

Including Dads in our service.

A collaborative project undertaken between the Public Health Service of Nelson Marlborough District Health Board and the Royal New Zealand Plunket Society Inc., Nelson.

(With research support provided by the School of Health Studies, Nelson Marlborough Institute of Technology).

Project team:

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*There are a lot of Dads we don't see ... we never, ever see.
I hear about [them],
I see photographs of them when I go in to the home
but I don't actually ever meet them.*

Research participant, 2001

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The Project Team

David Mitchell and Philip Chapman are both fathers who collaborate in research activity in relation to fathering. David is a senior academic staff member in the School of Health Studies, Nelson Marlborough Institute of Technology. He is active in applying critical research methods to provide an environment and process where participants can “find their voice”. Philip is a Health Promoter with the Public Health Unit, Nelson Marlborough District Health Board as well as being President of the Father and Child Society of New Zealand. He is actively involved in parenting issues and over the past few years has been running ante-natal and fathering groups as well as providing support and advocacy for Dads.

We find working together has a number of advantages. Especially in bringing together complementary yet differing perspectives, one voice from the coalface, the other with an academic focus. We also believe our emphasis on partnership and empowerment with men and service providers alike has proven very successful.

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Executive Summary

This report presents the findings of a research project designed to build on a range of initiatives to do with fathering that have been introduced in the Nelson/Tasman region over the past 3 years. Specifically, the project aimed to promote the involvement of fathers in the service that the Plunket Society in Nelson provides. It was hoped that the results would also provide information about processes and skills that might be useful for other service providers attempting to achieve similar aims.

A review of the literature found that dads are becoming increasingly involved in childcare yet services that support families have not effectively adapted to this change, continuing to target the mother as the primary caregiver and the dad as a support person. The small amount of research that had been carried out with dads had indicated they have distinct needs (in relation to support) that are poorly understood.

The research design emphasised collaboration between the researchers and those working to support families in the community. The main role of the researchers was to assist in identifying options for understanding and exploring practical issues and to provide an environment where participants felt safe in reflecting upon their practice. This process, called participatory action research, is a research process where problems are addressed through clear identification of the issues of concern and perhaps trialing solutions. Action research anticipates that as data is collected the nature of the original issue will change and participants will need to explore these new understandings from a different perspective. In essence, the research process is a continuing cycle of assessing, monitoring and evaluating changes in the participants' understanding of the issue being explored.

3 focus groups were held over a period of several months. The discussions were audio-taped with these being transcribed and discussion themes identified. The transcriptions were then returned to the participants for their comment and verification. The transcriptions also provided a base from which discussion at the following meeting could progress.

Findings from the 3 focus groups were collated into the following themes.

- a. *Understanding the needs of dads.* As the groups progressed, the participants became increasingly aware of the difference in the support needs of the dads as distinct from those of the mothers, needs which the participants were largely unaware of. This realisation was tempered by the participant's observation that the dads themselves were largely unaware of their particular needs for support.
- b. *The unique position of the Plunket Society.* The participants felt that the nature of their work with families provided an ideal opportunity to involve dads more directly in their services. They believed there was a distinct correlation between early involvement of dads and sustained presence of the dads in the lives of their children.
- c. *Personal and professional boundaries.* In the absence of a research base, the participants found that their nursing understandings of the role of dads and their need for support were strongly linked to their personal (female) understanding of family process. Also that gender differences that exist between support staff and dads raise issues that need careful consideration.

- d. *The need for advocacy.* It was noticeable that the participants found it difficult to identify specific strategies that would increase the involvement of dads. This was despite their awareness of the need for change and their motivation to effect this. It seems that identifying initiatives that would involve dads in their service(s) requires accessing information from outside the service, from people and organisations that have experience in this area and are able and prepared to advocate for dads.

Recommendations included the following points.

