Fatherhood Involvement Reference Report for

No Man Left Behind: How and Why to Include Fathers in Government-Funded Parenting Strategies

Editors
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About this report
This report is a compilation of the research that informed the *No Man Left Behind: How and Why to Include Fathers in Government Funded Parenting Strategies*. This reference report offers more detail findings from each of the research methods. We have organized the report around five research projects:

1. Promoting positive father involvement: A strategy to prevent intimate partner violence in the next generation (originally written in 2013, revised in 2016)
2. A snapshot of positive fatherhood programs with evidence of effectiveness
3. Interviews with 27 policy makers across the Government of Alberta
4. A review of assessment tools designed to help human service organizations become more father friendly
5. A review of Government of Alberta policy documents and business plans to understand the discourse on fatherhood.

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Promoting Positive Father Involvement: A Strategy to Prevent Intimate Partner Violence in the Next Generation

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About Shift

Shift: The Project to End Domestic Violence was initiated by the Brenda Strafford Chair in the Prevention of Domestic Violence, in the Faculty of Social Work, at the University of Calgary. Shift's goal is to significantly reduce domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur.

Shift's purpose is to enhance the capacity of policy makers, systems leaders, clinicians, service providers and the community at large to significantly reduce the rates of domestic violence in Alberta. We are committed to making our research accessible and working collaboratively with a diverse range of stakeholders to inform and influence current and future domestic violence prevention efforts through primary prevention.

About this Report

This report is situated within a broader research agenda designed to serve as a foundation for a comprehensive strategy to engage men and boys in violence prevention to reduce rates of domestic violence in Alberta. Positive fatherhood involvement was one of seven key entry points identified for engaging men and boys. (Please visit our website at www.preventdomesticviolence.ca to download this and other research on engaging men and boys in violence prevention).

Over the last two years, Shift in partnership with the Government of Alberta, produced a report (Men and Boys Violence Prevention Project: Informing a Government of Alberta Action Plan to Engage Men and Boys to Stop Violence Against Women) to support the implementation of a comprehensive government strategy to engage men and boys in violence prevention. The purpose of this report focused on informing and changing policy and practices with the end goal of preventing domestic violence from happening in the first place. If you would like further information please go to www.preventdomesticviolence.ca

1.0 Introduction

Supporting fathers to become more positively engaged in the lives of their children is a promising strategy to prevent intimate partner violence (IPV) in the next generation. Myriad studies completed over the past three decades have confirmed that both positive and negative parenting practices and adult relationship skills can be transmitted inter-generationally. For the most part, the research has focused on poor parenting practices and skills, showing that negative and abusive behaviours directed towards one's children or partner (or both) are often perpetuated by those children when they become adults.[1] In short, children who are raised by a parent with poor parenting skills are less likely to become supportive, nurturing parents; children who are directly maltreated by a parent or exposed to intimate partner violence (IPV) are damaged in a host of ways and are more likely to abuse their own children and relationship partners.[2]

Until recently, the vast majority of the parenting research and interventions focused on mother-child relationships. Research pertaining to fathers as parents has largely been limited to the ways in which fathers' economic and other contributions foster family stability and support mothers' ability to parent well.[3] Research is now confirming and clarifying the vital and distinct role that fathers play in child development.[4] New studies indicate that, for better and for worse, fathers influence their children independently from, and as strongly, as mothers.[5] In addition, fathers are increasingly involved in childrearing in two-parent families and there has been a clear trend toward shared custody and shared parenting in families in which the parents are separated or divorced.[6]

The new research and social trends have sparked interest in Canada and other countries in policy and programming interventions to support or improve fathers' parenting skills and to increase their involvement with their children in ways that promote children's positive development. This paper focuses specifically on positive father involvement as a *primary IPV prevention strategy*, that is, a strategy to prevent IPV before those behaviors develop in the next generation. The paper provides a rationale for investments in positive father involvement strategies for fathers who have perpetrated or may be at risk of perpetrating either or both IPV or child maltreatment in order to prevent IPV perpetration and victimization in the coming decades, along with recommendations in the areas of research, policy, and programming.

Intimate partner violence

As defined by the World Health Organization, "intimate partner violence" is behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviours.[7]

Intimate partners

Alberta Justice defines "intimate partners" as opposite-sex or same-sex partners in current and former dating relationships, current and former common-law relationships, current and former married relationships, and persons who are the parents of one or more children, regardless of their marital status or whether they have lived together at any time.[8]

Primary prevention

"Primary prevention" in this context means reducing the number of new instances of intimate partner violence by intervening before any violence has occurred. Primary prevention "relies on identification of the underlying, or 'upstream,' risk and protective factors for intimate partner violence, and acts to address those factors."[9] This report offers primary prevention strategies to reduce the chances that children will grow up to be perpetrators or victims of intimate partner violence.

2.0 Methods

The information in this paper was gathered through (i) searches of the academic data bases (including PubMed, CINAHL, Cochrane Library, Campbell Library, JSTOR, PsycINFO, SSRN, and Google Scholar) and (ii) searches of academic and government websites and databases on evidence-based and/or model programs in Canada, the United States, Australia, and the U.K. using search terms including but not limited to the term "fathering" and "fatherhood" in conjunction with "positive," "parenting," "outcomes," "child development," "program," "evidence based," "synthesis," "engage," "transmission," "inter-generational transmission," "child abuse," "child maltreatment," "domestic violence," and/or "intimate partner violence" and, given the high volume of published research and grey literature, with particular attention to articles published since 2005.

2.1 Scope and limitations

This paper focuses specifically on positive father involvement as an IPV primary prevention strategy; it does not address all aspects of the research, policy, or programs relating to fathering as a whole.

Not included in the discussion are the social and economic ramifications of the growing number of children who are being raised in families with absent fathers, particularly in the United States, where one in three children lives in a home without a biological father present.[10] Encouraging and assisting fathers to take financial responsibility for their children is one of the key drivers of the American responsible fatherhood movement[11] but this has not been at the forefront of fatherhood initiatives in Canada, where the vast majority of fathers are employed and present in their children's lives.[12]

In addition, there appears to be no empirical research on effective positive fatherhood involvement strategies for gay fathers, so the content of the paper is largely limited to heterosexual fathers. There is also very little or no empirical research on strategies for immigrant or Canadian-born ethno-cultural minority fathers or Aboriginal fathers, so specific approaches for these populations are not addressed in this report. While some of the American research on fathering and its outcomes, along with strategies to engage at-risk fathers in programming, has included or focused on at-risk African-American fathers, due to social, demographic, and other differences between the United States and Canada, it is not clear that the findings from this research are applicable in Canada. It is likely, however, that programming which targets fathers belonging to dominant ethno-cultural and non-Aboriginal groups in Canada may not be appropriate for or effective with immigrant and Aboriginal fathers. To achieve positive, sustained outcomes, program content must be relevant to and suitable for participants.[13]

Finally, despite the widespread emergence of fatherhood programs and initiatives in the western world, very few programs have been subject to repeated evaluations using a large sample and an experimental design. The vast majority of fatherhood programs, including some that are well known, have not been evaluated at all. Many of the unevaluated programs do not appear to use an evidence-based model or evidence-based practices, suggesting either that they may not be effective or that they are advancing the field with innovative approaches that have yet to be evaluated. Either way, there are, at present, only a few fatherhood programs that meet the "gold standard" of evidence-based practice and can be singled out as effective models that should be widely replicated, although rigorous evaluations of a few new promising programs are currently underway.

In this paper, best practices in positive fatherhood programs have been drawn from the few programs that have been demonstrated to be effective, supplemented with information about programs that have shown promise of effectiveness through a single experimental evaluation. Findings from the evaluations of promising programs will help to further inform the development of primary IPV prevention strategies through positive fatherhood policies and programs but, as discussed elsewhere, local replications would be helpful. Rigorous evaluations of new, innovative programs would also contribute to the research base.

> **Evidence-based programs** are well-defined programs that have demonstrated their efficacy through rigorous, randomized controlled trial(s) or quasi-experimental design(s). These programs are also often endorsed by government agencies and well-respected research organizations.*
> These programs are not only well-defined and effective, but may also have shown long-term benefits and been successfully replicated across a range of populations and contexts.**
>
> *S. Small, S. M. Cooney, and C. O'Connor, "Evidence-informed program improvement: Using principles of effectiveness to enhance the quality and impact of family-based prevention programs," *Family Relations* 58, no. 1 (2009): 1-13.
> **Center for the Study and Prevention of Violence, *Blueprints for Violence Prevention Selection Criteria* (Boulder: Institute of Behavioral Science, University of Colorado, 2013).

3.0 Rationale for investing in positive father involvement as an IPV prevention strategy

3.1 Fathers' increased parenting role

Most children in Canada live with their fathers: In 2006, 80% of fathers lived with their children full-time, and only 4% of fathers had no children in the home.[14] In addition, fathers are more involved with childrearing than in the past. For instance, the number of Canadian fathers reporting daily participation in child care rose from 57% in 1986 to 73% in 2005, and the proportion of families with a stay-at-home father rose from 4% in 1986 to 13% in 2011.[15] Also, in 2011, 3.5% of families in Canada were lone-parent families headed by men, up from 2.9% in 2001.[16]

There is good evidence that extending paid parental leave following the birth of a child increases the likelihood that fathers will take advantage of this opportunity, and research indicates that "generous parental leaves lead to increased father time investment in their children and involvement with their children generally."[17] Following amendments to the Employment Insurance Act in 2001, the proportion of Canadian fathers who took paid parental leave

increased from 3% in 2000 to 20% in 2006. In Quebec, where fathers are entitled to up to five weeks of paternity leave in the first year of a child's life, with higher benefits than those provided under federal legislation, more than 50% of fathers take paternity leave.[18] Similar patterns have been observed in countries offering extensive parental or paternal leave benefits, such as Norway and Sweden, particularly among higher-earning fathers.[19]

In addition, most fathers remain a strong presence in their children's lives after the parents separate or divorce. At present, it is impossible to determine the precise proportions of separated and divorced fathers who have no custody, sole custody, joint custody, and shared custody.[20] Current figures represent only those cases decided by the courts, and the majority of separating couples now make their own custody and shared parenting arrangements. Although these data do not appear to be tracked, research indicates that couples who make their own arrangements are twice as likely to enter into a shared parenting agreement as those who take the matter before the courts.[21] We do know that there has been a clear trend over time away from sole custody by either parent toward joint custody and shared custody,[22] and that, overall, separated and divorced fathers in Canada with and without shared parenting arrangements combined spend an average of 100 days with their children.[23] Even when a child lives primarily with the mother, father involvement usually continues, suggesting that "shared parenting" has become the norm in Canada. Although recent data do not appear to be available, in the mid-1990s, 77% of Canadian children who lived with their mothers spent time with their fathers on at least a weekly or bi-weekly basis.[24]

Joint custody and shared parenting are also common in families where the father has perpetrated IPV. One American study reported that, in a community sample of IPV victims, 80% still lived with or had contact with the perpetrator through child custody or access six months after the abuse had been reported to the police;[25] other American research shows that IPV is often not documented in custody proceedings[26] and that a history of IPV has little impact on courts' decisions regarding visitation.[27] There appears to be no recent Canadian research on this issue, but a review of Canadian family law cases from 1997-2000 found that judges tended not to grant custody to male perpetrators of IPV if the woman's claims of abuse were accepted as valid, but routinely granted these fathers access to their children on an unsupervised basis.[28] Jaffe notes that "[c]ustody arrangements that provide as much contact as possible with both parents are assumed to be in children's best interests, and contact is only limited in situations where children are directly harmed or where there is a clear aggressor and victim, and there is evidence to support the claims of the victim."[29]

The debate about child custody and access for fathers who have perpetrated IPV is contentious,[30] given (i) the high co-occurrence of child maltreatment and IPV,[31] (ii) research showing that perpetrators of IPV sometimes use shared custody and access as a means of ensuring ongoing contact with and control over their former partners,[32] and (iii) tensions between child protection systems, which sometimes expect parents to leave abusive partners or

risk apprehension of their children, and family law systems, which encourage continued contact between children and both parents.[33]

As observed by Hughes and Chau, "[d]ecisions are clear in situations where children are directly harmed by the actions or behaviours of one or more of their parents. In families where intimate partner violence (IPV) is occurring, however – where it is not clear how much violence children have been exposed to and will continue to witness – the decision-making process is more challenging. If IPV is not recognized, children can be placed at risk and exposed to further violence. Conversely, if the level of violence or risk is overestimated, relationships between parents and children may be unnecessarily restricted."[34]

A number of IPV assessment tools and frameworks have been developed in recent years to determine level of risk and patterns of violence and provide guidance on suitable parenting and custody arrangements,[35] but there appears to be no research on how frequently they are used and under what circumstances by Canadian family courts. We do know that research has documented the lack of IPV training and use of IPV intervention guidelines among divorce mediators and child welfare investigators,[36] suggesting that provincial requirements or guidelines may be required to protect children and partners and to identify perpetrators who may benefit from appropriate fathering programming.

Even highly-skilled parents sometimes need professional guidance and support to manage co-parenting or child custody and access following separation, and challenges can be profound in families that have experienced IPV. Alberta has already implemented programming to assist separating parents to address challenges relating to co-parenting: Alberta's *Parenting After Separation Seminar (PASS)* is a mandatory six-hour course for all separating or divorcing parents with children up to 16 years of age. Developed by the Court of Queen's Bench and Alberta Justice, the program covers topics including relationship building, effective communication, the effects of divorce on children and on parents, and co-parenting plans.[37] The Province also offers a supplementary, three-hour program to parents in "high conflict" families, *Parenting After Separation for High Conflict Families (PASHC)*, which includes planning for parenting, safety, boundaries, and safety planning, and monitored exchange of children.[38] Participation in PASHC is voluntary. Finally, the Province offers a voluntary six-hour, skill-based course to teach parents how to communicate effectively while living apart (*Focus on Communication in Separation (FOCIS)*).[39] All three programs are provided free of charge.

3.2 Fathers' influence on child development

3.2.1 What constitutes "positive" fathering

There are two primary components of good or "positive" fathering: Having an authoritative parenting style and being involved with the child as a father.[40]

Extensive research over many decades has shown that, for both fathers and mothers, an "authoritative" parenting style trumps both "authoritarian" (or "punitive" or "harsh") and "permissive" parenting in terms of child and youth positive development. "Authoritative" parents balance encouragement of independence and sense of identity within warm and responsive relationships with high and consistent expectations about behaviour and maturity and compliance with their authority. "Permissive" parents may have warm and loving relationships with their children, but rules are few and expectations of children are low. "Authoritarian" parenting is verbally hostile and coercive, i.e., arbitrary, pre-emptory, domineering, and intended to demonstrate the power of the parent over the child.[41] Both permissive and authoritarian parenting styles are associated with child and youth internalizing and externalizing problems, including internalized distress, conduct disorder, and delinquency.[42] Although most of the research on parenting style has been conducted on families of European or African descent in the Western world, recent studies suggest that these outcomes appear to be generally true across cultures,[43] with a few variations.[44] For instance, many studies have attempted to sort out the intricate cultural factors that mediate the association between authoritative parenting by Chinese parents and positive child outcomes.[45]

In its simplest conception, father involvement, whether positive or negative, includes three domains: engagement (direct interactions with the child), accessibility (being available to the child while engaging in something else), and responsibility (managing the child's time and care).[46] Fathers who are engaged with, accessible to, and responsible for their children in positive ways (i.e., ways that exhibit qualities such as warmth, support, and consistency[47]) help them to flourish. Drawing on the research, Cowan and colleagues identify five domains that individually and collectively shape the quantity and quality of fathers' involvement with their children:[48]

(i)   individual family members' mental health;
(ii) the patterns of both couple and parent-child relationships transmitted across the generations from grandparents to parents to children;
(iii) the quality of the mother-child and father-child relationships;
(iv) the balance between life stressors and social supports outside the immediate family; and, perhaps most importantly,
(v)   the quality of the relationship between the parents, regardless of whether the parents are married, divorced, separated, or never married.[49]

Additional factors identified by research that may influence fathers' involvement include fathers' demographic and other characteristics, such as age, ethno-cultural background, personality, education level, and employment status, along with children's characteristics (e.g., age, temperament, disabilities).[50] There are mixed findings in the research about whether married fathers are more engaged with their children than cohabiting fathers.[51]

3.2.2 The benefits of positive fathering to children's healthy development

Research shows that supportive, encouraging fathers help mothers to parent better: It has long been established that positive inter-parental relationships promote a harmonious home environment, which fosters children's positive development;[52] that fathers' contributions to both parenting[53] and home and family maintenance[54] foster maternal satisfaction with the inter-parental relationship; and that supportive fathers can "buffer" the effects of a less supportive (e.g., depressed) mother.[55]

But, apart from its effects on mothers' ability to parent well, positive fathering also has direct impacts on child well-being. Of the three domains of father involvement, engagement has been the most studied, with research showing that, overall, positive father engagement reduces behavioural problems and delinquency in adolescent boys and emotional problems in adolescent girls, improves boys' and girls' social and inter-personal functioning from childhood to adulthood, and improves cognitive development and educational outcomes in both boys and girls in low socio-economic status families.[56]

These positive effects begin in infancy. For example, fathers who care for and engage with their infants and toddlers help to foster children's secure attachment relationships,[57] which promote emotional well-being and healthy relationships across the lifespan[58] and lay the foundation for strong father-child bonds throughout childhood, adolescence, and beyond. Within the context of a positive father-child relationship, low-income fathers' engagement in learning activities with their children in early childhood is associated with children's subsequent cognitive development and academic success.[59] Some research also suggests that fathers may play a larger role than mothers in supporting children's confidence in exploration and interaction with their social and physical environments.[60] This is often facilitated through physical play between fathers and children,[61] at least in the dominant North American culture,[62] which also has a direct link to children's cognitive capacity and emotional well-being.[63] Emotional well-being in childhood is also strengthened by father availability and reliability.[64] In adolescence, a strong father-child relationship has been shown to prevent delinquency among boys,[65] and effective parenting by fathers can buffer the effects of negative peers on adolescent girls' conduct problems.[66] Furthermore, the quality of the father-child relationship in adolescence is associated with adult children's life satisfaction.[67]

3.2.3 The impacts of negative fathering on children's well-being

In its most extreme forms, negative fathering includes child maltreatment in the form of child physical, sexual, or emotional abuse, child neglect, or exposure to intimate partner violence (IPV). Fathers and father surrogates (step-fathers, mothers' partners) are far more likely than female caregivers to perpetrate sexual abuse and severe physical abuse[68] although, at least in Canada, mothers are responsible for more of the substantiated cases of child neglect and abuse in general than fathers are.[69] While there is little empirical research on the incidence of child maltreatment by unrelated males in the household, a few American studies[70] and two older

Canadian studies[71] identified father surrogates as responsible for a high proportion of serious child maltreatment and homicide cases.

