Bringing men in from the margins: Father inclusive practices for the delivery of parenting interventions

ABSTRACT
While there is a growing body of international work on barriers to engaging fathers in child and family services, there is limited research on factors that promote father engagement. In this article, we draw on case study data from the Australian Baby Makes 3 program (BM3) to explore factors that promote father engagement in parenting support programs. Our analysis shows single-gender group work supported father engagement. BM3’s father group work provided a safe space in the parenting support context where men could form intimate connections with other fathers and talk openly about their parenting experiences without fear of criticism from partners. These findings suggest that men often feel silenced and marginalised in the parenting sphere.

Keywords
Fathers/Fatherhood, parenting programs, engagement, family support, gender

INTRODUCTION
Much of the work on gender and parenthood at the institutional level focuses on how structural arrangements inhibit women’s participation in paid work and careers, and sustain a division of labour connected to traditional gender ideologies. However, researchers are increasingly exploring the reverse effects of these institutional processes – the marginalisation of men in childcare, work and family life (Kan, Sullivan, & Gershuny, 2011; Sullivan, 2004). Previous research has shown that economic structures together with public
policies, organisational practices and cultural ideologies about gender, caregiving and work inhibit father engagement in caregiving and related parenting services by reinforcing traditional divisions of labour between mothers and fathers (Bailey, 2015; Dribe & Stanfors, 2009; Kan et al., 2011; McAllister, Burgess, Kato, & Barker, 2012; Sullivan, 2013).

Despite the emergence of cultural discourses of ‘involved’ fatherhood and increasing reports of men’s egalitarian attitudes towards sharing child care, men’s actual parenting practices and the division of parental responsibilities have remained relatively unchanged in many Western societies (Eerola & Mykkänen, 2015; Goldscheider, Bernhardt, & Brandén, 2018; Höfner, Schadler, & Richter, 2011). Similarly, although maternal employment rates have increased in recent decades, research continues to show that the transition to parenthood triggers a retraditionalisation of gender roles for heterosexual couples with fathers reverting to breadwinner roles and mothers assuming primary responsibility for child care and house work (Baxter, Hewitt, & Haynes, 2008; Dribe & Stanfors, 2009; Fox, 2009; Höfner et al., 2011; Kecmanovic & Wilkins, 2013; Wilkins & Lass, 2018). In Australia partnered heterosexual fathers participate in paid work at more than double the rate of partnered heterosexual mothers (Wilkins & Lass, 2018). Likewise, heterosexual Australian men in de facto and married relationships with dependent children spend around half the average number of hours per week on child care and house work than their female counterparts (Wilkins & Lass, 2018). While gender influences individual fathers’ decisions to engage in child care work and with care institutions in a myriad of ways across the social ecology, research has identified professional and institutional practices that influence father engagement in parenting interventions (Burn et al., 2019; Ferguson, 2016; Mykkänen, Eerola, Forsberg, & Autonen-Vaaraniemi, 2017; Panter-Brick et al., 2014; Authors’ own,
In the parenting support context, increasing attention is being paid to the ways in which the cultures and practices of family and child services contribute to men’s marginalisation from child care work. The growing body of research on institutional barriers to father engagement in child and family services demonstrates that mother centric practices, policies and orientations exclude or inhibit father engagement (Fletcher, May, St George, Stoker, & Oshan, 2014; Nygren, Walsh, Ellingsen, & Christie, 2019; Panter-Brick et al., 2014; Authors’ own, 2017; 2018). For example, a study by Ferguson and Gates (2015) on men’s experiences of the Family Nurse Partnership (FNP) in England, echoing earlier work by Ghate, Shaw and Hazel (2000), found that policy directives identifying mothers as the primary clients of the FNP led some staff to exclude fathers. Likewise, research by Brown and colleagues (2009) showed that child welfare policies and practices, particularly the matriarchal filing system, tend to promote uninvolved fathering by centring on mothers and mothering. They contend that the child welfare sector produces ‘ghost fathers’ as in order to see fathers, services must first believe in their existence and relevance (Brown et al., 2009). More recent research echoes these findings about mother centric policies and service provision negatively impacting on father engagement (Authors’ own, 2018). Similar to Brown et al. (2009), Panter-Brick and colleagues (2014) found that strong gender biases in parenting policies reproduce mothering childrearing models. Collectively this works shows that the mother-centric nature of parenting support services which fail to see mothers and fathers as co-parents, marginalises men in the parenting sphere and sustains traditional cultural expectations about the parenting roles of men and women (Panter-Brick et al., 2014, p. 1109).
Although child and family services are increasingly seeking to engage men in parenting interventions, much of the existing research and literature focuses on barriers to access. The evidence base for factors that promote father engagement is less developed. Our study investigated factors that promote father engagement in the parenting support context by analysing the results of a case study based in maternal and child health services using a multi-phase father engagement framework. The three-phase engagement model involves ‘getting’ fathers (recruiting fathers and getting them to attend initially), then ‘keeping’ fathers (retaining fathers attendance through to course completion), and finally ‘engaging’ fathers (refers to actively engaging fathers) (Authors’ own, 2017). A previous publication has explored factors that influence ‘getting’ fathers in Australian family health service settings (see Authors’ own., 2018). This article focuses on factors that promote father engagement across the final two phases: ‘keeping’ and ‘engaging’ fathers.

