sets are kept in a locked cabinet at Flinders University for seven years and then destroyed to comply with A.F.I. legislation.
Qualitative data management and analysis were completed in two separate but related steps in a procedure recommended by Patton (Patton 1990). The recordings were transcribed verbatim and pseudonyms assigned as the initial step to managing and analysing the data. The qualitative data was then analysed manually. Transcripts were disseminated into their component parts with reference to the original question categories. Respondent selections were separated and colour coded in a procedure outlined by Cavana et al (2001). Care was taken at this point as all data taken at the first instance as relevant and useful. There was a need to carefully identify statements that were made by the participants on issues that were not core to the focus of study, yet remained important, and those statements that were more clearly relevant.

The data was then inductively analysed. Patton (1980, p.306) describes inductive analysis as patterns, themes and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis. Themes that emerged from the data were analysed in terms of the constant comparative method as described by Glaser and Strauss (1967). This method requires that themes be examined as they emerge directly from the raw data and compared to each other to ensure they are not different aspects of a previously designated theme (Glaser and Strauss 1967, Cavana, Delahaye et al. 2001).

Additionally, the thematic data was deductively analysed using an iterative process to connect the Antenatal Dads and First Year Families program results to the theoretical basis and themes arising from the interviews and focus groups (Grant & Booth 2009). Critiquing the qualitative results against the literature review improves the robustness and validity of the research findings and here ensures the program under evaluation is soundly theoretically based.

Marshall and Rossman (1999) note that an alternate understanding will always exist and the job of the researcher is to argue and reason why the explanation associated with the data is a better explanation than the alternate understanding. Patton (1990) warns that researchers are always at risk of being accused of imposing an understanding that reflects the researcher’s world better than the world being studied. The search for alternate
understandings was considered and one method that could be used was to counter this accusation.

Data validation
The data findings were validated by the use of a second coder (Hesse-Biber 2010, Creswell and Plano Clark 2011). The second coder reviewed the complete manuscripts to establish their own coding schemes and themes. The codes to be used were then discussed by each coder and the coded data was compared. Interrater relatability was 95%. Differences were discussed and final coding was completed. Further, while method of data collection varied as the managers and staff participated in face-to-face interviews and the parents participated in a focus group the fundament premise of questions regarding the Antenatal Dads and First Year Families program remained the same. The themes arising from the interviews and focus group are summarised below.

Selection of participants
The use of multiple sources of information and informants enhances the validity and robustness of the findings (Parry and Willis 2013). Therefore, selecting the participants in the qualitative phase consisted of an evaluation of their provision or use of the programs which then resulted in their inclusion due to their key informant status. Furthermore, the managers and staff employed in the programs provided important theoretical knowledge and background on program development and implementation.

Exclusion and inclusion criteria
The use of multiple sources of information and informants enhances the validity and robustness of the research results. The managers, staff and family participants selected for interview were recruited using a critical snowballing method (Hansen 2006). Critical snowballing uses key professionals to provide information on possible suitable participants for research (Hansen 2006). The method of sampling was also important to enhance rigour and whilst random sampling is preferred it is not appropriate for qualitative studies (Hansen 2006). In an effort to maintain confidentiality and enhance the inclusiveness of the study the participants were selected by the staff of the Antenatal Dads and First Year Families program. This constitutes a form of, critical appraisal, chain, or snowballing sampling, where by key informants, in this case the staff, suggest families to be involved in the research (Hansen
The participants then self-select to be involved in the research. The extensive list of potential participants was provided by the staff. This ensured that the researcher had no prior knowledge of the participants or their family situations, and additionally, ensured the staff did not know which participants had agreed to participate, providing anonymity and confidentiality. Those parents using the Antenatal Dads and First Year Families program were then identified by the staff and then approached via a letter for recruitment into the study. All participants volunteered freely to participate in the research evaluation.

Additionally, the use of open-ended research processes and questions enabled the free and unrestricted discussion of the program and its impacts on family relationships. Thus this use of qualitative research and narrative inquiry uses the narratives that emerge from interviews and examines the material within the context of how the data and participants are situated in the social world. Meanings are derived through the deconstruction and reconstruction of the narratives defining structural elements (Duffy 2008).

**Interview questions**

The broad questions asked below were open ended and simple in structure to elicit the participant's in-depth responses and to obtain responses unconnected with the researcher's experience or bias. This form of open ended questioning ensures that the participants volunteering to be interviewed or attend a focus group provide insights into the understanding and knowledge gained by attending the Antenatal Dads and First Year Families program. This type of questioning also explores the relationship building techniques used by the program providers and supported by the literature, the community services processes and rationales for the programs framework, development and use. The interviews and focus groups covered several characteristics highlighted by the quantitative evaluation:

- The type of program;
- The usefulness of the program;
- The impact of the program[s] on other aspects of the participants lives (e.g. the SDH);
- Implications for changes;
- Impact on health (mental and physical);
The above considerations were used as a guide for the design of the questions. The depth in information regarding issues that influence choices on many aspects of family life that can be addressed through in-depth interviews or other qualitative approaches (Parry & Willis 2013). Further the use of interview from several sources such as key stakeholders, providers and participants in these programs provides view from several perspectives adding to the robustness of the themes and findings (Parry & Willis 2013; Sosulski & Lawrence 2008). The initial data collection took place in the Murraylands region of rural South Australia. The family were invited to contact the researcher and thus voluntarily self-selected to participate in the research. After consent was obtained a meeting was arranged at an appropriate venue. The interview or focus group took place and this entailed either attendance by the researcher at the family home, community centre, local libraries or antenatal dads group session. The use of family homes, community centres and libraries was important as it removed the aspects of stress that is commonly felt by parents, such as discussing parenting (Streisand, Braniecki, Tercyak & Kazak 2001; Bentley 2005). The interviews ranged from 45 minutes to 120 minutes in length and the focus group was 240 minutes in length.

**Community engagement strategies**

A research reference group was established from the various agencies delivering the CfC programs. This enabled the collaborative involvement of the service providers into the research process ensuring the final recommendations are usable. The research reference group verified the variables definitions for stage one and assist in the development of the qualitative questions for stage two interviews.

The researchers analysed the interview responses from staff, and parents. The analysis was presented to the reference group for consideration and comment. The results of the first two phases informed the development of a set of recommendations for future service delivery of interventions of children at risk and their families. As well as provide a framework for future service evaluations and data collection. These could be used to ensure the effectiveness and viability of the CfC programs using an evidenced based perspective.

This report is divided into five sections with each section reporting on one aspect of the research evaluation. The first section provides an overall summary of the research processes. The second section the background of the Antenatal Dads program and facilitator
qualifications. The third section describes the literature review for the program target population and the preventative interventions used. The fourth section reports on an evaluation and results of the Antenatal Dads and First Year Families program delivered by ac.care Murraylands. The final section provides discussions linking the results and the literature providing the evidence for the program’s success along with the conclusions and recommendations for future data collection and research.
Section two:

The Communities for Children Murraylands

Antenatal Dads and First Year Families Program

facilitated by ac.care

Introduction

This section outlines the theoretical background used to inform the Antenatal Dads program and the research evaluation of the program. The broad theories that explain the program aims, focus, and target group, along with the previous key research articles and the current research focus are explained here. Traditionally, antenatal education has not specifically targeted fatherhood and father’s needs. The positive impact of fathers on children’s cognitive, linguistic and physical development is compelling (Fletcher, May et al. 2014). The CfC Murraylands Antenatal education classes provides specific sessions for expectant father
participation. Additionally, the First Year Families program provides an opportunity to reconnect with the Antenatal Dads to explore the needs and concerns of dads in the first year of their parenthood. It also offers follow up support with a reiteration of the main skills developed previously. These separate meetings invite fathers to explore their roles and parenthood in a male context. Recent research has found that men speak of being ‘peripheral’ and ‘sidelined’ in the process of antenatal education (Bronte-Tinkew, Ryan et al. 2007, Fagan, Palkovitz et al. 2009, Fletcher, May et al. 2014). Further, that intentions to participate in fatherhood develop during the antenatal period and is impacted by the fathers involved in the pregnancies of their partners (Bronte-Tinkew, Ryan et al. 2007, Fagan, Palkovitz et al. 2009). Moreover, that community based antenatal fatherhood education is preferable for fathers (Fletcher, May et al. 2014).