It is well established that both direct maltreatment and indirect maltreatment (through exposure to IPV) are predictors of emotional problems, as well as a range of aggressive and delinquent behaviours for both male and female children and adolescents.[72] Research also shows that these problems can continue into adulthood.[73] Experiencing or witnessing abuse and violence can lead to the inability to regulate emotions,[74] and teaches young people that abuse is appropriate, justifiable, and deserved,[75] and that aggressive behaviour can be a useful way of achieving certain goals.[76] Many studies have found that boys who have been maltreated are more likely to develop externalizing behaviours, such as aggression, whereas girls are more likely to develop internalizing problems, such as depression,[77] although some studies have concluded that maltreated children of both genders can develop aggressive and anti-social behaviours and attitudes.[78]

Negative fathering need not be as extreme as overt child maltreatment. Extensive research over many decades has shown that authoritarian parenting is associated with child and youth internalizing and externalizing problems, including internalized distress, conduct disorder, and delinquency.[79] Other common forms of negative parenting by both mothers and fathers include inconsistent discipline, corporal punishment, lack of warmth and affection, detachment and hostility, rejection, and poor monitoring and supervision.[80] A substantial body of recent research also shows that even mild and moderate corporal punishment has harmful side effects that can endure into adulthood.[81] These negative effects include but are not limited to antisocial behaviour in children;[82] adult emotional problems and depression[83] (even controlling for socioeconomic status, gender, spousal violence, alcohol consumption, and witnessing violence);[84] adult aggression and criminal behaviour;[85] and increased verbal and physical aggression with marriage and dating partners.[86] In addition, there is some indication that corporal punishment (spanking, slapping) and minor forms of neglect (e.g., not comforting a child who is upset) experienced in childhood are independently associated with an increased probability of young women and, more commonly, young men verbally coercing (e.g., insisting or threatening) and physically forcing others to have sexual relations with them against their will.[87]

3.2.4 Risk factors for negative fathering and inter-generational transmission of child maltreatment and IPV

In Canada, the most common caregiver risk factors for substantiated child maltreatment, regardless of gender, are being a victim of IPV, having few social supports, experiencing mental health issues, and abusing alcohol and/or drugs. Additional risk factors include being a perpetrator of IPV, having a history of foster care (generally a proxy for having experienced serious maltreatment), having physical health issues, and being cognitively impaired. [88] Early parenting, particularly in the adolescent years, can also be a risk factor, as it is linked with negative parenting attitudes and behaviours, along with lack of knowledge and unrealistic

expectations about infant and child development.[89] Research indicates that a high proportion of young fathers are engaged in illicit activities and drug use, and have difficulties controlling their tempers,[90] all of which place them at higher risk of perpetrating child maltreatment.[91]

In addition, fathers who have served time in custody may also be at risk of perpetrating child maltreatment and negative fathering due to overlaps between criminal offending and other risk factors (e.g., substance abuse). It is estimated that at least one-third of men in custody have perpetrated IPV.[92] A 2007 study by Correctional Services Canada reported that about 32% of men in federal correctional institutions were fathers, and about 60% had children living with them at the time of their arrest. Fifty-three percent of fathers without child custody and 37% of those with some type of child custody identified substance use as a source of marital or family problems.[93]

Although they are not necessarily at risk of maltreatment, some children are simply more difficult to parent than others, and parents' personality traits and parenting styles can be amplified by their children's temperaments, for better and for worse.[94] For instance, personality characteristics can influence the emotions parents experience and/or the attributions they make about the causes of child behaviour (e.g., the parent may interpret crying to be the result of tiredness or as the child's desire to manipulate the parent).[95] Also, parenting a child with a disability sometimes carries with it a range of challenges that may be exacerbated by a wide range of other stressors that can compromise parenting skills, and parents of children with disabilities face the additional challenge of "teasing out which behaviours are a consequence of physical and mental limitations and which are rebellious and require assertive parental intervention"[96] and what sorts of consequences are appropriate.

The experience of maltreatment in childhood is a significant risk factor for maltreating one's own children. A large body of research documents the ways in which both positive and negative parenting practices can be passed on from parent to child. While this is by no means inevitable, many longitudinal studies have shown that both positive parenting practices[97] and, as more frequently studied, harsh and/or abusive parenting practices[98] can be transmitted inter-generationally. Of interest in the research are the life factors that prevent or moderate the transmission of negative parenting. Research in this area is limited, but moderating factors appear to include having a good relationship with a partner with good parenting skills,[99] higher educational attainment[100] and positive social and emotional development in adolescence.[101] Personality and social competence also appear to play a role.[102]

It is clear that IPV is also often transmitted from one generation to the next, although the pathways may be complex.[103] Most—although not all—adult perpetrators of IPV were exposed to violence in childhood, and male IPV perpetrators with a history of violence in childhood are often more hostile toward women and express a greater desire to control their partners than those without such a history.[104] Exposure to parental IPV increases both boys' and girls' risk of dating violence in adolescence, as well as men and women's experience of IPV in adulthood.[105]

4.0 Preventing IPV through positive fathering programming

Research has identified many parenting and family-strengthening programs and policies to improve mothers' parenting attitudes and behaviours. Fortunately, new research is emerging to guide program and policy efforts to strengthen fathers' ability to nurture their children's healthy development and to prevent the perpetuation of child abuse and IPV in the next generation.

Despite the proliferation of positive fathering programs in recent years, only a handful of programs can be identified as evidence-based. An additional few programs have been evaluated using pre- and post-program assessment, but most of these evaluations have not included post-program follow-up to determine whether positive outcomes are sustained over time. Experimental evaluations of parenting programs targeting parents of both genders have shown that behavioural parent training can be effective for both mothers and fathers. Examples of parenting programs that have been demonstrated to improve fathers' parenting include the Triple P - Positive Parenting Program, discussed further below, and the Incredible Years Program,[106] although mothers and fathers may not benefit equally from participation. However, most of the father involvement interventions that have emerged in recent years involve men's participation in programs led by male speakers, counselors, or group leaders, and these programs do not appear to have been evaluated.

The small body of existing high-quality research indicates that some features of programs for fathers contribute to positive outcomes. Overall, successful fathering programs:

- clearly target and recruit a specific group (e.g., young fathers, new fathers, at-risk fathers, fathers who have perpetrated IPV, fathers who have perpetrated child maltreatment, fathers from specific ethno-cultural groups);
- are grounded in a clear theory of change based upon theories of child development and therapeutic support that reflect high-quality research;
- use an evidence-based program model with a proven track record of improving outcomes for fathers and children;
- in most cases, use behavioural or cognitive behavioural training strategies;
- promote authoritative parenting and positive discipline[107] skills; and
- promote good communication with the mother and effective co-parenting strategies.[108]

The empirical research also suggests that positive fathering programs may be more effective if they fully or partially include mothers because the quality of the mother-father relationship strongly affects a father's willingness and ability to be involved with his children.[109] The need to involve mothers in programming that targets young or adolescent fathers[110] is particularly clear, first, because some research indicates that young fathers who do not live with the mothers of their children are sometimes excluded from parenting by grandmothers who are involved in raising their daughters' children;[111] second, because evaluations of some programs for teen fathers that did not include mothers have reported a decrease in father involvement after the

intervention.[112] The need to involve mothers in some capacity also applies to programs targeting fathers who have perpetrated IPV in that, while mothers may not attend the program along with the fathers, they may be engaged in separate support services and, at minimum, in the evaluation of the program.[113]

4.1 Engaging fathers in programming

At present, most behavioural parent training programs in Canada and elsewhere target and are attended by mothers. Reasons for fathers' lack of involvement in parent training are largely speculative. Some qualitative research identifies barriers to participation that include lack of awareness of parenting programs or the value of parenting programs; work commitments; programs that are oriented to mothers; service providers' lack of attention to fathers or bias toward mothers; resistance to guidance or instruction on parenting behaviours; feelings of parenting inadequacy experienced by fathers from socially, politically, legally and/or economically disadvantaged populations; and, for some fathers, the belief that their literacy skills are inadequate to support participation in such programming.[114]

Practices to overcome these barriers may include direct recruitment and advertising that targets fathers and explicitly articulates the benefits of such programs to both the father and the child (e.g., improved relationships, peer support); flexible timing (e.g., not only during weekends and evenings) and alternative delivery mechanisms (e.g., online programs, alternate venues); programming that is directly tailored to fathers (e.g., linked into everyday activities and interests, staff who are trained to work with fathers); and programming that is culturally appropriate, with plain language written materials.[115]

Several qualitative studies suggest that lessons may be drawn from father-engagement efforts in other areas, such as school and early childhood development programs, which have successfully used strategies including a gender differentiated approach with male-oriented activities, along with individualized, strength-based training provided by skilled program leaders,[116] and child protection services, which have engaged fathers though a proactive approach, including an insistence on men's involvement with services; and the use of practical activities.[117] In addition, some research indicates that fathers are more likely to attend programming when the purpose of improved child outcomes is clearly stated. There appears to be no evidence that fatherhood programs should be delivered exclusively by males.[118] Including mothers has also proven helpful in engaging and retaining fathers in programming, and some qualitative research suggests that some fathers prefer mixed groups to father-only programs.[119]

4.2 Prevention and intervention programs for all fathers

A wealth of studies completed in recent years have consistently demonstrated improvements in parenting practices and children's developmental outcomes resulting from participation in comprehensive, evidence-based parenting training programs.[120]

The components of parenting programs that are consistently associated with improvements in parenting include (i) increasing positive parent–child interactions and emotional communication skills; (ii) teaching parents to use positive discipline techniques and the importance of parenting consistency; and (iii) requiring parents to practice new skills with their children during parent training sessions. Programs that focus on (i) teaching parents problem solving; (ii) teaching parents to promote children's cognitive, academic, or social skills; and (iii) providing other, additional services are less effective or ineffective.[121] However, most of the research on such programs has focused on mothers; less is known about the ways and extent to which such programming improves fathers' parenting competence. As discussed below, the Triple P – Positive Parenting Program has been demonstrated to be effective with fathers, although to a lesser degree than with mothers.

- *Triple P - Positive Parenting Program*

  The Government of Alberta offers the *Triple P - Positive Parenting Program* to Alberta parents through the provincial Child and Family Services Authorities and designated First Nations agencies.[122] Developed in Australia and used in countries around the world, Triple P is designed for families with children from birth to age 12, with extensions to families with teenagers aged 13 to 16, and seeks to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. Triple P has five intervention levels of increasing intensity to meet each family's specific needs, as follows: Level 1 (Universal Triple P) is a media-based information strategy; Level 2 (Selected Triple P) provides advice on how to solve specific developmental issues (e.g., toilet training); Level 3 (Primary Care Triple P) targets children with mild to moderate behavioural problems (e.g., tantrums) and includes active skills training for parents; Level 4 (Standard Triple P and Group Triple P) is an intensive eight to 10 session program for parents of children with more severe behavioural problems (e.g., aggressive behaviour); and level 5 (Enhanced Triple P) supplements Level 4 with three to five sessions for families in which parenting difficulties are complicated by other sources of family distress (e.g., inter-parental conflict, parental depression). Variations of the program are available for parents of young children with developmental disabilities (Stepping Stones Triple P) and for parents who have maltreated their children (Pathways Triple P).[123]

  Triple P Level 1 appears to have little or no effect.[124] In addition, a recent, large, Alberta-based, quasi-experimental evaluation of Triple P Levels 2 and 3 reported high levels of parent satisfaction with the program but found no significant differences between Triple P and service-as-usual groups on parenting stress, parent-child interaction, family functioning, child problem behaviours, or any other secondary outcomes.[125]

  Triple P Level 4 (Standard Triple P) is one of the few parenting programs in existence that has been demonstrated to be effective in multiple randomized trials in many settings and

countries, [126] and may be described as a true evidence-based program. Although most evaluations of Triple P have not analyzed the effects of the program by gender, two evaluations have concluded that Triple P does improve fathers' parenting practices but, with the exception of the Stepping Stones program, to a smaller degree than it improves mothers' parenting practices. [127]

4.3 Prevention and intervention programs for separated/divorced fathers

- *Dads for Life Program*

The *Dads for Life* program has proven effective in reducing inter-parental conflict and improving child outcomes following marriage or relationship breakdown. *Dads for Life* is a 10-session (eight group sessions, two individual sessions) program developed in the United States for recently divorced noncustodial fathers of children aged four to 12 years. The curriculum uses a cognitive-behavioural approach to manage anger and reduce conflict with a view to improving parenting skills and the father-child relationship, and reducing inter-parental conflict. Experimental evaluations of the program have reported significant and sustained beneficial effects on children's well-being and adjustment among children of participants, [128] as well as reductions in inter-parental conflict as reported by both fathers and mothers. [129]

4.4 Primary prevention programs for at-risk fathers

A number of programs have been developed for men who may be at risk of committing IPV and/or direct child maltreatment. This includes programs that target adolescent fathers, new fathers with at-risk characteristics, fathers who experienced or witnessed abuse in childhood, and fathers with a criminal history.

Specific programming is required for young fathers, especially adolescent fathers, who generally require a great deal of assistance beyond behavioural parent training. Research indicates that, in order to improve their engagement with and parenting of their children, young fathers often require assistance in finding employment and/or completing an educational program, in meeting basic needs (housing, health care, legal services), in improving their social support systems, and in improving their relationships with their children's mother. [130]

In addition, there is currently a deal of interest in the possibility that home visitation programs may be a feasible and effect strategy to improve fathers' involvement and parenting skills. Home visitation programs generally target high-risk mothers of infants, and a few programs, the *Nurse-Family Partnership (NFP)* in particular, have proven highly effective in changing home environments, maternal life course, mothers' parenting skills, and children's developmental outcomes. [131] Research-identified elements for success in home visitation programs include fidelity to an evidence-based model, [132] targeting at-risk families, [133] starting in the prenatal

period and continuing for at least two years;[134] including at least four visits per month;[135] delivery by a professional, ideally a nurse or social worker;[136] specifically teaching caregiving and parenting skills;[137] working to improve the social and physical environments in which families live;[138] and including explicit, evidence-based IPV content designed to screen for and address IPV.[139]

Four home visitation programs in the U.S. are currently experimenting with father inclusion initiatives in some locations,[140] and Canada's *Nurse Family Partnership Home Visitation Pilot* recently completed a study to assess the acceptability of the NFP to fathers, with promising initial results.[141] The effectiveness of home visitation programs for fathers also is currently being investigated, most notably through a large clinical trial being conducted between 2013 to 2017 by the U.S. National Institute of Child Health and Human Development (NICHD) and Penn State University that will assess the impact of home visitation alone and in conjunction with a co-parenting prevention program on fathers, mothers, and children.[142] In addition, the Pew Center in the States has funded a clinical trial by researchers at the University of Chicago to identify the ways in which father involvement in home visitation may impact families' engagement and outcomes for parents and children and the effectiveness of home visitation on fathers' parenting skills through the "Dads Matter Enhancement." So far, a small pilot study has reported promising initial results.[143]

Examples of "promising" primary programs (meaning that they have been evaluated at least once using an experimental design and demonstrated to be effective in at least one way) for at-risk fathers are provided below. [144] At present there appear to be no promising home visitation programs for fathers, although further information will be available within the next few years.

