



The Father Friendly Initiative within Families: Using a logic model to develop program theory for a father support program



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ABSTRACT

The transition to fatherhood, with its numerous challenges, has been well documented. Likewise, fathers' relationships with health and social services have also begun to be explored. Yet despite the problems fathers experience in interactions with healthcare services, few programs have been developed for them. To explain this, some authors point to the difficulty practitioners encounter in developing and structuring the theory of programs they are trying to create to promote and support father involvement (Savaya, R., & Waysman, M. (2005). *Administration in Social Work*, 29(2), 85), even when such theory is key to a program's effectiveness (Chen, H.-T. (2005). *Practical program evaluation*. Thousand Oaks, CA: Sage Publications). The objective of the present paper is to present a tool, the logic model, to bridge this gap and to equip practitioners for structuring program theory. This paper addresses two questions: (1) What would be a useful instrument for structuring the development of program theory in interventions for fathers? (2) How would the concepts of a father involvement program best be organized? The case of the *Father Friendly Initiative within Families (FFIF)* program is used to present and illustrate six simple steps for developing a logic model that are based on program theory and demonstrate its relevance.

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1. Introduction

In recent decades, there has been a growing literature describing men's experience of becoming fathers and the challenges they encounter (Barclay & Lupton, 1999; Goodman, 2005; St John, Cameron, & McVeigh, 2005). Studies have highlighted fathers' often difficult interactions with health and social services and their low satisfaction with those services (Deave & Johnson, 2008; Gervais, de Montigny, & Lacharité, submitted; Premberg, Hellström, Berg, & Premberg, 2008). Now that these experiences and interactions are being documented, it is time to move from description to intervention and build on this evidence to develop programs to support fathers (Bell, 2009; Metz & Bartley, 2012). When using research results to develop intervention programs, we need to look at the theories underlying these results to identify the key structural elements that foster their success (Carrilio, 2001). Developing a program is a complex

endeavor that involves focusing on fragmented and even contradictory data drawn from research, practice, and policies, and then applying that data to real-life situations. Our aim in this article is to equip practitioners working with families to develop and structure a program's theory using a logic model. More specifically, we address two questions: (1) What would be a useful instrument to structure the process of developing theory for a program to support father involvement? (2) What is the best way to organize the concepts of a father involvement program and to develop its logic model?

2. The importance of program theory

Some authors have attributed problems experienced by existing intervention programs to the fact that their program theory is often weak or non-existent (Best et al., 2003; Brenton et al., 2002; Fear, 2007; James, Fraser, & Talbot, 2007), or that they were developed based on experiences or ideas with no solid theoretical foundation (Best et al., 2003; Conrad, Randolph, Kirby, & Bebout, 1999). Program theory specifies what must be done for a program to achieve its objectives; it describes the program's

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structure, the logical links between problem and goals, actions to be taken, resources to be applied, and desired outcomes (Rossi, Lipsey, & Freeman, 2004). The quality and validity of a program's theory largely determine that program's effectiveness (Chen, 2003).

Without program theory, it is more difficult to assess a program's effectiveness, since it is not certain that the proposed interventions are appropriate for solving the problem targeted or achieving the goals desired. Lacking theory, evaluators may focus only on outcomes related to objectives and fail to identify potential negative impacts of the intervention (James et al., 2007). Lastly, the absence of theory may make it difficult to explain a program's results, thereby limiting the potential of formulating recommendations to stakeholders for developing the program further or applying it to another context (D'Agostino, 2001).

According to Savaya and Waysman (2005), the main reasons for the absence of program theory are the time and resources needed for its development and the difficulty, even for highly experienced professionals, of translating concrete actions and tacit knowledge into abstract concepts. The knowledge underlying their actions therefore remains implicit and difficult to transfer to other programs. So, while there is consensus on the importance of program theory for developing, implementing, and evaluating programs, few programs have a clearly defined theory, and even when such theory is articulated, it is generally used in a limited and very specific way, such as when drawing up an assessment plan to evaluate a program (Rogers, Petrosino, Huebner, & Hacs, 2000).