**Case Study Method and Data**

This paper draws on findings from a case study of the Baby Makes 3 (BM3) program, a three-week respectful relationships program for first time parents incorporated into New Parent Groups run by Maternal and Child Health Services (MCHS) in Victoria, Australia. The MCHS is a free, voluntarily accessed, primary health service offered to all Victorian families with children aged from birth to school age (Department of Education and Early Childhood Development (State of Victoria), 2011). As part of this service all new parents are invited to attend a New Parent Group (NPG) six to eight weeks after the birth of their baby (Department of Education and Early Childhood Development (State of Victoria), 2011). The NPG (meeting during the daytime) was attended almost exclusively by new mothers, while the three week respectful relationships program (offered in the evenings) was actively
inclusive of mothers and fathers. The BM3 pilot program was rolled out across seven municipalities in a largely urban, middle class, well-educated and culturally diverse region of Victoria from 2013-2015. At sites involved in the pilot project, the three-week BM3 program was built into NPGs, with parents able to self-select out of the program (Whitehorse Community Health Services, 2014).

The BM3 program was purposefully sampled to provide an information rich case for the in-depth study of father engagement in a respectful relationship program (Patton, 2002). BM3 is one of the very few Australian respectful relationships programs that targets fathers in health settings. The program was developed by a community health service and delivered in partnership with local Maternal and Child Health Services (MCH service). It aims to prevent intimate partner violence by promoting equal and respectful relationships between men and women during the transition to parenthood (Flynn, 2011; Whitehorse Community Health Services, 2014). BM3 was designed as a primary prevention program, as such it is a universal intervention targeting all first time parents in the pilot region rather than those ‘at risk’ or already experiencing or engaged in violence (Bouma, 2012; Whitehorse Community Health Services, 2014). The program involves a group format where 8-10 couples attend three two-hour sessions with their babies. Each group is co-facilitated by one male and one female facilitator. Sessions involve mixed- and single-gender group discussions, role plays and homework exercises (Flynn & Whitehorse Community Health Services, 2011).

Data were collected from multiple sources including interviews, focus groups and documentary sources between July to November 2014. There were 43 study participants: 15 fathers aged 25 to 54 years who participated in the program and 13 nurses who recruited
parents into the program were interviewed; and 15 program facilitators participated in two single-gender focus groups. Fathers were recruited for interview during the final session of the BM3 program. While fathers from all seven municipalities involved in the pilot were invited to participate in the current study, fathers were only successfully recruited from three municipalities. The concentration of local councils where male interview participants attended BM3 was reflective of the group delivery rates across the councils at that stage in the pilot. Nurses were recruited during site visits to the BM3 pilot sites. Facilitators were approached to participate in the study at their regular community of practice meeting and a follow up email invitation was forwarded by the BM3 Manager on the researchers’ behalf.