- *Parenting Together Project*

  The *Parenting Together Project* is an eight-session group program which begins during pregnancy for first-time, generally low-risk parents aged 18 to 45 years. The program seeks to improve fathers' knowledge, skills, and commitment to the fatherhood role.

  One experimental evaluation of the program has been completed, and it reported mixed results, with improvements in fathers' skills in interacting with their babies on the days when they had been working outside of the home for part of the day, and no changes on the days when they were at home all day.[145]

- *Supporting Father Involvement*

  The *Supporting Father Involvement* program is a 16-week, curriculum-based group program that targets low-and middle-income parents and caregivers of children from birth to seven years of age. Couples with a parent or parent with mental illness, substance abuse problems, or open police or child welfare files are excluded from participation.[146] A replication of

Supporting Father Involvement is underway in four sites in Alberta.[147] For more on this program, including a summary of evaluation findings, please see the "Snapshot of positive fatherhood programs with evidence of effectiveness" in the larger *Fatherhood Involvement Reference Report.*

- ### Home-Visiting Program for First-Time Fathers

  The *Home-Visiting Program for First-Time Fathers* is an Alberta program first offered in the early 2000s for first-time fathers at two time points: when the infant was five months old and, again, at six months of age. Fathers were videotaped by a specially-trained home visitor in a semi-structured play task with their infants. The father and home visitor would then review critical segments of the video. During the review, the home visitor provided positive feedback and coaching for areas where the father could improve the quality of play to foster the infant's development. At the conclusion of the session, the home visitor provided a handout reinforcing the feedback to the father; a copy of the video tape was mailed after the home visit.[148] Experimental evaluation of the intervention in two cities reported that fathers in the intervention group were significantly more skilled than those in the control group in fostering cognitive growth and maintained their sensitivity to infant cues when the baby was eight months old. In fact, the skills of the fathers in the control group decreased over time.[149]

  The intervention was replicated with first-time fathers of late preterm infants and found to have similar effects on the quality of father–infant interactions. Given that it is more challenging to parent preterm infants because they are more irritable and difficult to soothe, four home visits were provided to this group of fathers. The modified intervention was identified as successful in improving fathers' parenting skills in a multisite experimental evaluation.[150]

- ### Young Dads

  Young Dads is an American program that targets African-American adolescent fathers aged 16 to 18 years. The program seeks to help teen fathers to establish and meet individual goals (e.g., employment, education); improve social support systems; and develop consistent, positive feelings about their relationships with their children now and in the future. To these ends, *Young Dads* provides individual and group counseling, education and vocational referrals and placements, medical care and referrals, housing and legal advocacy, cultural and recreational activities, and parenting skills training. Information about the program duration, curriculum, and structure does not appear to be available.

  An experimental evaluation of the program provided all services as described above to the treatment group and nothing but a weekly parenting skill training session to the control group. The study found that, as reported by participants, fathers' relationships and their expectations about their future relationships with their children improved relative to the

control group. However, the study did not use standardized measures to assess father-child relationships or solicit input from the children's mothers, and there was no longitudinal follow-up to determine whether the fathers' expectations materialized.[151]

- *Minnesota Early Learning Design (MELD) Co-Parenting and Childbirth Program*

  The *MELD Co-Parenting and Childbirth Program* is a program for fathers aged 14 to 25 years that seeks to reduce social isolation and improve young fathers' ability to co-parent with the mothers of their children. The curriculum consists of five, 90-minute sessions delivered over five consecutive weeks. The program is delivered by a range of community and health care organizations in the United States.[152]

  One large, quasi-experimental evaluation has been completed on a version of the program delivered by male facilitators to both parents, with fathers up to age 25, prior to the birth of the child. The evaluation compared the effects of participation on subsequent co-parenting behaviours of fathers in the pre-birth (treatment) group with those of fathers in the usual post-birth program and a no-treatment group. Improvements on some dimensions of co-parenting were reported for both the pre-birth and the post-birth groups relative to the no-treatment group, with the strongest effects on fathers who resided with the mothers and on fathers who attended the post-birth group.[153]

4.4 Programs for fathers who have perpetrated IPV and/or direct child maltreatment

Specific programming is required for fathers who have perpetrated IPV although, at present, none of the fathering programs for these fathers have been subject to repeated experimental or quasi-experimental evaluations, although some programs are currently being evaluated. This is largely because many of these programs have been developed within the past few years.

While there is much discussion in the research about exploiting fathers' desire to be good parents as a "hook" to both improve parenting and stop IPV,[154] these programs, some of which are described below, generally seek to improve parenting behaviours and, sometimes, to improve the co-parenting relationship, but they do not usually target IPV directly or cite a reduction in IPV as a desired outcome of programming. The concept of engaging fathers who have perpetrated IPV in fatherhood programming reflects research indicating that many of these fathers genuinely want to be good parents and desire stronger relationships with their children,[155] but these fathers disagree that childhood exposure to IPV is harmful and/or they are also abusing or at high risk of directly abusing their children,[156] or they are either unaware or only somewhat aware of the ways in which their children are harmed by exposure to IPV.[157] Also, some research has found that some fathers who have perpetrated IPV may express concerns about the effects of their abuse on their children, but they do not report intentions to stop perpetrating IPV or to take action to mitigate the harm of IPV exposure to their children.[158] Overall, most research indicates that fathers who perpetrate IPV also exercise poor parenting

practices,[159] with at least one study finding that children whose fathers have subjected their mothers to IPV describe their fathers as disengaged and not responsible for their well-being, with their mothers being the primary or sole care provider.[160]

The following programs should be considered "promising programs" or "programs to watch" until further research on their efficacy has been conducted.

- *Caring Dads*

  Caring Dads: Helping Fathers Value Their Children is a voluntary, 17-week, curriculum-based, group program developed in Canada, for fathers who have abused or neglected their children or exposed their children to IPV. Fathers with substance abuse issues are not eligible for the program. Partners and other family members do not participate in the program. Caring Dads is offered in several sites in Ontario and in Grande Prairie, Alberta, and has been adapted and applied in the U.S. and several European countries.[161] A central theory behind *Caring Dads* "is that men will be more motivated to engage in an intervention to address their abusive behaviour if the focus is ostensibly on their relationship with their children."[162]

  Caring Dads uses a range of approaches, including motivational interviewing, psycho-education, cognitive-behavioral techniques, and case management, with outreach to mothers to ensure their safety. The program seeks to address four goals: (i) engaging men to examine their fathering; (ii) increasing awareness and application of child-centered fathering; (iii) increasing awareness of, and responsibility for, abusive and neglectful fathering and IPV; and (iv) rebuilding children's trust in the men's fathering and planning for the future. The program includes outreach to mothers to ensure their safety and case management of fathers with other professionals.[163]

  Caring Dads has not been evaluated using a large sample or a control or comparison group. A 2007 pre-post outcome evaluation of a Canadian program using a small sample reported decreases in participants' hostility and anger toward, and denigration and rejection of their children, but no statistically significant decline in self-reported IPV.[164] Likewise, a qualitative and limited outcome evaluation of the program in Wales concluded that the program increased participants' understanding about the negative effects of exposure to IPV on their children, along with their ability to control their anger, but there appeared to be no change in participants' attitudes toward women or on IPV incidence.[165] A recent Canadian study reported declines in some dimensions of anger and negative parenting, and improvements in perceptions about co-parenting, bringing those participants with increased scores in line with the general population on these indicators. This study did not use a control group or follow participants longitudinally, not did it track changes in IPV.[166]

- *Fathering After Violence*

  Fathering After Violence is a widely-disseminated American curriculum-based program for fathers who have contact with their children at supervised visitation centres. It is designed to be incorporated within a batterer intervention program and seeks to improve fathers' empathy for children's experiences resulting from exposure to IPV, teach positive parenting behaviours, increase support for mothers' parenting, and increase fathers' understanding of their roles in the process of repairing a damaged relationship with their children.[167]

  Fathering After Violence does not appear to have been subject to a comprehensive evaluation. An initial evaluation completed in 2004 suggested that the program may have achieved its goals, but the limits of the evaluation preclude drawing any conclusions about its effectiveness.[168]

- *Strong Fathers Program*

  The *Strong Fathers Program* is a 20-session, psycho-educational and skills-building group program for men referred by child welfare and with a history of domestic violence. Launched in the U.S. in 2009, the program is premised on the assumption that improving how men relate to their children also improves how they relate to their intimate partners. The curriculum integrates parenting education with raising awareness about the negative impacts of IPV on children and their mothers. The curriculum also addresses how the men's childhood experiences affect how they relate to their children and their partners.[169]

  A comprehensive, experimental evaluation of the *Strong Fathers Program* is underway. Interim, unpublished findings from an evaluation with a small group of men who have completed the program thus far indicate that the program appears to increase knowledge of child development; reduce abusive beliefs toward the participants' partners; increase awareness of poor parenting behaviours; increase ability to identify and overcome challenges in relating to children and children's mothers; and maintain or increase time spent living with their children.[170]

- *Fathers for Change*

  Fathers for Change is a new program for fathers of children aged zero to three years who have perpetrated IPV and who have alcohol or substance abuse issues. Consisting of 16 60-minute individual treatment sessions, the program seeks to reduce aggression, violence and substance abuse; to improve co-parenting and family interactions; to improve parenting behaviours and parent child relationships; and to decrease child symptoms.[171] Co-parenting treatment sessions may include the mother of the child. *Fathers for Change* was developed in response to the absence of evidence-based programs for fathers who have both substance

and violence issues, given the high association between substance abuse and IPV, and between IPV and direct child maltreatment.

Fathers for Change is currently being evaluated using a non-randomized trial by researchers at the Yale School of Medicine, Child Study Center. Preliminary findings of a feasibility study based on a sample of ten participants indicated that all participants remained non-violent with both mothers and children throughout treatment and reduced their substance use, with 80% becoming abstinent during treatment.[172]

5.0 Conclusion and recommendations

The research presented in this paper clarifies the important ways in which fathers shape their children's development – either positively or negatively – over the life course. Targeting fathers, as well as mothers, to strengthen parenting skills, prevent or stop child maltreatment, and prevent or stop childhood exposure to IPV is a feasible way of preventing both child maltreatment and IPV in the next generation.

There is a growing recognition among the people of Alberta, the education and social services sectors, and the Government of Alberta as a whole about the social and economic benefits of preventing problems before they occur, rather than intervening when they are already underway. Given the increasing role played by fathers in raising their children, now is an opportune time to adopt a comprehensive strategy to increase fathers' positive involvement in their children's lives and improve their parenting skills.

Alberta is recognized as a leader in Canada and in the world for its proactive and innovative efforts to prevent and stop all forms of family violence. The Government is urged to enhance its current strategy by strengthening its efforts to prevent IPV in the next generation through legislative change, public and professional education, investments in evidence-based programs, and investments in comprehensive research and evaluation to ensure that scarce resources are used to support effective strategies to increase positive father involvement and parenting practices.

Recommendations

1. **Improve the individual and shared parenting skills of mothers and fathers who are separating and divorcing.**

   1.1 Along with the *Parenting After Separation Seminar (PASS)*, *Focus on Communication in Separation (FOCIS)* should also be made available for all separating couples with children living at home, and the seminar should be mandatory in order to file any documents pertaining to the separation (e.g., a separation agreement, an interim custody agreement).

   1.2 The Law Society of Alberta should inform its members who practice family law about the existence of the *Triple P – Positive Parenting Program* and, as the research base grows, other evidence-based parenting programs, so that these lawyers may refer clients to the program as appropriate.

2. **The Government of Alberta should encourage a greater focus on fathers' roles in parenting as a whole and in early childhood development research, policy, and programming, taking care to reflect and further investigate the diverse needs and circumstances of Aboriginal, immigrant, ethno-cultural minority, and gay/bisexual/transsexual/transgendered fathers.**

   2.1 The Government of Alberta should explicitly include fathers with the goal of increasing positive father involvement in its Early Childhood Development strategy. All efforts by Alberta Human Services, Education, and Health within priority actions to help children get a healthier start and to support parents to help their children reach developmental milestones[173] should be directed to fathers as well as mothers.

   2.2 The Alberta Family Wellness Initiative should explicitly include fathers and the goal of increasing positive father involvement in policies, programs, and investments.

   2.3 Invest in a provincial coalition to promote postive father involvement.
   The coalition could serve to: bring key stakeholders together; act as a best practice clearinghouse (such as the Father Involvement Network in British Columbia); take on public messaging; advocate for sustainable funding; create and implement a provincial research agenda; spearhead public awareness and social marketing strategies in the province. This would help to ensure that policy makers and parenting professionals can easily access current research on, and best practices in, positive father involvement.

   2.4 The Government of Alberta along with key partners should undertake a broad campaign to increase public awareness about the benefits of good parenting, including positive discipline techniques, by both mothers and fathers. The campaign should include information about where to go for help with parenting challenges.

2.5 Recommend that post-secondary institutions offering degrees, diplomas, or certificates in social services and/or health professions include content on the importance of positive parenting by both mothers and fathers in their curricula and practicum/internship programs.

3. **Increase the availability of evidence-based parenting programs for fathers. To this end:**

3.1 When the current initiative to increase fidelity in program implementation and delivery has been completed, continue to increase the availability of and participation in Levels 4 and 5 of the *Triple P – Positive Parenting Program* and *Pathways Triple P* on an annual basis by increasing the number of sessions provided annually and by increasing the number of referrals to the program. Directly market the program to fathers and to programs serving fathers and, as recommended by Fletcher and other researchers,[174] modify the program to better engage and serve fathers by including more active learning components and by including men as co-facilitators of the program. Using an experimental design, evaluate the modified program.

3.2 Ensure that any positive fathering programs for men who have perpetrated IPV are not offered as stand-alone programs. Rather, programs for fathers who have perpetrated IPV should be provided as a component of evidence-based treatment programs for men who have perpetrated IPV. Fathers should be required to attend both the fatherhood program and the treatment program.

3.3 Invest in scientifically rigorous research and evaluation to identify and support the most effective strategies to increase positive father involvement and improve parenting practices. Do not invest in any new family support or parenting programs that are not supported by high-quality, comprehensive research or accompanied by a comprehensive, experimental evaluation. Rather, invest in Alberta-based demonstrations, replications, and/or experimental evaluations of fatherhood programs, as follows:

- For all first-time fathers, implement a large-scale replication of the *Home-Visiting Program for First-time Fathers*, with a comprehensive experimental evaluation component, in at least two Alberta cities.

- Monitor the evaluation of the *Canadian Nurse-Family Partnership*, along with the findings of the clinical trials on home visitation for fathers being conducted by the U.S. National Institute of Child Health and Human Development (NICHD) and Penn State University and by the University of Chicago, to determine how the learnings might best be applied in Alberta to prevent child maltreatment in at-risk families with infants.

- Monitor the evaluation of the *Supporting Father Involvement* program, which is currently being replicated in four Alberta sites. If the program is successful,
  o consider scaling up the program to ensure that it is delivered throughout the province at no cost to participants, and
  o support a pilot of the program, with a comprehensive experimental evaluation component, targeting young fathers.

- Monitor the evaluation of the *Fathers for Change* program for fathers of children up to three years of age who have perpetrated IPV and who have alcohol or substance abuse issues. If the program is successful, consider replicating the program in at least two sites in Alberta.

- Consider implementing a *Dads for Life* program replication in Alberta. Conduct a comprehensive experimental evaluation component with a sample of non-custodial fathers who are experiencing conflict (excluding IPV) with the mothers of their children.

- Consider identifying two innovative, Alberta-based positive fathering programs and supporting rigorous, experimental evaluations of these programs.

- Ideally, the experimental evaluations of the above programs would include assessment of different program effects for immigrant, ethno-cultural minority, Aboriginal, and gay/bisexual/trans-sexual/transgendered fathers. However, in cases where the sub-population samples of participants are too small to allow for such analysis, the evaluations should be supplemented by qualitative evaluation to determine whether modifications to program content and delivery or stand-alone programs for sub-population groups are required to increase the likelihood of program effectiveness for immigrant, ethno-cultural minority, Aboriginal, and gay/bisexual/trans-sexual/transgendered fathers. Any significantly revised program should be piloted, with a comprehensive experimental evaluation component.

4.   **Prohibit corporal punishment.**

4.1 Amend Alberta's *Protection Against Family Violence Act*, RSA 2000, c. P-27, section 1(1)(e) to revise the definition of "family violence," which currently allows parents and persons standing in the place of parents to use reasonable force by way of correction.