3. The link between program theory and logic models

Many organizations want their interventions, activities, or programs to be evaluated. However, few have detailed descriptions that specify components and objectives, which not only hinders evaluation but also impedes program development, implementation, and management. While authors differ in the terms they use – logic models, program models, action theories – to refer to a program's underlying theory (Rogers et al., 2000; Rossi et al., 2004), they nevertheless agree on the importance of describing precisely a program's components and how they are linked (Ridde & Dagenais, 2009; Rogers et al., 2000; Rossi et al., 2004). Program theory can be a valuable tool for reaching consensus on a program evaluation process, assessing how results can be generalized, identifying unexpected impacts, explaining results, and providing early indicators of effectiveness (Chen, 2005).

For the majority of authors consulted, a logic model is a tool for developing, structuring, or identifying program theory (Ridde & Dagenais, 2009; Rogers et al., 2000; Rossi et al., 2004). In that sense, it is a simplified version of program theory, since the components of a logic model encompass the key categories of program theory (Chen, 2005). Moreover, the process of creating a logic model has been more extensively discussed in the literature and is more accessible to practitioners in terms of time, comprehension, and cost, which is why we propose it here as a tool for structuring the development of program theory.

4. Logic models

While definitions differ slightly, it is generally agreed that a logic model is a relatively simple one-page diagram that sequentially presents the changes the program intends to initiate, showing the inputs (resources dedicated to or used by the program), activities (what the program does with the inputs to achieve its objectives), and outputs (the direct products of the program's activities) associated with the benefits it aims to generate (Chen, 2005). Logic models can be applied to all kinds of programs, regardless of their size or objectives (Porteous, 2009).

Creating a logic model enables practitioners and managers to structure a program's underlying concepts and to incorporate an evaluation process based on what the program is supposed to achieve (Newton, Poon, Nunes, & Stone, 2013). The adopted strategies are based on results of similar programs or research, thereby linking the program to existing theories with replicable results (Fear, 2007). The logic model becomes a reference point for everyone involved in the program (Centers for Disease Control and Prevention, 2003) and can serve as a foundation for developing an evaluation plan and evaluation instruments (Helitzer et al., 2010).

4.1. The program theory logic model

There are different versions of logic models and no unanimity as to their key components (Porteous, 2009; Porteous, Sheldrick, & Stewart, 2002; Renger & Hurley, 2006; Savaya & Waysman, 2005). We have opted here to present and adopt the terminology developed by the W. K. Kellogg Foundation (2004), based on the United Way of America's (1996) widely used version of a logic model. We feel it is the clearest and most comprehensive, and offers the advantage of distinguishing between three types of logic models used for different purposes. A logic model that is created to set out the theoretical foundations of a program or to clarify the components of program theory will generally consist of six elements:

- (1) Problem and causes: To demonstrate that the proposed strategies will rectify the situation, both the core problem targeted by the program and its causes must be clearly defined. For complex programs addressing several problems, it is helpful to create a logic model for each one.
- (2) Community needs and resources/assets: The population needs arising from the problem(s) must be identified, as well as any community-based resources related to these problems.
- (3) Desired results: This involves describing the vision of the future that will be created by the program, i.e., short- and long-term changes that will occur when the program is implemented.
- (4) Influential factors: It is important to analyze all factors that can have a positive or negative impact on the changes that the program is aimed at introducing.
- (5) Strategies: The strategies to be used are determined after surveying all the evidence related to the problem targeted, as well as best practices that have been implemented by similar programs or that were used to achieve results similar to those envisioned by the program.
- (6) Assumptions underlying the planned actions: This element explains how the strategies chosen to stimulate the desired changes in the population will operate. It presents the ideas, principles, and convictions that link the problems identified, the strategies chosen, and the intended results.

Fig. 1 illustrates these elements and the relationships among them.

The main drawback of logic models is their cost. Developing or updating a logic model is a long and therefore costly process (Gugiu & Rodriguez-Campos, 2007). Another limitation, noted by Fear (2007), is that logic model flowcharts are based on a linear temporal continuity, whereas programs rarely unfold linearly. Programs may have periods of intensive activity and others that are quieter; they may come to a complete standstill for a time, or some backtracking may be required to correct problems. These and other variations are not readily captured in a flowchart. Furthermore, logic models categorize the elements of a program in closed boxes with no overlapping, whereas in reality things are much less clearly defined. Lastly, by describing the program in the form of a