This section reports on research with the Communities for Children Murraylands Antenatal Dads and First Year Families program facilitated by ac.care and funded by the Australian Government Department of Social Services. The research explored the relationship between Communities for Children (CfC) programs delivered in Murraylands Rural Region of South Australia and some of the Social Determinants of Health (SDH) for the children and families who have used the service (Lynam, Loock et al. 2010, Solar and Irwin 2010). Communities for Children (CfC) provide prevention and early intervention approaches to improve outcomes for children (0-12 years old) and families who are considered to be at risk. These programs are sound from a theoretical perspective. The Antenatal Dads and First Year Families program incorporates fundamental theoretical aspects of improved parental care, such as Targeted Relationship Building, Attachment Theory, Bringing Up Great Kids, Hey Dad, Tuning into Kids, along with Trauma Informed Principles for interventions while addressing the broader constructs of the Social Determinants of Health (SDH), such as education, access to services and aspects of service delivery (Lynam, Loock et al. 2010). Further, the Social Determinants of Health (SDH) frameworks provide a means of exploring the impact of social phenomena, for example limited: income, health access, community capacity, and family support, on individual aspects, such as health and wellbeing outcomes. The type of analysis and research undertaken for this evaluation provides the bridge between policy objectives and the practice applications of policy on SDH outcomes (Stewart 2014).
The CfC Murraylands Antenatal Dads and First Year Families program commenced in 2007. There have been changes in the program name but content and target population has remained the same. The activities are provided free of charge, includes food, and information tools. This encourages the participation of families experiencing disadvantage and social isolation. The extent, to which the Antenatal Dads and First Year Families program meets the aims of increasing father’s, mother’s or carers involvement with their children, and the subsequent, child developmental improvements, reducing social isolation, and providing positive community outcomes, is evaluated by this research project through analysis of the attendance data, and focus group and interview data (as explained above).

**Economic rationale / Social return on investment**

The CfC Murraylands Antenatal Dads and First Year Families program provides intensive and comprehensive support for fathers who feel disengaged from imminent fatherhood. This can occur through a variety of reasons, such as lack of knowledge, isolation, disconnection from extended family, or, recognising the need to father differently from their own father’s. The Antenatal Dads and First Year Families program provides the combination of a supportive environment that nurtures the caring and supportive aspects of fatherhood through an expanded understanding of; infant development, maternal changes during pregnant and birth, and the changes in family structures and lifestyle when living with children. This unique program is vitally important in providing a successful intervention to mitigate the profound negative impacts of child abuse and neglect on children (Taylor, Moore et al. 2009). In Australia, Access Economics et al (2009) estimate that in 2007, between 177,000 to 666,000 children under the age of 18 were abused or neglect and this costs between $10.7 billion and $30.1 billion to the community (Taylor, Moore et al. 2009). The ongoing costs of child abuse and neglect for Australia could be as high as $38.7 billion. Of note engaged and effective fathers help prevent child abuse and neglect (Zanoni, Warburton et al. 2013). For every $1 spent in Australia on early intervention programs for preventing child abuse and neglect there is a $15 saving (Taylor, Moore et al. 2009, Allen 2011, Deloitte Access Economics and PANDA 2012). Research has shown that programs that directly addressing the inclusion of fathers as positive roles improves the outcomes for children (Scourfield, Tolman et al. 2012, Bowen, Duncan et al. 2013, Bowen, Baetz et al. 2014). The use of early detection, prevention and intervention programs for fathers especially, in caring for children has the potential to
save public expenditure. The Antenatal Dads and First Year Families program is a highly cost effective program as it addresses child abuse and neglect in an early intervention manner and uses a group therapy format. It is cost effective as to provide one-to-one therapeutic interventions for the numbers of clients currently using the service would require 4 FTE staff. The use of group work here is cost effective and appropriate as the worker provides services to a larger number of fathers than it is possible to see on a one-to-one basis. Furthermore, the program is cost effective as it is an effective early intervention program and father identified as in need of further support are referred to appropriate services before abuse or neglect can occur.

The CfC Murraylands Antenatal Dads and First Year Families program evaluation used a multiple source qualitative methods approach, supported by critical snowball recruitment and critical social theory analysis, that combined are designed to explore the use of direct preventative interventions, such as Targeted Relationship Building, Attachment Theory, Hey Dad (Indigenous fathering), Bringing Up Great Kids (attachment and mindfulness parenting), and Trauma Informed Interventions, along with support and relationship based programs that aim to improve parent/carer relationships and practise within the family. Of note is the consistent and similar theoretical foundations of these programs that then enhance the use of combined and comprehensive program delivery modes that are responsive to the community’s needs. Stage one involved the analyses of the literature. This stage provides an understanding of the theoretical foundation of the Antenatal Dads and First Year Families program. Stage two consisted of the collection of data including: the number of attendees is a quantitative data source and is already collected by Communities for Children Murraylands. The quantitative data that was analysed was restricted to descriptive statistics using attendance numbers. The analysis of the quantitative data performed concomitantly with the qualitative data collection and analysis; interviews and focus groups. Qualitative data included interviews with providers (managers and staff) and interviews or research focus groups with parents. Data were analysed thematically to provide in-depth understandings of the impact of these programs on the families. These two stages together will provide a broader and deeper understanding of whether the Communities for Children (CfC) program improved health, education and social outcomes for children and families.
Facilitator Qualifications

Lead Clinician: The current lead clinician has Diploma in Counselling, Diploma in Community Services and Management and Diploma of Training and Assessment qualifications in Family Therapy along with qualifications in:

- CognitiveBehavioural Therapy,
- Trauma Informed Principles of Intervention, and
- Counselling.

Additional training in the following areas has been completed:

- Attachment Theory, and
- Bringing up Great Kids,
- Tuning In To Kids
- PPP
- Engaging Fathers
- Hey Dad
- 123 Magic and Emotion Coaching
- Safe and Together: David Mandel & Assoc.
- Cultural Competence

The family support work also has well established and maintained referral pathways and community links. Including established community links to Aboriginal elders in the region and community. This has provided ongoing community support for the program and the inclusion of culturally aware and culturally safe practices which in turn aids in securing aboriginal community involvement and engagement in the program. Additionally, the use of several theories and intervention methods ensures the needs of all the fathers present are addressed.

Failure to address the father’s needs will ultimate lead to disengagement and disenfranchisement of this vulnerable population group. Engaging fathers in programs, such as ‘The Antenatal Dads and First Year Families programs’ aims to provide fathers and families with a greater understanding of neurobiological, psychological, biological and socio-cultural development (Bronte-Tinkew, Ryan et al. 2007, Committee 2014, Fletcher, May et al. 2014).

Programs, such as Antenatal Dads and First Year Families that are embraced by the community have the prospect of improving developmental outcomes for children (Bronte-Tinkew, Ryan et al. 2007, Committee 2014, Fletcher, May et al. 2014).
Section three:

Literature Review

The Antenatal Dads and First Year Families program is aimed specifically at fathers, and support men in their aspirations as effective and responsible parents and partners. The Antenatal Dads program is aimed directly at dads during the antenatal period and provides information on neurobiological, psychological, biological and socio-cultural development. The engagement of fathers in the antenatal period has important developmental outcomes for children (Bronte-Tinkew, Ryan et al. 2007, Committee 2014, Fletcher, May et al. 2014). The literature review in this session provides the evidence for some of the targeted theories and intervention used in the Antenatal Dads program. These theories and strategies discussed in the literature directly address the aims of the programs provided through the Antenatal Dads framework and sessions.

The program provides information on the importance of: attachment for parents on the developing child, signs and symptoms of postnatal depression, the impact of postnatal depression on child development, men and postnatal depression, a stable home environment
on the developing child and the relationship with their child and partner. The Antenatal Dads program outlines the significance of family growth and development throughout the early year. The literature review below outlines the value of fathers in parenting and enhancing father knowledge for building their roles as fathers.

Whereas the First Year Families program is an opportunity to relink with fathers and provide ongoing follow up and support. The First Year Families program also gives the dads an opportunity to relink with the evidence, knowledge and information provided in the Antenatal Dads program and explore the supports the new fathers need. These programs combined provides an ongoing support to fathers, mothers and the whole family. It gives an opportunity to touch base, offer group mentoring, and answer any questions that first time families may have or address situations and stressors they may be experiencing. These programs provide support for fathers and families who are marginalised, vulnerable, and disadvantaged.

Additionally, the theoretical and developmental information contained in the sessions is delivered in a manner that ensures that those with limited literacy skills, or other marginalised or disadvantaged groups, such as CALD and ATSI can participate easily, without stigma or exclusion. Supporting fathers, stepfathers, grandfathers and carers in their aspirations to be effective and responsible in caring for children is paramount in improving children health and wellbeing. The Antenatal Dads and First Year Families programs provides an innovative opportunity for disadvantaged fathers, stepfathers, grandfathers and carers to change their parenting style to encompass an evidence based view of child development in order to address the child/ren's developmental needs.

Men's roles as fathers are changing in a social and familial context (Government of Western Australia 2009). This has important implications for their roles as fathers, care givers, partners and for children and children's development (Scourfield et al 2016, Fletcher, May et al. 2014, Scourfield 2014,Government of Western Australia 2009). There is a growing acceptance and understanding of the importance of men’s roles as nurturing, care giving and emotionally supportive people in the lives of women and children in Australian society (Government of Western Australia 2009, Fagan, Palkovitz et al. 2009). The literature review findings discussed in this section recognises the broadening role of fathers from economic contributions, to include, their expanding societal roles as parents, carers and partners. The
research reviewed highlights the benefits for mothers, children and society of fathers’ participation in parenting. Additionally, the changing roles of fathers are influenced by various cultures which actively encourage fathers as care givers. The multicultural aspects of fatherhood have also influenced modern multicultural Australia.

