

Fatherhood

Research Bulletin

Australian Fatherhood Research Network Bulletin 37 February 2017

Fathers' smoking and children's health



Source: <https://www.youtube.com/watch?v=ZwnxpJznOTY&feature=youtu.be>



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NEWS

A new editorial team for 2017

Now heading for 10 years old, the Fatherhood Research Bulletin welcomes new members to the editorial team. Richard Fletcher will remain as Editor with Associate professor Campbell Paul, Dr Elizabeth Duursma, Dr Elaine Bennett, Dr Jennifer StGeorge, Dr Jacqui MacDonald and Dr Eileen Dowse as the editorial team.

Associate Professor Campbell Paul is a Consultant Infant and Child Psychiatrist at the Royal Children's Hospital Melbourne and Honorary Principal Fellow in the Department of Psychiatry at the University of Melbourne. With colleagues at the University of Melbourne, he has established and delivered postgraduate courses in Infant and Parent Mental Health since 1992. These courses developed out of a longstanding experience in paediatric consultation-liaison psychiatry and infant-parent psychotherapy. He has a special interest in the understanding of the inner world of the baby, particularly as it informs therapeutic work with infants and their parents.

With colleagues, he has developed models of working in therapeutic groups with troubled parents and infants. He is President-Elect of the World Association for Infant Mental Health and is Director of the Australian training centre for the NBO at the Royal Women's Hospital Melbourne. The baby's relationship with the father is a crucial one and sharing with parents the baby's capacities for lively human connections from birth, helps to ensure the development of a secure father infant relationship.

Striving to understand the process by which a child develops their intrinsic sense of a gendered-self, from infancy through adolescence, has driven his involvement in the development of the Royal Children's Hospital Gender Service.

Dr Elisabeth Duursma is a senior lecturer in Education at the University of Wollongong. She received her doctorate from Harvard University. Previously she worked as a research associate at Reach Out and Read, a paediatric literacy program in Boston, as well as the Centre for Languages and Communication in the Netherlands. Her research focuses on the role of fathers in children's early language and literacy development. She is currently involved in a project studying language interactions between fathers and their toddlers.

Dr Elaine Bennett has been at Ngala, a not-for-profit Early Parenting Service in Perth, Western Australia, for 10 years and has over recent years moved from directing services to a strategic role in research.

Elaine has been in a variety of management and strategic leadership roles over the past 30 years, mostly in Government in WA and Tasmania. Elaine has managed hospitals and community health services in the remote northwest of WA. She lived in Tasmania for 18 years and during this time managed services in the areas of child protection, family child and youth health services (including child development and parenting centres) and led major state wide projects in community child health, nursing leadership and rural health.

Elaine's key areas of interest over recent years, is the planning for workforce requirements and leaders for the future work in early parenting services. As well her interest in research is around implementation science and fathers engagement in services.

Dr Jennifer StGeorge is Senior Lecturer in Family Studies at the University of Newcastle. Jennifer's work in family research explores several related areas, including fathers' role in child development, father engagement in human services, and parenting processes. She has a particular interest in using qualitative methodologies to explore personal and developmental aspects of family life.

Dr Jacqui Macdonald leads the Men and Parenting Pathways (MAPP) research program at the Centre for Social and Early Emotional Development (SEED) at Deakin University. MAPP's flagship project is a 5-year longitudinal study that tracks men's adjustment across the transition to fatherhood. Dr Macdonald is also an investigator on several Australian multi-generational longitudinal studies including the Australian Temperament Project Generation 3 Study, which investigates the intergenerational influences on 1000 children born to participants of a 34-year longitudinal study. Her research focuses on the life history factors that predict perinatal mental health, parenting behaviours and parental bonding to infants.

Dr Eileen Dowse is the Program Convenor of the Master of Midwifery Studies and a lecturer in the Bachelor of Midwifery program at the School of Nursing and Midwifery, Faculty of Health and Medicine, University of Newcastle. She has a significant clinical background as a Clinical Nurse Consultant in the NSW Child and Family Health Nurse (CFHN) Service. She was involved in the development of *NSW Ministry of Health CFHN Professional Practice Standards* and numerous other clinical guidelines and policies.

Eileen has recently completed her PhD which has as the focus the implementation of the *Family Partnership Model* in relation to child and family health nursing practice. Eileen was involved in a number of midwifery and clinical paediatric and child and family health nursing research and quality improvement projects while employed in the Hunter New England Local Health District and awarded over \$300,000.00 in project grant funding. More recently, Eileen's research and research supervision have focused on areas such as midwifery continuity of care models and perinatal maternal and paternal mental health.

NEWS

Fatherhood research discussion with Australian Bureau of Statistics

At the **Symposium on Fatherhood Research** in Newcastle in July 2016 it was suggested that we follow up the discussion with the Australian Bureau of Statistics (ABS) staff who had indicated that they welcomed questions and suggestions for improving the usefulness of their data.

In previous discussions with the ABS (Richard Fletcher is a member of the ABS Gender Advisory Group) the issue of a lack of data on fathers had been raised. For example: in the Perinatal Minimum Data Set – where hospitals record information about the mother (smoking, Aboriginality, name) but nothing about fathers (their name is recorded at birth registration). A second point was the way that using 'the primary caregiver' in surveys means that lots of information is collected from the mother and about the mother. While this approach is not intended to exclude fathers, it has that effect.

Telephone meeting

On 12th December 2016 Jacqui Macdonald, Elizabeth Duursma and I had a telephone discussion with Guinevere Hunt, Assistant Director, Geri Hutchison Project Officer and Jeremy Walker, Senior Project Officer, Family and Community Statistics, Australian Bureau of Statistics. Liana Leach and Jennifer Baxter were to be part of this discussion but they were unavailable at the time.



