

impact

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FATHERS FRIENDLY INITIATIVE WITHIN THE FAMILIES

To support fathers' involvement with their children

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CENTRE FOR STUDIES
AND RESEARCH ON
FAMILY
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THE PERIOD SURROUNDING BIRTH AND INFANCY is a crucial transition in the formation of a family. Fathers and mothers face major challenges, for example, developing a sense of efficacy as a parent while maintaining a good conjugal relationship. It is essential that both parents be involved with their children.

For some 15 years, fathers' involvement to their children has been a major social issue. Moreover, a number of studies have shown the positive effects that paternal involvement has on children. This is why, in its 2008-2018 perinatal policy, the Government of Québec has included in its priorities recommendations designed to actively recognize, favour and support fathers' involvement throughout the perinatal period.

The Fathers Friendly Initiative within the Families (FFIF) is consistent with this social current. The purpose of the FFIF is to implement and evaluate a program aimed at helping workers and managers in health care, social and community services to support paternal involvement.

A short history of the FFIF

The researchers at the origin of the Fathers Friendly Initiative within the Families (FFIF) have been studying fatherhood for nearly 20 years. The team has focused on men's experiences during their partners' pregnancy, and during the birth and infancy of their children. Changes in men's identities and in their conjugal, parental and social relationships have also been studied extensively. Aware of the adversity that fathers often face, the team has documented fathers' needs, adaptation strategies and attitudes to support and help, as well as the services available to them.

The FFIF results from this research. Its program is consistent with anterior programs such as *Pères en mouvement*, *pratiques en changement*, which was

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The Fathers Friendly Initiative within the Families To support fathers' involvement with their children

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implemented in Québec between 2002 and 2006. Thanks to collaboration by the authors of that program, some of its activities can also be found in the FFIF. This is in addition to a whole range of new activities designed especially for the FFIF. (See the box.)

Implementation of the FFIF

In 2010-2011, a Fathers Friendly Initiative within the families (FFIF) pilot project was undertaken in the Southern Laurentians, where it involved 30 primary care workers and 10 managers. The results of the evaluation of the pilot project showed significant evidence of changes in beliefs, attitudes and practices towards fathers and their families, as well as diverse adaptations of the health care establishments' environment to men's needs. With the funding granted by

Avenir d'enfants, the team began deploying the program in three regions of Québec in 2012.

In 2012, the FFIF team mobilized the partner organizations, and designed promotional tools, teaching guides and participants' booklets. A program evaluator and a communications agent have also joined the team. In the spring of 2013, five health professionals were hired to create the liaison team. The liaison officers are establishing fatherhood committees in their regions. This team is injecting dynamic energy into the regions with respect to fatherhood for the next three years.

The project was officially launched on Thursday February 21, 2013, at the 'evening cocktail' of the annual day of the *Regroupement pour la valorisation de la paternité* (RVP). Starting

in the fall of 2013, reflexive workshops have been held in each region for healthcare and social service providers, managers, and physicians in various areas of practice. These meetings provide an opportunity for participants to reflect on beliefs and practices regarding fathers. The invitation is for healthcare professionals, managers, and physicians to put in place new interventions for fathers, share their success stories, and discuss the problems they encountered. These FFIF workshops are not theoretical courses, but rather places for exchange, where professional practices can be analyzed and new approaches developed. The FFIF offers healthcare providers 24 hours of reflexive workshops, while managers and physicians participate in 9 hours of meetings. Lunchtime sessions, *À la rencontre des pères* events, participation in the Semaine québécoise

Box 1 : Activities for FFIF environments, care and services

Reflexive workshops for regional health care providers, managers, educators, and physicians from various organizations and areas of practice

Awareness-raising and mobilization activities concerning paternal involvement

Activities with and for organizations and communities, in accordance with expressed needs

À la rencontre des pères conferences

Participating in Quebec Fatherhood Week

Regional conferences for families

Lunchtime research discussion sessions within organizations

IMPACT (*Intervenants-Milieus-Parents en action*) journal

A Father for Life Newsletter

iap.uqo.ca/en website, AuCoeurDesFamilles Facebook page and @coeurdfamilles Twitter account

Involved Fatherhood: Discovering Life DVD

Support offered by the FFIF team

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et la famille



Regroupement POUR LA
Valorisation DE LA
Paternité

de la paternité (Quebec Fatherhood Week)... These activities and many others will continue until 2017.