Theoretical Basis for the Program Model

Literature review

Father focused antenatal programs

One of the aims of the Antenatal Dads program is to engage with fathers and expand their parenting techniques and strategies and this is supported by the literature explored here. As outlined in the introduction section father focused antenatal sessions enhance child development, father/child relationships, and intimate partner bonding and support (Fletcher, May et al. 2014). Antenatal and early childhood development and education sessions combined with intimate partner relationships education and relationship care provide the best opportunities for fathers to understand the importance of their role on family functioning (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). Education on attachment, postnatal depression for mothers and fathers, the importance of a stable home environment, early support services. Family growth and development through the early years of the child’s life and development. That is the family changes and your relationship changes. Safe families and nurturing environments. Attachment theory. Expanding father’s roles beyond discipline and finance provision. Age appropriate boundaries for discipline. The fathers’ role as being vial to the health and wellbeing of children. Challenging the mindset of fathers.

Traditionally antenatal education has focused on fathers as supports for the birth and mother. Modern attachment theory and other research has found the importance of father’s active engagement with children has positive developmental outcomes for children. The specific involvement of fathers in this antenatal program provides the opportunity for fathers to explore their role as parents in a male context. Many expectant fathers want to be involved in parenting and describe wanting to ‘parent different to their fathers by being involved’. Research has found that positive fathering improves breastfeeding rates, child protective family functioning and child development. Valuing fathers and fatherhood also improves family functioning and fathers’ self-esteem.
Men's transition into fatherhood

Fatherhood offers a unique opportunity for men to gain a significant set of skills that will aid their child’s development (Fletcher, May et al. 2014). Prenatal behaviours have been shown to indicate levels of attachment and links to paternal/child involvement (Bronte-Tinkew, Ryan et al. 2007). Fathers age, educational level, poverty, health, marital, employment and citizenship status, has been noted to impact on fathers involvement with their children (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). Prenatal information and knowledge can precipitate increases in paternal engagement with children (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). Fathers who are actively involved in participating in their child’s development demonstrated behaviours, such as physical care, paternal warmth, nurturing, caregiving, intellectual and developmentally stimulating activities (e.g. reading to baby) (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). Research has found that increased paternal prenatal involvement is linked to fathers post birth parental involvement (Bronte-Tinkew, Ryan et al. 2007, Fletcher, May et al. 2014). Fathers who are actively engaged in the antenatal period support mothers breast feeding for longer (Maycock, Binns et al. 2013). Supporting men in their transition into fatherhood using successful strategies, such as those developed in the Antenatal Dads and First Year Families programs are also important protective factors for children (Fagan, Palkovitz et al. 2009, Fletcher, May et al. 2014, Scourfield 2014).

Engaging Fathers in Protecting Children

In modern attachment theory fathers play a pivotal role in children’s development (Zanoni, Warburton et al. 2013). The engagement of fathers in children’s lives provides improved child protective factors (Scourfield, Tolman et al. 2012, Zanoni, Warburton et al. 2013, Scourfield 2014). Children benefit from positive quality interactions with fathers (Scourfield, Tolman et al. 2012, Zanoni, Warburton et al. 2013, Scourfield 2014). The involvements of fathers are a protective factor against child maltreatment (Government of Western Australia 2007, Wells, Mitra et al. 2016). Positive father involvement for children also includes improved weight gain for pre-term infants (Government of Western Australia 2007), increased breast feeding rates (Wells et al 2014), higher academic achievement (Government of Western Australia 2007), and greater social competence (Government of Western Australia 2007), which improve the overall health and wellbeing of children. Furthermore, research has found that responsible

The impact of fathers on cognitive development
Research has found that the inclusion of fathers in caring for children positively impacts on children’s cognitive development (Wells, Mitra et al. 2016). Providing advanced linguistic development (Government of Western Australia 2007, Wells, Mitra et al. 2016). Furthermore, fathers encourage exploration of the environment through processes explained by modern attachment theory (Zanoni, Warburton et al. 2013). This supported exploration behaviour expands the children’s abilities to safely engage with the physical environment and expand their cognitive abilities (Zanoni, Warburton et al. 2013). Father’s participation in quality play with children is positively associated with improved cognitive development (Zanoni, Warburton et al. 2013). Moreover, fathers’ modelling of caring roles positivity affirms children and mothers, promotes children’s abilities to form positive social relations, socioemotional adjustment, and improves children’s impulse control (Zanoni, Warburton et al. 2013). Proactive child and father relationships improves children’s locus of control and thus decreases impetuous behaviour (Government of Western Australia 2007). Additionally, fathers fulfil the role of encouraging exploration which in turn improves linguistic development and expression (Zanoni, Warburton et al. 2013).

The impact of fathers on children’s Mental Health outcomes
Gordon et al (2012) found that the positive involvement of fathers had profound implications for children’s and adolescent’s mental health outcomes. The lack of constructive paternal involvement included subsequent child/adolescent substance abuse, mood disorders, and depression (Gordon et al 2012). Of note was the emphasis by researchers on positive fatherhood and paternal involvement (Gordon et al 2012). Domestic violence and negative paternal involvement was noted for the deleterious impact of father involvement in family and children’s/adolescent’s mental and physical health outcomes (Gordon et al 2012). Additionally, the impact of positive father involvement also provided constructive logical, behavioural and social outcomes for mothers, infants, and children (Zanoni, Warburton et al. 2013, Gordon et al 2012). Research has found that 5 year olds reporting secure paternal
attachment are more independent, socially competent and confident with peers, less anxious and withdrawn, and cope better with school related stress (Wells et al 2016, Government of Western Australia 2009, Scourfield 2011, Bromfield 2011).

The Communities for Children, antenatal Dads program, provides access to parenting support for men at all levels of the child protection triangle below (Bromfield 2011). By providing universal coverage for all fathers those fathers with great need of support are targeted in a non-threatening manner and introduced to other specific supports. Additionally, the families at risk are educated and supported prior to abuse occurring (Bromfield 2011). The information provided in the Antenatal Dads and First Year Families programs targets level 4 of the Bromfield (2011) triangle below.

Figure 3.1 Services and supports matched to different populations vulnerabilities (Bromfield 2011 p2).

Fatherhood provides an exceptional chance to intervene in family development and functioning to provide critical information to prevent child abuse and neglect. The Murraylands area has higher levels of child vulnerability and benefits from the Antenatal Dads and First Year Families programs which is aimed at the level 4 interactions in figure 3.1 above. The
universal provision is important as it avoids the alienation of isolated families and addresses at risk parenting practices in a non-threatening environment.

**The benefits for men as fathers**

Research highlights those men who act as responsible fathers improve their own psychological and emotional wellbeing (Government of Western Australia 2007). Responsible fathering provides opportunities for fathers to expand their relationship with their children, and improve the child’s and fathers’ self-esteem (Government of Western Australia 2007). Fathers also benefit by the promoting the nurturant and safe functioning of their families by being in a nurturing and safe environment (Government of Western Australia 2007). Thus facilitating the role of responsible fathers as care givers and parents enhances the fathers sense of self and personal functioning. Importantly fathers who show they care in numerous ways, and treat the mothers of their children with respect and equality, provide positive physical and Mental Health outcomes for the whole family regardless of the parental relationship status (Scourfield 2014). Caring interactions between fathers and children, especially boys, creates positive intergenerational transmissions of care role models (Scourfield 2014, Wells et al 2016). These role models of caring interactions are powerful contributors to transforming engendered violence, gender relations and ending inequality (Wells et al 2016). Thus opening the future possibilities of wider caring roles for both genders (Wells et al 2016). By expanding men’s supportive, love, mentoring and safety roles accomplished by paternal parenting aids in promoting men’s aspirations for parenting and partnering in familial relationships (Government of Western Australia 2009).

**Engaging fathers in parenting programs**

Engaging with fathers is determined by barriers and facilitators which include: personal characteristics, family dynamics, service providers, structure of the intervention program, the community and organisational policy (Scourfield 2014). Behaviours, such as violence, substance abuse, addiction, and other antisocial conduct can make fathers defensive and unlikely to engage or warrant active engagement practices by workers (Scourfield 2014). Targeting fathering programs offer the promise of improving fathering engagement and child health and welfare outcomes (Scourfield 2014). Zanoni et al (2013) and others highlights the difficulties in engaging men in fathering and parenting programs (Gordon et al 2012). Research suggests that program need to specifically address the needs of fathers in order to
actively engage fathers in their fathering roles (Zanoni et al. 2013, Gordon et al. 2012). Furthermore, children benefit from receiving care from a variety of caring and supportive adults who meet the child’s needs (Scourfield 2014). Children are advantaged by positive father involvement as it enhances the child’s ability to empathise (Government of Western Australia 2009, Scourfield et al. 2016). Moreover, children developing and growing up in areas of disadvantage and poverty are greatly enhanced physically, mentally, emotionally, and socially, by positive father relationships (Government of Western Australia 2009).