The discussion involved an exploration of what sort of data on fathers would be useful to researchers like ourselves and the mechanisms for raising information needs with the ABS.

During the discussion it became clear that there was more information available than we had realised. Following the discussion the email below was received which details the extent of data available for researching fathers. The descriptions of the data sets were attached to the email. Please contact Elizabeth eduursma@uow.edu.au or Jacqui jacqui.macdonald@deakin.edu.au to receive a copy of the attachments.

Data sources available through ABS

- General Social Survey data item list
- Family Characteristics & Transitions Survey data item list
- Time Use Survey data item list
- Survey of Income and Housing data item list
- Link to the Census Dictionary:
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/C57A1F893D1FC495CA2578FE001D867D?opendocument>
- Link to the Australian Census Longitudinal Dataset (ACLD):
<http://www.abs.gov.au/websitedbs/censushome.nsf/home/acld?opendocument&navpos=267>
- Information page on microdata access (including the TableBuilder product):
<http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Microdata+Entry+Page>
- This page provides the instructions on how to apply for access to TableBuilder: <http://abs.gov.au/websitedbs/D3310114.nsf/home/How+to+Apply+for+Microdata>
- If you require any assistance using TableBuilder, ABS staff will assist.
- The Family Map: The family map is a comprehensive listing of where family related questions/data items exist

The email from the ABS following the telephone discussion also stated “In relation to the Perinatal data produced by the ABS, we will arrange a meeting with the Health and Vitals team early in the new year to discuss the prospect of collecting/sourcing data for fathers in the perinatal collection. In addition, we will have internal discussions with the team managing the ABS wide transformation program about how we might be able to direct family related questions to the most relevant person in the household and, where feasible, directing questions to both parents. This is to address the issue raised that restricting questions to the "Primary caregiver" will skew the survey results towards mothers”.

The email included contact details for further information.

Geri Hutchison
(02) 6252 7428
Guin Hunt, Assistant Director
(02) 6252 5209
guinevere.hunt@abs.gov.au

Jeremy Walker, Senior Project Officer
(02) 6252 5451
jeremy.walker@abs.gov.au

Invitation to join SMS4dads research developments

In 2017 we wish to test particular aspects of SMS4dads on expecting or new fathers (and in some cases mothers). Aspects of SMS4dads that may be tested include:



Health behaviour messages for: a) Smoking, b) Alcohol, c) Family Conflict d) Breastfeeding.

- a) Smoking: We have begun discussions with Canadian researchers who have developed stop-smoking programs for fathers and see the potential for SMS4dads to address smoking among new dads.
- b) Alcohol: We have some data from the SMS4dadsRCT on alcohol consumption and we have a completed honours project testing the acceptability of alcohol messages. However, we need specific tests of the messaging and we need to measure the effect on the mother’s drinking.
- c) Family Conflict: We have some data on the impact of SMS4dads on coparenting from the SMS4dads Feasibility study. We also have both father and mother messages in the SMS4dadnmums feasibility study and in the SMS4Parents Queensland study. But this is a big area to tackle.
- d) Breastfeeding: We will be applying to Australian Breastfeeding Association to register our research interest and gain their approval to contact local ABA advisors who could be involved.

Acceptability of messages: the timing of messages is somewhat arbitrary. Our current evaluation of the fathers’ reaction to the messages is limited. More fine-grained understanding of how fathers react to messages would be useful.

Enhanced interactive texts: Texts that ask for a response and offer normative feedback such as ‘What do other dads think?’ and Graphic measures such as the *Graphic measure of father-infant attachment* now under development will need to be pilot tested.

Acceptability of SMS4dads to specific groups: We have preliminary data on young Aboriginal fathers and on distressed fathers. Populations where discussions have begun on translating SMS4dads (both language and culture) for fathers include: Ethiopia, French-speaking Canada, low-income Spanish-speaking areas of USA, and Portugal.

If you wish to be involved please copy and complete the following form to Jody.Crouch@newcastle.edu.au

Invitation to join SMS4dads research developments

I will be attending the Fatherhood Research Symposium II April 2017 (please circle): **Yes/No**

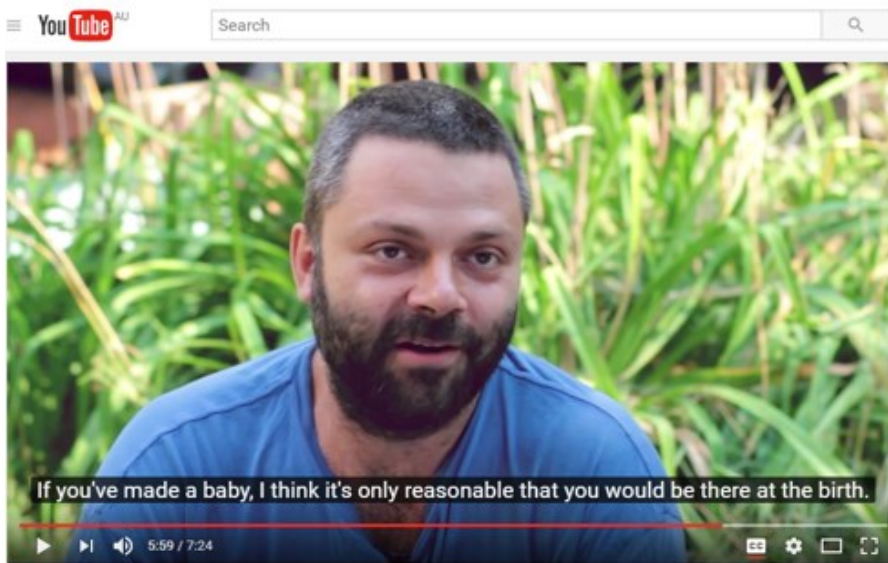
The research group(s) that I would like to join:

Study group	✓
Smoking	
Alcohol	
Family Conflict	
Breastfeeding	
Acceptability of messages	
Enhanced interactive texts	
Adapting SMS4dads for Aboriginal and Torres strait Islander	
Adapting SMS4dads for Ethiopia and Africa	
Adapting SMS4dads for French-speaking Canada	
Adapting SMS4dads for Spanish speaking Latino (USA)	
Adapting SMS4dads for Portuguese and Spanish speaking (European)	

Once we have your nominated area(s) of interest we will send information on the scope and roles within the study group. We expect to take advantage of the Fatherhood Research Symposium in Melbourne to have face-to-face meetings of the groups.