The great adventure of implementing the Fathers Friendly Initiative within the Families (FFIF) continues, in three regions of Quebec. To achieve FFIF's aim of promoting fathers' involvement with their children, their families, and their community, various activities have been ongoing since 2012 in the Outaouais, the Laurentians, and Montérégie.

To better understand the needs of fathers in each region, discussion groups for fathers were held. With groups of between four and six fathers, 26 fathers were involved in all. Of these, more than half had regular contact with healthcare, social, or community workers. These fathers discussed their views on their paternal role and on the treatment of fathers within their regions' services, as well as their needs based on their parental role.

According to the participating fathers, a good father is above all a responsible father who makes the child a priority in his life. This means making the child part of one's everyday life and making key decisions based on the child's well-being. For the sake of their children, fathers indicated they would accept or change employment, modify their social activities, and take care of their health: *"A good father, 90% of the decisions he makes are for his child. Being a father is at the top of my list of choices now. At least, as often as possible."* When asked about their level of satisfaction with the services used, fathers first mentioned the physical environment. Several complained that their fundamental needs, such as sleeping, eating, and washing, are not recognized during the hospital

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The FFIF: An innovative project, a dynamic team

IT IS NOT A SECRET: fathers contribute to the lives of their children in many different ways. The Fathers Friendly Initiative within the Families (FFIF) offers an approach adapted to the needs of health care and social service providers and organizations seeking to integrate fathers into family-centred care and services.

The FFIF team supports organizations and participants, including health care and social service providers, managers and physicians, in the development of father-friendly environments, care and services.

Dr Francine de Montigny, Ph.D., Director

Dr Francine de Montigny, is a researcher and nurse, as well as the Director of the Fathers Friendly Initiative within the Families (FFIF), and she is thus in charge of the project. She holds the Canada Research Chair in Family Psychosocial Health, and is a professor in the Department of Nursing Science at the *Université du Québec en Outaouais*. She has broad expertise with respect to the transitions that occur when a child is born, fatherhood and analysis of professional practices.

Dr de Montigny directs the design, implementation and evaluation of the FFIF in Québec, in close partnership with the organizations in various regions. She also promotes the FFIF to political leaders in Québec and beyond since paternal involvement is an issue for families both here and elsewhere.

Dr de Montigny also directs the Centre for Studies and Research on Family Intervention (CERIF) (cerif.uqo.ca/en) and the Research Group on Men's Mental Health during the Perinatal I Period and health care services towards them. Over the years, she has been the recipient of numerous prizes:



Dr Francine de Montigny. Photo: © Marcel Lahaie.

Excellence in management (2005); Excellence in Research (2007); Leadership in perinatal nursing (2009); Florence in Research from the Order of Nurses of Quebec (2011); Distinction Award from the Order of Nurses of Outaouais (2011); Excellence circle (*Université du Québec*, 2011); Pythagore, (2013), *Université du Québec à Trois-Rivières* (2013).

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The FFIF: An innovative project, a dynamic team

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Christine Gervais, M.Sc.N., Ph.D., Co-director

Christine Gervais, researcher, nurse clinician, and professor in the Department of Nursing Science at the Université du Québec en Outaouais, is the co-director of the FFIF. She is responsible for rallying support for and implementing the project. Christine has unique expertise related to the FFIF since she implemented and evaluated the implementation of the pilot project in the Laurentians with Dr de Montigny.

Dr Gervais is in charge of supervising the FFIF team. She also supports the liaison team and ensures every region has the resources it needs. She is involved in designing and running FFIF workshops, and sets up concrete strategies to create father-friendly environments.

Dr Gervais holds a PhD in Psychology from the Université du Québec à Trois-Rivières. She is also a researcher at the Centre for Studies and Research on Family Intervention and a professor at the Université du Québec en Outaouais.