The interviews and focus groups were semi-structured with respondents answering open-ended questions on a series of topics (Kitzinger, 1994; Kvale, 1996). The fathers were interviewed over the phone, while the interviews with nurses and the two facilitator focus groups were conducted face-to-face. Researchers have found that telephone and face-to-face interviews obtain similar results and can be used in the same study (Sturges and Hanrahan, 2004; Vogl, 2013). Telephone interviews were selected for fathers due to the logistical challenges of face-to-face participation for parents of newborn children. This design also reflected a conscious decision by the program management and research team not to reinforce gendered parenting practices by asking fathers to take time away from child care work or assuming mother-centric childrearing models among the participant families.

The fathers interviewed over the phone seemed relaxed and readily shared intimate information. Rapport was easily established, perhaps influenced by the researcher’s previous face-to-face contact with them at recruitment visits. Our experience confirms that of other researchers who have found that telephone interviews can elicit more sensitive details due to the higher degree of anonymity (Vogl, 2013). Interviews and focus groups
were audiotaped with consent and transcribed. The interviews ran for 30-45 minutes and the focus groups for around one hour. Documentary sources reviewed included BM3 Implementation Guide, Program Manual, previous evaluation reports as well as Maternal and Child Health service guidelines, policies and annual reports.

Data from the interviews, focus groups and document review were collated and thematically analysed to develop a thick description of factors that facilitate father engagement in respectful relationships programs delivered in health settings (Lincoln & Guba, 1985). Drawing on Bazeley (2013) and Miles and Huberman (1994), we engaged in a two-stage coding process using NVivo 10. First level coding involved descriptive coding labelling passages of data with codes that summarised the data segments (Bazeley, 2013; Miles & Huberman, 1994). Second level coding built on these summaries refining, interpreting and grouping them into smaller analytical categories, themes or constructs (Bazeley, 2013; Miles & Huberman, 1994). This phase explored the interrelatedness of data within and across themes to construct meaningful explanations (Bazeley, 2013). This two-stage coding process is cyclical with researchers constantly moving from data to description to analysis (Bazeley, 2013; Miles & Huberman, 1994). The interview and focus group transcripts were de-identified and pseudonyms were used in all reporting. Ethics approval was received through the University of Melbourne.

**FINDINGS**

Analysis of the interviews and focus groups with fathers, program facilitators and nurses revealed that certain aspects of program delivery were essential to ‘keeping’ and ‘engaging’ fathers in this sample. In particular discussions with participants about how to engage
fathers revealed that men have shared experiences of transitioning to parenthood which foster understanding, comfort and engagement within the group setting and that male-only groups can provide a safe space for such interaction. Our findings are presented as three thematic categories: a ‘safe space’ for fathers, normalising the transition to parenthood and an opportunity for fathers to build social networks.

A ‘Safe Space’ for Fathers

In our study the fathers’ experiences indicated that all male-group work gives fathers a safe space in the parenting support context and supports father engagement. Many of the fathers reported that they actively participated in the father-only breakout groups:

_We were fortunate I suppose to have a relatively small group so you could be fairly open and honest and have a lot of time that you could talk to elaborate on what you were thinking and the people in our group were quite open in that regard._ (Craig, father)

Two of the dads mentioned that men engaged in frank discussions when their partners were not present. Describing his experience of the father group work, Luke responded:

_Really good, because the blokes would open up when the ladies weren’t around, so that was really good. Interesting to hear them saying things that they probably wouldn’t say in front of their partners. That was a really good thing. It was a bit like a blokes’ chat, which was really good. It let some of the guys that were perhaps a bit too timid to speak in front of everyone just say a few words, so that was good._ (Luke, father)

Likewise, Michael said:

_I thought that was a good idea because you can pretty much just say whatever you like because mums aren’t there to listen in. Not that we were saying anything bad._ (Michael, father)
Reflecting on his involvement in BM3, Michael explained he only engaged during the father breakout sessions:

*Like we went into the room, just the dads and I got involved in that part but then when we came back as a whole group with the mums I pretty much didn’t say anything and I didn’t really get involved. I just felt more comfortable just with the dads.* (Michael, father)

Aligning with the fathers’ feelings of ease in the men only groups, several of the male facilitators also reported that fathers were reluctant to speak in the wider mixed-gender groups and only engaged in open discussions in the fathers’ group work. Discussing whether working with men differs from working with women, Mark commented on men’s reluctance to engage in mixed-gender group work explaining that single-gender group work provides a ‘safe space’ for dads. He said:

*Of course it is, it’s a different context, it’s a whole different role is being played out. When you get men just with men they go there, to whatever ‘there’ is they can go there...So it gives that safe space to actually speak.* (Mark, male facilitator)

Similar comments were made by facilitator Jason:

*It’s just the, you sit alone with the dads and kind of get a real conversation happening because the energy certainly changes when the females leave the room and you start talking about some of those bigger changes they just haven’t had a chance to talk about.* (Jason, male facilitator)

Two other male facilitators attributed the dads’ aversion to participating in mixed-gender group work to concerns about their partners’ responses leading these facilitators to ‘water down’ their reports of the fathers’ discussions when sharing in the subsequent mixed-group work:

*Yeah well the dads often will have a bit of some quite legitimate gripes from their*
side of things about [how] difficult things have been and I try and encourage them to sort of really bring that back into the room when the females come back but there is a lot of reluctance there at times to really sort of extend that conversation into that space. (Jason, male facilitator)

I did a group two weeks ago and it was the first group where the men were happy for me to say, for it to be put up there that their partners don't trust them with the children in terms of they tell them that it's their time but they supervise it. So the dads in the previous groups were saying 'oh you can't put that up, you don't put that up there, I'm dead if you put that up there'. (David, male facilitator)

These responses indicate that the fathers feel a sense of unity and trust when working with other fathers that does not extend to mixed-gender group work. In the parenting support context, it seems that single-gender group work provides a safe space for fathers to talk openly about their parenting experiences.

Normalising the transition to parenthood

The fathers’ reports of their engagement with the BM3 program revealed that men have shared parenting experiences that foster understanding, comfort and engagement within the group setting. Nearly all of the fathers said that hearing from other dads transitioning to parenthood normalised their experiences with 12 of the 15 fathers interviewed identifying the single-gender sessions as the most engaging aspect of BM3:

It was good to talk to the other dads because they're all experiencing the same thing and you just say what's happening to yourself and then you realise everyone else is pretty much experiencing this. (Michael, father)

Certainly hearing it from others in the same situation going through the same thing and just getting an understanding that a lot of it is normal, some of it is not particularly special, but it is a change and it is normal and you need to adjust. (Christopher, father)

Also with the other fathers that are in a similar position, I thought that was very
good. That you didn't feel like a - it was almost a sense of embarrassment, for me, the position that you're in when you got the kid. You realise other people are in that situation and you didn't feel embarrassed. (Simon, father)

Several of the fathers commented that the shared experience of transitioning to parenthood created a sense of community and empathy:

I feel that there's a sense of community that we get to know there's someone else who's going through the same - similar experience of having a baby. (Quan, father)

What became clear, as you go through the session, is everyone, regardless of their background - like we said, we weren't all from the same socioeconomic or racial background, but we all had common ground in that we were struggling with some of these concepts around being a parent for the first time. (Matthew, father)

I think just having that closeness of we're experiencing what you're experiencing kind of commonality was quite - yeah, it certainly - I guess comforting is probably not quite the right word. But it was a kind of a reassurance that yeah, this is doable and it's not the end of the world just yet. (Christopher, father)

Aligning with the fathers, two male facilitators identified the normalisation of men’s experiences during the transition to parenthood as facilitating father engagement:

I'm just jumping around a little bit here but that first when we spilt into two groups to talk about lifestyle changes I think that is the most important point to engage, to assess where each dad is at and to normalise the experience and to give them as much reassurance and a bit of humour in there and so that's always my favourite part of the initial program. (Jason, male facilitator)

You can see the guys sort of like 'oh yeah that's the same for me' and the commonalities really starting to come through and I think in many ways they're craving that in a similar to what the mums do having their mothers group, maybe not as intense for sure but you know they want that. (Steven, male facilitator)

The fathers’ responses indicate that the mutual experience of transitioning to parenthood created a sense of empathy and identification within the group facilitating father engagement. It appears that father group work promotes engagement by providing a
normalising space where men can share their parenting experiences and learn from other new fathers.

**An opportunity for fathers to build social networks**

Several of the fathers reported male peer support as a key factor in ‘keeping’ and ‘engaging’ fathers and it appears that the single-gender group work involved in BM3 provides a unique opportunity for men to develop father support networks. Five fathers reported that the social interactions and relationships with other fathers they established during BM3 were the most engaging aspect of the program:

*I guess the thing that really stood out was just the fact that it was able to bring together, not only the mums who had been seeing each other through the regular mothers group catch ups, but just to bring the fathers together. (Christopher, father)*

*It was just a good opportunity I think to sort of talk to a few other fathers that are going through similar sort, similar issues and yeah I think it was just sort of a good group dynamic. (Daniel, father)*

For two of the fathers, the opportunity to make new friendship networks motivated their participation in the first instance. Christopher said:

*We’re originally from the UK and I think one of the assets - so finding new social circles has always been a bit tricky...If you’ve got people who already have a big group of friends or a big social network, they may not see the value in it. The argument is that these are people who are in the same boat and the same situation as you as a first time parent. There are experiences they share with each other. To me, that is a big pull or a draw. (Christopher, father)*

Like Christopher, Peter saw BM3 as an opportunity to expand his social circle. However, he is uncertain whether the social aspect would appeal to younger fathers explaining that:

*I think automatically there’s probably some opportunity for guys to get together and...*
talk about guy stuff in a man-cave type of way. They might find that appealing and
the social side of it if they've got common interests, you know football, golf, cycling,
whatever, motorsport, you know whatever it is. That is an aspect that I think they'd
find appealing, certainly the guys - there's three of us that have stayed in contact as
a group of couples...The guys actually get on quite well because we all have similar
interests, for example we all like cycling. (Peter, father)

Although social contact was a key motivator for Christopher’s and Peter’s participation in
BM3, they both noted that the impetus to form new friendships was cultivated by unique
personal circumstances, immigration and later in life fatherhood, and expressed doubt as to
whether this motivation would apply to all fathers.

Despite these dads’ concerns about the universality of social support as motivation for
father participation, two female facilitators and over half of the nurses shared the view that
developing social connections is a selling point for dads in regards to getting them to attend
BM3:

I think sometimes it's the first time that those dads have actually met with other new
dads. There's always comments about how good that is just in itself. (Sarah, female
facilitator)

I think sometimes when a new parent - a mum and dad will come into the centre and
I'll say 'oh are you interested in a parent group? There are six sessions and three
couple sessions, so it will be great for you, dad, to meet some other new dads as well
in the same position as yourself’. (Bev, nurse/female facilitator)

When recruiting fathers for BM3, nurse Alice uses the opportunity to build social
relationships to attract fathers:

I think they're encouraging them to make friendships and the dads to be part of the
friendship group sort of thing. That's what I think is helpful... I always make a bit of a
thing about, you know, the guys don't get the opportunity like you do to have these
moments so that's why we've started running these extra groups. (Alice, nurse)
Several of the nurses believe the opportunity to meet other new fathers helps ‘get’ dads:

So we can say ‘well look, dads are welcome to this, they can meet other dads’. There are not many opportunities for new dads to have that, so a lot of the mums want their partner to be able to have that opportunity. (Liz, nurse)