- **Administrative systems should maximise the visibility of dads.** Commencing with the original referral, there is a need to ensure that dads are brought into the communication loop. Verbal/written feedback should be sought from dads on a regular basis so as to ensure their presence in the communication loop and in overall evaluation of service delivery, even if the dad is not always present (for example, because of employment requirements).
- **Inservice and staff development processes** should include the topic of supporting dads. This should include information specific to the particular needs men experienced in their role as a dad as well as skills that service providers will need in relation to involving dads.
- **Making a priority of research** that identifies the particular needs of dads. We believe the Royal New Zealand Plunket Society to be in a unique position to take this initiative. Unlike many other service providers in the area of family health, the Society has a strong research culture and a sustained national identity. We urge the Society to take a leading role in this area, being mindful of the need to involve men in the research team.
- **The involvement of men's advocates** in support services. A time arrived in the project where the participants needed additional knowledge to effectively pursue their ideas. They were unable to access this knowledge (readily) within their service. There are a number of dad's groups that would welcome the opportunity of providing some form of advocacy on behalf of dads by providing practical advice on service provision that is likely to attract dads and maintain their involvement. We urge networking with these groups.

In conclusion

The limited amount of research on how dads experience their role indicates that they do want to be actively involved in the development of their children but are unsure of how best to effect this. The participants in this project have demonstrated considerable energy in reflecting upon their practice in regard to supporting dads but are generally unsure about how to provide this support. It also seems that, despite the wishes of many of the people involved not all the structures and processes are in place to effect this change.

This project has gone some way in demonstrating that effectiveness of working with and listening to people from the "coal face" in finding practical solutions to the complex problems that we as a society face. The participants in this project demonstrated a clarity of understanding and depth of knowledge in relation to supporting dads that moved well beyond that which is accessible in the literature.

1. Introduction

Overview

This project is based upon a recently completed research project which highlighted key times when fathers were more open and in need of support, one of which was following the birth of the child. The report was entitled “Real Dads: Real Men: A study of fathers’ experiences of child and family services in the Nelson/Tasman region and their suggestions for more “father friendly services.” It was a collaborative project between the (then) Public Health Unit, Nelson-Marlborough Health Services and the School of Health Studies, Nelson Marlborough Institute of Technology.

The project involved a survey and focus groups. Questionnaires were distributed with 134 responses (an 89% response rate). This information was then explored in more depth in 3 focus groups. While the findings have been published elsewhere (Chapman, McIntosh & Mitchell, 2000) overall it was clear that the dads wanted to be involved more in the lives of their children but were unsure of how to effect this. Similarly, family support services wanted to include dads more in their services but were unsure of how to effect this.

This current project intends to pursue the second of the five recommendations mentioned in the report, that of “supporting further research activity on identifying specific skills and processes that would enable service providers to best meet the needs of dads.” The Royal New Zealand Plunket Society was approached because of its national profile in supporting families and it’s support of research activity.

In New Zealand, the care of infants and their families is synonymous with the name of the Plunket Society. The Plunket Society was founded in 1907 in response to the alarming infant mortality rate at that time. The founder, Dr Frederick Truby King, believed that the key to improving the mortality statistics was by implementing care consistent with proven scientific approaches to nutrition and other aspects of infant care. Since that time, the Society has continued to work with families who have children under the age of five and is considered to be New Zealand’s leading provider of well child health services (Plunket, 1999).

Originally the service the Society provided was focussed on supporting mothers and children. As was stated at the time,

... we look forward to the day when every girl and woman in our Dominion will be so educated with regard to the rearing and care of babies that no more Plunket Nurses will be needed. Motherhood is a woman’s exclusive profession – and yet the only one for which no training is considered necessary.

Dr Frederick Truby King, cited in Plunket, 1999, p39.

One of the strengths of the Society is that it has the ability to adapt to a rapidly changing society. Since the 1970’s, this ability has included the development of Day Units, telephone advice services and a more focussed service for Maori. Of particular

importance to this project is the Society's recognition that the make-up of the family unit is changing, and that the original focus on mother and child needs to be broadened to involve others. As is stated in the Society's Annual Report,

... in today's society we no longer accept that the rearing of children is the exclusive right of mothers but acknowledge that family/whanau all have a responsibility to nurture our children.