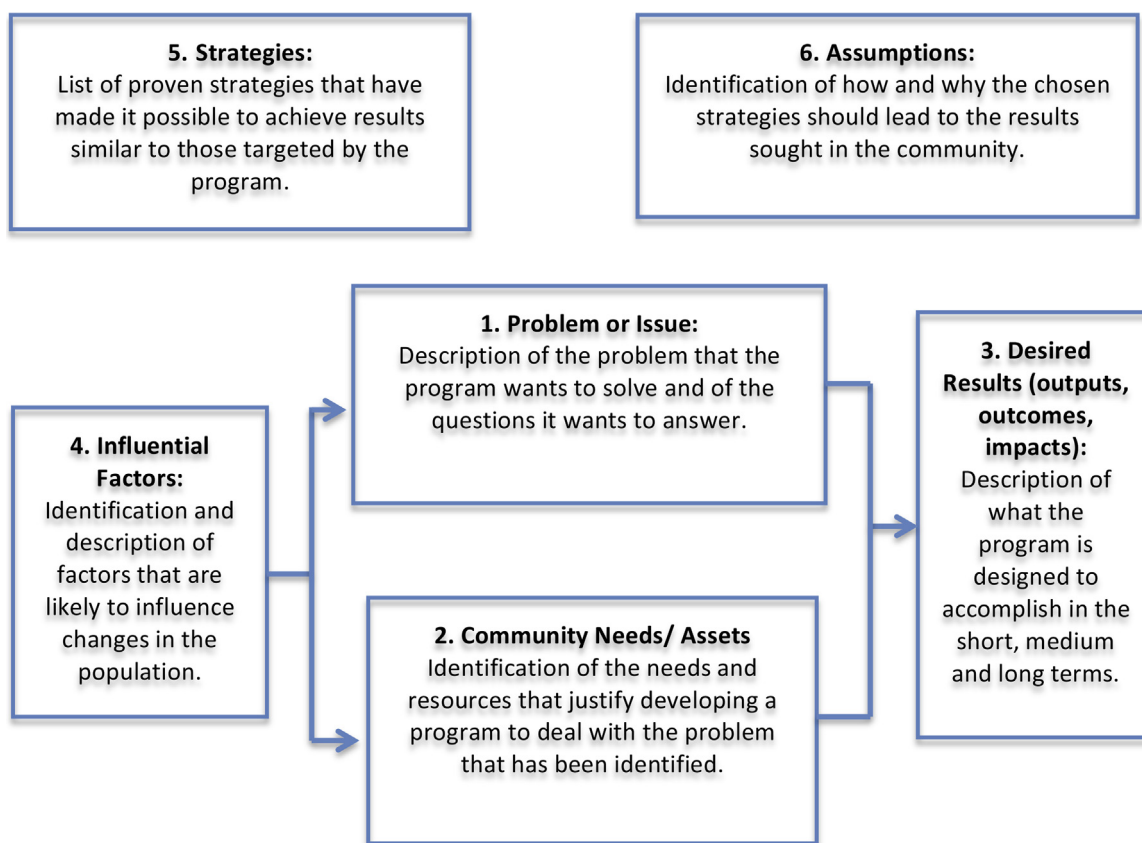


Fig. 1. Schema of a logic model designed to identify a program's theoretical bases.

flowchart and a logical chain of events, logic models may restrict flexibility and thereby inhibit innovation.

To counter these shortcomings, some authors underscore the importance of logic models' not remaining static documents, but rather being revised regularly (Gugiu & Rodriguez-Campos, 2007; Porteous, 2009) to reflect new facts, lessons learned, and changes in context, resources, activities, and objectives (Centers for Disease Control and Prevention, 2003). In settings where staff turnover is high, regular revisions serve to keep everyone informed and to maintain a shared vision for the program.

5. Developing a program theory logic model

To illustrate the broad steps involved in developing a logic model, and to offer a few simple recommendations, we use the example of the development of the logic model for the Father Friendly Initiative within Families (FFIF), a program to promote and support father involvement. The mission of the FFIF is to promote father involvement with respect to children, in families and in communities. For this, the project supports the whole parent and child-related healthcare, social sciences and education network through innovative, effective actions with respect to fathers and their families.

5.1. Determining the objective of the logic model

The first step consists of identifying the objective of the logic model being constructed (Centers for Disease Control and Prevention, 2003). To do so, we must ask who will be using the logic model and what purpose it will serve. Is the aim to develop a new program, control the implementation of a program, or evaluate a mature program? As stated above, there are several

types of logic models, and the choice will depend on its intended use and the maturity of the program involved.