ON THE WEB

Bulgarian dads at the birth



A small midwifery collective from Bulgaria, Zebra Midwives <<https://www.facebook.com/zebramidwives/?ref=ts>> has released a 6-minute video about 18 fathers who attended the births of their children. The comments cover what they saw at the birth and how they felt attending. They comment “We had a beautiful campaign in Bulgaria because the video was very positive and 6300 people saw it in mere two days. It is still quite rare for dads to attend because birth is not considered part of their responsibilities and we have too many stereotypes surrounding what's a

"man's job". Hope you like it and share it with other English speakers!" Link: <https://www.youtube.com/watch?v=i893FyoMwMw>

A framework for supporting teenage mothers and young fathers from Public Health England



Public Health England

Young fathers



3 in 4 babies of teenage mothers are jointly registered with the father

Young fathers matter to mothers and children

- Children with highly involved fathers have **better outcomes**
- Young fathers influence the mother's **smoking** and **breastfeeding**
- Teenage mothers with a supportive partner are less likely to get **postnatal depression**
- Becoming a father can be a **positive turning point** in confidence and re-engagement with education and employment

Young fathers are often invisible to services

- Many young fathers don't live with their partners
- Young fathers may present as single young men
- Young fathers may feel left out of 'parent' services focused on mothers

Young fathers are often vulnerable



Helpful resources

- Getting maternity services right for pregnant teenagers and young fathers. PHE, RCM. 2015
- Young Fathers Research Summary. Fatherhood Institute. 2013
- Are we nearly there yet, Dad? Barnardo's. 2012
- Following Young Fathers. Resource booklets for practitioners. University of Leeds. 2015



Key actions for your area

- ✓ Arrangements for **identifying young fathers** in all services and assessing their support needs including whether they are the primary carer
- ✓ A **specialist young father's worker** or named team member to address needs and raise staff awareness
- ✓ **Staff training** to increase confidence and effective practice
- ✓ A **commissioned support service** where needed

Father-friendly services

- ✓ A welcoming **environment** with father-friendly images
- ✓ **Accessible information** and resources
- ✓ Specific **invitations** to young fathers to attend antenatal, postnatal and parenting support appointments

Partnership working

- ✓ Named contacts and **referral pathways** to specialist support services
- ✓ Work with **young offender institutions**, prison and probation services to help young fathers **maintain contact with their child** and partner

Over the last 15 years, the under-18 conception rate has more than halved, to the lowest level since 1969. This is the result of a long-term evidence-based teenage pregnancy strategy, delivered with concerted effort by local government and their health partners. Despite the significant reduction, further progress is needed to sustain the achievements, narrow the variation in rates between, and within local areas, and improve the outcomes for young parents and their children. Like all parents, teenage mothers and young fathers want to do the best for their children and some manage very well; but for many their health, education and economic outcomes remain disproportionately poor which affects the life chances for them and the next generation of children.

Every young parent has their own individual story, but the area and individual risk factors for early pregnancy highlight the vulnerabilities with which some young people enter parenthood: family poverty, persistent school absence by age 14, slower than expected attainment between ages 11 and 14; and being looked after or a care leaver. These risk factors are reflected in the cohort of young parents in the Family Nurse Partnership trial participants: 46% had been suspended, expelled or excluded from school and 48% were not in education, employment or training at the time of recruitment. As a result some young parents will have missed out on the protective factors of high quality sex and relationships education, emotional wellbeing and resilience, positive parenting role models and having a trusted adult in their life. For a minority, these vulnerabilities may make parenting very challenging. Almost 60% of children involved in serious case reviews were born to mothers under 21. It is suggested that commissioners and service providers use this framework as a multi-agency self-assessment tool, completing it in partnership to enable a collective review of the local offer; an identification of gaps in provision; and an exploration of the likely impact and effectiveness of those component parts on local support for young parents. Getting support right for teenage mothers and young fathers can transform the lives of individual young parents and their children, enabling them to fulfill their aspirations and potential.

PROGRAMS AND FATHER INCLUSIVE PRACTICE

BIG NIGHT OUT Central Coast NSW



Here is a photo of a dads and kids event, the BIG NIGHT OUT. I have a passion for camp oven cooking, sitting by the fire, music, and the simplicity of just 'being' in nature. I live in a small village called Elands where I run an organic farm when not working with the wonderful team in Old Bar. I have always believed that if people who are struggling could just get away from the fast lane and get back to basics of cooking together, no wifi, bush walks and sitting around a fire then in just maybe a single night they may feel the benefits. So with the help of the Elands Health and Community Centre we decided to run a camp out for Dads and kids and see what come of it. I think the photo says it all. These Dads have now all connect-

ed to form a network of support and we have a group email where I can invite them for more get togethers. It was an amazing evening of stories, music, eating and relaxing. Since then we have had a 'team experience' at the same venue to show everyone what the fuss is all about. We plan on hopefully running more into the future. I think it's a cost effective, long lasting and valuable way of really making a difference in a very short time. For more information contact: Darren Harrison dharrison@uniting.org

Learning about fathers and infants

FRB comment: Here are two perspectives on learning about fathers and infants: one from a student undertaking a course on father-infant attachment, the other from senior clinician and educator who has only recently come to this topic.