Plunket, 1999, p39.

The research aim

This project aims to build on the initiatives mentioned earlier by providing a process that will enable clinical staff the opportunity to reflect on and develop their professional practice regarding their support of dads, if indeed it is thought this was necessary.

The overall aims of the project are to promote the involvement of dads¹ in the service that the Plunket Society, Nelson provides; and to perhaps provide information about processes and skills that may be useful for other service providers.

¹ The term "dad" is used throughout this paper rather than that of "father". This has been a clear preference voiced by many of the men that participated in the original research project.

2. The literature review

This project is based in the knowledge that the traditional roles of men in families are changing. Historically, men and women have been socialised into assuming distinct roles as parents, with women as the principle caregiver and dads being the provider, generally remaining remote from the nurturing role (Henderson & Brouse, 1991). However, due to a range of economic and social changes these traditional roles have become blurred. For example, between the years 1986 and 1996 the number of single parent families where a male is the sole parent grew by around 49% from 19083 to 28491 with 17% of solo parent families headed by men (Statistics New Zealand, 1998, as cited in Julian, 1998). Put another way, there are around 349,000 men engaged in child rearing in New Zealand. Of this number, around 28,000 are the principal caregiver (ibid).

P. Callister (1998) in his analysis of the changing lives of New Zealand fathers, noted that changes in the labour market and family type over the last two decades meant that in New Zealand there has been a dramatic decline in the ‘traditional’ two-parent family, where the dad is the sole income provider and the mother stays home and looks after the children. Also that a significant number of men has actively chosen to spend more time with their children. A further group of men have had the opportunity to spend more time with their children thrust upon them through the growth in male unemployment. Overall, it was concluded that these changes have resulted in some dads having a lot more involvement in the day to day care of their children. Alongside these changes there have been others that affect the manner in which our society is coming to view parenting and the contribution of people to this task.

The literature on men and masculinity generally paints a picture of males as being combative and isolative, unable to relate on an effective interpersonal level with his fellows (Mitchell, 1999). Literature specifically related to the topic of fathering is minimal. However, much of the literature that is available continues to follow a critical perspective with the following quotation being typical.

“Although some fathers are assuming greater responsibility for the care of their young children there is little evidence of a major change in father’s performance of care-taking behaviours”

Rustia & Abbott, 1993, p467-8

As already noted, the project carried out in the Nelson area found that the dads consistently voiced their desire to be involved in the lives of their family yet experienced a sense of isolation and difference in their role, especially when dealing with organisations that supported families. They reported that this resulted in increasing the separation between themselves and their children (Chapman et al, 2000).

Another perspective that needs to be considered is that of mothers having considerable control over how much involvement dads have during pregnancy and thereafter. Indeed, it is suggested that increased participation by dads in childcare may cause conflict because of the threat to well established roles (Ferketich & Mercer, 1995; Anderson, 1996).

The small amount of research that has been carried out with dads indicates that their needs are quite distinct from those of their (female) partners. Specific areas such as coping with relationship changes, poorly developed parenting skills and often unrealistic expectations of fatherhood are cited (Donnovan, Barclay, England & Ramsey, 1998; Barclay & Lupton, 1999). Other researchers have indicated that the area of fathering is more complicated than merely considering gender based needs. For example, one project indicated that almost all the men that were interviewed described their role as a new father as more uncomfortable than rewarding (despite their positive expectations). The authors suggested that this discomfort was more about not “meeting social expectations and roles rather than individual deficits” (Barclay et al, 1999, p1017).