In our example, this was a new program targeting practitioners and stakeholders in health, social, and educational institutions that managers, practitioners, and researchers wanted to set up to improve services for fathers. More specifically, they wanted to give concrete expression to the recommendations of Quebec's perinatal policy (2008–2018) aimed at recognizing, promoting, and actively supporting father involvement throughout the perinatal period (Government of Quebec, 2008). The work team wanted to transform existing services to make them more inclusive, accessible, and useful for fathers and to help practitioners become more sensitive to fathers' needs and better equipped to support father involvement. The aim of the FFIF is to promote fathers' involvement in their families and communities, particularly by developing father-inclusive professional practices and incorporating them into social, health and educational services. The FFIF was founded on reflective workshops in which practitioners and managers from several different disciplines and sectors came together to share a common interest in supporting father involvement and to develop tools for working with fathers more effectively.

Together, they determined that the objective of the logic model was to illustrate the theory of the program. As such, the logic model had to explain the program, justify its relevance, and identify the links between the problem being addressed and the program's strategies, as well as the hypotheses underlying the program's presumed effectiveness. At the program development stage, the logic model would guide the selection of program activities in line with the program theory. The logic model would also guide those responsible for implementing the program, by triggering their memories and facilitating the synthesis of the underlying program

theory, i.e., why and how they should act to produce the program's intended results (*Agence de développement de réseaux locaux de services de santé et de services sociaux, 2004*).

5.2. Assembling the stakeholders involved

The second step is to determine who will take part in creating the logic model. Originally, logic models were developed by the program manager or evaluator, but authors now emphasize the importance of teamwork, involving representatives of all groups that will be affected by the program (*Gugiu & Rodriguez-Campos, 2007; Porteous, 2009*). The logic model development process is actually just as important as the logic model itself, which will serve as a working tool (*Porteous et al., 2002*). It is crucial that the practitioners affected be involved in the process so that their different perceptions of the assumptions and beliefs underlying the program theory may be articulated and examined (*Hernandez, 2000*). This allows practitioners to clarify the beliefs underlying their interventions and discuss their practices with a critical eye, making the connection between the services they wish to provide and the results they hope to achieve (*Hernandez, 2000*). This process, by bringing the practitioners together to examine the reasons underlying their interventions and create a common vision of the solution to the problem identified, is key to the program's success.

The logic model for our example was developed by a work team made up of seven researchers and experienced clinicians in psychology, nursing, psychoeducation, social work, and midwifery with many years of combined experience of working with fathers and families and of developing and evaluating programs. Due to time constraints and heavy workloads, none of the practitioners working in the institutions of the region targeted by this program were able to participate in the logic model development process. In four three-hour meetings, the team discussed the orientations of the program to be developed, the objective of the logic model, and the information to be collected. The work team also remained involved in the next steps, overseeing program implementation and evaluation.

5.3. Gathering information on the program and the context involved

The third step consists of gathering information from a number of different sources on the program and the context in which it will operate (*McLaughlin & Jordan, 1999*). If it is a mature program, this involves reviewing all available documentation (budgets, work plans, training material, assessment reports, flowcharts, etc.). If the program is new, it is important to consult the needs assessment that was conducted and descriptions and assessment reports of similar programs in other regions or organizations (*Porteous, 2009; enger & Hurley, 2006*). It is also useful to review the literature on the problem it is targeting (*McLaughlin & Jordan, 1999; Renger & Hurley, 2006*). It is also helpful to gather information in the community in which the program will operate by questioning groups affected by the problem or involved in the program (practitioners, clients, managers, community groups, etc.). This can be done through focus groups (*Yampolskaya, Nesman, Hernandez, & Koch, 2004*) or individual interviews (*Gugiu & Rodriguez-Campos, 2007; Renger & Hurley, 2006; Yampolskaya et al., 2004*).