4.2 Amend the *Child, Youth and Family Enhancement Act*, RSA 2000, c. C-12 to include a provision explicitly stating that "[c]hildren are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment."[175]

4.3 Lobby the Government of Canada to repeal section 43 of the *Criminal Code*, RSC 1985, c. C-46, which currently allows the use of reasonable force by schoolteachers, parents and persons standing in the place of a parent to correct children's behaviour. Once repealed, develop a policy for police and prosecutors in Alberta that outlines the proper enforcement of the assault provisions of the Criminal Code in cases of corporal punishment.

4.4 Fund awareness initiatives directed at parents/individuals acting in the capacity of parent and professionals who work with children, including health and education professionals, around the importance of positive discipline techniques and the negative, enduring impacts of corporal punishment on child development.

5. Amend Alberta's *Protection Against Family Violence Act*, RSA 2000, c. P-27, sections 2(3) and 4(2) to include a requirement that completion of a government-sanctioned parenting program is mandatory for any parents or individuals acting in the capacity of parent who are made subject to an Emergency Protection Order or Queen's Bench Protection Order involving child maltreatment or where children have been exposed to IPV. Programs should be available at no cost to participants.

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A Snapshot of Positive Fatherhood Programs with Evidence of Effectiveness

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Table of Contents

1.0 Method

To locate programs for this project, we reviewed systematic reviews and meta-analyses published since 2005 that focused on positive fatherhood and/or parenting programs. Because of our interest in programs that specifically prevented family violence (including intimate partner violence and child maltreatment) among fathers, we also searched for reviews that included a focus on family violence. The method of reviewing prior systematic reviews was chosen in order to capitalize on the large amount of review work already done in the fatherhood literature.

To find review articles, we searched Google Scholar using combinations of the following terms: (*father***[1] or *fatherhood*) and *program** and (*"systematic review"* or *"meta-analysis"*); *"family violence"* and *prevention* and *program* and (*"meta-analysis"* or *"systematic review"*); *"intimate partner violence"* and (*father** or *fatherhood*) and *prevention* and *program* and (*"meta-analysis"* or *"systematic review"*); (*"child abuse"* or *"child maltreatment"*) and (*father** or *fatherhood*) and *prevention* and *program* and (*"meta-analysis"* or *"systematic review"*). To be included, the review article needed to be a peer-reviewed systematic review or meta-analyses that focused on parenting or family violence and 1) be published in English; 2) be published between 2005-2015 (ten-year search); and 3) focus on programming in countries similar to Canada (i.e., not exclusively low- or middle-income countries).

From the Google Scholar search, we found 27 review articles for inclusion. In addition, one highly relevant review article (Chen & Chan, 2016) was published outside the search dates, but due to its fit with the goals of this project, was reviewed. We also reviewed three additional relevant articles that were found in the reference list of one our included articles (Sanders et al., 2014). Finally, in order to improve the robustness of the review, we conducted two additional searches. The first was because we noted that our original search terms may have missed programs focusing on incarcerated fathers, a population of interest to our stakeholders. Thus, we did a Google Scholar search for articles that cited the two programs we had located for incarcerated fathers; this led to the inclusion of three additional review articles. Second, we located two comprehensive reviews of fatherhood programs while reviewing McHale et al. (2012); these reviews were conducted by Mathematica Policy Research (Avellar et al., 2011; Avellar et al., 2012). Due to the comprehensiveness of these papers, we used these reviews to supplement our search. With these additional searches, the total number of review articles included was 36.[2]

From these 36 review articles, we reviewed 449 articles discussing a program that focused on promoting positive parenting and/or preventing family violence (see search flow, below). Programs were reviewed using the information in the review article, and the abstract when necessary, using a structured template created for this project. Programs were excluded if they: 1) did not show any impact on target outcomes (positive parenting and/or family violence); 2) targeted a special population (e.g., premature infants); 3) did not report outcomes separately for fathers; 4) did not report effects of the intervention as compared to a comparison or control group; 5) had a low father participation rate (<20%); or 6) were a dissertation or thesis. Using these criteria, we originally pulled 46 program articles discussing 41 non-duplicate programs (i.e., from the original list of 449 articles). After reviewing the full-text for included programs,

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[1] The * is a wildcard symbol used as part of the search term. The "*"symbol can be substituted for any character (e.g., the search term father* would pick father, fathers, fathering etc.).

[2] i.e., 27 from our original search + 3 from the reference list of an included review article + 3 from a search for review articles on incarcerated fathers + 2 supplemental reviews

we excluded an additional 15 articles that discussed 13 programs, leaving us with a final sample of 31 articles discussing 28 programs.[3] These programs are summarized in Tables 1 to 5.

36 — Number of included systematic review articles/meta-analyses focusing on parenting or family violence

449 — Number of parenting and/or family violence program articles reviewed from the 36 review articles

46 — Number of program articles included after the initial program review (from 449). These 46 articles discussed 41 unique parenting and/or family violence programs.

31 — Number of program articles reamining after full text review. These 31 articles discussed 28 unique programs. The 28 programs are presented in Tables 1-5.

2.0 Results

2.1 Overview of findings

Of the 28 programs[4], all but two focused on children aged 12 or under, and almost half (41.9%) focused exclusively on the prenatal, newborn and/or infant period. Only one program (*Parent Education Program for Inmates*) focused specifically on adolescents older than age 12. The majority of evaluations (71.0%) were randomized controlled trials, but sample sizes were small (median=96 participants; minimum=22, maximum=6,298), and for over half of evaluations, outcomes were only assessed at post-test (i.e., immediately following the conclusion of the program; 58.1%). The percentage of fathers in the sample ranged from 38% to 100% (average of 74.2%).

Outcomes assessed in these programs fell into six broad categories: positive discipline[5]; positive father involvement[6]; father-child interactions[7]; parenting knowledge, attitudes and/or skills[8]; relationship with co-parent[9]; and family violence[10]. The proportion of studies finding a significant impact on a given outcome is shown in Figure 1.

As is shown in Figure 1, the most common outcome of the programs included in this review was father-child interaction (58.1% of evaluations) followed by positive father involvement (38.7% of evaluations). Only one evaluation (of *Triple P-Positive Parenting Program*) found an impact on positive discipline, and

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[3] Two programs were evaluated in more than one study: *The Incredible Years* (Webster-Stratton, 1992; Webster-Stratton & Hammond, 1997) and the *Parent Support and Education Program for Fathers* (McBride, 1990; McBride, 1991a; McBride, 1991b).

[4] Note: *Triple P-Positive Parenting Program* is included twice (once as a universal program, and once as a targeted program for fathers of children experiencing behavioral difficulties).

[5] This outcome refers to the increased use of more effective or functional discipline strategies (e.g., time-out), or the decreased use of less effective/dysfunctional discipline strategies (e.g., corporal punishment) (see Appendix B for other definitions of terms used in this report).

[6] This outcome refers to the positive and intentional engagement of the father with their child, including increased accessibility to the child and increased responsibility for childcare.

[7] This outcome refers to the relationship between the father and the child, including in observed interactions. Examples of father-child interaction variables include praise given to the child; amount of stress in the father-child relationship; and overall perceived relationship quality.

[8] This outcome refers to gains in knowledge (e.g., about infant development); attitudes (e.g., about parenting); or skills (e.g., parenting skills satisfaction).

[9] This outcome refers to the father's relationship with the child's other caregiver (in studies examined for this review, this other caregiver was always the mother). Examples of outcomes falling under this category include co-parenting relationship quality and co-parenting communication.

[10] As used in this review, family violence included intimate partner violence, child maltreatment, and witnessing domestic violence.

only one evaluation (of the *Supporting Healthy Marriage* initiative) found an impact on family violence (specifically, spousal psychological abuse).
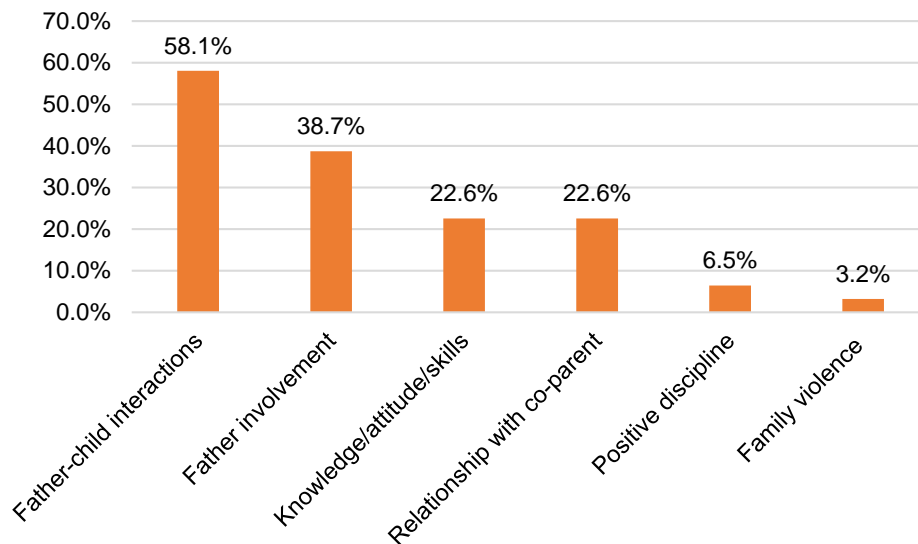
Figure 1. Distribution of outcomes found in 31 evaluations of 28 programs focused on promoting positive parenting or preventing family violence. Percentages add to more than 100 because evaluations could be included in more than one category.

Beyond outcomes, we were also able to categorize programs based on target audience. Specifically, the 28 included programs were categorized according to the following groups (see Appendix B for definitions): 1) programs for at-risk dads (n=11; Table 1); 2) programs for first-time dads (n=8; Table 2); 3) programs for dads of children experiencing behavioral difficulties (n=3; Table 3); 4) programs for incarcerated dads (n=2; see Table 4); and 5) universal programs (n=4; Table 5). We now present a summary of findings for each target population, along with a snapshot of promising programs.

2.2 Programs for at-risk dads

We located 11 programs that targeted at-risk dads (Table 1). Specific audiences for these programs included adolescent fathers (n=4); low-income fathers and/or couples (n=5); non-resident fathers (n=1); and couples at risk for child abuse (n=1). These programs either targeted fathers only (n=5) or both members of the couple (n=6). Programs for at-risk dads were primarily evaluated in randomized controlled trials (63.6%), but unlike programs overall, sample sizes tended to be adequate (median sample size=230). However, like programs overall, most outcomes were assessed at post-test only (63.6% of programs). Outcomes found by these 11 programs are shown in Figure 2.
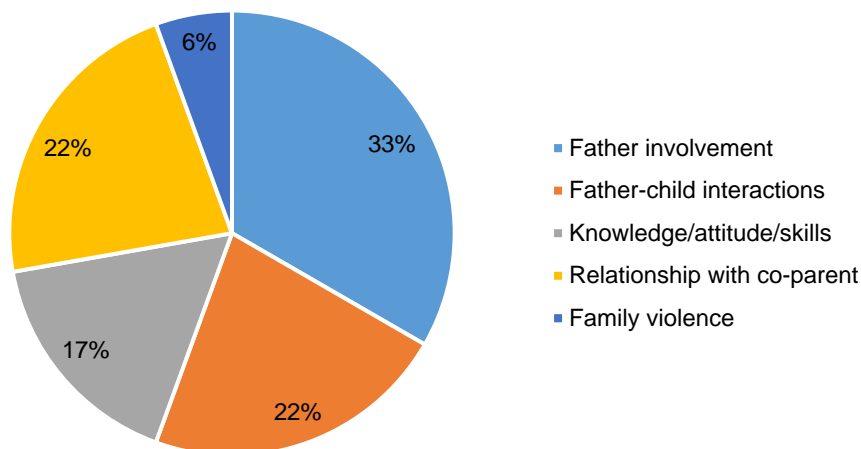
Figure 2. Outcomes of evaluations for programs targeting at-risk dads.

Three programs are now highlighted here; these programs are promising due to their methodology and findings (all randomized controlled trials, two with follow-up beyond immediate post-test); in addition, two of these programs (*Young Parenthood Program* and *Supporting Father Involvement*) are already in use in Alberta.[11]

Young Parenthood Program

The *Young Parenthood Program* (YPP) is a 10-week curriculum designed for pregnant adolescents and the biological fathers of their children, with the goal of promoting positive parenting and co-parenting (Florsheim et al., 2011). The program is based on both family systems theory and adolescent developmental theory, and consists of five phases: developing the therapeutic alliance and providing education to couples on co-parenting and child development (Phase 1); setting relationship goals (Phase 2); helping couples develop communication and self-regulation skills to promote positive co-parenting (Phase 3); negotiating changing roles in preparation for parenthood (Phase 4); and discussing future co-parenting issues (Phase 5). In an evaluation with 105 pregnant adolescent couples (Table 1), Florsheim et al. (2011) found improvements in paternal engagement, paternal nurturing behavior and paternal relations with their co-parenting partner at 18 month follow-up.[12] This program may be of interest to the **Ministry of Human Services** (for example, in settings with pregnant young mothers, such as the Louise Dean School in Calgary, where the program is currently being evaluated in the Alberta context).

> The *Young Parenthood Program* is currently being evaluated in Alberta, and could be scaled through the **Ministry of Human Services.**

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[11] Note: Brief summaries for programs not presented in the main text are provided in Appendix A.

[12] The YPP has also been evaluated for effects on intimate partner violence (Florsheim et al., 2011); however, no sustained impacts were found for fathers, and so results are not reported in Table 1.

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Young Dads Parenting Program

The *Young Dads Parenting Program* was evaluated with adolescent African-American first-time fathers, and is comprised of counseling (both individual and group), referrals and placements for education/vocational pursuits, as well as medical care/referrals, housing/legal advocacy and parent training (Mazza, 2002). The program is individually tailored to the particular participant's needs and goals, and lasts approximately six months. Although the sample in Mazza's evaluation was small and not necessarily relevant in the Alberta context (Table 1), the program is presented here because of its numerous findings related to positive fatherhood: these included improved current relationship with the child, impacts on healthy masculinity (more likely to define being a man as responsible instead of as strong/protector) and vocational impacts (specifically, on employment rates, vocational planning and creating a 10-year life plan). Given impacts on employment, continued evaluation of this (or an adapted version of this) program may be of interest to the **Ministry of Labour**.

Supporting Father Involvement

In Alberta, *Supporting Father Involvement* (SFI) is currently in use at three sites (one in Calgary, one in Lethbridge, and one in Cochrane), and, in a recent environmental scan of programs engaging men and boys in the province, was the only evidence-based program located (Wells et al., 2015). SFI is a preventive intervention for low-income parents of children from birth to age 7, and consists of a 16-week program designed to promote positive father involvement. The curriculum has been used with fathers only as well as couples; however, in an evaluation of SFI that followed participants for 11 months after the intervention, Cowan and colleagues (2011) found the most impacts on positive father involvement (as indicated by involvement in daily childcare tasks and psychological involvement with children) for the fathers-only group. Additional evaluation of this program is needed in order to understand impacts on the co-parenting relationship, including whether the couples curriculum is more likely to promote positive change in this setting. Use of this program as part of ParentLink centres (as is currently done in Cochrane, AB) may be of interest to the **Ministry of Human Services.**

Table 1. Promising Programs for At-Risk Dads (n=11)

							Outcomes[*]					
Quasi-experimental designs												
Program Name (Authors)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up Period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Prenatal Education Program for Unwed Adolescent Fathers[b] (Westney et al., 1988)	28	100.0	0.0[c]	Unwed adolescent fathers (ages 15-18)	Prenatal	Post-test				✔		
Minnesota Early Learning Design (MELD) co-parenting and childbirth program (Fagan, 2008)	330[d]	50.0	7.9	Young fathers-to-be (ages 14-25)	Prenatal	3 month		✔			✔	
Head Start-based Father Involvement Intervention (Fagan & Iglesias, 1999)	96	100.0	5.2	Low-income fathers	Pre-school	Post-test		✔				
Fathers and Sons Program (Caldwell et al., 2010)	287	100.0	0.0[c]	Non-resident, African-American biological fathers	8-12 years	Post-test		✔	✔	✔		

Randomized controlled trials

Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Young Parenthood Program (Florsheim et al., 2012)	210	50.0	42.5[a]	Pregnant adolescents and their partners	Prenatal	18 month		✔	✔			✔
Young Dads Parenting Program (Mazza, 2002)[e]	60	100.0	0.0[c]	Urban African-American adolescent first-time fathers (16-18 years)	Infants	Post-test			✔	✔		
Hawaii Healthy Start Program (HSP) (Duggan et al., 2004)	1286	50.0	6.4[a]	Families at-risk for child abuse	0-3 years	Post-test[f]		✔ [g]				
Early Head Start (EHS) (Roggman et al., 2004)	74	100.0	97.0	Low-income families	0-3 years	Post-test[h]			✔ [i]			

Program	N			Population	Child age	Follow-up		
Supporting Father Involvement (Cowan et al., 2009)	371[j]	50.0	27.0	Low-income families	0-7 years	11 month	✔ [k]	
The Creating Healthy Relationships Program (CHRP) (Bradley et al., 2011)	230	50.0	79.0	Low-income, situation-ally violent, hetero-sexual couples	0-12 years	Post-test[l]		✔
Supporting Healthy Marriage[m] (Lundquist et al., 2014)	6298	50.0	21.0	Low-income, married parents	0-17 years	18 month	✔	✔

[*]A checkmark indicates a significant finding for treatment group fathers (as compared to control/comparison group fathers) at the last follow-up occasion.