The online course, **Father-infant attachment and coparenting**, at the University of Newcastle www.newcastle.edu.au/course/HLSC6112, attracts students from several countries. Discussions in the online environment can be enriched by including perspectives outside of the standard western research base. This year a student posed these important questions on the course Discussion Board.

Although I now live in Australia, I come from a part of India that has a happy coexistence of patriarchal communities and a couple of matrilineal ones. Whereas the parenting aspects of patriarchal communities follow the typical style, mothers/aunts/grandmothers shouldering most of the parenting responsibilities, in the matrilineal communities the maternal uncle is a very significant 'father figure'.

The Khasi people, for example, from the state of Meghalaya in India follow a matrilineal (not matriarchal...important distinction) system:

- The mother and the (maternal) uncle are two key figures in the system.
- The mother is the head of the family. Children take the mother's surname so they inherit their identity from the mother.
- Property ownership is passed through the female line. The youngest daughter becomes the custodian of the family property.
- The uncle is the locus of authority, control and decision-making in the family. For example, the youngest daughter may very well be the custodian of the family property but she must consult the uncle (and other male members) in property decisions.
- A husband usually moves into the wife's house after marriage. In some (sub-) communities the husband can be a visiting husband.
- Although women are technically heads of the families, their involvement in any political or social forums outside of the immediate household is restricted.
- Divorces are common and not frowned upon. Children typically remain with the mothers (remember they inherit their identity from the mother).

At a strategic level good support:

- is integral to safeguarding, the Early Help agenda and improving life chances
- is key to giving every child the best start in life
- breaks intergenerational inequalities
- reduces future demand on health and social services

My questions are:

1. *How does the concept of multiple attachments and attachment hierarchy develop in the above contexts?*
2. *What are the issues resulting from family dissolution, on these attachments; how do they adapt?*
3. *The Khasi society is seeing a gradual shift towards the (more common) 'man-woman-child' family system where the husband is the head of the family. How does this shift impact the attachments of the child with the father and with the uncle?*
4. *How can we engage fathers and get them more involved in child-rearing and parenting?*

Contact: Bornali Borah bornali.borah@gmail.com

Reflections on learning about fathers and infants from the Executive Director of the Michigan Association for infant mental health

FRB comment: Deborah Weatherston has been the Executive Director of the Michigan Association for Infant Mental Health since 2001 where she is closely involved with the nationally recognized, professional development plan for infant and family professionals. She was a ZERO TO THREE Fellow (1999-2000) and has co-authored the 1st and 2nd editions of Infant Mental Health Services: Supporting Competencies/Reducing Risks. She is a Board Member of the World Association for Infant Mental Health

The first 2017 edition of The Infant Mental Health Journal included an essay by Deborah Weatherston on Reflecting on the Practice of Infant Mental Health and the Reduction of Risk in Infancy and Early Parenthood. Her introduction began:

When asked to participate in the remarkable conference “The Psychology of Boys at Risk: Indicators from 0-5,” I wondered what I might contribute. I was assured that a discussion of infant mental health (IMH), its origins and relational framework, and the exploration of current practices would be relevant. I was not prepared for the awakening of many reflections about the field of IMH and the responsibility for understanding the vulnerability of boys in infancy and early childhood while strengthening the capacities of all parents to reduce the risks through relationship-centered services. I found myself thinking more deeply about the importance of the parent–child relationship to healthy outcomes for babies, particularly boys. The engagement of fathers and their babies, in a field so focused on mothers and their very young children, became a very important consideration. Given the dominance of attachment theory in IMH and how embedded the field is in mother–infant interaction, I began to wonder, too, about gender variations in social and emotional development. Might attachment be measured differently for boys or might the examination of father–infant interactions yield different classifications for boys? Equally important, how might we prepare IMH professionals who work in a variety of ways and represent many disciplines to shift their thinking to embrace these new ideas about boys and their vulnerabilities, attachment theory, and the role of both fathers and mothers in affecting relational health? These thoughts led, not surprisingly, to professional thoughts about training for the IMH field and more personal reflections about parents, my own, including my father, as related to the inclusion of fathers in an infant’s or a toddler’s care.

Toward the conclusion of the paper a section headed ‘The Awakening’ included the following: Families have shared many stories that mirrored my own or were difficult to hear and interactions that were difficult to observe. Through reflective supervision, there were opportunities to explore the thoughts and feelings aroused as personal intersected with professional, the way it often does with early relational work. With classical attachment theory underpinning my training and the focus on mother–baby work, my responses to other mothers and other babies led to greater empathy for them and also to my mother and myself. But what about fathers?

Conversations about fathers, professionally and personally, were not central to my training or reflective work. “What role do fathers play in offsetting the risks of exceptional vulnerabilities of boys?” This question was newly awakened in the course of this conference and led me on a reflective journey. I began to think about my father who had lost his firstborn, my twin, and the heartfelt experiences that followed. The trauma of war exacerbated these experiences for him. Given time to reflect on his story, I found greater empathy for him and am certain that I will be more intentional in engaging and listening to other fathers, their stories, and their struggle to enter into nurturing relationships with their children. This shift seems very important to integrating the new knowledge offered in the course of this conference as I support others, through training experiences and reflective consultations.

Weatherston, D. J. (2017). *Reflecting on the Practice of Infant Mental Health and the Reduction of Risk in Infancy and Early Parenthood: An Essay*. *Infant Mental Health Journal*, 38(1), 143-149. *Infant Mental Health Journal*, 38(1), 143-149.