To develop the FFIF logic model, a needs assessment was carried out among 17 couples in the region to capture their perceptions of fathers' place within perinatal services and the resulting needs (*Gervais et al., in press*). The parents were met in their homes by a research officer for a couple's interview lasting 60 to 90 min. The semi-structured interviews explored the links between the couple, in particular the father, and the services and healthcare providers involved with the family during the perinatal period. The interview

focused on the father's needs during the perinatal period, the practices established by healthcare providers to support the father's involvement, and the couple's satisfaction with the services they had received. The interviews were audio recorded and then transcribed verbatim. Thematic analysis of the interviews identified a certain number of themes capturing fathers' experience of services and their needs with respect to their parental role. As well, 20 institutional documents were obtained and analyzed to determine the degree to which they encouraged healthcare providers to pay attention to fathers. The nurses' notes in 30 patients' records were analyzed to identify what place fathers occupied in healthcare providers' observations, concerns, and actions.

We also reviewed documentation on implementation evaluations that had been performed for programs on father involvement and a family approach in healthcare institutions. Added to this information were discussions held in three other work team meetings. These various sources yielded the following information:

5.3.1. The problems or issues to address

The father's role has changed abruptly in recent years, with fathers now expected to be full partners in the care and education of their children. However, intervention settings have been slow in adapting to this new reality (*Buckelew, Pierrie, & Chabra, 2006; McKellar, Pincombe, & Henderson, 2008; Premberg et al., 2008*). Managers are concerned about the fact that there are few social or health policies to support father involvement and that the service offerings in their organizations are primarily geared toward mothers and their needs. Practitioners' lack of skill and knowledge has also been identified as a problem (*de Montigny and Lacharité, 2012; Lacharité et al., 2005*). Practitioners have a less positive perception of fathers than of mothers, and they have difficulty defining their roles vis-à-vis fathers, not knowing how to interact with them (*St-Arneault, 2013*). On their end, fathers report not having the skills, knowledge, experience, or support they need to assume their new role (*de Montigny & Lacharité, 2004*). Some find it difficult to adapt to their paternal role and experience distress (*de Montigny, Girard, Lacharité, Dubeau, & Devault, 2013*), disappointment, and frustration (*Goodman, 2005*).

5.3.2. The needs and assets of the target population

The needs assessment we performed revealed that there was very little room for fathers in the health and social services system. While their interactions with practitioners were generally positive, those practitioners were not very interested in their experience, their expertise, or their worries. Our analysis confirmed the lack of support experienced by fathers, and especially the feeling that there was almost no place for them in interactions with practitioners and services during the perinatal period (*Gervais et al., in press*). The information collected highlighted the need for a program to promote and support fathers' involvement in their families. We observed that: social and health policies did not include fathers (*de Montigny & St-Arneault, 2013*); healthcare, community, and teaching organizations were struggling to adapt to fathers' needs; practitioners lacked the skills needed to work with fathers; and little was known about fathers' experience in their families and social environments.

5.3.3. Desired results

From our needs assessment and discussions in the work team and with practitioners, we were able to discern a certain number of outputs that stakeholders would like to see generated by the FFIF's activities. Among them are:

- a program to promote and support father involvement in families, as well as the training materials related to the program;

- a series of reflective workshops for practitioners and managers in healthcare, educational, social services, and community-based organizations within the implementation territory;
- a support system for organizations going through the process of changing their practices; and
- an evaluation design and activities to evaluate the program.

If these outputs are achieved, the program should be able to produce effects for the practitioners over the short term (within the coming year). After the reflective workshops, it is expected that the practitioners would modify or consolidate their positive beliefs and attitudes about fathers. They should be able to describe their role with fathers and to identify, implement, and evaluate professional practices related to fathers. Lastly, they should feel competent in their interventions with them. In the medium term, i.e., over the next two to three years, these changes in the professionals should prompt organizations to modify service schedules and content to be better adapted to fathers. The aim is that, when fathers encounter professionals, they will feel their experience and expertise are recognized. They should feel included in interventions and be motivated to use more services. Ultimately, those involved in implementing the program envision that these benefits for fathers will have long-term impacts on the community:

- There will be intersectoral and interdisciplinary agreement on the importance of father involvement and on fathers' participation in services.
- Fathers will be more involved with their children, which will increase the well-being and health of children, mothers, fathers, couples, and families.
- Children will experience better cognitive, psychological, and social development, which will ensure their successful entry into school.
- Fathers will have a greater presence in social policies.

5.3.4. Program resources and influential factors

Environmental analysis identified several resources available to the program, including a team of researchers with experience in the field of paternity and family health, as well as in program development and evaluation. Other assets included close collaboration with an organization dedicated to the promotion of paternal involvement (the *Regroupement pour la valorisation de la paternité* (RVP)—coalition to support fatherhood), as well as partnerships with several practice settings. The current social movement in Quebec that is supportive of father involvement is also a resource for the FFIF, encouraging the development of positive attitudes toward fathers among practitioners.