[a]Hand-calculated.

[b]Program name not given by article, so created for this table by the authors.

[c]Program only implemented among Black adolescents.

[d]Participants were randomly assigned to one of two groups: 1) coparenting intervention (experimental group) and 2) childbirth/baby care intervention (comparison group). In addition, participants who completed the pre-test but did not attend any intervention sessions comprised a no-intervention control group. Since this group was not randomly assigned, this study is quasi-experimental in nature.

[e]This program also had a significant impact on employment rates, vocational plans and life planning.

[f]The HSP program requires home visits for at least 3 years (and if needed up to 5 years). Assessment in this study was done at the end of year 1, year 2 and year 3 – because the program was ongoing during these follow-up data collection occasions, they are considered post-tests here (i.e., not investigating if effects are maintained once the program has concluded).

[g]Positive effect on accessibility and engagement for resident, non-violent fathers and non-resident violent fathers only. Positive effect on responsibility for non-resident violent fathers only.

[h]The EHS program runs from birth to age 3 – assessments in this study were completed at 24 and 36 months, while families were still in the program, and so they are considered post-tests here (i.e., not investigating if effects were maintained once the program concluded).

[i]Assessed at 24 months.

[j]Randomized to one of three groups: 1) a 16-week group for fathers; 2) a 16-week group for couples; or 3) a low-dose comparison (one-time meeting).

[k]More effects for father-only group.

[l]Data collected 0-6 months post-intervention.

[m]Local *Supporting Healthy Marriage* sites used one of four curricula: *Within Our Reach*; *For Our Future, For Our Family*; *Loving Couples, Loving Children*; and *Becoming Parents Program*.

2.3 Programs for first-time fathers

All programs for first-time fathers located in our search (n=8) focused on the prenatal period, newborns or infants, and primarily targeted couples (n=6). Evaluation of these programs tended to be stronger than for programs overall: all but one program was evaluated using a randomized controlled trial; only one program used immediate post-test as the follow-up period; and sample size tended to be small to adequate (median number of participants=123). However, participants in these programs were primarily white, indicating limited diversity in the target population. Outcomes found by these eight programs are shown in Figure 3.
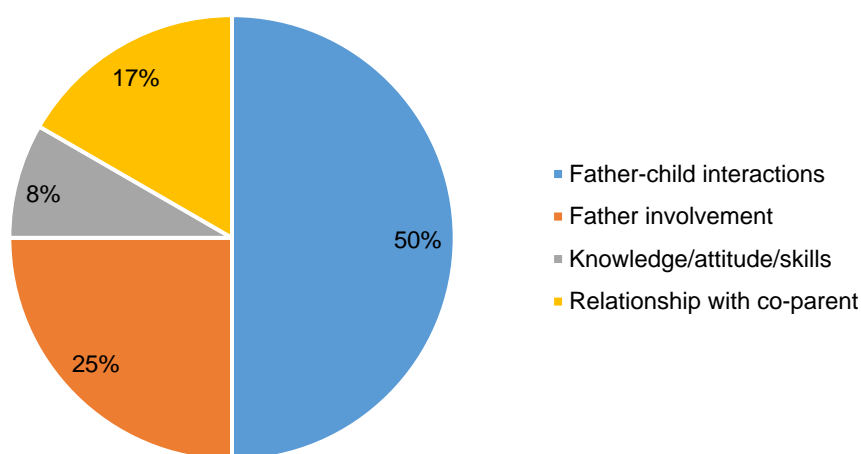
Figure 3. Outcomes of evaluations for programs targeting first-time dads.

Three of these programs (Myers, 1982; Beal, 1989; Scholz & Samuels, 1992 – see Table 2) focused on helping fathers learn to interact in positive ways with their infant, and are all programs that could be administered in a hospital setting; thus, they may be of interest to the **Ministry of Health**. Both Myers (1982) and Beal (1989) had fathers participate in a neonatal behavioral assessment when infants were a few days old, with the goal of helping fathers learn to interact with their infant. Four weeks following participation, Myers (1982) found that her sample of married fathers were more involved in infant caretaking and had improved knowledge of infant behavior than a control group who received no training, and eight weeks following participation, Beal (1989) found that her sample of working-class fathers showed improved quality of interaction with their infant on an observation task than a control group who had taken prenatal class only. Scholz and Samuels (1992) taught their fathers baby massage and Burleigh Relaxation Bath techniques (approximate duration of program was 1 hour), and found that 8 weeks following this lesson, fathers were observed to be more engaged and to interact more with their infant,

Many of the programs for first-time fathers, for example the *Home-Visiting Program for First-Time Fathers* (created in Alberta), could be incorporated into **Health** settings, such as the hospital or through public health nursing.

and also reported giving their infant more baths and massages than a control group who received no intervention.

The *Home Visiting Program for First-Time Fathers* (Magill-Evans et al., 2007) was evaluated in Alberta, and provided home visits at five and six months of age (home visits lasted approximately 1 hour).[13] During the home visit, an interaction between the father and infant was taped, and this tape was then reviewed by the father and the home visitor, in order to help the father improve their sensitivity and response to the child. Fathers also received a copy of the tape to keep, as well as several handouts. Three months following the home visit, fathers who received the intervention (as compared to fathers who received pamphlets only) showed improvement on observed father-child interaction (particularly in sensitivity to cues and fostering cognitive growth).[14] Due to the brief length of this intervention and its evaluation in an Alberta setting, it may also be of interest to the **Ministry of Health.**

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[13] Only one of two home-visiting programs located in our review included and assessed outcomes for fathers (the other was the *Hawaii Healthy Start Program*, for at-risk couples). Overall, home-visiting programs have not considered impacts on fathers, and so most were excluded from this review. For example, in the well-evaluated *Nurse-Family Partnership*, outcomes to date have only been reported for mothers, and understanding of father attendance has only recently been evaluated (see Holmberg & Olds, 2015).

[14] See also Benzies, Magill-Evans, Harrison, MacPhail and Kimak (2008) for more on this program. We also note that a subsequent program was developed specifically for first-time fathers of preterm infants; for more information on this subsequent program, please see Benzies et al. (2013) and Benzies and Magill-Evans (2015).

Table 2. Promising Programs for First-Time Dads (n=8)

								Outcomes*					

Quasi-experimental designs

Program Name (Authors)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up Period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Growing as a Couple and Family (Bryan, 2000)	266	50.0	96.0	Couples expecting their first baby	Prenatal	10.5 months (range: 6-24 months)				✔		

Randomized controlled trials

Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Bringing Baby Home Workshop (Shapiro & Gottman, 2005)	76	50.0	78.0[a]	Expectant and new parents	Prenatal/Newborn	9-12 months					✔	
Parenting Transition Group (Doherty et al., 2006)	330	50.0	81.0[a]	First-time parents	Prenatal/Newborn/Infant	12 month		✔	✔			

Program	N	%	Race/ethnicity	Child age	Follow-up			
Family Founda-tions (Feinberg & Kan, 2008)	338	50.0	90.5[a]	Hetero-sexual couples expecting first child	Prenatal/Newborn/ Infant	Post-test	✔		✔
Brazelton Neonatal Behavioral Assess-ment Training[b] (Myers, 1982)	84	50.0	81.0[a]	Married couples who just had their first baby	Newborn	4 weeks	✔	✔	
Neonatal Behavioral Assess-ment Scale Demonstration[b] (Beal, 1989)	44	100.0	Mostly White	First time fathers	Newborn	8 weeks	✔		
Baby Massage and Burleigh Relaxation Bath[b] (Scholz & Samuels, 1992)	64	50.0	Austra-lian sample	First-time families	Infants	8 weeks	✔	✔	
Home Visiting for First-time Fathers[b] (Magill-Evans et al., 2007)	162	100.0	83.3[a]	First-time biological fathers	Infants	3 month	✔		

[*]A checkmark indicates a significant finding for treatment group fathers (as compared to control/comparison group fathers) at the last follow-up occasion.
[a]Hand-calculated.
[b]Program name not given by article, so created for this table by the authors.

2.4 Programs for incarcerated fathers

In our review, only two programs were located that reported outcomes for incarcerated fathers in an evaluation with a comparison group. Though these evaluations were both randomized controlled trials, both studies had small sample sizes and assessed outcomes at post-test only (Table 3).[15]

The first program (*Filial Therapy Training*) consists of 10 weeks of small-group parent training. The program focuses on teaching fathers child-centered play therapy skills, in order to promote a positive and safe father-child relationship. In addition to learning and practicing skills within their small group, fathers also have the opportunity to spend 30 minutes per week with their child, in order to practice their skills during real play sessions. The control group in this evaluation saw their children as usual during visiting hours. In their sample of 32 fathers, Landreth and Lobaugh (1998) found that men who participated in filial therapy reported greater respect for their child's feelings, appreciation of their child's uniqueness, recognition of their child's need for autonomy, and unconditional love, as compared to control group fathers. Fathers in the treatment group also reported lower stress in the parent-child relationship.

> Programs for incarcerated fathers are in need of additional evaluation, but are a promising practice for the **Ministry of Justice.**

Harrison's (1997) *Parent Education Program for Inmates* consists of six weeks of parent training. During each week of the program, fathers meet for two-and-a-half hours, two[16] times per week (i.e., total of 12, 2.5 hour sessions over the course of the program). Sessions focus on child development, behavior-management at different ages (using concepts from the *Bavolek Nurturing Program*) and the role of step-parents. In the final sessions, the program also introduces concepts from the *Systematic Training for Effective Parenting* program. Using a sample of 30 inmates from a correctional center in Oklahoma, Harrison (1997) found that program participants had improved parenting and child rearing attitudes (including expectations of children, parental empathy, use of corporal punishment, parent-child family roles and children's power/independence). However, there were no changes in father or child self-esteem.

Both of these programs require additional evaluation; however, they may be of interest to the **Ministry of Justice**.

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[15] Two recently evaluated programs (which did not meet the inclusion criteria for this review and thus are not discussed in detail here) are also promising for further evaluation: *The Baby Elmo Program*, which focuses on building the relationship between incarcerated juvenile fathers and their infants (Barr et al., 2011) and the *InsideOut Dad Program*, which focuses on building the parenting skills of incarcerated dads (Block et al., 2014).

[16] The article states the group met three times per week, but based on the fact that there are 12 sessions offered in 6 weeks, it seems most likely that the group met two times per week.

Table 3. Promising Programs for Incarcerated Dads (n=2)

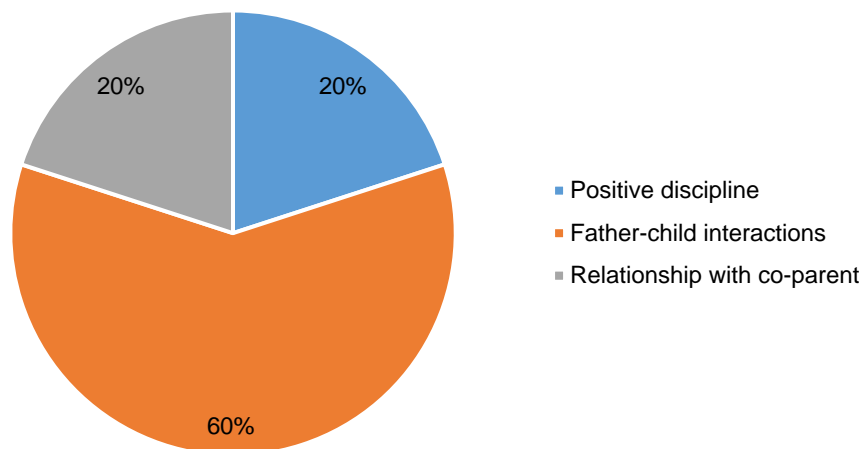|							Outcomes[*]					
Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Randomized controlled trials												
Filial Therapy Training[b] (Landreth & Lobaugh, 1998)	32	100.0	52.0	Incarcer-ated fathers	3-7 years	Post-test			✔			
Parent-Education Program for Inmates[b] (Harrison, 1997)	30	100.0	n/a	Incarcer-ated fathers	8-17 years	Post-test				✔		

[*]A checkmark indicates a significant finding for treatment group fathers (as compared to control/comparison group fathers) at the last follow-up occasion.
[a]Hand-calculated.
[b]Program name not given by article, so created for this table by the authors.

2.5 Programs for fathers of children experiencing behavioral difficulties

The three programs for father of children experiencing behavioral difficulties focused on fathers of children with ADHD (*COACHES*), fathers of children with conduct behavioral problems (*The Incredible Years*) and fathers of children with general problem behaviors *(Triple P-Positive Parenting Program)*. All evaluations were randomized controlled trials, and all but one evaluation assessed outcomes at post-test only (Table 4). Families in these studies were also predominately white, indicating limited diversity in the target population. Outcomes found by the four evaluations of these three programs are shown in Figure 4.

Figure 4. Outcomes of evaluations for programs targeting fathers of children experiencing behavioral difficulties.

Triple P-Positive Parenting Program is a heavily evaluated,[17] tiered program for parents and families: Tier 1 (Universal *Triple P*) is a media-based parenting information campaign for all parents; Tier 2 (Selected *Triple P*) provides information and advice for parents with a specific parenting concern; Tier 3 (Primary Care *Triple P*) focuses on parent skills training for parents with a specific parenting concern who require additional support; Tier 4 (Standard *Triple P,* Group *Triple P*, Self-Help *Triple P*) is parent skills training for parents wanting intensive training, and usually for parents of children with behavior problems; and Tier 5 (Enhanced *Triple P*) is a behavioral family intervention for parents of children with behavior problems and who are experiencing family dysfunction (e.g., parental depression) (Sanders et al., 2000). Looking at Tier

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[17] However, although *Triple P* has been well-researched, fathers are not always included in evaluation studies. For example, in a recent meta-analysis (Sanders et al., 2014), only 27 of 101 included studies had father data that could be used for understanding effects on fathers, and only one study included father data for both child and father observations. Based on these 27 studies, Sanders and colleagues (2014) found small to medium effects sizes for fathers on parenting practices, parenting satisfaction/efficacy and the parental relationship. In a previous meta-analysis of *Triple P* studies, Nowak and Heinrichs (2008) noted that fathers "reported consistently lower improvements compared to mothers or teachers on Parenting, Parental Well-Being and Child Problems" (p. 122), and also noted that in most studies, father data was not reported separately, and that when the proportion of mothers and fathers in the sample was reported, the majority of participants were mothers. Thus, an "important question is whether fathers benefit to the same extent from current programs as mothers do" (p. 136) and Nowak and Heinrichs (2008) conclude that "more extensive analysis of the effects of *Triple P* on fathers, particularly studies that examine effects with single fathers and fathers with limited access to children" is needed (p. 138).

5 (Enhanced) as compared to Tier 4 (Standard and Self-Help) in 305 Australian families with a 3-year old who was experiencing behavioral difficulties, Sanders and colleagues (2000) found that at post-test, both Tier 4-Standard and Tier 5-Enhanced were associated with decreased dysfunctional discipline among fathers (i.e., laxness, over-reactivity, verbosity[18]) as compared to a wait-list control group, and that Tier 5-Enhanced was also related to less dysfunctional discipline as compared to those in Tier 4-Self-Help.