I always talk about it’s a good way for dads to meet other dads because they’re usually - they’re all first-time parents and they really don’t know a lot of other dads which is a good way to get them to come along because they think, oh great. I get to meet some other people. (Jenny, nurse)

Nurse Susan also explained that BM3 is one of the rare opportunities where men can meet other new fathers:

I think that’s something that parents are looking for, perhaps a connection with other parents. Particularly the dads because they - we put the mums together in a mothers’ group so they get that connection but the dads, unless those mums meet up, in the past they would never have got to meet that group. But with your thing [BM3] they do...they come in and the dads all meet. (Susan, nurse)

Although nurse Laura doubts whether men perceive a need to make new friends she, like the other nurses, reported that BM3 gives men an opportunity to meet other fathers:

Well, I think they like it because it gives the opportunity - if the dads don't come along [to the New Parent Group] - for the dads to meet. It’s like opening a door for them...I think men - from my experience - men think, well I already got my friends so why do I need to make new ones? But when you open that door for them they actually go, oh you're a really cool guy [laughs]. I can be friends with you. (Laura, nurse)

One father, Peter, confirmed these nurses’ reports about the absence of formalised male parenting groups in the community commenting that:

Had this program not occurred, I doubt I would have met the husbands. (Peter, father)

These comments suggest that the nurses and some fathers believe that part of the appeal of
the BM3 program for fathers is that it provides a social context in which new fathers can meet and form relationships. In addition to encouraging father attendance in the first instance, two male facilitators suggested that the social aspect of group work helps keep fathers. Male facilitator Mark commented that:

What’s happened at the end of every group I’ve been in, is men have shared numbers with other men. So dads have gone ‘can we catch up’, they’ve made connections. Not with all the men but they’ve made connections with some men and thus they’re able to go ‘well can we catch up?’ ‘It’d be good, yeah’ ‘here’s my number’ and we sort of promote that in a sense to give them networks, to give them an ongoing conversation with someone who knows what they’ve experienced and can actually get to that deeper and actually speak a bit of heart-to-heart stuff. (Mark, male facilitator)

It seems that BM3 provides a novel space for fathers to connect and support one another.

The father group work in BM3 provides a rare opportunity for men to build social networks with other men based on paternal identity and is part of the program’s appeal.

DISCUSSION & CONCLUSION

Much of the work on program design and engaging fathers in the parenting support context focuses on the outcomes of interventions to improve child development or the quality and quantity of time fathers spend with children rather than the engagement of fathers in the program itself (Cowan, Cowan, Pruett, Pruett, & Wong, 2009; Panter-Brick et al., 2014; Rienks, Wadsworth, Markman, Einhorn, & Moran Etter, 2011). This study uniquely focused on the process of engaging fathers in parenting programs rather than on the outcomes of parenting interventions that sought to engage fathers. The current study extends recent research evidence from Sui and colleagues (2017) that single-gender group work supports father engagement in preventative parenting interventions. Nearly all of the participants in
this study emphasised that having fathers work with other fathers is an essential element to engaging men in the parenting support context. The all-male environment provided fathers with a safe space to honestly and openly discuss aspects of parenting without fear of consequences from their partners. The male homosocial group work also connected fathers with other fathers, providing a novel opportunity for men to develop communities based on paternal identity. The single-gender group work helped to normalise the experience of transitioning to parenthood and parenting challenges. Uniquely, the current study focuses on engaging fathers in an intervention aimed at the primary prevention of intimate partner violence through respectful relationships education and it may be that program engagement varies or is in fact determined by the type and content of interventions rather than the gender of participants.