The ac.care CfC Murraylands Antenatal Dads and First Year Families program is one such program. Proactive, father inclusive, and community based strategies are required to promote the enrolment of fathers in parenting programs (Gordon et al. 2013). These may include strategies, such as changes to organisational policy, timing of activities, and father involvement in the structure and delivery of activities. The ac.care CfC Murraylands Antenatal Dads and First Year Families program reflectively and responsively engages with these aspects of program delivery and this is acknowledged in the results section of this report. Furthermore, Antenatal Dads and First Year Families promotes and models interactions between fathers, mothers, care givers and children based on a strengths based model of interactions thus emphasising a range of skills processed by men and seen as enabling positive paternal and maternal care.

**Targeted relationship based programs**

The Antenatal Dads and First Year Families programs have been delivered as part of an afterhours antenatal program for parents and care givers of children. The programs aim to broaden the adults’ views of infants, children and childhood, to encompass child development, different relationship based parenting styles and respond to child in a relational manner instead of disciplinary manner. The ac.care CfC Murraylands Antenatal Dads and First Year Families preventative interventions are also based on the targeted relationship based approaches to parenting and family support. As per the discussion in the introduction section of this report, targeted relationship programs recognise the importance of early child development, the social determinants of health and accumulative harm of childhood adversity (Mackintosh, White et al. 2006, Noble-Carr 2007, DoCS 2009, Keys 2009, Dockery, Grath et al. 2010, Gibson and Johnstone 2010, Lynam, Loock et al. 2010, Solar and Irwin 2010, Marcynyszyn, Maher et al. 2011, Nelson and Mann 2011, Kilmer, Cook et al. 2012, McCartney...
Targeted relationship based programs have been effective in decreasing emotional and behavioural problems in children (Wyatt Kaminski, Valle et al. 2008). Several behavioural disorders can be addressed using targeted relationship based programs and these include: behavioural conduct disorder, oppositional behaviour, attention-deficit hyperactivity disorder, and anxiety disorders (Wyatt Kaminski, Valle et al. 2008, DoCS 2009).

Therapeutic Models of Care

**ac.care CfC Murraylands Antenatal Dads and First Year Families preventative interventions**

The Murraylands Rural Region has been recognised as an area where a larger percentage of children can experience high rates of developmental vulnerability (Australian Early Development Census 2015). The ac.care CfC Murraylands Antenatal Dads and First Year Families preventative interventions specifically targets prevention and early intervention for children that are at risk of becoming vulnerable. Referrals to the ac.care CfC Murraylands Antenatal Dads and First Year Families preventative interventions are from Families SA, local General Practitioners, Mental Health Services, other service providers, local schools and Kindergartens and Child and Family Health Nurses. Fathers can also self-refer.

This program is delivered by a speciality father focused family therapist and child development specialists. This unique early preventative intervention program provides an evidenced based targeted program addressing and preventing the impact of family dysfunction on families and children (Bergink, Kooistra et al. 2011, Ji, Long et al. 2011, Bowen, Duncan et al. 2013, Bowen, Baetz et al. 2014). The Antenatal Dads and First Year Families programs deliver a program that direct targets the minimisation of potential abuse and neglect.

**The aims of the Antenatal Dads and First Year Families preventative interventions**

The ac.care Communities for Children Murraylands Antenatal Dads and First Year Families aims to deliver an intervention program, which:

1. Connects to fathers
2. Builds the antenatal 'relationship (adult/adult and adult/child) through knowledge on:
   a. Antenatal brain development
   b. Increased understanding and knowledge on child development
3. Supports mothers needs after childbirth
4. Connects with vulnerable populations and also connects these families to services
   a. young parents
   b. Aboriginal, Torres Strait islander and Indigenous parents
   c. isolated families
5. Outlines the importance of fathers in maintaining supportive, functioning and caring families
6. Improves infant and maternal health outcomes through whole of family engagement in caring
7. Connects fathers to infants and provide knowledge on parents providing developmental activities and play.
8. Improves family functioning

Each of the components incorporate in the activities outlined above are based on validated methods of engagement, group therapy, and recovery that have developed over time in consultations with the families receiving the Antenatal Dads and First Year Families program (Program logic and outcomes in appendix A). For example, the BUGK intervention program uses child-centred and strengths-based perspectives, neurobiological development, attachment theory, and narrative approaches as foundational approaches to “support parents to review and enhance patterns of communication with their children, to promote more respectful interactions and encourage the development of children’s positive self-identity” (Australian Childhood Foundation 2011, p9). These approaches and strategies promote maternal and paternal infant attachment and support the reduction of family dysfunction. The use of multiple and complementary theoretical bases provides opportunities for concurrent modes of delivery that enhance and reinforce the information provided to the Dads.
Importantly, the program is free at point of use and includes inter-sectoral and inter-professional delivery. This program is responsive to community and individual family needs and connects families to a variety of community support services. The programs provide the opportunity for families to connect together at a similar time in their life to promote extended peer mentoring and support. The fatherhood work is skilled in connecting to fathers and families and actively seeks to liaise between health, education, and social support services ensuring collaborative delivery of this program with Midwives and CaFHS. The inter-professional collaborative methods of delivery and referrals are important to the outcomes of this intervention program. This ensures the program provides a cost effective service model. As it brings together long standing effective pre-established pathways of care, networks, and sponsored community supports in an evidence-based practice model of care to address the specific needs of families dealing with disadvantage, poverty and social isolation. The aims of the program outlined above are achieved through the use of the evidence based programs discussed below. For example, Bringing Up Great Kids, Hey Dad and Tuning into Kids.

**Bringing Up Great Kids**

The CfC Murraylands Antenatal Dads and First Year Families program uses the Bringing Up Great Kids (BUGK) parenting program as a basis for evidence informed activities (Australian Childhood Foundation 2011, Hunter and Meredith 2014). The BUGK draws on the evidenced about the importance of attachment and the use of mindfulness parenting (Australian Childhood Foundation 2011). The BUGK program contains a manual and research evidence informed reports to be used by practitioners working with traumatised parents and children (Australian Childhood Foundation 2011, Hunter and Meredith 2014). The program uses a neurobiological informed child development framework and reflective, nurturing and mindfulness parenting (Australian Childhood Foundation 2011, Hunter and Meredith 2014). This provides parents with the information and skills needed to change parent attitudes and behaviours that then promote improved parenting practices and better children’s care outcomes (Australian Childhood Foundation 2011, Hunter and Meredith 2014). The BUGK programs has been found to be effective in increasing family interconnection and emotional articulation, parental confidence, thus reducing family conflict (Australian Childhood Foundation 2011, Hunter and Meredith 2014). The BUGK program has been proven effective for parents of children with Autism Spectrum disorders, trauma histories, behavioural issues,
and parents with mental health issues, substance misuse, and parents with children who have been removed from their care (Australian Childhood Foundation 2011, Hunter and Meredith 2014). Along with an effectiveness for dealing parents from ‘at risk’ groups, such as Indigenous parents, teens parents, and Refugee and immigrant parents (Australian Childhood Foundation 2011, Hunter and Meredith 2014).

Previous research into abuse and neglect has found that exposure to childhood adversity has lifelong consequences (Australian Childhood Foundation 2011, Broadley, Goddard et al. 2014). The BUGK programs address the impacts of abuse and neglect for the parents and children (Australian Childhood Foundation 2011, Broadley, Goddard et al. 2014). Additionally, the BUGK program collects quality data that supports the effectiveness of the program in addressing the complex issues that place children at risk (Australian Childhood Foundation 2011, Broadley, Goddard et al. 2014).

Hey Dad

Hey Dad is a specific Indigenous parenting program design to ensure cultural appropriateness of interventions and parenting skills for Indigenous parents (Bowes and Grace 2014). The Hey Dad program addresses the complexity of issues faced by Indigenous fathers in parenting their children (Bowes and Grace 2014). Indigenous families are often at higher risk of child removal and increased risk of involvement with the child protection system (Bowes and Grace 2014, Broadley, Goddard et al. 2014).

The Hey Dad program uses specific techniques for engaging with dads (Department of Families 2009, Bowes and Grace 2014, Broadley, Goddard et al. 2014). Strategies used by the Hey Dad program for engaging with dads include direct contact, community groups, word of mouth, male families workers, and engaging with family gatekeepers (Department of Families 2009). The Hey Dad program interventions focus on dads who have experienced hardship and adversity including poverty, discrimination, war, torture, and fathers of children with disabilities (Department of Families 2009). Programs such as Hey Dad encourage men to re-evaluate their own up bring and interpersonal relationships to work towards improving their father/child and partner interactions (Department of Families 2009). Therefore, given the
mindfulness and reflective skills provided the Hey Dad program is suitable to be used with a variety of fathers, and in conjunction with BUGK, attachment theory, and trauma informed principles of therapeutic intervention.