A need for support and education specific to the needs of dads has been suggested (Barclay & Lupton, 1999; Henderson & Brouse, 1991). They state that, at present, most educational programmes for dads focus on their role in supporting the mother and suggest that “It is time that the health delivery system recognises [dad’s specific needs] in more than a token fashion and begins to provide its services accordingly. Interventions aimed at increasing feelings of competence, confidence and comfort will assist fathers during this difficult transition” (Henderson & Brouse, 1991). The following quotation supports these points.

It seems that only through being asked specific questions, in an environment in which their needs were of concern, when they were apart from their female partner, did the men feel comfortable about revealing and dealing with their inner concerns. Initially, they had found it difficult to relate to the unborn baby, which was quite unreal to them. They struggled with their changing role and lifestyle and with how they could incorporate their own and others’ expectations into these roles. They reflected on how they were parented, related present experiences and ideals and thought about the future and how they saw themselves as fathers to this new baby.

Donovan et al, 1998, p154.

In conclusion, it has been suggested that the involvement of the dad during pregnancy increases his self esteem, enhances the relationship with the partner and encourages a positive father-infant relationship (Taucher, 1991). While these observations may be true in a general sense, to be achieved in a manner that is lasting and significant would seem to require more than a mere presence and involvement in tasks that supports the female partner. As we move into the 21st century it would seem an ideal time to explore and support the involvement of dads in parenting from a position that better understands the complexities of their role and the tensions that they face.

3. Research Methods

Methodology

The literature review indicated that there has been only a small amount of research carried out with men that explores their experience as dads. This research indicated that dads have quite distinct needs in relation to their role, needs that are poorly understood both by dads and their partners and by agencies that support developing families.

This project aimed to work with a group of Plunket nurses, providing an opportunity for them to reflect on their practice in regard to supporting dads. It was hoped that the sharing of collective insights within this group of health professionals could enhance their practice (if indeed this was thought necessary) and also provide information that might prove useful to other professionals who support families with young children.

An action research approach was chosen (sometimes called “participatory” action research). Action research is a research method where problems are addressed through collaboration between the researcher(s) and those in the practice setting. It is a process of identifying and addressing problems, identifying and perhaps trialing solutions. The main role of the researcher is to assist in supporting options for understanding and exploring practical issues and in providing an environment where participants feel safe in reflecting upon their practice with others.

Action research differs from more traditional research approaches in that it is a process that quite deliberately builds upon what people already know in a practical and collective manner. It is an approach that is being used by a growing number of people seeking to effect realistic change in their practice (Wood & Giddings, 2000). It is concerned with finding “local level answers to on the job problems” (Hambridge, 2000, p598).

Action research anticipates that as data is collected the nature of the original issue will change and participants will need to explore these new understandings from a different perspective. In essence, the research process in a continuing cycle of assessing, monitoring and evaluating changes in the participants’ understanding of the issue being explored (Wallis, 1998/9).

In addition, action research offers a way of extending our knowledge about practice issues. Participants in the process can gain knowledge and confidence about research and its utilisation. They can feel better able to critique their work. Importantly, the gap between what is researched and practised is minimised (Wallis, 1998/9).

The research process

There were 3 focus groups of approximately 1 hour’s duration. The first meeting involved 6 Plunket staff. During this time the participants reflected on and discussed the prompt question “What are your experiences in working with dads, or not working with dads, whatever the case may be?” Subsequent sessions returned to this theme.

The 2 facilitators deliberately took a passive role in the discussion, only speaking to clarify aspects of the project that were unclear and to stimulate discussion by the use of open questions.

Each of the 3 sessions was audio-taped. The audio-tapes were transcribed with themes identified. The transcriptions were then sent to the participants for their feedback. Finally, transcriptions from the 3 groups were collated into 1 document.

A period of several weeks was deemed necessary between groups to enable turnaround of transcribed material and more importantly, to give an opportunity for the participants to develop and/or reflect on their practice as they saw necessary. This enabled the participants to begin the following group with a deepened level of awareness.

Ethical approval was sought and gained from the Nelson Marlborough Ethics Committee as well as the Royal New Zealand Plunket Society Ethics Committee.