There are some limitations to our findings. The fathers interviewed largely positioned themselves as enacting alternative fatherhood discourses based on their engagement in child care work (see Authors’ own, 2018 for further discussion). Existing literature and research on men’s engagement in child care work highlight that men who associate caregiving with the father role are often those who can financially and socially afford to do so (Brandth & Kvande, 2015; Eerola & Mykkänen, 2015; Evertsson, Boye, & Erman, 2018). The BM3 pilot was conducted in a largely middle class area of Victoria and it is unclear whether the factors identified by fathers in this study’s sample would apply for fathers from other socioeconomic backgrounds. Vulnerable fathers may face distinct situational issues that can inhibit engagement, such as limited income or housing insecurity (Carbone et al., 2004). As Carbone and colleagues (2004) rightly note, for such fathers survival must sometimes take precedence over service engagement. Likewise, whilst the population living
in the pilot region is culturally diverse the BM3 program is an English language speaking program and parents without adequate English literacy skills are likely to have self-selected out of the program. It is unclear if there are additional cultural factors for non-English speaking father populations. Considering the need to identify what works for whom and in what circumstances, localised masculinities and other social variables should invariably inform father engagement strategies and programs (Casey et al., 2013; Jewkes, Flood, & Lang, 2015; Pawson, Greenhalgh, Harvey, & Walshe, 2005). Future work could shed light on the differential impact of single-gender group work on father engagement with diverse father populations. This study focused on program design and factors that promote father engagement in parenting interventions. Further research is required to address how the identified program design elements, such as single-gender group work, impact on intervention outcomes for fathers.

As with many child and family services, fathers are not regarded as clients of Victorian Maternal and Child Health Services and their contact details are not routinely recorded. Therefore we were unable to contact fathers who declined referrals to the BM3 program. Consequently we could not investigate the influence of the identified enablers to engagement on fathers who chose not to engage in BM3. While a limiting factor, we do not believe this detracts from the overall conclusions of this study. We sought to provide insights into practices that promote men’s involvement in parenting interventions through a case study of the BM3 program. The data provided by the fathers in our sample offers valuable insights for future policy and practice.
Since this pilot increasing attention has been paid to engaging fathers in Australian family services and parenting interventions (Author’s own, 2017a, 2017b, 2018, 2019; Burn et al., 2019; Sicouri et al., 2018). While fathers tended to be invisible in previous Victorian Maternal and Child Health Service guidelines, practice and data reporting, recent service guidelines articulate support for father-inclusive practice (Department of Education and Early Childhood Development (State of Victoria), 2011, 2014; Department of Health and Human Services, [State of Victoria], 2019). Nevertheless, referral policies and systems continue to limit men’s engagement with family services and practice guidance remains unchanged (Department of Health and Human Services (State of Victoria), 2019a, 2019b). In Australia mothers are the clients referred to early childhood services and the party with which the service develops a relationship (Department of Health and Human Services, [State of Victoria], 2019). Routine data is not collected about fathers, their presence at appointments is optional, and their details are not required to be recorded (Department of Health and Human Services, [State of Victoria], 2019a, 2019c). As others have rightly argued, these policies communicate to fathers that their involvement in family services and by extension the care of their children is not important (Burgess, 2009; Ferguson et al., 2004; C. L. McAllister, Wilson, & Burton, 2004).

Parenting institutions are shaped by a legacy of mother-oriented service provision and of fostering opportunities for women to create community around maternal identity. In regards to engaging men in parenting programs, the present study shows that BM3 provides a unique opportunity for men to develop networks with other men transitioning to fatherhood. It modifies the traditional equation of childcare with motherhood and the relegation of fathers to supporting roles (Fox, 2009; Wall & Arnold, 2007). Our earlier
research indicates that child and family services, such as MCH Services, reinforce a gendered division of labour that marginalises fathers from caregiving including engagement in care-related programs such as BM3 (authors’ own, 2018). This study’s findings indicate that incorporating father group work into parenting interventions goes someway to readdressing these institutional practices and promoting father engagement. Single-gender group work with fathers in parenting interventions provides a safe space for men to engage in unencensored discussions about their parenting experiences and opportunities for men to form communities with other fathers. It is likely that father engagement would be improved if service provider staff built relationships with fathers in the same way as they currently do with mothers. A first step is to reframe family service provision to see paternal involvement in childcare as standard rather than optional and to provide opportunities for men to develop communities around their paternal identities.

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