**Tuning In To Kids**
The Antenatal Dads and First Year Families staff delivers activities for parents, care givers, and children based on the theoretical underpinning of the ‘Tuning In To Kids’ program. The Tuning In To Kids intervention is an international program developed in Australia to address emotional competence, emotional socialisation, and emotional regulation in children and adults (Havighurst, Wilson et al. 2009). The original Tuning In To Kids program evaluation using randomized control trials indicated that children’s behavior had significantly improved due to the parental emotional coaching, mentoring, and attunement (Havighurst, Wilson et al. 2009). Early childhood is an important developmental period for the intersection between children’s emotional processing, language, and cognitive augmentation (Havighurst, Wilson et al. 2009). The evidence-based internationally researched and delivered program provides key skills to infants and children in periods of developmental and social transition, namely, prior to school thereby enhancing the preventive intervention (Havighurst, Wilson et al. 2009). The program prevents some of the child behavioural problems associated with poor emotional regulation (Havighurst, Wilson et al. 2009). The Tuning In To Kids program provides activities that are structured around the emotional, social, physical and cognitive engagement with children which is also seen as imperative for normal development and ‘school readiness’ (Schaub 2015). The term ‘school readiness’ here also refers to high school readiness.

It should be noted that staff engaged in providing the program offered by CfC Murraylands Antenatal Dads and First Year Families have received training in each of the theoretical areas and programs described above. Along with the practical application of the theories into activities for children and parents. The structure of the programs provided, are updated annually to ensure compliance with the latest research in the areas of attachment theory, Hey Dad, Bringing Up Great Kids and Tuning In To Kids. Further, the worker receives ongoing training in the theoretical and practical comments of their work.
Adapting models of service delivery to suit the target population and it's needs.

The ability of a program to meet the needs of the community is paramount to its success. For example, the developers of the BUGK program acknowledge that it draws from child-centred and strengths-based perspectives, neurobiological development, attachment theory and narrative approaches (Australian Childhood Foundation 2011). The BUGK program outlines multiple modes of delivery\(^1\) along with the integration of several theoretical foundations\(^2\). Thus enabling its adaptation for use in the Antenatal Dads and First Year Families without compromising the therapeutic outcomes of the BUGK program. In accordance with the developers of BUGK own theoretical acknowledgements and foundations, the Antenatal Dads and First Year Families program have successfully and sympathetically included of several complementary theories and programs that address the dads and community’s needs. This ensures the Antenatal Dads and First Year Families program is an integral part of an interdisciplinary, and whole of community, complementary teams approach to working in referral partnerships with other service providers and agencies to deliver integrated services around the child and family. All families attending the Antenatal Dads and First Year Families program benefit from the use of complementary integrated theoretical foundations of service delivery and care for families and children. Additionally, the programs provided by ac.care Murraylands through their facilitating partners exhibit similar principals of program delivery and referral practices.

Therapeutic Models of Care

Models of service delivery (applying the theories)

The Antenatal Dads and First Year Families programs use several models of service delivery. All families attending the program can assess the variety of other programs designed to enhance children’s early and adolescent development through advanced community links and referral networks. The goal of the program is to use evidenced-based theories as outlined

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\(^{1}\) The 12 hour program is designed to be delivered in 6 x 2 hour sessions but could be adapted into 4 x 3 hour, 3 x 4 hour or 2 x 6 hour sessions as required.

\(^{2}\) The program uses ideas of mindfulness and reflection to support parents to review and enhance patterns of communication with their children, to promote more respectful interactions and encourage the development of children's positive self-identity. It aims to identify and address the sources of unhelpful or hurtful attitudes held by parents. It also works to establish a new relationship context for children and their parents through facilitating opportunities for positive exchanges.
above that develop early learning strategies in children, support and identify the assistance that is needed for the family to be supportive, connected and build a stronger community. This is achieved using the following activities:

- Family support
- Connection to other health, welfare and education services
- Connections to Dads Group
- Modelling respectful behaviour
- Awareness of other CFC programs on offer
- Relationship skills
  - Dealing with stressful situations
  - Self-worth
- Effective parenting
  - My parenting
- Men meeting for coffee
- Learning from other dads

These activities improve parenting self-efficacy, and are based on the theories outlined above and as such provide significant changes and improvements in parenting and carer capacity, children’s behaviour and community engagement and participation. This provides services that are holistic and meet the needs of the program participants (Program Logic Appendix A)

The programs are based on sound theoretical premises, for example, targeted relationship based programs, attachment theory, Hey Dad (Indigenous fathering), Bringing Up Great Kids (attachment and mindfulness parenting techniques), and Tuning In To Kids. Targeted relationship based programs are described in the introduction. Attachment theory is discussed in the literature review above.

**Research methods for the evaluation of the Antenatal Dads and First Year Families Program**

Stage one of the evaluation of the Antenatal Dads and First Year Families program consisted of a literature review of the theories and service delivery models used in order to determine the evidence base for these aspects of the intervention programs involved. Stage Two included interviews with providers (managers and staff) and parents. The collected qualitative
data was analysed thematically to provide in-depth understandings of the impact of these programs on the families. These two stages together will provide a broader and deeper understanding of whether the CfC Murraylands initiatives provided by the Antenatal Dads and First Year Families program facilitated by ac.care improved the health, education and social outcomes for children and families. The reflective and responsive model of service delivery used ensures that the programs actively assisting parents/carers to regulate their own feelings through the modelling of positive, nurturing and caring relationships between fathers, mothers/carers and their infants.

Research process
The research processes have remained consistent for all the qualitative data collection throughout this research project. The initial research processes, such as inclusion and exclusion criteria, data analysis, participant inclusion etc. have been outlined in the introduction. The Antenatal Dads and First Year Families program is also provided by professional staff with a background in interpersonal relationships, child learning, child development, and parenting programs. The professional knowledge and support ingrained in the programs ensures the interventions within the programs are theoretically sound. The theoretical base and application processes embedded within the programs provides a robust practice consistent with the theoretical underpinnings. The information provided by the key informants adds to the validity and robustness of the programs delivered.
Section four:

Results

Findings

General information
The Antenatal Dads and First Year Families programs have engaged with the Murraylands community for a number of years. The inclusion of fathers in an antenatal program has been instrumental in improving father’s engagement with parenting. The follow-up at the First Year Families program enables fathers to be linked with ongoing fathering and community support. This is reiterated by the increasing numbers of participants attending the program. Table 4.1 below provides an overview of the attendance levels for the Antenatal Dads and First Year Families programs.
### Table 4.1 Families attending the Antenatal Dads and First Year Families programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Participant Type</th>
<th>Numbers</th>
<th>Basis for participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Fathers</td>
<td>51</td>
<td>Antenatal only</td>
</tr>
<tr>
<td>2011</td>
<td>Fathers</td>
<td>51</td>
<td>First year that Antenatal and First Year Families (previously known as CaHFS Family Nights) Stats combined as from 2011</td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Fathers</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Fathers</td>
<td>60*</td>
<td>Socially isolated families 10 (Data of mothers not collected this year) More sessions held in this year</td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Fathers</td>
<td>41</td>
<td>Socially isolated families 12</td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Fathers</td>
<td>18</td>
<td>Socially isolated families 8*</td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Fathers</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mothers</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Fathers</td>
<td>328</td>
<td>Fathers only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Social isolated family data for Jan 2015 to Jun 2015 only as this data is no longer collected by the service/government.

As Table 4.1 above outlines in the first year of the program a total of 51 fathers attended the Antenatal Dads. In 2011 a total of 79 fathers attended the Antenatal and First Year Families (previously known as CafHS Family Nights). In 2012 a total 49 fathers attended the Antenatal Dads and First Year Families program. In 2013 the program was extended due to demand to include; CAFHs referrals, local primary school parent/teacher/child activities, and a total of 60 fathers attended the Antenatal Dads and First Year Families program. The program is reflective and responses to community and father’s needs. In 2014, 41 Fathers attended. In 2015 a total of 18 fathers attended the programs and the extended Antenatal Dads and First Year Families program and activity engaged with young fathers. In 2016, 30 fathers attended the Antenatal sessions. The program has assisted more than 328 fathers, and their families, over the first few years of their child’s life. Additionally, the program has helped to build relationships in more than 30 socially isolated families. The program is well utilised and addresses an area of need within the community. It connects fathers to parenting though activities that address knowledge and understanding of; infant communication, secure attachment, brain development, postnatal depression, birthing, cognitive and linguistic development of infants and communication with spouse/partners. Furthermore, the CALD
community, Indigenous elders and community actively promote the programs to fathers (interview data -P13, P6, S2).

Table 4.2 below illustrates the types of participants involved in each type and step of data collection. The table 4.2 also highlights the method of data collection required for each participant type. The basis for recruitment outlines the role of the participants and indicates their level of involvement in the Antenatal Dads and First Year Families program. The Antenatal Dads and First Year Families program has developed a reputation (see themes section) for assisting fathers in developing and maintaining a positive and productive relationship with their infants and children through improved knowledge and understanding of infant development. Of note is the response of fathers to encourage other fathers to attend the program to improve their relationships with their infants and their spouse (themes section). Additionally, the fathers reflect on their own experiences of being fathered and seek to improve the fatherhood experience for their infants and children (see theme section below). The methods used in the data collection inform the analysis used in the evaluation. Table 4.2 below outlines the role of the participants and implies their level of involvement in the Antenatal Dads and First Year Families program.