4. Results

During each focus group several themes became apparent. These are summarised below, supported by quotations.

- **The first meeting**

In the first meeting the group identified the following themes as being of particular importance.

- **The importance of initial access.**

As one participant noted,

The dads that start on day 1, those are the ones that carry on. They've been there the whole way through the pregnancy, showing an interest, going to antenatal ... doing all those things. They seem to be the ones that are really involved.

However, employment was thought to be a determining factor.

We do get dads that come to every appointment with the family. They'll take time off [work] to come. Obviously they have jobs [where] they can do that.

- **The particular needs of dads**

As one participant noted,

When I said to my clients that we were doing this project the men seemed to be interested but the comment they did make was "you know our needs are different from those of our partners."

The participants identified needs such as adjusting to a changed relationship with their partner,

They're just so focussed on the baby then the couple don't really have any time together ... they don't have that time together that they used to have with just the 2 of them.

And to information about and practice in basic childcare skills (especially in bathing, and managing crying behavior).

Some of the younger fathers often don't know what to do with this new person. [One young man said] "I don't know what to do" I said "every time you look at your baby or change his pants he's looking at you to see [things about you]." You could just see his face light up when he heard me talk about these things and he's still involved.

It was also suggested that,

If things get too much and the [child's] acting up too they'll simply go out to the garage ... because they just don't know what to do. It's not that they don't want to do it, that's not what we're saying at all. It's that they feel useless.

As one participant noted, it was almost as if the dads required permission to enter into a new role.

That permission from a health professional is good. You just see the relief and when you go back and ask "Have you done that?" ... "Oh yes, that was the only bit of information that I took on and that was special!"

▪ **The unique position of the Plunket Society**

The participants also believed the opportunities their position held were unique.

Professionally, what is an advantage is that we are community workers ... we go into the home and take on whatever is in the home.

• **The second meeting**

The first theme that emerged from this discussion was that of :

• **Awareness of difference**

This was in respect to understanding the difference in needs between the male clients and the female participants. For example,

Women find that quite easy, to get together and have coffee and I wonder how men find that ... they don't seem to meet for coffee and talk. It's different. What are their interests? Find out what their interests are and use that.

and

[The men] say that they have these needs, they are reluctant to take the group offering up and they're not really sure what they want anyway.

Greater understanding of the needs of dads was clearly a priority.

I just see men and women as thinking differently, to put men on the agenda, to put them in the spot[light], they'd probably turn up. I'm not a man so I don't know what the difference feels like.

The participants then moved on to the next theme, that of

- **Making the effort**

“Making the effort” was related to a number of areas that either inhibited or enhanced the involvement of dads.

I've found that when you do make the effort to make yourself known to the father they all respond to [it] ... they seem to wait hesitantly ... we have to make the first approach but then they respond, usually, very well.

One area that compromised the ability of participants to engage directly with dads was the referral system for new families. As participants variously noted,

The initial contact we make is that you get the handover from the midwife and it usually has the mothers name on it and you often don't know the fathers name so the tendency is that when we go about making our first contact you tend to ask “Is the mother there?”

- **Personal and professional issues**

As discussion progressed the participants began to draw more on their experience in order to construct new understandings that informed their professional role. For example, their experience

as a mother,

The initial birth where he (my son) felt so emotional, he couldn't even ring us to tell us about the baby because he was so tearful and choked up. For somebody who tries to make out he's a big “toughie” it was, I think, a big surprise for him to find himself in that situation of being a “jelly”. He does a lot and it's amazing to see the confidence he's got.

and as a woman.

But it is kind of hard because when you walk in to somebody else's home and they are having a few beers around the table at 2pm, you sort of don't want to intrude on that type of gathering. You're just there to meet the mother and child and the family if you can ... you can slip in and slip out quite easily without interrupting them.

While the statement above reflected a concern for the man's privacy, it also reflected tensions in male/female boundaries and personal safety issues. This nurse continued as follows ...