A new program for fathers who are using violence



In an Australian first, a \$5.6 million early intervention program will target fathers experiencing drug or alcohol abuse who have committed, or are at risk of committing family violence. The program's focus is on taking steps to stop family violence by helping fathers foster better relationships with their children.

The Government is investing \$4.6 million over four years for the Caring Dads program – an additional \$1 million has been contributed by philanthropic partner Gandel Philanthropy.

The Children's Protection Society piloted the program with initial government funding of \$575,000, helping dads in Melbourne's north eastern suburbs. It will now expand to the city's west and Inner Gippsland.

Fathers attend voluntary group sessions over 17 weeks where they learn parenting skills and the impact of family violence on their children as well as the importance of a respectful relationship with their children's mother.

Referrals to the program are made through alcohol and other drug services, mental health services, child protection, Child FIRST, maternal and child health services, police and other community service providers.

Caring Dads was developed in Canada and is also currently delivered in Ireland, the United Kingdom, Sweden, the Netherlands, Germany and the United States.

Results from the British trial found mothers and children felt happier and safer because of the program and reported a meaningful improvement in the behaviour of the father.

Source: Jenny Mikakos, Minister for Families and Children, Victoria State Government.

Contact: <http://www.caringdads.org/>

CONFERENCES

SRDC 2017 Preconference. Fathers and families: New perspectives and future directions



The 2017 Society for Research into Child Development (SRCD) preconference on *Fathers and Families: New Perspectives and Future Directions* will focus on advancing research and measurement on the role of fathers for children's development in the context of the family. Austin Conference Centre, Texas, USA. April 5, 2017. <http://bit.ly/2krGfED>

Jennifer StGeorge (<http://www.newcastle.edu.au/profile/jennifer-stgeorge>) will be chairing a session on *Theoretical and Measurement Issues* concerning fathers' play interactions at the Preconference, and also co-presenting at the SRCD Biennial Meeting, a Poster Symposium, *Global Perspectives on Mother and Father Playfulness and Challenging Parenting*.

A precis of the concepts and future directions articulated at the conference will be presented at the Australian Fatherhood Research Symposium in Melbourne, April 20-21, 2017.

Fatherhood Research Symposium

FATHERHOOD RESEARCH SYMPOSIUM II: THEORY, MEASUREMENT, POLICY AND PRACTICE

April 20th - 21st 2017
Melbourne, Victoria



Researchers examining fathers, fathering or fatherhood are invited to contribute to a Symposium on Fatherhood Research in Australia to be held at the city campus of Deakin University. Participants will be invited to contribute and speak to a poster giving a brief account of one aspect of their research in this area.

The Symposium is free and refreshments and lunch will be provided for both days. Registration is essential and close Friday 31st March. For more information contact Jacqui Macdonald jacqui.macdonald@deakin.edu.au or Richard Fletcher richard.fletcher@newcastle.edu.au

To Register: visit: <http://bit.ly/2IOaWQr>.



RESEARCH

Fathers' smoking and children's health

FRB comment: Children are susceptible to the harmful effects of passive smoking because they are very sensitive to toxicants and spend the most of their time at home. Wang et al. (2017) interviewed fathers about their age and education, house characteristics, socio-economic status of the family and smoking habits at home and in the car. The concentration of u-cotinine (the main metabolite of nicotine) in the children's urine was also measured. Significant predictors of u-cotinine concentrations in the children were the number of cigarettes smoked by the father in front of the children at home and the mean duration of the children's exposure to environmental tobacco smoke at home. As a result of evidence like that of Wang et al. interventions are being developed specifically for smoking fathers. Dads in Gear is a Canadian face-to-face group program, with web-based resources, that addresses smoking cessation, fathering, and healthy living (See FRB 25 August 2014). In their 2017 paper, Bottorff and colleagues have proposed prospective, non-comparative study of the DIG program across six communities. Chan et al. (2016) report on a family based intervention with 1158 Hong Kong families with a daily smoking father, a non-smoking mother, and a child aged 0-18 months. The 6 nurse-led individual face-to-face and telephone counseling sessions showed a decrease in fathers self-reported smoking. Broadening the approach Noonan et al. (2016) measured both smoking and alcohol in an intervention with Latino US fathers. The surprising finding was that even though the intervention addressed only smoking the men who quit smoking reported less binge drinking at both 3-month postpartum, and 12-month post-randomization compared to non-quitters.

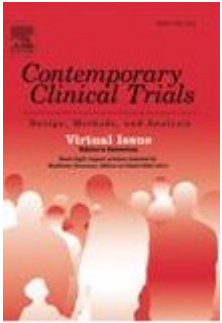
Urinary cotinine concentrations in preschool children showed positive associations with smoking fathers



This study aimed to test the association between fathers' smoking behaviour and urinary cotinine levels among preschool children exposed to environmental tobacco smoke (ETS). Possible factors influencing this association were also explored. We recruited 368 smoking fathers with children aged 5-6 from five preschools in the city of Changsha, China. Urine samples were collected from the children and the fathers were interviewed face-to-face. We adjusted for potential confounding factors with linear regression models. The geometric mean of the cotinine concentration in the children's urine was 3.94ng/mL (95% confidence interval 3.71–4.22). In multivariate analyses, the important predictors of urinary cotinine levels among children, after adjusted confounding factors, were the number of cigarettes smoked in front of the children at home per day ($B=0.414$, $p<0.001$), the number of cigarettes smoked by the father in front of the children at home ($B=0.105$, $p<0.001$) and the mean duration of the children's exposure to ETS at home ($B=0.111$; $p=0.046$). Urinary cotinine concentrations of children exposed to ETS at home were positively associated with smoking fathers and smoking behaviours and the mean duration of ETS exposure at home. Targeted interventions are urgently needed to reduce children's exposure.