Table 4.2: The type of participants and method of data collection used

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Numbers</th>
<th>Basis for Recruitment</th>
<th>Component of Research Involved In (e.g. survey, interview, focus group, observations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (managers and staff)</td>
<td>3</td>
<td>Responsible for delivery of the CfC programs</td>
<td>Focus group interview. Staff also provided observational information (on behavioural changes in fathers, families and child interactions), and follow up clarification interviews.</td>
</tr>
<tr>
<td>Fathers</td>
<td>9</td>
<td>Participated in the Antenatal Dads and First Year Families program</td>
<td>Face-to-face, or phone interviews</td>
</tr>
<tr>
<td>Fathers</td>
<td>7</td>
<td>Participated in the Antenatal Dads and First Year Families program</td>
<td>Focus group</td>
</tr>
<tr>
<td>Community partners</td>
<td>3</td>
<td>Other service providers who refer to or receive referrals from the programs</td>
<td>Face-to-face interviews</td>
</tr>
<tr>
<td>Participant Type</td>
<td>Numbers</td>
<td>Basis for Recruitment</td>
<td>Component of Research Involved In (e.g. survey, interview, focus group, observations)</td>
</tr>
<tr>
<td>------------------</td>
<td>---------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Antenatal Dads and First Year Families program staffs were interviewed as per table 4.2 above. The theoretical links discussed during the interviews included Bringing Up Great Kids, attachment theory, and targeted relationship theories are explained in previous sections of this report. The information collected outlines the intensive knowledge, understandings and support provided by the Antenatal Dads and First Year Families program assisting families and their children to deal with social and cultural. The Antenatal Dads and First Year Families program uses proactive, complete, targeted and inclusive community based program delivery. The results of this research illustrate the importance of this program. The delivery model of 1 FTE staff member is cost effective as the number of staff required to provide services in a one-to-one therapeutic relationship would be 4 FTE. Additionally, as the delivery is activity based it provides a team building response from parents that may not be deliverable in a one-to-one setting.

It was established above that the use of multiple sources of information and informants enhances the validity and robustness of the findings (Parry and Willis 2013). The key informants in the Antenatal Dads and First Year Families programs were the managers, staff, and community partners of the programs who provided the theoretical knowledge and background for the program’s development and implementation.

**Qualitative Results**

Further, while method of data collection varied as the managers, staff, community partners and parents participated in face-to-face interviews, and focus groups, the fundament premise of questions regarding the Antenatal Dads and First Year Families program remained the same. The themes arising from the interviews and focus group are summarised below. To maintain confidentiality the staff/managers, participants and community partners/collaborators are presented as staff S1, S2, Dads D1, D2, and Community Partners C1, C2.
Themes

There were five main themes found within the data. As in table 4.2 there were a high number of interviews for several perspectives along with focus groups which provided data saturation in theme ranges. All the participants, regardless of designation, acknowledged that the Antenatal Dads and First Year Families programs provided a ‘safe’ and ‘supported’ space for men to acknowledge their fears and concerns about parenting and supporting their partners. This result directly addressed the main aims of the programs and was elicited voluntarily through the use of very board open ended questions ensuring trustworthiness and unencumbered responses. Interestingly, there did not appear to be much difference in comments between the program staff and managers, the fathers and the community partners around the effectiveness of these programs in delivering support that addressed aspects of the SDH and changed the participants and their children lives for the better.

Theme 1: Knowledge on physical, psychological and socio-cultural development

The views presented in this theme have been derived from all participants. That is the staff, managers, and father's/caregivers views are acknowledged here. In many instances, there were positive comments about the comprehensive nature of the information provided, and supportive community links provided by the Antenatal Dads and First Year Families program through the parenting advice and changes, supportive modelling techniques, and referrals to other community providers. Further, there were positive comments claiming that the Antenatal Dads and First Year Families program had driven changes in their lives that would not have been achievable without the program. The fathers commented on the reflections of their own childhood and the need to address some of the deficits they may have experienced when fathered by their fathers. Examples included being able to ‘understand’ and ‘attach to’ their infants/children in developmentally meaningful ways which did not happen prior to the parents attending the programs. The quotations below reflect the staff, managers and parent's/caregivers responses to participating in the Antenatal Dads and First Year Families program:

The antenatal program we talk about attachment theory, the importance of fathering, and the bonding that occurs. I hand around a model of an infant’s brain, 400 grams and then a 3 year olds at 1200 grams. The dads are shocked at the growth. We give them [dads] an understanding of the importance of talking to by even in utero. They go
on to talk about how they were fathered and their relationship with their fathers and how it needs to be different now (D7).

We talked about all sorts of things...skin to skin contact for dad and baby, looking into baby's eyes, breast feeding. It's very good for us dads so we know, we can help. So much information it was really good. I stress a bit and if I don't know then it's hard now I know what to expect. Most definitely worthwhile. I felt comfortable asking questions. I feel I know a lot more now...you know what to expect (D2).

The program is unique it focuses on the Dads and really gets them engaged into being a father. They learn about the changes in mum, and the development of the new born and infant. The dads are often 'at risk', so their young, indigenous, or poor, or CALD backgrounds and frankly without this program their kids would be at risk of removal (C1).

The comments above highlight the importance of the program in providing vital information that was previously unknown to the fathers on; how to care for themselves, their partners, and their children. The Antenatal Dads and First Year Families program delivery mode reflects the holistic and wrap around nature of the individualised, yet group based, service delivery model. The fathers are connected to other services if required or made aware of other services that may help. The support provided is evidenced based through the use of theoretically sound program models while being individually focused so that nuances of fathers and families lives and the care of their children can be incorporated into the program delivery.

The intensive support provided by the ac.care Communities for Children Murraylands Antenatal Dads and First Year Families assists fathers and their children to deal with the impacts of social isolation, poverty, disadvantage, and belonging to CALD and ATSI groups. The program uses proactive, complete, targeted and inclusive community based program delivery. The results of this research illustrate the importance of these programs in helping fathers to connect to their infants, partners and communities.
Most of the fathers discussed their isolation from other families and services and the Antenatal Dads and First Year Families program had provided a means for them to connect to others with issues of parenting capacity and supportive staff, other families with children and their community. This enhanced the support the fathers and children received. The therapeutic interventions were constructed to alleviate the impacts of issues described above. The use of the theories, information and knowledge are specially designed to improve interpersonal relationship and empathy for others along with increasing respect for women and children, and enhance paternal attachment. The Antenatal Dads and First Year Families program also provides knowledge on children’s developmental milestones such as brain development, fine and gross motor skills. Further, the supportive environment aids in the discussion of sensitive topics such as suicide allowing the fathers to explore their fears, difficulties, anxieties and concerns around pending parenthood and other social interactions thus improving social connections.

Theme 2: Depression and suicide in men

The views presented in this theme derive from all participants. Thereby, acknowledging the views of the managers, staff, community partners, and fathers. The topic of suicide was discussed in the Antenatal Dads and First Year Families programs. The fathers were impressed by the manner in which the sensitive topics, such as depression and suicide were addressed. The prevalence of suicide in a rural community was outlined by the fathers in the quotations below:

*We discussed the depression side of things too, in the fathers too. You don’t think about it much in dads. You think about it in the mums all the hormones and everything. It really opened my eyes and gave me lots to think about, you know how I could get help and stuff. They talk about that too all the help that’s out there (D1).*

*We went through male depression...I was surprised that men get it too...extra information about where to go and to help us cope. All the information on depression, suicide in fathers all helps and the information on baby and mum helps me worry less. It was good to talk about these things [depression and suicide] without the women being present (D4).*
We've had four suicides here recently...all within six months and I knew them all so I already feel down in the dumps...we talked about going to the doctor and stuff or talk to someone. I've seen it with them they all hold it in...it has a roll on effect...having more knowledge and knowing what to expect helps you deal with it [depression] (D5).

It was a bit confronting when they [the fatherhood worker] started talking about it [depression and suicide]. Oh shit you know- but it's for the best. It might be confronting to start off with but it is for the best. I know what to look for and how to get help now (D3).

Critical incidents, such as suicide and depression can have powerful impacts on small rural communities. The opportunity to openly discuss sensitive topics was expressed as a relief for the fathers interviewed. The fathers interviewed knew the fathers who had committed suicide and the impact it had on their surviving spouses and children. The ability of the programs to address these sensitive family and community issues was welcomed by the fathers who attended and allowed a frank and open discussion between men which they stated ‘would not have been possible had the mothers and women been present’.

These comments capture that for families dealing with stress, depression, and anxiety the program provides the opportunity to discuss sensitive topics in a supportive environment allowing the fathers to explore their concerns and fears about parenting and life in general. This is coupled with the instruction, knowledge and skills that enhance positive parental relationship and baby development provided a platform for the fathers to feel ‘more confident in dealing with the difficulties of having a baby’.