I thought, “I'm not going to get introduced to the blokes here,” so on the way out I said “now which one of you is the dad?” and they all looked [gobsmacked]. One said “me!” So I went over and introduced myself and said “how's it all going?”

- **A belief that change is possible**

Finally, the participants drew on nursing history to develop and support their understanding.

It was a big breakthrough when the dads got into the delivery room. Things have come a long way in the last 25 years ... it'll be interesting to see how far it will go in the next 25 years.

Here the ideas that were being put forward demonstrated an awareness of family centered change that was initiated by women such as themselves.

It was so noticeable that when the men came in [to delivery] they didn't do what the midwives thought they were going to do. They add another dimension and they can see that the woman actually relaxed. It turned around the whole [culture] and that was really positive.

It should be noted that, in this case, the clients themselves initiated change.

- **The third meeting**

The first theme to emerge from this meeting was that of,

- **A raised awareness**

My thinking has changed. I feel the first 2 meetings made me more aware of the situation. We've seen that when we do include the dads it's more satisfactory because it's more in line with our practice – I quite like that. The dads have responded well.

and

Since doing this [project] I have noticed so many more involved fathers ... they were probably there all the time but as I never thought about it. [However] men are becoming more involved [as well]

The point that dads' needs are different was returned to with comment such as,

[For working class dads with a family trying to survive] so often (for dads) to be able to get out and follow the well child checks, it isn't a priority. Maybe a priority is to keep the car going for a day so they can get groceries ... it's a hard reality [for some]. So often the dads that do come are the very motivated dads.

The point was also made that past attempts to accommodate these perceived “different needs” were not always successful, often for unanticipated reasons.

Sometimes I have tried to accommodate when they have been a working family, and I have gone back at 7pm and it's not so nice actually. I thought that I was offering a family service, the father sat there with his legs crossed sipping on a beer. I felt excess to their evening in a way although I was trying to promote health and he didn't appear to be interested in anything I had to say ... he didn't appreciate my recommendations ... that was just one experience that I've had going at night ... which I don't think is such a safe thing sometimes.

Overall it was felt there was a need to better identify what the needs of dads actually were.

We're only going from our side. It would be quite good to know what [the dads] think. We've done little surveys here and we expected it to be more negative and it's actually been so positive ... we'd heard more negative things but when we actually did the survey it was all so positive it was unbelievable. They wrote it themselves as well.

- **Opportunities for involving dads**

The participants identified a range of key times when there seemed to be particular opportunities for increased involvement. For example at the time of referral,

[The referral form] that could be changed, we could just design a new one that includes the mother's and the father's name.

Avoiding situations such as,

What I find is that if the male answers the phone I sometimes say "Is it possible to speak to (and they usually say – she's busy feeding) and then I have to say "so what's your name? Are you the dad? You don't have a base, you're just talking to a voice and it doesn't sound that professional sometimes. I find it difficult so sometimes because of that I might not even ask if [he] is related. All you do have is that.

- **A range of opportunities were identified during subsequent visits.**

If you put the father down by saying "I can do it better." Why would they bother ... they'll step back. So I start really pushing that now at my talks. Give the fathers a go ... if you want them to be involved then you have to encourage them.

As the participants moved through the research process it was clear that their ideas changed. After initially sharing concrete experiences, the participants entered into a dialogue where they were prepared to explore the complexities of their work with dads, sharing with and learning from each other, posing questions about their practice and occasionally creating new insights well beyond that which could have originally been achieved otherwise.

5. Discussion

Consistent with the aims of action research, as the participants moved through the process the nature of their reflections changed. In the first group, the discussion centered on recalling situations that involved dads. As expected, by the second meeting the participants had moved on to using this raised awareness to reflect upon their work while in practice. This resulted in their entering a deeper level of awareness, a level that could be thought of as analysis. From these reflections, the participants constructed new, professional, understandings that could guide their current and future practice.