Sophie Bernard-Piché, Communications Agent

Sophie Bernard-Piché manages FFIF communications. She maintains its website (iap.uqo.ca), as well as the Facebook page for the *Au cœur des familles* laboratory (facebook.com/AuCoeurDesFamilles). She can be contacted for an FFIF information kit (which includes two

posters, five copies of the *Impact* journal, and ten pamphlets). Sophie is also responsible for media relations and social media for the Centre for Studies and Research on Family Intervention (cerif.uqo.ca/en).

Kate St-Arneault, M.Sc.N., Evaluation Coordinator

Kate St-Arneault, nurse clinician and research coordinator, is responsible of evaluating the FFIF program. With her vast experience in family and perinatal nursing, she understands both the scientific issues and the reality in the field.

Kate coordinates all data collection from parents and service providers, as well as data analysis and dissemination of results in the scientific community. Kate also coordinates research at the Centre for Studies and Research on Family Intervention. She holds a Master in Nursing Science from the Université du Québec en Outaouais, where she focused on fathers and Integrated services for perinatality and early childhood (SIPPE).

Our researchers

Dr Carl Lacharité, Dr Annie Devault and Dr Diane Dubeau have been involved in designing the FFIF, and they participate in the decision processes related to the FFIF. They contribute to the project a vast expertise and knowledge about family health.



Dr Christine Gervais. Photo: Isabelle Telmosse.



Sophie Bernard-Piché. Photo: Alex Tétreault.



Kate St-Arneault. Photo: PLBergeron Photos.



Dr Carl Lacharité. Photo: PLBergeron Photos.



Dr Annie Devault. Photo: Université du Québec en Outaouais.



Dr Diane Dubeau. Photo: Carl-Antoine Mainville-Laroque.

Dr Carl Lacharité, Ph.D., Researcher

Dr Carl Lacharité, Psychologist, is Professor of Psychology at the *Université du Québec à Trois-Rivières* (UQTR). An experienced researcher, he is an expert in evaluative research, analysis of practices and ethnographic methodology. Dr Lacharité directs the *Centre d'études interdisciplinaires sur le développement de l'enfant et la famille* (CEIDF) and the *Groupe de recherche et d'intérêt en négligence* (GRIN), both of which are FFIF project partners.

Dr Annie Devault, Ph.D., Researcher

Dr Annie Devault is Professor of Social Work at the *Université du Québec en Outaouais*. She is well known in the areas of community psychology and social work focussing on fathers. In 2008, she and other members of the team developed and produced multi-media teaching activities for both practising professionals and those in training.

Dr Diane Dubeau, Ph.D., Researcher

Dr Diane Dubeau is Professor of Psychoeducation at the *Université du Québec en Outaouais*. Over the years, Dr Dubeau has developed acclaimed clinical and research skills on fatherhood issues. She is especially interested in program evaluation, in applying knowledge gleaned through research involving health care professionals and in constructing tools for informing fathers.

Our collaborators

Raymond Villeneuve, Consultant

Raymond Villeneuve, Director of the *Regroupement pour la valorisation de la paternité*, is part of the FFIF team. He is recognized for his expertise both in mobilizing communities and in implementing communities of practice. Raymond Villeneuve contributes greatly to the project's dissemination.

A liaison team

Five liaison agents have joined our team. They ensure that organizations have access to the information and education needed to be father friendly. Karine Sauvé will be supporting the Outaouais region in its FFIF undertaking; Julie Garneau, the Laurentian region; and Denis Pollender, Louis Bourbonnais, and François Jodoin will be resources for the Montérégie region. All liaison agents will be working to set up fatherhood committees in their region.

Key players

As needed, experts on fatherhood, managers of partner organisations, health and social services providers, fathers, and students are called on to join the FFIF's various activities, including the steering and evaluation committees. ♦



Karine Sauvé. Photo : gracieuseté de Karine Sauvé.



Denis Pollender. Photo : Pascale de Montigny Gauthier.



Raymond Villeneuve. Photo : Martine Doyon.



François Jodoin. Photo : Pascale de Montigny Gauthier.



Julie Garneau. Photo : Pascale de Montigny Gauthier.