The Incredible Years was evaluated for its impact on fathers in two studies by Webster-Stratton (Webster-Stratton, 1992; Webster-Stratton & Hammond, 1997). This program is targeted to families with pre-school and school-age children who are exhibiting conduct problems. In the first evaluation, Webster-Stratton (1992) used an individually-administered videotape modeling training based on cognitive social learning theory. In this program, parents watched one videotape per week for 10 weeks, and then discussed the content of each tape with each other using a structured discussion guide. Content of videos included parent play and reinforcement skills, limit setting, problem-solving techniques and non-violent discipline approaches. Parents also completed weekly homework exercises (e.g., writing down distressing thoughts) in between watching each video. Fathers who participated in this program (as compared to a no-treatment control group) were observed to use fewer no-opportunity commands[19] and criticisms during father-child interactions at post-test, with findings maintained at one-year follow-up. In the second evaluation, Webster-Stratton and Hammond (1997) compared three programs to a wait-list control condition: 1) child training, which used videotape and puppet modeling to improve child interpersonal

> Programs for fathers of children experiencing behavioral difficulties can be implemented in multiple settings, including in education, health, human services and through sport.

behaviors; 2) parent training, which used videotape modeling in conjunction with group-based discussion with a therapist; and 3) child and parenting training, which combined both approaches. Fathers in the parent training group were observed to give more praise, show more positive affect[20] and have less negative valence[21] at two-month follow-up compared to the control fathers; parent training fathers also showed more positive affect and less negative valence as compared to fathers who participated in combined parent and child training. However, fathers who participated in combined child and parent training, as well as parent training alone, did show improved couple collaboration skills in an observation task as compared to controls or those who received child training alone.

The *Coaching Our Acting-out Children: Heightening Essential Skills* (COACHES) program was designed by Fabiano and colleagues (2007) for male caregivers of children with ADHD. In the 8-week COACHES program, fathers spend two hours per week in parent training: in the first hour, fathers learn about effective parenting strategies (e.g., creating a home-based daily report card), and in the second hour, the

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[18] Laxness is permissive discipline. Overreactivity includes authoritarian discipline, displays of anger, meanness and irritability. Verbosity is overly long reprimands or reliance on talking. (Sanders et al., 2000, p. 629).

[19] In this interaction task, after a parent gives a command, the child has five seconds to respond to the command. A no-opportunity command refers to a command where the child does not have an adequate chance to comply. For example, a parent may ask their child to pick up their coat, and then the parent might yell at the child to hurry up before the child has had five seconds to respond to the original command (i.e., picking up the coat; UC Davis PCIT Training Center, 2004).

[20] Refers to the extent to which a person experiences and exhibits positive moods (e.g., joy, interest; Miller, 2012).

[21] Negative valence/talk includes statements that contradict the child (i.e., a critical statement that finds fault with the activities, products or attributes of the child, e.g., "That's a sloppy picture you drew"; UC Davis PCIT Training Center, 2004).

fathers and their children play a soccer game, where fathers have a chance to practice the parenting strategies they learned in the first hour. The soccer game is supervised by a clinician, who provides real-time feedback to fathers. Fathers also complete weekly homework assignments in order to practice the skills during the week. As compared to a wait-list control condition, fathers in the COACHES program were observed to use increased praise and less negative talk with their child at post-test.

Given their flexible use, these programs may be of interest to **Ministries of Education, Human Services** and **Health.**

Table 4. Promising Programs for Dads of Children Experiencing Behavioral Difficulties (n=3)

Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Randomized controlled trials												
Triple P[c]: Enhanced (Level 5), Standard (Level 4) and Self-Directed (Level 4) (Sanders et al., 2000)	305 families[d]	74.0	Predo-mina-ely Cauc-asian	Parents of children with behavior problems	3 years	Post-test[e]	✔					
The Incredible Years[f]												
Individually Administered Videotape Modeling Training (Webster-Stratton, 1992)	162	38.3[a]	n/a	Families with young conduct-problem children	3-8 years	Post-test[g]			✔			
Group Discussion Videotape Modeling Training (Webster-Stratton & Hammond, 1997)	166[h]	42.8[a]	92.9[a]	Families with young conduct-problem children	4-7 years	2 month[g]			✔		✔	
COACHES[i] (Fabiano et al., 2012)	55	100.0	85.6[a]	Fathers of children with ADHD	6-12 years	Post-test[j]			✔			

Outcomes[*]

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[*]A checkmark indicates a significant finding for treatment group fathers (as compared to control/comparison group fathers) at the last follow-up occasion.

[a]Hand-calculated.

[b]Program name not given by article, so created for this table by the authors.

[c]For a meta-analytic summary of *Triple P* effects for fathers, see Nowak & Heinrichs (2008) and Sanders et al. (2014).

[d]Families in this study were randomly assigned to one of four conditions: 1) enhanced behavioral family intervention – *Triple P*, Level 5 (EBFI); 2) standard behavioral family intervention – *Triple P*, Level 4 (SBFI); 3) self-directed behavioral family intervention – *Triple P*, Level 4 (SDBFI); or 4) wait-list control.

[e]Although there was also data collection at one-year follow-up in this study, by one year, all wait-list controls had received the treatment, and so there was no longer a control group. Thus, we report findings from post-test. However, the article states that findings for discipline were maintained at one-year follow-up.

[f]For other *Incredible Years* articles that discuss effects for fathers, see Homem et al. (2014), Webster-Stratton et al. (1988), Webster-Stratton et al. (1989) and Webster-Stratton et al. (2004).

[g]Although there was also data collection at one-year follow-up in this study, by one year, all wait-list controls had received the treatment, and so there was no longer a control group. Thus, we report findings from post-test (Webster-Stratton, 1992) and 2 month follow-up (Webster-Stratton & Hammond, 1997).

[h]Families in this study were randomly assigned to one of four conditions: 1) child training condition (CT); 2) parent training condition (PT); 3) child & parent training condition (CTPT); or, 4) wait-list control (WL). Compared to the control group, findings for father-child interaction were significant for the PT group only. Compared to the control group, findings for relationship with co-parent were significant for the CTPT group only; however, when the CTPT and PT group were compared on relationship with co-parent (as indicated by couple collaboration) to conditions without parent training (i.e., control and CT conditions), both the CTPT and PT conditions reported significantly greater couple collaboration than conditions without parent training.

[i]Coaching Our Acting-out Children: Heightening Essential Skills

[j]Although there was a one-month follow-up assessment, primary intervention outcomes were only assessed as post-test, and so that is what is reported in this table.

2.6 Universal programs for fathers

Four programs targeted fathers generally, and are thus included in this review as universal programs; these programs are for fathers of infants, pre-school age children and school-age children. The majority of significant outcomes found by these program evaluations (70.0%) were in the categories of father involvement or father-child interaction, and all of these evaluations, except for *Triple P-Positive Parenting Program*, assessed outcomes at post-test only.

One of these programs (*Parent Support and Education Program for Fathers*) was evaluated in three studies by McBride (1990, 1991a, 1991b) and targets fathers of pre-school aged children. The goal of the 10-week McBride program is to promote father involvement in the child's life, and the primary components of each two-hour session are group discussion (e.g., on child development) and father-child play-time. All three evaluations used a quasi-experimental pre-post design with well-educated samples of men (sample size range 30-60 dads; Table 5), and found positive impacts of the program on father involvement (paternal responsibility, paternal accessibility on non-workdays), paternal-child interactions on non-workdays and perceived sense of competence in parenting. As it can be offered in the preschool setting, as well as other child development settings, this program may be of interest to the Ministries of both **Health** and **Education.**

Evaluating an 8-week[22] universal program for fathers of school-age children focused on developing communication skills through information provision and skills training (*The Parent Education Program*), Levant and Doyle (1983) found a positive impact on fathers' communication skills, including improved overall sensitivity and fewer undesirable responses, as well as an improvement in the child's perception of his/her relationship with the father. However, this quasi-experimental study evaluated impact at post-test only, and the sample size was small (n=22 participants) and entirely Caucasian. Participants for this study were recruited from a number of places (health care settings, churches, schools), and so it is appropriate for implementation in different settings.

Of the two programs using a randomized evaluation design, Cullen and colleagues (2000) present a father-infant massage therapy program. In this program, fathers are taught infant massage by a massage therapist, and are also given a training tape and written instructions on infant massage. Fathers in the massage group were asked to give their infant a massage for fifteen minutes before bedtime each evening; fathers in the control group followed their usual bedtime routine. As compared to the routine-as-usual control group, massage group fathers showed increased interaction with their infant during an observed play session (including increased expressiveness, enjoyment, warmth, acceptance and responsivity), and also maintained levels of playing and overall caregiving time (whereas the control group significantly decreased in this time over the one month from pre- to post-test). Like the massage program described previously (*Baby Massage and Burleigh Relaxation Bath*), this program could be implemented in health-care settings, or as part of home visiting programs.

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[22] Each session is three hours long, and focuses on learning to listen and respond to the child, as well as learning to speak for the individuals' own needs. Parents learn skills by watching demonstrations and practicing via role-play. There is also a homework component (one hour per week).

The second program using a randomized evaluation design was *Triple P*; unlike the evaluation of *Triple P* presented by Sanders and colleagues (2000; see *Programs for Fathers of Children Experiencing Behavioral Difficulties*), this evaluation focused on *Triple P* as universal prevention for the onset of child behavior problems.[23] Parents in this study participated in four weeks of group sessions, and also had the option to participate in weekly individual phone consultations. Sessions focused on 17 behavioral management strategies, including those to promote children's competence and those to help manage poor behavior (Hahlweg et al., 2010), which parents learned through the use of a workbook. Compared to a no-treatment control group, Hahlweg et al (2010) found a reduction in dysfunctional discipline (laxness, over-reactivity, verbosity) among *Triple P* fathers, reflecting findings by Sanders et al. (2000) with the Tier 4 and Tier 5 intervention for fathers.

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[23] Though it was not specified, it is likely this paper is evaluating Tier 3, as the version of *Triple P* in this study was focused on parent training. However, the article does specify that this training was intended to be universal, with the goal of preventing the onset of child behavior problems.

Table 5. Promising Universal Programs for Dads (n=4)

								Outcomes[*]				
Quasi-experimental designs												
Program Name (Authors)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up Period	Positive discipline	Father involve-ment	Father-child interact-tions	Parenting knowledge/ attitudes/ skills	Relation-ship with co-parent	Family violence
Parenting Support and Education Program for Fathers[b]												
Parent Education/ Play Group Program[b] (McBride, 1990)	30	100.0	80.0	Fathers of pre-school age children	2-3 years	Post-test		✔		✔		
Parent Education/ Support Program[b] (McBride, 1991a)	60	100.0	n/a	Fathers of pre-school age children	2-5 years	Post-test		✔	✔ [c]	✔		
Parent Education/ Play Group Program[b] (McBride, 1991b)	54	100.0	78.0	Fathers of pre-school age children	1-4 years	Post-test			✔			

Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involvement	Father-child interactions	Parenting knowledge/ attitudes/ skills	Relationship with co-parent	Family violence
The Parent Education Program[b] (Levant & Doyle, 1983)	22	100.0	100.0	Married fathers with a school-age child	6-12 years	Post-test			✔			

Randomized controlled trials

Program Name (Author)	Sample Size	% Fathers	% White	Target Audience	Target Child Age	Follow-up period	Positive discipline	Father involvement	Father-child interactions	Parenting knowledge/ attitudes/ skills	Relationship with co-parent	Family violence
Father-Infant Massage Therapy[b] (Cullen et al., 2000)	22	100.0	68.0	Fathers of infants	Infants	Post-test		✔	✔			
Triple-P Positive Parenting Program (Hahlweg et al., 2010)	280 families	44.1[a]	German sample	Parents of pre-school age children	3-6 years	24 month	✔					

[*]A checkmark indicates a significant finding for treatment group fathers (as compared to control/comparison group fathers) at the last follow-up occasion.
[a]Hand-calculated.
[b]Program name not given by article, so created for this table by the authors.
[c]Non-workdays only.

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3.0 Discussion

The 28 programs located by this review engaged participants in a variety of settings (e.g., prisons, schools, health-care settings, community-based settings), and found promising impacts on relevant domains of positive fatherhood. While the most common outcome of these programs was improved father-child interaction, followed by greater father involvement, these outcomes varied by type of program, suggesting differences in program focus. For example, half (50.0%) of programs that found an impact on father involvement were those programs that targeted at-risk dads, and many of programs finding improvements in father-child interaction were those for first-time fathers (33.3%), followed by those for at-risk dads (22.2%) and those that were universal in nature (22.2%). The majority of programs finding an impact on the co-parenting relationship, and the one program finding an impact on family violence, were also those for at-risk dads. Finally, the only program finding an impact on positive discipline was the *Triple P-Positive Parenting Program*, whether offered in a universal or targeted format. We also found that 39.2% of programs overall targeted at-risk dads, followed by programs targeting first-time dads (28.6%), suggesting which populations are seen by program developers as most in need of intervention.

Taken together, this body of programs provides a number of opportunities for continued evaluation in the Alberta context, and finds alignment with the goals of several ministries, including Health, Education, Human Services, Labour and Justice.[24] However, we refer to these programs as promising throughout this document because of several common limitations, including a reliance on pre-post designs; small sample sizes; and the lack of diversity in evaluation samples. With regard to lack of diversity specifically, we did not find any programs that focused on Aboriginal fathers – this is a learning that needs to be addressed in future program evaluations. Future research should also consider the unique contexts of fathers using an intersectional lens, in order to better understand program impacts. Finally, programs for at-risk fathers would benefit from specifically considering the impacts of multiple-partner fertility on father's engagement (Tach et al., 2010).

There are several other limitations we would like to highlight. First, the most common reason for program exclusion was because programs only assessed maternal outcomes or only included mothers in their target population. Given the important impact of fathers on child development, future programming should strive to include fathers where possible, and when fathers are included, to collect and report outcomes specifically for fathers. A number of other programs had to be excluded because less than 20% of their sample was fathers, a cut-off we felt was liberal. Indeed, many of the programs in a recent review of parenting programs for maltreatment prevention (Chen & Chan, 2016) had to be excluded for this reason; despite the low participation of fathers in the programs they reviewed, the authors nonetheless concluded that "the programs involving fathers achieved lower effect size. This finding may indicate that fathers did not gain as much as mothers from parenting program[s]..." (p. 100). Rather, we would argue that these programs did not include a sufficient sample of fathers to calculate a meaningful effect size for

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[24] We also note for Labour and Justice the use of programs focusing on access, visitation and child support. While these programs were outside the scope of this review, we found several promising practices while creating this document – these included the *Child Support Earnings Disregard Policy* and *Los Angeles Jobs-First Gain*; please see Avellar et al. (2011) for a comprehensive review of these and other programs. See also Martinson and Nightingale (2005) for key findings from U.S. federal Responsible Fatherhood Programs.
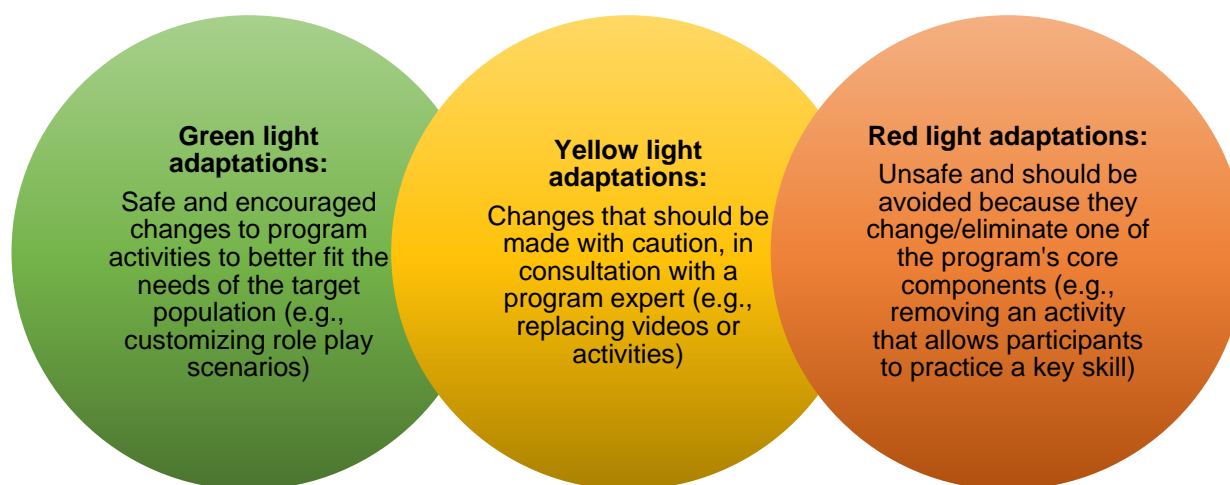
this group, and indeed, the problem of including fathers in research is not new (Phares et al., 2005). We do, however, agree with Chen and Chan that programs for fathers should be adapted to meet the unique needs of this population, and that one potential reason for the lower impacts of some programs with fathers (e.g., *Triple P* – see Footnote 16) may be because these programs have not been designed with this group in mind.

We also note that, despite including a number of systematic reviews of domestic violence prevention programs, we found only one program that had an impact on domestic violence, and no programs that specifically targeted fathers in domestic violence prevention (i.e., although there were programs for men, such as batterer intervention programs, none of these specifically looked at parenting outcomes). Understanding how domestic violence prevention programs affect fathers, and their parenting specifically, is an important task for future research. We also found a limited number of programs for incarcerated parents that targeted men (many were excluded because they targeted mothers); again, this is an area that should be considered for future program development.