There are also certain factors in the environment within which the FFIF has been developed and implemented that can have a positive influence and facilitate the intended changes. These include the Quebec government's 2008–2018 perinatal policy, which recommends including fathers in interventions during the perinatal period (Government of Quebec, 2008); Quebec's 2011–2015 government action plan on gender equality (Government of Quebec, 2011), which sees father involvement as a lever to achieve equality between men and women; and Quebec's parental insurance plan, which gives fathers five weeks of paid leave following the birth of a child. The fact that there are few services available for fathers, whereas the need is increasingly recognized, could also facilitate the implementation of the FFIF, as could the baby-friendly hospitals social movement.

In the region targeted by this program, healthcare organizations' involvement in other programs, as well as the many other changes to which they need to adapt, have created a climate that is

not very favorable to the development of innovative practices with fathers and their families, and this situation could work against the FFIF. The same is true with regard to the organizational structure of many organizations (staff shortages, excessive workloads, overtime, staff turnover, etc.) and a lack of flexibility among some work teams. Lastly, the attitudes and beliefs of practitioners will have a major impact on their participation in the program, and consequently on its success.

5.3.5. Strategies

We reviewed documentation from evaluations of father involvement programs and, since few such programs have been evaluated, from implementation evaluations of family-centered care approaches, in order to identify the best strategies to stimulate changes in practices. First, it is recommended that a variety of educational techniques be used to train practitioners in the family-centered approach (Knowles, 1990), including activities to raise awareness of fathers' experience in different situations (for example, the birth of a child or the child's hospitalization). The impacts of interventions with fathers, or lack thereof, should also be addressed (Goudreau, Duhamel, & Ricard, 2006). The reflective approach has been shown to be effective in increasing the clinical competence of professionals (Chen, 2001) and changing their practices. The reflective approach and activities for co-developing professional practices offer practitioners a space in which to talk about their practices and reflect together in ways that allow them to examine their own experiences and the theories, beliefs, and assumptions underlying these practices (Goudreau & Duhamel, 2003; Granlund & Björck-Akesson, 2000; Karlsson, Björck-Akesson, & Granlund, 2008). In this way they are able to learn through reflection, experience, and the development of relationships among the group members (Park-Taylor et al., 2009) for the purpose of improving their practices. Interdisciplinarity and intersectorality are also favorable conditions that foster the development of a sense of belonging and a concern for father involvement shared by all professionals and organizations working with young families. Adapting the content and form of activities such that fathers are considered to be as important as mothers is also a condition for increasing fathers' participation in their various environments (Forget, 2009; Lero, Ashbourne, & Whitehead, 2006; Ouellet & Forget, 2003). Lastly, another favorable condition is the adoption of a family approach that recognizes the importance of every member of the family and that supports paternal involvement through interventions not only with fathers, but also with mothers and with couples (Turcotte & Gaudet, 2009).

5.3.6. Assumptions

There are three hypotheses that could explain why the FFIF's chosen strategies should lead to the intended results. First, the reflective approach of the workshops will allow practitioners to acquire an understanding of parents' experience and their interactions with healthcare services (Fraenkel, 2006; Goudreau et al., 2006). This should encourage them to modify or consolidate positive beliefs and attitudes toward fathers (Karlsson et al., 2008) and then to develop innovative practices for working with them. Second, interdisciplinary discussions focused on narratives about encounters with parents will provide opportunities for practitioners to explore various perspectives, reflect on their experience to make it comprehensible, and develop new practices to support father involvement (White, 2007). Lastly, changes in practice will be facilitated by the practitioners' involvement and their control of part of the workshop process and content, as well as by the organizational administration's support and involvement in the practice changes, which would be fostered by managers' participation in the reflective workshops (Knapp-Philo, Hindman, Stice, & Turbiville, 2006).