Theme 3: Early intervention in mental health
The Antenatal Dads and First Year Families program provides timely preventative interventions for fathers struggling with Mental Health issues. The programs link fathers directly to support services. The high risk families in the program using the theoretically based interventions from areas such as, trauma, strengths based, and attachment activities are theoretically sound. Further, the models of intervention used are also based on; dealing with stress and anxiety, and building positive and supportive relations with their infants and spouses and this is captured in the quotation below:
We need to know where to go to get help [for mental health issues] the Antenatal Dads stuff lets you know what to do and where to get help. You can bring stuff out in the open…get help early. Yes, the early warning signs…who to contact and that (D2).

You know who you should contact…contact them early and no leaving it to the last minute to help with mental issues like depression. If I hadn’t gone I would be stressing still…now I know its ok to get help early…it’s a weight off my shoulders (D1).

I feel supported here. Its ok to talk about all sorts of stuff and the other men feel the same. You can talk about anything. We have made friends with other couples who are having the baby at the same time. I didn’t realise how I was worried, like really worried about what was going to happen. I don’t feel so alone you know worried (D5).

We can see when a family is struggling. It’s not just the dad but it could be mum needing more support. So we refer them to the Antenatal Dads program. We have had some suicides lately in the community, it’s tough in a rural community and it is stressful having a child. The Antenatal Dads has really helped with all the mental health stuff. The dads and families are much happier and more confident afterwards. You can see the difference (C1).

These quotes above illustrate the importance of informed therapeutic practices being delivered to fathers who may be feeling isolated. The information and support is delivered in a manner that is therapeutic and appropriate. The interventions are delivered in a community setting were the parent feel comfortable. Such interventions delivered in an office or hospital may not be as effective for a variety of reasons. Some of which may include; cultural appropriateness, physical environment of an office, and social mores impacting on men’s ability to feel comfortable and disclose. The uniqueness of the program delivered in all male sessions may be instrumental in providing the fathers with a situation and environment conducive to talking about sensitive issues and behaviours. The staff are trained to deal with fathers, families and communities experiencing Mental Health inducing situations, such as drought. The program staff will also refer clients and their spouses to the appropriate clinicians.
Theme 4: Soft entry

The staff and the Antenatal Dads and First Year Families program participants who were interviewed for the ac.care Communities for Children Murraylands evaluation highlighted the importance of ‘soft entry’. The programs provided are described as ‘soft entry’ programs that enable support to be given to families that do not traditionally attend services to improve parenting and building skills programs. This is captured in the quotation below:

At the Antenatal Dads and First Year Families program I tell the dads about all the other programs they can access in the community. How they can go along…they don’t need a referral. They can attend. We are here to help each other…it’s a way of getting them connected to other services as well (S1).

A lot of the dads have had no experience with infants and children…they don’t know what to do...some are young parents to and their infants can be neglected so it’s a good way to connect early and let them talk to the other dads and support each other. Antenatal Dads and First Year Families program lets them hear about other services they [fathers] can use…gives them confidence to use other services…helps them connect to other fathers and families (S2).

We use the Antenatal Dads and First Year Families program as a way of connecting clients with other services …providing those wrap around services. So the family support worker would provide case management, therapeutic support but also offer referrals to other agencies (S1).

You know, I came here and I didn’t realise just how many services we have in Murray Bridge. I never knew we could get so much help. You don’t need to go anyway to get a referral you can attend here it much easier…the other services you can go to don’t need referrals either. Referrals are such a hassle when you’ve got work, home and everything (D3).

While the Antenatal Dads and First Year Families program is soft entry, it does provide referrals to other services that are also soft entry or referral only based. The programs use a range of referral pathways to other professionals to provide inter-disciplinary, and holistic, family interventions. These types of ‘soft entry’ initiatives are important as it connects the
programs with the isolated families and prepares the family and child for integrations into the health, education and social systems.

**Theme 5: Child development and communication**

The program provides fathers with age appropriate information about child development. This aids the fathers in providing the appropriate levels of support, communication and enhancement of the child’s development, in ways that improves family relations. As captured by the quotations below:

_I know to talk to baby, you know, while it’s in my wife’s tummy…I didn’t know that was important…it has helped me feel connected. I didn’t feel that before…I didn’t know about what was happening inside my wife and how the baby can hear. I know what to do now. You can read to baby right from the beginning you don’t need to wait_ (D5).

_Lyall puts you in the middle [at the centre] and talks about what’s around...how you connect and talk to others...other dads. You feel connected. There’s a lot of grief and loss around being a father you miss what’s gone on before...everything changes very quickly...you understand how they [baby] grow...its flexible and fits in with work. I talk to other dads there and that wouldn’t happen without this program_ (D3).

The quotations above highlight the use of developmental information to improve interpersonal child/parent relationships. The comments also illustrate the pivotal place the Antenatal Dads and First Year Families programs have in supporting fathers to engage with their unborn child and partner. The programs support fathers in becoming actively and positively involved in parenting. Given the importance of father engagement as outline in the literature the outcomes of the Antenatal Dads and First Year Families programs are imperative in preventing child abuse and neglect. The themes and quotations also illustrate the success of the program in directly addressing the aims of the programs. Furthermore, the program connects the parents with information about child development that is delivered in a manner that promotes parental uptake and implementation.

**Summary**

The themes discussed above occurred frequently throughout the transcripts analysed. The mangers, staff, community partners, and parents were unanimous in their support of the
program, the uniqueness of the program and its ability to meet the needs of the fathers and improve interpersonal relationships. Many fathers spoke of wanting to be a ‘better father’ than their fathers and to connect with their infants, children and partners. The program targets a difficult to reach population group in a manner that facilitates learning and engagement with the materials provided. This provides an internal validity for the themes, and research robustness, for the research design and processes used. The program provides high quality interventions and the necessary referrals; supports, professional practices, and modelling that reduce the risk for children in all families. The importance of connecting fathers to children has been demonstrated in the literature review and is reiterated in the themes presented in the interviews, with staff, community partner and fathers, and the focus groups with the fathers and the staff. The importance of these interventions cannot be over stated for the fathers, infants, children and families involved.
Section five:

Discussions and conclusions

The Antenatal Dads and First Year Families programs provides child development knowledge, such as the importance of reading, singing and play for children's learning. Developmental knowledge assists the fathers in providing a home environment that aids infant and child learning and safe development. Neurobiological and brain development information is also given to the fathers. This can aid in the understanding of infant and children’s behaviour and needs.

The use of the activities in the Antenatal Dads and First Year Families programs are specially designed to meet the following aims:

- increase in father’s knowledge of the development of the child from conception through the first five years
- promote positive father behaviour towards parenting
- increase the levels of respect for women and children
• increase positive infant/adult interactions
• increase the building of positive interpersonal relationships
• improve and increase the provision of age appropriate activities
• improve a sense of self worth
• improve perceptions of the roles of men in families
• enhance attachment
• provide parents with information on, and knowledge of purposeful and well-constructed activities that meet the children’s developmental milestones such as fine and gross motor skills.
• model exemplary parenting and attachment behaviours

These aims and goals have been achieved according to the data and research outcomes provided in the previous sections. The participants outlined the positive changes that had occurred as a direct result of attending the Antenatal Dads and First Year Families program. The comments and themes illustrated above directly reflect the aims of the program.

Discussions

Indisputably, the connection of responsible fathers to their families is a major benefit. The expansion of the program to include all parents and caregivers willing to participate has improved the program and its connections with the community. The Antenatal Dads and First Year Families program has effectively diminished the negative outcomes for fathers, mothers, children and families by improving respectful interpersonal interactions and developmental appropriate knowledge and activities that enable fathers to bond successfully with their infants and spouses. All of the managers, staff and parents have discussed the Antenatal Dads and First Year Families program with a great deal of positivity. Particularly when questioned on the notion that the fathers attending the program activities now had a set of strategies which assisted them in supporting their children’s development, education and health. All the fathers explained the strategies in detail and they stated how these strategies had improved their knowledge, understanding and compassion for their baby, themselves, their partners and their families.

The results of the research found that overall the fathers were calmer and less worried about impending fatherhood, and less anxious about the changes in the lives of themselves, their
partners and the care of their infant. The fathers openly discussed their new knowledge on
developmental and relationship theories they had gained through the program. The intensive
support provided in the Antenatal Dads and First Year Families programs, assisted by the
supportive learning environments, and activities based on the interpersonal relationships,
child development, and skills that enhance language development, motor and cognitive skills
through reading, singing and play were all mentioned by all participants regardless of their
designation e.g. staff or father. Additionally, the managers and staff modelled appropriate
child engagement behaviours and strategies for the fathers to use at home. Furthermore, the
staff provided one-on-one sessions for fathers who appeared to be distressed or struggling
thereby circumventing future parenting problems and providing a strengths based approach
to parental skill development.