4.0 Promising principles of fatherhood programs

This review offers a variety of programs that might be used in different settings throughout Alberta in order to promote positive fatherhood. However, as noted throughout this document, these programs likely need to be adapted prior to their use in the Alberta context; further, many settings may already have fatherhood programs in place, and thus may not be in need of a specific new program. With regard to program adaptation, we recommend the use of the Red Light, Yellow Light, Green Light adaptation system (ETR Associates & CDC Division of Reproductive Health, 2012). An overview of this system is shown in the figure below; for a full review of this system, see http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf.

Green light adaptations:
Safe and encouraged changes to program activities to better fit the needs of the target population (e.g., customizing role play scenarios)

Yellow light adaptations:
Changes that should be made with caution, in consultation with a program expert (e.g., replacing videos or activities)

Red light adaptations:
Unsafe and should be avoided because they change/eliminate one of the program's core components (e.g., removing an activity that allows participants to practice a key skill)

In settings where a program is already in place, we encourage program providers to use a set of 15 promising practices for effective fatherhood programs to review their current program, and consider where changes might be made. These criteria were created by Bronte-Tinkew et al. (2012), as part of their review of fatherhood programs that had been rigorously evaluated (e.g., randomized controlled trial with follow-up past post-test, appropriate sample size and analysis).

Promising Practices for Fatherhood Programs (from Bronte-Tinkew et al., 2012)

Effective programs…

…incorporate teaching methods and materials that are appropriate for fathers and the cultures of the populations served

…select and recruit staff who are experienced, empathetic, and well-connected in the community

…provide staff with training and coaching opportunities

…have a high staff-participant ratio

…use curricula targeted around a few core issues

…use theoretical approaches that have been effective in influencing parenting behaviors in other contexts

…employ a variety of teaching methods designed to focus on the fathers as individuals, and thereby personalize the information

…last a sufficient amount of time to complete important core activities adequately

…have staff who engage in one-on-one relationships with fathers

…encourage the use of an incentive to fathers and/or their families

…deliver services in engaging and interactive ways

…replicate their curricula with fidelity

…when focused on fathers involved in the criminal justice system, teach both incarcerated and re-entering fathers important skills and give them opportunities to practice using these skills

…when working with teen fathers, include mentoring as a program component

…when working with teen fathers, offer a comprehensive array of services

As a final note, considering Bronte-Tinkew et al.'s (2012) first principle – *incorporate teaching methods and materials that are appropriate for fathers and the cultures of the populations served* – organizations may first need to do important work creating a father-friendly climate, prior to implementing any specific programming. This is especially true within settings where fathers have not been a primary area of staff

focus, and where including fathers in organizational activities may not currently be aligned with staff beliefs/philosophies of care. One example of such a preparation tool is the education and training manual that accompanies the *Supporting Father Involvement* program; in part, the goal of this manual is to help agencies become more father-friendly. Doing this planning can also help organizations prepare for some of the barriers of working with fathers, including preparing for challenges with enrollment and recruitment; addressing co-parenting issues; and encouraging a focus on long-term sustainability and systemic change (Martinson & Nightingale, 2008). Though a first step, we hope this document provides tools that settings across Alberta can use to begin to include fathers in their planning, and suggestions for what types of programs might be useful to dads within those settings.

5.0 Limitations of the review

We note two primary limitations of our review. The first is that we did not perform a systematic search for programs themselves; rather, given the scope and timeframe for this project, we chose to review existing systematic reviews and meta-analyses in order to find programs to include in this report. While this approach has the advantage of leveraging the large body of work already available in the parenting literature, and finding programs that have already been reviewed by another group, its drawback is that we may have missed some programs, especially those that are newer and less likely to be included in a literature review. Thus, while this is an important starting point, and has given what we feel is a comprehensive snapshot of evaluated programs, funding to perform dedicated literature reviews in certain areas (e.g., programs for incarcerated fathers) is warranted. The second is that for included programs, we only examined whether they had a significant impact on an outcome of interest as compared to a control or comparison group; we did not analyze the components of this program, or assess the strengths/limitations of the evaluation in a systematic way.

6.0 Conclusion

Given the current limitations in the literature, continued evaluation of programs that include fathers in order to promote positive parenting and reduce family violence is a worthy goal, and one that should be prioritized in Alberta. Further, support for organizations to become father-friendly, in preparation to implement, adapt and sustain fatherhood programming, is needed.

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Appendix A. Brief description of programs not described in main text

At-Risk Dads

Minnesota Early Learning Design (MELD) Co-Parenting and Childbirth Program (Fagan, 2008) – The MELD program is a five-session, co-parenting curriculum for young fathers-to-be (ages 14-25). The purpose of the program is to engage young fathers, and show them how they can successfully share parenting with their baby's mother (regardless of relationship status). The five, 90-minute sessions focus on fair sharing of responsibilities of parenthood; communication with the mother; benefits of co-parenting for the child; solutions to barriers in co-parenting; and creating a sense of solidarity as co-parents. The program aims to increase fathers' support of mothers, and improve the parenting alliance and positive communication about parenting. In a quasi-experimental evaluation, Fagan (2008) found that participating fathers reported increased engagement with their infant (e.g., feeding the baby) and improved support of the mother three months following the program, compared to men who had participated in a childbirth curriculum only. However, there was difficulty getting younger fathers to attend programming.

Prenatal Education Program for Unwed Adolescent Fathers (Westney et al., 1988) – The purpose of this program is to provide prenatal education to unwed adolescent fathers, in order to increase fathers' positive support behaviors by enhancing their knowledge on areas related to pregnancy and infant care. This is done via a four-session prenatal class, which focuses on human sexuality; pregnancy and prenatal care; labor and delivery; and infant care and development (each session is 2 hours in length). The sessions appear to be for males only (i.e., do not include their female partner). In a pre-post quasi-experimental evaluation, Westney et al. (1988) found improved knowledge on human sexuality, pregnancy and prenatal care, as well as in most areas of infant development and care, as compared to a no-treatment comparison group. However, this study had a very small sample size (n=28).

Head-Start based Father Involvement Intervention (Fagan & Iglesias, 1999) – The purpose of this program is to increase father's involvement with their children, and also to improve child-rearing behaviors (i.e., nurturance, responsiveness, and positive behavioral control). The *Head Start* program is offered to low-income pre-school children and their families. In this version of *Head Start*, fathers (and father figures) were included by having fathers volunteer in the classroom; hosting weekly Father's Day programs at each site; offering father sensitivity training for early childhood staff members; holding father support groups; and providing father-child recreation activities. In a quasi-experimental pre-post evaluation, Fagan and Iglesias (1999) only found an impact on increased accessibility to children at home, as compared to a matched comparison group. Additionally, this effect was only found for fathers who spent more than 21.5 hours in the program (i.e., a high dose).

Fathers and Sons Program (Caldwell et al., 2010) – This group-based program was designed for non-resident African-American fathers and their children (ages 8-12), in order to help prevent youth risk behaviors by improving fathers' parenting attitudes and behaviors. The program is based on the Theory of Reasoned Action, social cognitive theory, social network and social support models, and models of race-related socialization, and was developed through community-based participatory research. In the program, fathers and sons attend 15 sessions (most are two hours) which focus on topics such as people of African heritage, health enhancement strategies, risk behaviors, communication skills, and parenting

behaviors. The program also includes homework assignments and participation in community cultural activities. In a pre-post quasi-experimental evaluation, Caldwell et al. (2010) found that fathers who participated in the program (as compared to a comparison group from a neighboring city) reported increased monitoring of child behavior (e.g., knowing their child's whereabouts), improved communication about sexual matters and intentions to communicate with their son, increased race-related socialization (i.e., teaching their son what it means to be Black), and improved parenting skills satisfaction. There were also a number of positive impacts for sons (e.g., greater intentions to avoid violence).

Hawaii Healthy Start Program (Duggan et al., 2004) – The *Healthy Start Program* (HSP) is a paraprofessional-facilitated home-visiting program for at-risk families (specifically, families with high family stress and thus at risk for child abuse). In HSP, families receive home visits for a minimum of three years (with the possibility of receiving visits until the child is five years old), and the goal is to improve family functioning. Frequency of visits decreases from weekly to quarterly as the family shows improvement. Fathers who participated in HSP in Hawaii showed improvement in accessibility, engagement and responsibility (Duggan et al., 2004); however, findings were strongest for fathers who did not live with the child, saw the child infrequently and were violent towards the mother at baseline, and so additional evaluation of this program is needed in order to better understand the impact of these results on child health and development.

Early Head Start (Roggman et al., 2004) – The *Early Head Start* program is for low-income families with an infant or toddler – the goal of the Roggman evaluation was to determine if the program promoted father-infant interaction. Fathers whose infants were in the program received handouts of activities they could do with their children; were encouraged to attend weekly play groups with the child's mother and the child; and were included in home visits whenever possible. Fathers were also encouraged to socialize with other fathers, and to attend other social events with their family. Children in this study participated until the age of three, and data were collected at 10 months of age, 14 months of age, 2 years of age and 3 years of age. When the child was two, fathers in *Early Head Start* (as compared to fathers in a randomly assigned comparison group) were observed to have more complex father-toddler social toy play, a measure of engagement in father-child interactions (and the only outcome assessed in this study). In this study, equivalence between the program and comparison groups at pre-test was not discussed.

The Creating Healthy Relationships Program (Bradley et al., 2011) – This program is based on couple and relationship education, which is designed to promote healthy relationships among adults. The Bradley et al. (2011) program adapts couple and relationship education for use with situationally-violent (i.e., reciprocal, family violence that does not involve control or dominance) heterosexual couples with at least one child under age 12. The Bradley program is based on sound relationship theory, which focuses on characteristics needed to build a healthy relationship through the metaphor of floors of a house. Bradley's group-based intervention is comprised of 22, two-hour sessions, and uses both discussion and skill-building to help couples learn and practice relationship skills. In a randomized controlled trial, Bradley et al. (2011) found that fathers who participated in the program reported less conflict in the relationship with their co-parent (e.g., more compromise, less gridlock on issues, less contempt in the relationship) at post-test. The control group in this study received no treatment, but were referred to resources in the

community. In this study, equivalence between the program and comparison groups at pre-test was not discussed.

Supporting Healthy Marriage (Lundquist et al., 2014) - Lundquist and colleagues (2014) evaluated the *Supporting Health Marriage* initiative, which was targeted to low-and moderate-income parents (or parents-to-be) in eight locations in the U.S. in order to strengthen marriages, with the goal of creating a nurturing family environment. Many of the participants in this evaluation reported marital distress or other family stress. The initiative consisted of workshops, as well as some supplemental activities (e.g., educational and social events) and family support services. The workshops in this study were one of four curricula: *Within Our Reach*; *For Our Future, For Our Family; Loving Couples, Loving Children;* or the *Becoming Parents Program*. The goal of all workshop curricula was to help couples learn skills that would support a healthy marriage, both by practicing and by interacting with other couples. Across the eight sites, Lundquist et al. (2014) found improvements in marital quality (e.g., greater warmth/support, fewer negative interactions) as reported by fathers and less psychological abuse victimization for both members of the couple 18 months following the conclusion of the program, and as compared to a control group who did not receive services.

First-Time Dads

Growing as a Couple and Family (Bryan, 2000) – This program is based on transition theory, and consists of a three class series (two hours total), focused on parent-infant interactions and fostering a positive transition to parenthood. In the classes, parents watch a video on giving a baby a bath; discuss communicating with their baby; and learn about the "fourth" trimester (i.e., the first three months of the baby's life). Compared to a non-equivalent comparison group who attended childbirth preparation class only, fathers in *Growing as a Couple and Family* were observed to have increased affective support interaction (e.g., hugging, kissing, laughing) with their child when their infant was on average 10.5 months of age. However, differences between the intervention and comparison group were not controlled for in the analyses.

Bringing Baby Home Workshop (Shapiro & Gottman, 2005) – This two day, psycho-communicative-education workshop focuses on helping couples make the transition to parenthood, and works on strengthening the couple's relationship; encouraging father involvement in the family; and teaching parents about infant development and play. The workshop uses lectures, demonstrations, video tapes and role plays, and covers 18 exercises. In a randomized controlled trial with a wait-list comparison group, fathers who participated in the workshop reported improved marital quality with their co-parent (e.g., better decision-making) and less hostile affect during marital conflict 9-12 months following the program. The sample size in this study was fairly small (n=76).

Parenting Transition Group (Doherty et al., 2006) – This 8-session educational intervention focuses on helping co-parents make the transition to parenthood. In the first session, couples receive a 1.5 hour individual home visit, and in the following seven sessions (each 2 hours in length), they participate in group sessions with other couples. Group sessions focus on a variety of topics, including developing realistic expectations for the transition to parenthood; strengthening parenting skills; and supporting co-parenting, and run from the second trimester until approximately five months post-partum. Sessions use

lectures, group discussion, videotapes and role-playing. In a randomized controlled trial, intervention group fathers reported greater accessibility to and more parallel interaction (i.e., doing another activity while with the baby) with their infant on workdays, as well as increased warmth/emotional support and dyadic synchrony (i.e., the meshing of father-infant behavior) in father-infant interactions.

Family Foundations (Feinberg & Kan, 2008) – The *Family Foundations* program is a psychosocial prevention program designed to improve the co-parental relationship, parent mental health, the parent-child relationship, and infant development. The eight, group-based sessions focus on a conceptual theory of co-parenting, and risks that emerge during the transition to becoming a parent. Four sessions occur in the pre-natal period, and four sessions occur in the post-natal period, concluding when the baby is approximately six months old. Compared to a randomly assigned no-treatment control group, fathers in *Family Foundations* reported less dysfunctional interaction with their infant (an indicator of distress in the father-child relationship) and greater father-infant soothability (e.g., ability to comfort the infant) at post-test. The effect on dysfunctional interaction was moderated by father insecurity, such that more insecure fathers reported a greater benefit of the program. Fathers in this study also reported greater co-parental support and improved parent-based closeness following the intervention.

Appendix B. Definitions

At-risk dads – In this paper, "at-risk dads" are those identified by the program as being at-risk in some way, and thus in need of intervention (e.g., because of their age, because of their socio-economic status, or because of their relationship with the co-parent).

Family violence – As used in this review, family violence included intimate partner violence, child maltreatment, and witnessing domestic violence.

Father-child interactions – This outcome refers to the relationship between the father and the child, including in observed interactions. Examples of father-child interaction variables include praise given to the child; amount of stress in the father-child relationship; and overall perceived relationship quality.

First-time dads – Are those who are expecting or parenting their first biological child.

Follow-up period – In Tables 1 through 5, refers to the occasion of last data collection as calculated from the time when the intervention ended, unless otherwise indicated in a table footnote.

Incarcerated dads – Are fathers who were in prison, jail or a correctional facility.

Infants – Refers to children over one month of age. Children between the ages of 0 to one month are referred to as newborns in this paper.

Parenting knowledge, attitudes and/or skills – This outcome refers to gains in knowledge (e.g., about infant development); attitudes (e.g., about parenting); or skills (e.g., parenting skills satisfaction).

Positive discipline – This outcome refers to the increased use of more effective or functional discipline strategies (e.g., time-out), or the decreased use of less effective/dysfunctional discipline strategies (e.g., corporal punishment).

Positive father involvement – This outcome refers to the positive and intentional engagement of the father with their child, including increased accessibility to the child and increased responsibility for childcare.

Relationship with co-parent – This outcome refers to the father's relationship with the child's other caregiver (in studies examined for this review, this other caregiver was always the mother). Examples of outcomes falling under this category include co-parenting relationship quality and co-parenting communication.

Sample size – For this paper, sample size refers to the number of individuals enrolled in the study at baseline or pre-test, unless otherwise indicated.

Target outcomes – Refer to the key outcomes examined in this review (positive discipline; positive father involvement; father-child interactions; parenting knowledge/attitudes/skills; relationship with co-parent; and family violence).

Target child age – Refers to the age (or age group) of the child of focus within the intervention.

Universal – Universal programs are not targeted toward a specific group, and can be used with parents generally.

Interviews with Policy Makers
Across the Government of Alberta

Prepared by Lana Wells

Table of Contents

1.0 Methods

As a primary goal of our report is to inform policy within the Government of Alberta (GOA), an important step in the writing of this report was to gather information from key policy makers on their perceptions of the government's role in promoting positive fatherhood. To this end, 27 interviews were conducted with policy makers in Alberta between March 2015 and January 2016. In order to locate participants for these interview, we contacted government officials within the Ministry of Human Services and asked these individuals to recommend stakeholders who would be able to answer questions related to our purpose (i.e., determining perceptions on the government's role in promoting positive fatherhood). In addition to this recruitment strategy, we also reviewed the Government of Alberta's public contact list, and searched for relevant contacts within four Ministries (Ministry of Education, Ministry of Health, Ministry of Justice and Solicitor General, Ministry of Human Services). We then sent a recruitment email to anyone identified through these two methods. Individuals who we recruited were also invited to suggest additional names to us, and thus the overall recruitment method was a snowball, convenience sampling method.