Louis Bourbonnais. Photo : François Jodoin.

News in brief

INVOLVED FATHERHOOD: DISCOVERING LIFE DVD

THE *INVOLVED FATHERHOOD: DISCOVERING LIFE* DVD is available with English or Portuguese subtitles. To buy this product, please contact Sophie Bernard Piché by email : sophie.bernard-piche@uqo.ca or phone +1 819 595 3900, ext 2399.



The cost of the DVD is 20\$ (general public) or 80\$ (educational institutions).

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AT THE HEART OF FAMILIES LABORATORIES



Visit the At the Heart of Families Laboratories on the web at <http://cerif.uqo.ca/en/at-the-heart-of-families/physical-spaces> and watch the video (in French with English subtitles) at <http://cerif.uqo.ca/en/at-the-heart-of-families-labs>.

ON THE WEB

VISIT THE WEBSITES OF the Centre for Studies and Research on Family Intervention (CERIF) at cerif.uqo.ca/en, and the Fathers Friendly Initiative within the Families at iap.uqo.ca/en.



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RECENTLY PUBLISHED

CAN YOU NAME some psychosocial factors associated with paternal postnatal depression?

While maternal postpartum depression is a well-known phenomenon, paternal postnatal depression has been less studied. It is known that paternal postnatal depression impacts on children's and families' development, affects marital satisfaction and affects the economic health of industrialized countries. The aim of this study was to identify the psychosocial factors associated with paternal postnatal depression.

A descriptive-correlational study was conducted with a sample of fathers of infants (average age: 11 months) who were breastfed exclusively or predominantly for at least six months, comparing psychosocial factors in fathers with (n: 17, 8.2%) and without a positive score for depression on the EPDS scale (n: 188). Psychosocial factors were assessed through questionnaires.

Depression in fathers of breastfed infants is associated with the experience of perinatal loss in a previous pregnancy, parenting distress, infant temperament (difficult child), dysfunctional

interactions with the child, decreased marital adjustment and perceived low parenting efficacy. Multivariate analysis suggests an independent effect of psychosocial factors such as parenting distress, quality of the marital relationship and perceived parenting efficacy on paternal depression.

The sample focused on fathers of breastfed infant, since breastfeeding has become the feeding norm, and this should be taken into account when considering the generalisation of findings.

These findings emphasize the need to consider a set of psychosocial factors when examining fathers' mental health in the first year of a child's birth. Health professionals can enhance parenting efficacy and alleviate parenting distress by supporting fathers' unique experiences and addressing their needs.

deMontigny, F., Girard, M. E., Lacharité, C., Dubeau, D. (2013). Psychosocial Factors associated with Paternal Postnatal Depression. *Journal of Affective Disorders*. March 13th. <http://dx.doi.org/10.1016/j.jad.2013.01.048>.



Fathers' support in Québec's integrated perinatal and early childhood services (SIPPE): a challenge for social workers and healthcare professionals

Kate St-Arneault, Francine de Montigny and Christine Gervais

THE INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES (SIPPE) targets families of children under five years old living in precarious socio-economic contexts. These interdisciplinary services (which include nursing, nutritional and psychosocial services) have been deployed in the network of Québec community health centers since 2004. It has been documented that the professionals who deal with young families say they are poorly equipped to work with fathers. Supporting men in different precarious situations can be an additional challenge for health care service providers. When she was doing her MA in

nursing science at the *Université du Québec en Outaouais* (UQO), Kate St-Arneault studied SIPPE service providers' perceptions of fathers as well as their professional practices in relation to fathers. Her research involved eight interviews with various SIPPE professionals who are called upon to play pivotal roles, or to act as key service providers, for families. Analysis of the data gathered from the six nurses and two psychosocial service providers identified three main themes: perceptions concerning fathers' identities, perceptions concerning the services offered, and perceptions concerning interacting with fathers.

father, who did not yet know each other very well, had to learn to create a parenting alliance, which was not easy. Finally, the health and social service providers saw a significant difference between the family roles adopted in the families supported by the SIPPE program and those in families belonging to a clientele described as more general. According to the SIPPE service providers, the men belonging to their special clientele showed paternal involvement that was centred mainly on the role of provider, and, owing to what they were experiencing as men and as spouses, the fathers were relatively unavailable to invest in their roles as parents.