Wang, Y., Yang, M., Huang, Z., Tian, L., Niu, L., & Xiao, S. (2017). Urinary cotinine concentrations in preschool children showed positive associations with smoking fathers. *Acta Paediatrica*, 106(1), 67-73.

Assessing the feasibility, acceptability and potential effectiveness of an integrated approach to smoking cessation for new and expectant fathers: The Dads in Gear study protocol



Evidence related to the effects of tobacco exposure in pregnancy and on infant and child health have focused on women's smoking cessation. Less often addressed is men's smoking, which when continued in fatherhood, reduces the chances of female partners' cessation and can negatively impact children's health as well as men's health. Dads in Gear (DIG) is an innovative program designed specifically for new fathers who want to reduce and quit smoking that includes three components: smoking cessation, fathering, and physical activity. The over-arching purpose of this study is to evaluate the feasibility of the DIG program and provide estimates of program efficacy. The purpose of this article is to describe the rationale and protocol for evaluating the DIG program's feasibility, acceptability and potential effectiveness. Using a prospective, non-comparative design, the DIG program will be implemented and evaluated in six communities. The program will be offered by trained facilitators to fathers who currently smoke and want to quit. The RE-AIM framework will guide the evaluation. Open-ended questions in participant surveys, and semi-structured interviews and weekly telephone de-briefs with facilitators will provide data for a process evaluation. Estimates of effectiveness include smoking behavior, fathering and physical activity measures at baseline, end of program, and 3-month follow up. The DIG program could support positive changes with respect to smoking cessation, physical activity and overall health for men. These effects could also promote family health. The program might also provide an effective model for engaging men in other health behavior change.

Bottorff, J. L., Oliffe, J. L., Sarbit, G., Caperchione, C., Clark, M., Anand, A., & Howay, K. (2017). Assessing the feasibility, acceptability and potential effectiveness of an integrated approach to smoking cessation for new and expectant fathers: The Dads in Gear study protocol. *Contemporary Clinical Trials*.

Family-Based smoking cessation intervention for smoking fathers and non-smoking mothers with a child: A randomized controlled trial



To examine whether a family-based intervention targeting both smoking fathers and non-smoking mothers in well-child health clinics is effective in increasing fathers' abstinence from cigarette smoking. This parallel 2-arm randomized controlled trial recruited a total of 1158 families with a daily-smoking father, a nonsmoking mother, and a child aged 0-18 months from the 22 maternal and child health centers in Hong Kong. The intervention group received the family-based intervention, including 6 nurse-led individual face-to-face and telephone counseling sessions within 1 month after recruitment and a voluntary face-to-face family counseling session (FCS). The control group received a leaflet, a self-help booklet, and brief quitting advice only. Father-reported 7-day and 6-month abstinence, smoking reduction, quit attempts, mother-reported help and support, and child salivary cotinine level were assessed at 12 months. Generalized estimating equation models were used to compare these outcomes between the 2 study groups. Compared with the control group, the intervention group reported a greater prevalence of 7-day (13.7% vs 8.0%; OR, 1.92; 95% CI, 1.16-3.17; $P < .01$) and 6-month self-reported abstinence (13.4% vs. 7.5%; OR, 2.10; 95% CI, 1.30-3.40; $P < .01$). Within the intervention group, compared with receipt of individual counseling only, participation in the FCS was associated with increases in fathers' self-reported abstinence (20.2% vs 12.3%; $P = .02$), mothers' help (66.1% vs 43.8%; $P < .01$), and support to the fathers (55.0% vs 45.4%; $P < .01$).

The family-based smoking cessation intervention for the families in the well-child healthcare setting was effective in increasing the fathers' self-reported abstinence. Additional participation in the FCS increased mothers' help and support to the fathers.

Chan, S. S. C., Cheung, Y. T. D., Fong, D. Y. T., Emmons, K., Leung, A. Y. M., Leung, D. Y. P., & Lam, T. H. (2016). Family-Based Smoking Cessation Intervention for Smoking Fathers and Nonsmoking Mothers with a Child: A Randomized Controlled Trial. *The Journal of Pediatrics*.

Unintended effects of a smoking cessation intervention on Latino fathers' binge drinking in early postpartum



The co-occurrence of substance use, including tobacco and alcohol use, are common among Latino men. Roughly 70 % report alcohol use in the past year, and 45 % reporting binge drinking [1, 2]. Alcohol-related social risks (i.e., family strain and violence) and related health risks (i.e., cancer and liver disease) also remain high [3]. With alcohol use comes smoking among many, among Latino men that are current drinkers, 25 % of them use tobacco on a daily basis, and this number increases to 37 % among those men classified as heavy drinkers [1].

The co-occurrence of smoking and alcohol use is multifaceted and may be due to genetic, environmental, behavioral, and psychosocial mechanisms [4]. Due to the clustering of these behaviors, reductions in one of the behaviors can lead to reductions in the other [1, 5]. While not straightforward [6], smoking cessation has been linked to a decrease in alcohol consumption [5]. The majority of studies available in the literature have been conducted among treatment-seeking alcohol users rather than those not seeking treatment or those seeking treatment for smoking [5]. However, a recent study among non-treatment-seeking binge drinkers showed that those who quit smoking reported a decrease in binge drinking [7].

