



The Father Friendly Initiative: AN INNOVATIVE PROGRAM TO SUPPORT FATHER INVOLVEMENT IN HEALTH SERVICES

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Introduction

Father involvement benefits children's cognitive and social development and contributes to mothers' well being. Furthermore, fathers who are involved with their children right after birth tend to stay involved later on in life. Early father involvement is thus also seen as a protective factor of child abuse and neglect.

Although health professionals are key actors in the support of father involvement...

Few health services specific to fathers, and access difficult

Health services are tailored to mother's needs



Concepts of masculinity do not permeate education

Mothers are perceived more positively than fathers

Less father involvement

- ➔ Family centered care aims to contribute to the child and the family's well-being.
How come fathers are not integrated in health services?
- ➔ How can programs, and health professionals respond to families' needs, while considering fathers' specific needs?

The Father Friendly Initiative within the Family (FFIF) program aims to support the health care system and professionals in innovative and efficient actions to promote father involvement, within families and communities.

Objectives

- Describe the FFIF, its implementation in a region of Quebec, Canada, and evaluation strategies and results.

Method

- A logical model was used to develop and evaluate the FFIF.

The Father Friendly Initiative within the Family (FFIF)

- A pilot project over a period of nine months
 - 30 health and social services professionals
 - 24 hours reflective workshops
 - 10 managers
 - 9 hours reflective workshops
 - 5 areas of services, 10 disciplines



Results

Forty interdisciplinary and inter-establishment professionals adopted father friendly attitudes, beliefs and behaviors after participating in this innovative program.

Increased awareness

- Of their attitudes towards fathers
 - “I have realized that I have high expectations towards fathers which might hinder our relationships”.
- Of their role and actual practices towards fathers
 - “I realize that I used to address only the mothers, to give them information, or support. I just didn't see the fathers. Now, I am more aware of how I interact”.
- Of the space created for men in health care environments
 - “I notice that fathers come once to the well-baby clinic, but they don't return. The walls are painted in pink. The hours of the clinic are only day-time. We need to work on creating father-friendly environments”.

Changes in beliefs and attitudes

- Realizing that the relationships created with men in their personal life affects the relationship they will or not build with fathers
 - “I wanted tools to work with men, but realized that I am my own tool. I need to work on my attitudes and uneasiness towards men”.
- Taking care of fathers' needs does not result in increased workload, nor does it penalize mothers
 - “I realize now that when I include the father in my care, child care responsibility is shared between the two parents”.

Changes in discourse and father inclusive practices

- Realizing that fathers are concerned parents
 - “Before, I used to see only the mother. Now, I insist on meeting both parents, and fathers come to the meeting, they are involved, they share their experience”.
- Developing specific strategies to enhance father involvement
 - “Now, I ask fathers to share a memory of their own father. I ask them how I can help them. It helps to build a collaborative relationship”.

Implications for social and clinical practices towards fathers

- Health professionals' education need to include information regarding masculinity and opportunities to reflect upon beliefs and attitudes held towards men and fathers
- Health environment and clinical practices need to be tailored to become father inclusive

Policy development

- Public and health care policies need to be father inclusive