Fathers' different identities

The service providers described the fathers of the families they were in contact with in their work as having different identities that were all intimately related. For example, a father is initially (1) a man, before becoming (2) the life-partner of someone, and then (3) a parent. However, the interviewees considered the men as clearly part of their vulnerable clientele, as part of a group at risk. According to the health and social service providers, the vulnerability results from various personal and social characteristics, such as mental health problems, drug addiction, criminality and violence. According to these professionals, most of their clients were in a recent or unstable conjugal relationship when the pregnancy occurred. Both the new mother and the new

Services offered

The Integrated perinatal and early childhood services (SIPPE) are described by the health and social service providers as a means of preparing children for successful entrance into school by optimizing the stimulation offered by their parents. Their purpose is also to prevent negligence and referrals to the youth protection agency (the *Direction de la protection de la jeunesse* (DPJ)). According to these professionals, the parents served by the program are different from other parents. Owing to their personal and family histories, their socio-economic situations and the education they have received, such parents have limited ability to take care of their children, which

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STUDENT CORNER

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makes the services offered essential for them. Most of the parents who the service providers see in their work have not had positive parental role models, and many had difficult experiences with social and health care services in their childhood. They sometimes feel threatened by the service providers' interventions, and reject or have trouble accepting services offered. In order to overcome this difficulty, the professionals insist strongly on the importance of creating a relationship of trust with the parents so as to have access to their home, the children, as well as to gain the parents' collaboration.

Health and social service providers' interactions with fathers

All of the health and social service providers described the additional effort that they put in when they wanted to come into contact with a father. They said that the nature and content of interdisciplinary services with respect to the perinatal period and infancy are poorly adapted to such fathers, whose presence is thus rare and participation weak during meetings and workshops. Moreover, some of the service providers said they felt uncomfortable with the fathers. The gender difference, a lack of knowledge about the needs of and approaches to be used with men and fathers, a lack of experience and a certain fear of the fathers' reactions made it more complex to establish a professional relationship. Despite everything, the health and social service providers who were interviewed

strongly emphasized the fact that they were trying harder to reach fathers and to include them in the follow-up of the family. However, their efforts are not achieving the goals, and fathers do not participate in the activities any more than before. While some service providers took comfort in the idea that they had at least thrown the fathers a line, others expressed anger in the fathers' lack of interest.

In conclusion, the discourse of the SIPPE program service providers revealed a strong feeling of professional inadequacy with respect to fathers. Even though they see many needs in the families that they meet, sincerely believe in the importance of paternal involvement for family well-being, and try to integrate fathers into their family health care practices, they see the fathers' low level of participation, the discomfort in their relationships with the fathers, and the fathers' distrust of them as indications of failure. This is why all of them, without exception, wanted to be better educated in dealing with fathers living in precarious contexts so as to provide better support to every member of the families they encounter.

For further information: St-Arneault, K. (2013). *Perceptions des intervenants de leurs pratiques professionnelles à l'égard des pères dans le cadre des services intégrés en périnatalité et de la petite enfance* (unpublished MSc.N. thesis), Université du Québec en Outaouais, Gatineau, QC. ♦

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stay following the birth of their child. The fathers emphasized the importance of feeling that care providers trust them and include them in interventions. Regarding their needs related to the paternal role, fathers mentioned needing to find their place in the mother-baby bond and to be recognized and fully considered as new fathers. They also expressed the need to be supported so they can better offer support to their partner.

These results have been incorporated into discussions with healthcare professionals during the reflexive workshops that have taken place since implementation, in the Vaudreuil, Brôme-Missisquoi, Outaouais, Saint-Jérôme et des Sommets regions. Since the initial implementation, 241 healthcare and social service providers, 8 physicians, and 58 managers have been involved. These practitioners have been pleased with the meetings, stating that they have gained tools to improve their practices and interventions. They are motivated to keep fathers' involvement in mind at all times when consulting and providing services.

For further information, see iap.uqo.ca/en. ♦

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