5.4. Creating the first draft of the logic model

Once all the information has been gathered, the logic model can be developed using one of three main approaches. In the first, a

team develops the logic model together, discussing the connections between components. This method has the advantage of keeping the practitioners engaged in the process, but it is lengthy and consequently also costly. The second method consists of

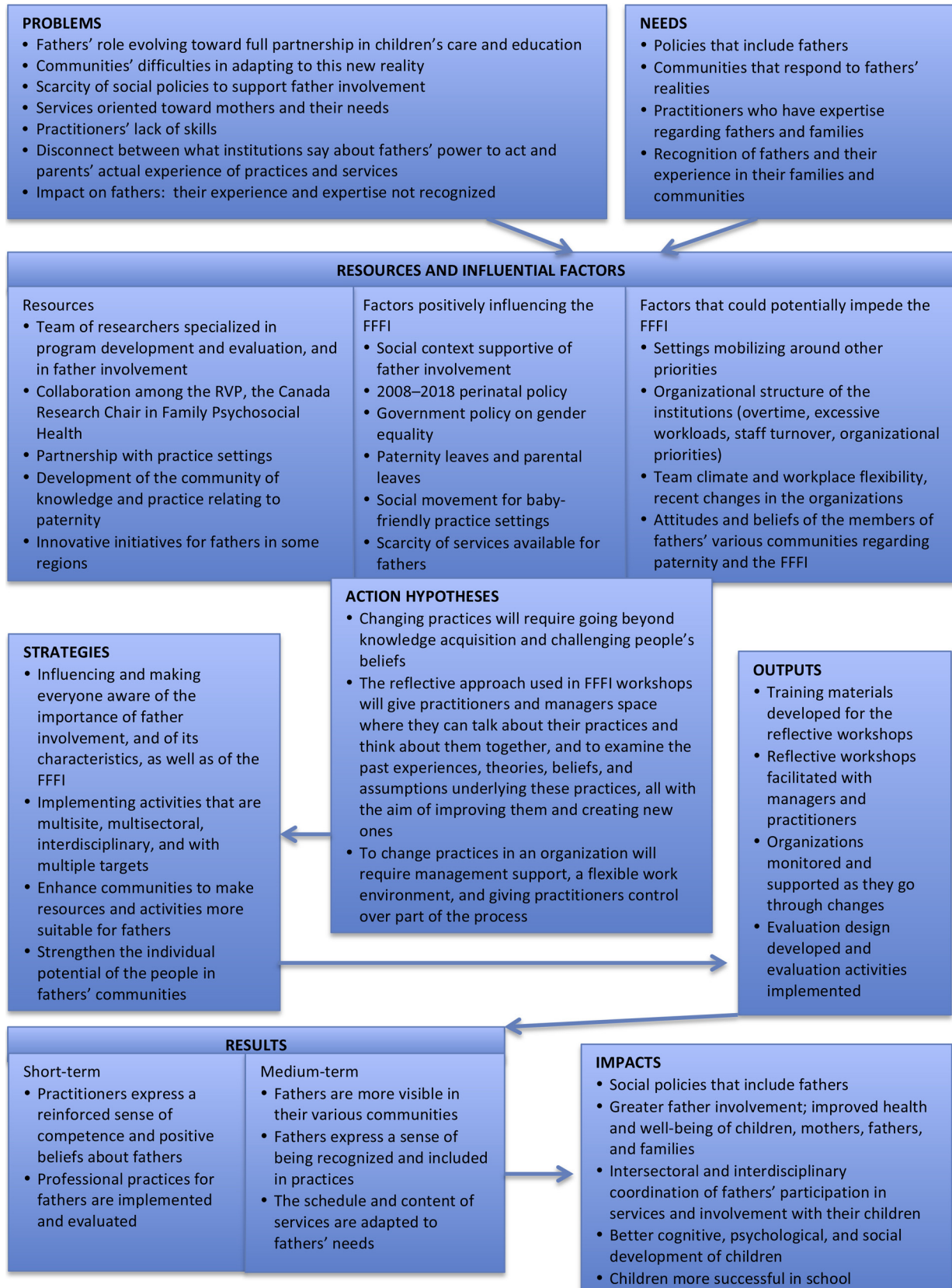


Fig. 2. Logic model for the Father Friendly Initiative within Families (FFIF).

naming a person to develop an initial draft of the logic model, which is then discussed and revised by the work team. In the third method, practitioners are divided into sub-groups and tasked with drafting different sections of the logic model (Porteous, 2009). In the case of the FFIF, because of the limited availability of members of the work team, the second method was chosen, and after the seven team meetings, one of the researchers prepared the first draft of the logic model.