Reductions in co-occurring risk behaviors take multiple pathways. Smoking and alcohol use share similar behavior change pathways (i.e., mutual cravings and behavioral triggers); when these cravings and triggers are diminished, this may lead to reductions in both behaviors [4]. Increased confidence from changing one behavior, such as smoking, may also transfer to other behaviors like alcohol use and lead to reductions [8]. Unique to this study, there also may be naturally occurring times, like pregnancy or the birth of a child, when reductions of these behaviors also co-occur. Because pregnancy is a teachable moment when Latino fathers may be more inclined to quit smoking [9], they also may be more motivated to reduce their alcohol consumption. Factors related to becoming a parent can serve as motivators to engage in healthy behaviors, yet they are rarely examined among male partners [10]. To our knowledge, the effects of a smoking cessation intervention on binge drinking behavior among new Latino fathers have not been examined.

We expected that the smoking cessation intervention might affect alcohol use for three reasons. First, smoking and alcohol use share common behavioral pathways. Second, new fatherhood may bring increased motivation to engage in healthy behaviors. Third, that the provided intervention had a significant effect on couple relationship satisfaction [11], which may have decreased stress (a common behavioral trigger of both smoking and alcohol use). Therefore, the purpose of this study was to examine whether arm effects exist for a cessation intervention on the unintended outcome of binge drinking. We also examine the effects of smoking cessation (regardless of arm allocation) on binge drinking in Latino fathers using data from a smoking cessation randomized controlled trial called the Parejas Trial [12].

Noonan, D., Lyna, P., Fish, L. J., Bilheimer, A. K., Gordon, K. C., Roberson, P., ... & Pollak, K. I. (2016). Unintended Effects of a Smoking Cessation Intervention on Latino Fathers' Binge Drinking In Early Postpartum. *Annals of Behavioral Medicine*, 50(4), 622-627.

From book reading to the recession: how fathers make an impact

*FRB comment: Involved fathers can have a tremendous impact on children's development. However, we still do not know enough yet about how fathers are engaged and what the impact is on specific child outcomes. **Salo et al.** (2016) examined father-child dyads during toyplay and bookreading and looked at paternal language use in a low-income sample in the US. There was more paternal talk during bookreading but the type of activity influenced different types of child directed speech. **Planalp & Braungart-Rieker** (2016) examined the determinants of father involvement in the early years of children's lives. One of the interesting findings was that when mothers reported more symptoms of depression, fathers tended to be more involved. Fathers tended to be more involved with girls and with older children. **Knop & Brewster** (2016) examined whether economic conditions, in this case the Great Recession in 2007, had an influence on increased father involvement. The results showed that in all types of families, fathers spend more time in caregiving tasks with their young children during and the recession.*

Low-income father's speech to toddlers during book reading versus toy play



Fathers' child-directed speech across two contexts was examined. Father-child dyads from sixty-nine low-income families were videotaped interacting during book reading and toy play when children were 2;0. Fathers used more diverse vocabulary and asked more questions during book reading while their mean length of utterance was longer during toy play. Variation in these specific characteristics of fathers' speech that differed across contexts was also positively associated with child vocabulary skill measured on the MacArthur-Bates Communicative Development Inventory. Results are discussed in terms of how different contexts elicit specific qualities of child-directed speech that may promote language use and development.

Salo, V. C., Rowe, M. L., Leech, K. A., & Cabrera, N. J. (2016). Low-income fathers' speech to toddlers during book reading versus toy play. *Journal of Child Language*, 43(6), 1385-1399.

Determinants of father involvement with young children: Evidence from the Early Childhood Longitudinal Study-Birth Cohort



The current study used data from the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B; Snow et al., 2007) to explore determinants of resident father involvement. Families (N = 2,900) were measured at 3 time points (9 months, 2 years, and 4 years of age). Father, mother, and child factors were examined in relation to father caregiving and play. Latent change score models indicated that fathers engaged in more caregiving and play behaviors and increased at a faster rate when they more strongly identified with their role as a father. Fathers engaged in more caregiving when mothers reported higher depressive symptoms and increased in play more slowly when marital conflict was higher. In addition, a Mother Depressive Symptoms × Marital Conflict interaction emerged indicating that fathers differed in their levels of caregiving depending on mothers' report of depressive symptoms, but only when marital conflict was low. Fathers also increased in caregiving at a faster rate with girls than boys. A comprehensive framework for examining resident father involvement is presented.

Planalp, E. M., & Braungart-Rieker, J. M. (2016). Determinants of father involvement with young children: Evidence from the early childhood longitudinal study-birth cohort. *Journal of Family Psychology*, 30(1), 135.

Family flexibility in response to economic conditions: Fathers' involvement in Child-Care tasks



Recession-related increases in men's child care are well documented, but supporting evidence describes the last several decades of the 20th century. Changes in family life and in the association between families' economic conditions and the macro economy provide reason to question the continued existence of a "recession effect." This article evaluates the frequency of married and cohabiting fathers' engagement in the day-to-day tasks of child care during the so-called Great Recession, using data from male respondents to the 2006–2010 National Survey of Family Growth. Results indicated an increase in men's frequency of engagement in physical care and feeding, starting in 2008 and continuing into 2010. The share of men engaged in daily play fell sharply at the recession's onset but rebounded in subsequent years. These results suggest that, even with a narrowing of the gendered division of domestic labor, room remains for families to respond flexibly to economic shifts.

Knop, B., & Brewster, K. L. (2015). Family Flexibility in Response to Economic Conditions: Fathers' Involvement in Child-Care Tasks. *Journal of Marriage and Family*.