For the interviews, a semi-structured interview guide was used (Attachment A). This guide focused on 1) perceptions and suggestions on effective strategies for promoting positive fatherhood in Alberta; 2) gaps in services for fathers in Alberta; 3) recommendations for investment around fatherhood in Alberta; and 4) ideas about how organizations could become more father-friendly. After these initial interviews, and given the direction of the report writing, policy makers were subsequently asked through email to specifically comment on any policy frameworks or business plans that guided their current work with fathers, as well as what work they were currently doing (if any) to engage men and boys in the province (Attachment B). Most follow-up responses were received via email. Interviews were conducted by Lana Wells (Shift's Director) and Ken Froese (on secondment from the GOA), taped, transcribed and together transcriptions, interview notes and email responses were used to identify common themes emerging from the interviews (Attachment C). Interviews were themed separately by Ken Froese and an independent research assistant (Marcus Cobould), and then compiled by Lana Wells.

Attachment A: Consultation questions for fatherhood interviews

1. What in your opinion would comprise an effective strategy for positive father involvement? What components are needed? (Why?)
2. Where do you see this already happening in Alberta? Where are you seeing readiness, leadership, effectiveness, and innovation?
3. Where are the gaps?
4. Why do those gaps exist? (Barriers, constraints)
5. What would it take to close them?
6. Where should the Province be investing? If you had dollars to invest, where would you put them?
7. How can organizations (both government and social service agencies) become more father friendly? (what are the key components)

Attachment B: Additional follow-up questions

1. Can you share with me any policy framework and/or business plan that guides your work?
2. If you are doing any work around engaging men and boys (such as fatherhood programs, supporting violence prevention initiatives, supporting youth programs that engage boys), could you share with us a funding agreements that support this work and/or program design?

Attachment C: Interviews with policy makers: Themes

Q1. What would comprise an effective strategy for Positive Father Involvement?
Participants suggested that an effective strategy for PFI would include:

1. A whole government approach that is inclusive of community (by consulting and working with practitioners and leaders).
2. A developmental and lifespan approach (incorporate child development, milestones, etc.).
3. An ecological model for targeting interventions (individual, family, community, society).
4. A whole family approach –programs must focus on parental relationship (co-parenting), single parenting, grandparents, and reflect the diversity of "families".
5. Embed fatherhood interventions and strategies into existing parenting programs (not a stand alone approach). It was suggested that the programs should:
   - Engage father's in the design of the program so the program reflects men's interests and needs
   - Use child activities as learning/modeling opportunity
   - Use a strength-based approach
   - Bring in role models for dads
   - Use a peer-based approach
   - Build in networking opportunities
   - Have male facilitators
   - Deal with substance abuse, PTSD, mental illness and other social issues
   - Challenge traditional gender roles
   - Be built on research and evidence
6. A broad public social marketing/promotion (case) for why fathers are important to children's healthy development. It was suggested that the marketing strategy be implemented in tandem with the availability of interventions/programs throughout the province.
7. Multiple interventions (i.e. parenting programs, promoting the case for fatherhood, policies (i.e. paternal leave, childcare, flexible)) in diverse and multiple *settings* (places where men naturally congregate). The three key settings identified:
   a. Workplace
   b. Sport
   c. Schools
8. Leveraging specific "windows/opportunities" where men are naturally in contact with a system (i.e., health, faith, schools, etc.). Examples provided by participants include: pre-marriage classes, pre-natal classes, birth (leaving hospital), post-natal, prison, workplace (customized programs/policies based on the type of workplace), and sports.
9. Consultation with diverse men and families including Aboriginal men/families specifically to develop culturally appropriate programs and strategies.

10. Collecting data on fathers in existing parenting programs offered throughout the province (i.e. Triple P) to understand what is/has been effective.
11. Evaluation of all programs, policies and strategies.

Q. Where do you see this happening in Alberta and where are you seeing readiness, leadership, effectiveness and innovation?

Very few participants were able to identify individuals, particular organizations or settings and venues throughout Alberta where fatherhood programs are currently operating. However, several participants (5) identified the Norlien Foundation (Palix)/ Alberta Family Wellness Initiative as innovative and leading in this area specific to Early Childhood Development.

Q. Where are the gaps in programming?

Several gaps in programming were identified. They are:

- Lack of funding for fatherhood programs
- Lack of programming available across the prevention continuum
- Lack of training of staff within parenting programs to work and engage with fathers (and seeing father's as part of the family system).
- Not enough men facilitating the programs or involved in this area of work
- Very few resources available for dads to access
- Programming specific for diverse communities i.e. aboriginal, newcomers is lacking throughout the province
- Lack of evidence in current practices

Participants acknowledged that the majority of programming in Alberta is currently focused on mom/tots and that these interventions have been specifically designed for mothers and may not work for dads. Further, it was acknowledged that those programs available for father's focus on men as perpetrators of violence. Fatherhood is still not recognized (by both practitioners and policy makers) as important in the healthy development of children.

Q. Where are the gaps in policy?

Policies that were identified that were missing in the Alberta context are: parental leave specific to father's, childcare support in the workplace, flextime policies to encourage family time i.e., father's going to appointments, school, etc. The lack of research on paternal attachment and that most research is focused on men as offenders and/or perpetrators were also identified as gaps in policy.

Q. Why do gaps in programs and policies exist?

Overall, participants suggested that current policies and systems in place are outdated and based on old, traditional gender roles and definitions of family and do not account for the current economic and political realities or current family and workplace structures.

Q. What would it take to close the gaps? Where should GOA invest?

Ideas suggested by the policy makers to address the current gaps in programming and policies included investing in the development of a focused fatherhood strategy that would increase the number of programs available for fathers throughout the province along with a social marketing strategy that includes positive and consistent messages about the importance of fathers in children/youth development. It was recommended that this strategy should be housed within their broader parenting strategy starting with the ECD portfolio. In addition, a few participants suggested the government leverage schools and school districts to encourage the inclusion of fathers when engaging parents. They also suggested that the GOA encourage workplaces to create safe and caring environments that includes positive father involvement through policies and programming (paternal leave, family friendly policies, on-site programming).

Overall, the participants agreed that the priority of investments should be in prevention and health promotion activities.

Q. How can the GOA and Human Services become more father-friendly?

The GOA and social service agencies can become more father-friendly by undertaking the following:

- Incorporate learning opportunities within the workplace to increase knowledge, awareness and skills on the importance of fathers in healthy development of children.
- Develop and implement toolkits to support organizations and programs to become father-friendly i.e., implement a father-friendly organizational assessment tool to create an inclusive physical environment, work-hours, father-friendly programs and policies.
- Identify champions within the workplace to lead strategies to create a father-friendly environment.
- Implement family-friendly workplace policies (as described above).
- Engage men to lead the cultural change.
- Embed expectations in funding contracts and invest in sustainable programs and policies over the long term.
- Evaluate the effectiveness of strategies, programs, and policies.

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A Review of Assessment Tools Designed to Help Human Service Organizations Become More Father-Friendly

Prepared by Elena Esina and
Gordon Marcus Corbould

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1.0 Methods

In order to support organizations in becoming father-friendly, Shift undertook a review of organizational assessment tools in February 2016. The purpose of this search was to locate tools, instruments, and/or assessments designed to help community-based organizations and governments become father-friendly (i.e., tools focused on creating organizational change that would facilitate the inclusion of fathers in services/programming and the organization), with the goal of providing a snapshot overview of currently available assessments and their focus areas.

For this sub-project, we first searched 15 websites (e.g., Fatherhood.gov; Fathers.com; Candads.ca) and relevant documents (e.g., the Public Health Agency of Canada's "The Father Toolkit") for the names of potential assessment tools.[1] Websites and relevant documents were located using Google searches with the terms "Canada fatherhood"; "US responsible fatherhood"; "fatherhood organizational change tool"; and "fatherhood organizational change assessment," as well as by reviewing information within located websites/documents (i.e., a snowball-type approach). Each website and document was reviewed by a graduate research assistant for tools that met the review purpose.

There were 12 assessment tools located within these 15 websites and half of the documents (n=6) were then open-coded using Dedoose V7.0.23 separately by the same graduate research assistant and Shift's junior researcher who then finalized the codes. Because of the tight timeline of the search, and also because the search was intended to provide a snapshot of assessment tools and not a systematic review, we coded a random selection of half of the located tools:

1. Father Engagement Assessment Questions: Key Questions for the Community Assessment and Program Self-Assessment Processes, developed by the Head Start program, 2013
2. Step by Step Engaging fathers in programs for families: Assess Your Father-Friendliness - developed by the Best Start Resource Centre, 2012
3. Father-Friendliness Organizational Assessment for Public Child Welfare, The National Center for Strategic Nonprofit Planning and Community Leadership, 2012
4. General Organizational Assessment Checklist, developed by the the Public Health Agency of Canada, no date
5. Father-Friendliness Organizational Self-Assessment, The National Center for Strategic Nonprofit Planning and Community Leadership, no date
6. A Father-Friendliness Organizational Self-Assessment and Planning Tool, developed by the The National Center for Strategic Nonprofit Planning and Community Leadership, no date

Codes represented domain categories (i.e., what do the assessments actually include?). Codes

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[1] Full list of websites and tools available from the authors.

were used to compare and contrast tools and to draw out general, high-level themes. Information was also abstracted from each tool on 1) the uses of the tool (e.g., a brief summary of how/where the tool has been used); 2) the target father population of the tool (e.g., young dads; vulnerable dads); and 3) the target organization of the tool (e.g., community-based organizations; government). Together, data themes and general information about each tool were used to guide the writing of the larger report.

2.0 Summary of the the themes

The following nine themes were identified by the review and each was coded in detail:

1. Agency policies and procedures
2. Organizational support
3. Position and reputation in community
4. Staffing and human resources
5. Welcoming physical environment
6. Promotional materials for fathers
7. Programs and services for dads
8. Communication and interaction with fathers
9. Research methods and data sources for assessments and monitoring

Understanding Policy Discourse on Fatherhood: A Review of Government of Alberta Documents

Prepared by Lana Wells

The manner in which parenting is framed within Government of Alberta documents is important to understanding the discourse on fatherhood in Alberta. In order to understand this framing, 21 Government of Alberta policies, strategies and frameworks and 8 Government of Alberta Business Plans were reviewed in April 2016 (see Table 1 for a list of these policies, strategies, frameworks and plans). The purpose of this search was to determine if and how fatherhood was discussed within existing Government of Alberta documents, in order to inform the recommendations in the larger report.

Table 1. List of policies, strategies, frameworks and plans reviewed

Government of Alberta Policies, Strategies and Frameworks (n=21)

1. Creating Connections: Alberta's Addiction and Mental Health Strategy, Government of Alberta & Alberta Health Services, 2016
2. Alberta's Strategic Approach to Wellness, Government of Alberta, 2014
3. Aboriginal Mental Health: A Framework for Alberta, Alberta Health Services, 2006
4. FASD 10-year Strategic Plan, Government of Alberta, 2008
5. Becoming the Best: Alberta's 5-Year Health Action Plan - 2010-2015, Government of Alberta & Alberta Health Services, 2010
6. Alberta's Plan for Promoting Healthy Relationships and Preventing Bullying, Government of Alberta, 2014
7. Positive Futures - Optimizing Mental Health for Alberta's Children & Youth, Government of Alberta, 2006
8. Together We Raise Tomorrow, Government of Alberta, 2013
9. Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta, Government of Alberta, 2013
10. Poverty Reduction Strategy, Government of Alberta, 2013
11. Alberta's Social Policy Framework, Government of Alberta, 2013
12. Mental Health Capacity Building Projects in Alberta, Government of Alberta, 2014
13. Aboriginal Engagement Strategy, Alberta Human Services, 2015
14. Empowered People. Successful Families. Supportive Communities, Human Services Strategic Roadmap, 2015
15. A Network of Resource Centres Serving Parents, Caregivers and Children in Alberta, Alberta Children's Services, 2004
16. Alberta's Social Policy Framework, Government of Alberta, 2013
17. Prevention and Early Intervention Framework for Children, Youth and Families, Government of Alberta, 2012
18. Child Intervention Practice Framework, Government of Alberta, 2015
19. Guidelines for Home Visitation Programs, Alberta Children's Services, 2004
20. Two Strategies to Protect Alberta – PAXPlus, Child Development Collaborative for Alberta, ND
21. Implementation Evaluation of the Enhanced Prevention Focused Approach in Alberta for the First Nations Child and Family Services Program, Indian and Northern Affairs Canada, 2010

Government of Alberta Business Plans (n=8)

1. Aboriginal Relations 2015-18
2. Advanced Education 2015-18
3. Education 2015-18
4. Health 2015-18
5. Human Services 2015-18
6. Justice and Solicitor General 2015-18
7. Seniors 2015-18
8. Status of Women 2015-18

To locate these documents, multiple methods were used in order to be as comprehensive as possible. First, documents known to the research team (through work on other policy-relevant projects) were reviewed. Further, any documents cited within those known documents that appeared relevant to the search purpose were also reviewed. Second, the 27 participants interviewed within the Government of Alberta for the larger fatherhood report were re-contacted to determine if they knew of other relevant documents that should be reviewed for this project. Lastly, the website for each Ministry was searched for the most recent business plan. Generally, these search processes correspond to the ancestry approach (i.e., identifying studies from the reference lists of existing articles), the invisible college approach (i.e., contacting key stakeholders for unpublished work on the topic of interest), and computer-based searches, as discussed by Johnson and Eagly (2000)[1]. We feel this search strategy, while eclectic, resulted in a comprehensive list of government documents related to the purpose of the search. Once documents were located (n=29), each document was searched for the words 'father', 'fatherhood', and 'dad' to determine if the document contained any relevant information for review; since the goal of this search was tightly defined (i.e., determining if and how fatherhood was discussed in these documents), we felt the use of these three search terms met our purpose.

In general, there was little information about fatherhood available in these policy documents and business plans, and findings were limited, but included:

1. Language and definitions matter

Out of the 21 policy documents reviewed, only one government document, "Parent Links: A Network of Resource Centres Serving Parents, Caregivers and Children in Alberta" (Alberta Children's Services, September 2004), provided a definition of parents. In this document, the term "parent" includes any individual who has a significant relationship with a child and contributes to the child's care. Within this context, "parent" can mean the child's "biological or adoptive mother or father, a foster parent, grandparent, relative, teacher, friend, neighbor or child care provider." (Definition was taken from the Canadian Association of Family Resource Programs. See *Parenting and Family Supports: Moving Beyond the Rhetoric*

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[1] Johnson, B. T., & Eagly, A. H. (2000). Quantitative synthesis of social psychological research. In H. T. Reis, & C. M. Judd (Eds.), Handbook of research methods in social and personality psychology (pp. 496–528). London: Cambridge University Press.

Together (online PDF file, p.1). July 2001 (cited July 4, 2004)). However, while defined, parent surveys completed in Alberta (as discussed within the Parent Link document) were not disaggregated by sex, so it is not possible to know what programs were differentially effective for mothers and fathers. Measures in the Education 2015-18 Business Plan were also not disaggregated, limiting understanding of differential impacts of policies and programs.

2. Making the implicit explicit in policy documents

Out of the 21 government policy documents reviewed, two clearly identified men and boys as a target group to work with, but only one included an explicit focus on fathers. Specifically, in the Family Violence Prevention Framework (Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta, Government of Alberta, 2013), Priority One is to "Strengthen efforts to prevent family violence across the lifespan. Goal: Promote gender equality, respect and healthy relationships. Strategy: 1) Provide support to programs that focus on teen mothers and promote positive **fathering** programs for teen fathers and new parents, 2) Develop, promote and support a comprehensive provincial strategy to engage men and boys in family violence prevention, 3) Apply a gender-based analysis to identify solutions for preventing family violence throughout all programs, strategies and initiatives funded by the Government of Alberta." The other plan to mention engaging men and boys was the Status of Women Business Plan (this Ministry was developed in May 2015), under Desired Outcome Three: "Albertans receive high quality programs and services, Priority Initiative 3.3 – Develop a program targeted at engaging men and boys." However, this outcome is not specific to fathers.

3. Gender-based analysis is lacking in Alberta

Not one policy document or business plan applied a gender-based analysis to their policies, approaches and/or outcomes/indicators, except for the Status of Women Business Plan. However, this Ministry was just created in May 2015 and their plan is currently focused on the creation and building of the mandate for the Ministry. An important role for this Ministry going forward may be to apply a gender-based analysis to each new policy and framework and to each Business Plan within the GOA.

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Initiated by The Brenda Strafford Chair in the Prevention of Domestic Violence