5.5. Discussing and verifying the quality of the logic model.

This step consists of verifying, as a team, the relations between the various components of the logic model—in other words, verifying the program theory developed. In our example, the researcher presented a draft logic model to the work team at their eighth meeting and provided them with questions they could use to clarify the logic model and test its quality: Were clear and precise connections made between the needs and resources of the population targeted and the problem identified? Were the intended results clearly defined, measurable, realistic, and related to the needs and the problem identified? Were the chosen strategies drawn from expert opinions or a review of the scientific literature on the topic? Would those strategies get to the root of the problems identified and lead to the intended results? Were the assumptions taken from empirical studies or theories? As members of the work team answered the above questions, the discussion brought out missing or vague elements in the logic model and clarified the links between the various components.

5.6. Refining the logic model based on the work team's comments

The last step consists of adapting and refining the logic model based on the participants' comments. In this case, the researcher used the work team's discussions and feedback to cluster certain elements, producing a more synthesized logic model. The strategies were improved so that the FFIF could be addressed from a global perspective. Similarly, the team's comments led to the actors responsible for the implementation being identified as the primary users of the logic model, above and beyond the practitioners as initially foreseen.

Fig. 2 shows the logic model developed for the FFIF program theory.

Working from the collectively developed logic model, the team was able to develop the program's activities. Reflective workshops were held with practitioners and managers based on the strategies and assumptions identified in the logic model. The form and structure of the workshops (goal, duration, time between workshops, order of activities) were derived from the program theory illustrated in the logic model, as were the topics discussed, the learning activities, and the types of questions explored in the workshops. The program resources and influential factors guided the activities geared toward raising awareness and preparing the partner institutions and were helpful in mobilizing the right people to ensure the project's success. The logic model also guided the training of the workshop facilitators to ensure that the program theory would provide the framework for the workshops, so that the workshops would be truly reflective and useful in achieving the program's results. Lastly, the logic model also guided the team's choices when they designed the evaluation approach for the FFIF.

6. Conclusion

Although there is consensus that program theory is key to developing, implementing, and evaluating programs, few programs have a clearly defined theory, and when they do, it is generally used only in a limited and highly specific way at the

evaluation stage (Rogers et al., 2000). In addition to describing the logical connections between the problem identified and the program's goals, activities, resources, and desired results, program theory serves to explain a program's outcomes or lack thereof (Rossi et al., 2004). Our aim in the present paper is to make the process easier by presenting the logic model as a user-friendly tool to guide practitioners through the process of developing a theory for their program. This example of the logic model for the Father Friendly Initiative within Families illustrates the six steps for developing a logic model based on program theory. The logic model development process presented here had certain limitations, such as the absence of practitioners and fathers on the work team. Moreover, the process was costly due to the large number of work team meetings and the great quantity of work taken on by the researcher. However, this method also presents important strengths, a central one being the reflective conceptualization work required of the actors responsible for implementation, whose mandate includes ensuring program theory coherence. Another strength of the approach is that it integrates evidence-based data into the program theory.

The resulting logic model highlights the program's relevance by showing the links between the problem identified, the needs the program should meet, the strategies it will employ to be successful, and the assumptions that are likely to influence its effectiveness. Program theory that is well defined, clearly articulated, and represented using a complete logic model will guide the actors responsible for FFIF implementation, both practitioners and decision-makers, in managing and supervising the program's activities and the resources provided for its implementation. The logic model is also useful for overcoming some of the challenges of implementing a father support program. The negative beliefs about fathers held by many practitioners, their resistance to considering fathers as important for their children and in various interventions, their lack of time, an even their fear of having to neglect some of their interventions with mothers in order to help fathers can be modified and overcome through reflective workshops (National Implementation Research Network, 2013; Palm, 1998). The program theory is based on modifying the attitudes, beliefs, and interventional reflexes of practitioners and managers so that services become more father-inclusive, rather than on putting in place new services. Because of this, it is able to surmount the human and financial resources constraints of the health, social services, and educational systems, as well as the rigidity of schedules and services and the difficulty of connecting with fathers and involving them in activities (Dubeau, de Montigny, Devault, & Lacharité, 2013), which are oft identified as obstacles to successful implementation of programs to support father involvement. The logic model will also be useful when the program is evaluated, to determine both the evaluation questions and the indicators that should be monitored both to improve the program and to demonstrate its effectiveness and efficiency.

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