Alternative routes to positive child development: the case of dads

In this set of papers, the focus is on the link between father-child relationships and child problems, such as childhood obesity, and internalising and externalising disorders. Different routes can lead to protecting children from these risks (the principle of *equifinality*), and it is interesting to see if or how researchers investigate these routes. On the broadest level in these three studies, Morgan et al. (2017) provide an example of how 'any route [parent] will do'. The authors discuss the growing evidence of paternal influence on children's food intake and then systematically review fathers' participation in 213 childhood obesity prevention or treatment randomised control trials (RCT). A surprise finding was that many RCT implementers did not actively involve or even count fathers' participation. While two thirds of the RCTs did include fathers, few provided objective father engagement data, and only 2% explicitly reported that the lack of father participation was a limitation of the study. Not considering a different route (i.e., father participation) to the prevention of childhood obesity) appears to be short-sighted.

In the study by Bureau et al. (2016), the authors examined the route to children's externalising behaviours by comparing mothers' and fathers' attachment and sensitivity. Children's conduct problems were worse when parent-child attachment was insecure, and this link was stronger for dads than for mums. This study demonstrates that one route to child behaviour is the parent-child attachment relationship, but that the potency of the route varies with parent gender.

Other researchers take an evolutionary standpoint, and hypothesise that fathers do indeed take a different route to achieve positive child outcomes. In the Gaumon et al (2016) study, the researchers use the Risky Situation test to assess an alternative type of father-child attachment, the *activation relationship*, formed by fathers' sensitive encouragement to explore the environment while also protecting with by clear limits. The researchers found that a balanced activation relationship with the child could **protect** against anxiety disorders for children who have disorganized attachment with the mother, while an under-activated relationship was a **risk** factor for anxiety disorders for children who have an insecure relationship with the mother.

Anxiety and attachment to the mother in pre-schoolers receiving psychiatric care: The father-child activation relationship as a protective factor



This 49-family study is the first to explore the father-child relationship in a clinical population of pre-schoolers (at a tertiary care child psychiatry clinic) and to examine its relation to child anxiety and attachment to the mother. A moderation model of the father-child activation relationship on the relation between attachment to the mother and child anxiety was tested and discussed. Analyses confirmed the expected independence between mother-child attachment and father-child activation as well as the association between mother-child attachment and anxiety. The highest levels of anxiety were found in insecure children, and more specifically, in insecure-ambivalent children and insecure disorganized-controlling children of the caregiving subtype. Hypotheses regarding the relation between anxiety and activation were only partially confirmed. Finally, the activation relationship with the father was shown to have a moderating effect on the relation between attachment to the mother and child anxiety; activation by the father may be considered either a protective or a risk factor. Results for this clinical population of young children are discussed in the light of attachment theory and activation relationship theory. The study's findings have the potential to contribute to the development of preventative, diagnostic, and intervention programs that take both parental figures into account.

Gaumon, S., Paquette, D., Cyr, C., Émond-Nakamura, M., & St-André, M. (2016). Anxiety and attachment to the mother in pre-schoolers receiving psychiatric care: The father-child activation relationship as a protective factor. *Infant mental health journal*, 37(4), 372-387.

Involvement of fathers in pediatric obesity treatment and prevention trials: A systematic review

Despite their important influence on child health, it is assumed that fathers are less likely than mothers to participate in pediatric obesity treatment and prevention research. This review investigated the involvement of fathers in obesity treatment and prevention programs targeting children and adolescents (0–18 years). A systematic review of English, peer-reviewed articles across 7 databases. Retrieved records included at least 1 search term from 2 groups: “participants” (eg, child*, parent*) and “outcomes”: (eg, obes*, diet*). Randomized controlled trials (RCTs) assessing behavioral interventions to prevent or treat obesity in pediatric samples were eligible. Parents must have “actively participated” in the study. Two authors independently extracted data using a predefined template. The search retrieved 213 eligible RCTs. Of the RCTs that limited participation to 1 parent only ($n = 80$), fathers represented only 6% of parents. In RCTs in which participation was open to both parents ($n = 133$), 92% did not report objective data on father involvement. No study characteristics moderated the level of father involvement, with fathers underrepresented across all study types. Only 4 studies (2%) suggested that a lack of fathers was a possible limitation. Two studies (1%) reported explicit attempts to increase father involvement. The review was limited to RCTs published in English peer-reviewed journals over a 10-year period. Existing pediatric obesity treatment or prevention programs with parent involvement have not engaged fathers. Innovative strategies are needed to make participation more accessible and engaging for fathers.

Morgan, P. J., Young, M. D., Lloyd, A. B., Wang, M. L., Eather, N., Miller, A., ... & Pagoto, S. L. (2017). Involvement of Fathers in Pediatric Obesity Treatment and Prevention Trials: A Systematic Review. *Pediatrics*, 139(2), e20162635.

Correlates of child-father and child-mother attachment in the preschool years



The increase in fathers' involvement in childrearing, particularly beyond infancy, warrants research exploring factors influencing the quality of child–father attachment relationships, and the impact of these relationships on children's social development. The current investigation explored various correlates of preschoolers' child–father attachment security to both parents, including contextual factors (i.e., socioeconomic status, child temperament, parenting stress), parental play sensitivity, and child social adaptation. Participants included 107 preschool-aged children (59 girls; $M = 46.67$ months, $SD = 8.57$) and their fathers and mothers. Results revealed that both mothers' and fathers' play sensitivity were associated with child attachment security after controlling for different contextual factors. Furthermore, the magnitude of the association between child conduct problems and child–father attachment insecurity was stronger than the corresponding association with child–mother attachment insecurity. Findings provide important information on caregiving factors associated with child–father attachment security in the preschool years and the importance of this bond to children's social adaptation.

Bureau, J. F., Martin, J., Yurkowski, K., Schmiedel, S., Quan, J., Moss, E., ... & Pallanca, D. (2016). Correlates of child–father and child–mother attachment in the preschool years. *Attachment & Human Development*, 1-21.

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Or contact Richard Fletcher:
richard.fletcher@newcastle.edu.au