There was a great deal of discussion on the need for the program to continue. Given the
uniqueness of the program and its outstanding involvement of disadvantaged families. This
outcome is also maintained by the literature. Furthermore, the research has outlined that only
evidence based therapeutic prevention and intervention programs improve the levels
fathering and family functioning that are equivalent to this program outcome. As the Antenatal
Dads and First Year Families programs are based on evidence-based programs that
sympathetically include theories, such as attachment, targeted relationships, the outcomes
are impressive and also evidence-based. For example, the BUGK program espouses the
flexible delivery of theories, such as attachment and circle of security, based interventions
that promote strengths-based supports of parenting. The training of the Fathers Worker in
BUGK, attachment theory and strengths based therapy, to name only a few, is effectively
combined to provide an inclusive and evidence-based program for fathers. The Antenatal
Dads and First Year Families programs use BUGK, attachment theory and other simpatico
theories and modes of delivery to provide a reflective and culturally appropriate program that
meets the needs of the community. Additionally, the findings mentioned here are also
supported by the literature as the programs provide a ‘safe space’ where dads can come
together and learn and mentor each other.

Furthermore, the success of the Antenatal Dads and First Year Families is the whole
community approach to family problems and issues, this is evident by the connection to the

inspiring achievement
local Aboriginal culture, and addressing issues, such as the respectful treatment of women, trauma, and mental health problems. The use of this theoretically based preventions and interventions along with the structured educational and developmentally based activities provides the broader family supported needed to address complex mental health problems such as trauma, domestic violence and sexual abuse. The use of one type of program or a program lacking in the number of elements used in this program, would arguably be unsuccessful. The Antenatal Dads and First Year Families program successfully uses several theoretical models delivered by workers in a consistent yet flexible manner that engages with fathers.

The interviews and focus group highlighted the changes evident in the father's behaviour, support the use of theoretical bases for the program interventions and program models used. These models and therapeutic intervention practices are well researched, and established as best practice. The establishment of quantitative measures will enhance the evidence for the positive outcomes delivered by these programs, therefore, providing the required measurable outcomes for the parents and children. This is consistent with international research findings described in the literature review section of this report.

The use of neurobiological, psychological, physical and socio-cultural development along with Attachment Theory, Hey Dad, Bringing Up Great Kids, and Tuning In To Kids, ensures that the changes in fathers and their involvement with their children are, consistent and standardised, due to the use of validated and reliable intervention techniques and practices. Additionally, the Hey Dad and Bringing Up Great Kids are culturally appropriate for Indigenous and CALD dads, the use of staff trained to deliver consistent intervention is central to the success of the program.

Furthermore, given the vulnerability of the target populations attending, such as rural men, young fathers, and the stability of the staff has also enhanced the use of this program. Vulnerable populations can present as difficult to engage, however, the staff have successfully gained the support of the community and the target participants.
Conclusion

The success of the Antenatal Dads and First Year Families program in achieving its aims and goals has been reiterated in the themes section presented above. The programs have been developed in response to community needs while engaging with local population diversity, cultural sensitivities and awareness. Additionally, the use of various evidence based interconnected theories, practices, programs and resources has provided a responsive program that actively addresses the broader range of needs of vulnerable families in this rural location.

The Antenatal Dads and First Year Families programs successfully achieves its aim of supporting fathers and families to gain a greater understanding of the need to support age appropriate brain development and socio emotional wellbeing. Along with dads developing social and support networks that positivity assists their development as fathers. This is achieved by linking fathers in to similar families in similar life circumstances, that is, the birth of a child, providing peer support and mentoring.

The research highlights the importance of fathers being informed about the services available to them that support and improve their parenting skills. Additionally, in these programs the fathers are supported in their aspirations to be better parents and partners. There were a number of main themes found within the data. The interviews and focus group data provided data saturation thereby enhancing the robustness of the findings. The success of the theoretically substantiated and evidence based programs has been enhanced by the delivery of staff well connected with the target population.

The staff and programs are well connected with members of vulnerable cohorts in the Murraylands community the staff actively engage with the Aboriginal and CALD families through the program and through other local community events. This results in improved outcomes for these vulnerable families. The program aims to include social isolated families and the evidence this is obvious in the responses from the participants in this research project.

The use of theoretical and therapeutic based protocols is paramount to the success of the Antenatal Dads and First Year Families program. The engagement of fathers prenatally and
in the first few years of a child’s life is paramount in improving developmental outcomes for children. The development of the program since 2010 has included the responsiveness of the professional staff required to change the program to meet the needs of parents in disadvantaged families. The attitudes and responsiveness of the managers and staff promote and atmosphere of acceptance and support thereby promoting attendance of this vulnerable population and ensuring the myriad of positive experiences provided through the Antenatal Dads and First Year Families sessions.

The importance of children developing emotional competence, cognitive, language and psychological milestones is assisted by positive evidenced-based parenting, modeling, and resources in the Antenatal Dads and First Year Families programs. Children’s success in school is also based on children’s social adjustment. The Antenatal Dads and First Year Families program provides interventions that are successful and evidence-based in aiding children’s social, emotional, physical, psychological and educational development. Also the ac.care Communities for Children Murraylands programs, of which Antenatal Dads and First Year Families is the one assessed here, build parental capacity to improve parental confidence, and decrease parental mental health issues, and parental isolation. These findings are supported by the literature, previous research, and this research evaluation project. The program is also specifically designed to remove the traditional barriers from male engagement in parenting programs, for example the sessions are provided after hours and in a community setting.

The results of this research illustrates the importance of the programs in engaging with fathers, parent’s/care givers, and changing the behaviour of parents, to results in, a decrease in the level of risk for the infants. The information from the in-depth interviews, and focus groups supported the evidence that there had been sustained change in how the parents respond to their infants/children, and an increased capacity in the parent’s ability to meet their infants/children’s needs.

The methods used to collect the data have informed and enhanced the use of different types of analysis. This process has further validated the results and provided evidence that is substantiated and corroborated from many sources. The similarities in the themes, were consistent across all types of data collection. This is testament to the use of theoretically
Based, and evidence-based interventions, and methods of working with at-risk families and children. Additionally, the use of multiple informants and key stakeholders has provided a circular process that ensures triangulation and robustness of all data collection and the research process.

References


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### Appendix A Program Logic: Antenatal Dads and First Year Families

**CfC - ac.care Antenatal Dads and First Year Families - Program Logic**

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Improved child well-being and development through effective fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Improve father and child relationship and effective parenting skills</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Connecting families with community supports and mental health services, evidenced by referrals from Centrelink, mental health services, GPs, CFHN</td>
</tr>
</tbody>
</table>

#### Long term outcomes
- Improved child/father and father/mother interaction and relationship
- Increased employment for parents reducing impact of relationship issues
- Improved parent/child health though increased attachment/child development knowledge
- Communication skills for parents of young and adolescent children
- Parents connected to services and community

#### Medium term outcomes
- Using theory/research - Improvements in treatment of infant through an understanding of child development, child parent interaction/relationship through play, activities and language skills
- Implementation of strategies to deal with post-natal depression in self (father) and mother

#### Short term outcomes
- Increased awareness of father depression and suicide
- Improved play activities for infants and babies
- Modelling of adult baby interactions
- Modelling safe play activities for babies
- Supporting self and children during times of stress
- Information and education on child development/needs
- Increased confidence with child/father interaction and the role of fatherhood
- Increasing fathers participation and mother support, resulting in, increased child protection factors
- Preparing for times of stress with partner and child
- Increased confidence with relationships

<table>
<thead>
<tr>
<th>Outputs</th>
<th>3 hours per session</th>
<th>2 sessions per term</th>
<th>4 times per year</th>
<th>approx. 16 per session</th>
</tr>
</thead>
</table>

Activities include watching DVD, discussions and increasing knowledge on: Babies needs etc.

#### Strategies
- Using theory — BUGK, Attachment theory
- Uses Trauma informed principles for interventions
- Hey Dad, etc. fathering informed strategies and education on child development
- Uses applies research into the importance of fathers
- Infant/Child Develop—language, skills, knowledge, through collaborative activities
- Interagency linking to other services - interagency, interprofessional care

#### Target Group
All fathers in the Murraysland rural area with a pregnant partner are referred to the antenatal classes and the Antenatal Dad group.

#### Inputs
Funding from CfC strategy, Qualified: Men’s worker, child development worker, and Family therapist + Collaboration with Community, referrals from Dads who have attended, local community based services, local community health clinics, Midwives, Social Workers, CaFHNS and General Practitioners.
Appendix B Program Manual:

The program aims have been provided in the report above

**Week one:**
To improve family function:

- show DVD on brain and infant development
- discussion on infant brain development
- discussion on the need for rest for infant and mother
- improvement of knowledge of home safety, infant safety, and the family environment

The group of mothers and fathers separate and there are men only discussions on:

- depression
- stress
- building relationships after the birth of a child
- resuming intimate relationships
- what to expect
- changes to family functioning

Practical involvement of checking the settings on the hot water system etc. painting the nursery etc.

**Week four:**
Supporting breast feeding
Bathing baby
Building the relationship with mum again
Resuming intimate relationships
Postnatal depression for mothers and fathers
Pressures on dads
Bonding with baby
Recognising when by is tired
Neurological development
Enhancing linguistic skills
Developmental milestones and how to support these
Supporting new mothers