In relation to the involvement of dads in the services they provide, the participants identified the following areas as being of importance.

- **Understanding the needs of dads**

“Awareness raising” was a strong theme in each session. The participants became increasingly aware that there was a considerable difference in the support needs of the dads as compared with the needs of mothers. Areas that were identified included preparation for and support through a changed and changing relationship with the partner and the need for childcare information at a basic level (especially for new dads). However, in general, the participants felt they were largely unaware of what the needs of the dads actually were. This situation was further complicated by the dads themselves being aware of these “differences” but not being able to articulate what these were. This report identified research that had uncovered needs that were specific to dads, however it was also clear that the research exploring this area was meagre and poorly promoted.

- **The unique position of the Plunket Society**

The participants felt the nature of their work with families provided an ideal opportunity to involve dads more directly in their services. However, this was tempered by practices that focussed on the needs of mothers. For example, initial referral process that tended to exclude dads and the tendency of the all female participants to work more with female parents were cited. However the participants were adamant there was considerable benefit if increased effort was made to involve dads. As one participant noted “Dads that are involved at the beginning tend to stay involved”. Perhaps this reflects a greater level of motivation of the part of the dad but the impression given was that there was a distinct correlation between early involvement and sustained presence that was related to factors other than the motivation of the dad. The participants suggested the idea that dads needed “permission” to enter in to a new role.

- **Person and professional boundaries**

It was clear that the participants believed that change was not only possible but that their current service delivery could (and should) be improved. They felt very positive about this, identifying a history of innovative, sustained and successful change both in

their professional and personal lives. This included changes such as dads being directly involved in birthing services.

The participants also identified that their nursing understandings were strongly linked to their personal (female) understanding of family process. Also that the gender differences that exist between support staff and dads raises issues that need careful consideration. Bearing this in mind it was suggested there is a need for additional knowledge of needs specific to dads and also a need for additional skills, for example different communication skills, when working with dads.

- **The need for advocacy**

It was noticeable that, especially in the final session, the participants found it difficult to identify specific strategies that would increase the involvement of dads in the service that they provided. This was despite their awareness of the need for change and their motivation to effect this. There was a strong temptation for the (male) facilitators to enter the process with suggestions. It seems that identifying initiatives that would involve dads in their service(s) requires accessing information from outside the service, from people and organisations that have experience in this area and are able and prepared to advocate for dads.

6. Recommendations

It is clear that the role of men in parenting is an area that has been neglected in the literature generally and certainly in the research literature. It is also clear that family structures are changing and also that dads do want to be more involved in the lives of their families but are unsure of how to put this to effect. It is also clear that service providers recognise these changes and wish to better support dads but are unsure of how to do this. The participants in this project went further and demonstrated an openness and commitment to identifying and discussing a range of challenges and opportunities that they face on a regular basis in their practice. These participants, with the researchers, believe that in order to ensure sustained and effective change it is vital that particular emphasis is placed on this area. It is only then that there is an opportunity to support dads in having a level of involvement with their families that is consistent with their aspirations. In order to achieve this aim, the following recommendations are made.

- **Administrative systems should maximise the visibility of dads.** For example the referral system for new families should clearly identify the dad and some detail about him so that initial contact is not compromised through lack of information. In addition, during time with the family, verbal/written feedback should be sought from dads on a regular basis so as to ensure their presence in the communication loop and in overall evaluation of service delivery, even if the dad is not present (for example, because of employment).
- **Inservice and staff development processes should include the topic of supporting dads.** These activities should begin by raising awareness of the particular issues that dads experience. For example, unexpected relationship changes and lack of knowledge about basic childcare skills. While these areas are not exclusive to dads, they are suggested as affecting dads in a manner that differs from that of the mother. Secondly, education should identify and supporting the development of a skill mix that may be more appropriate for supporting dads. For example, awareness of differing (gender based) communication skills and the management of boundary issues that may arise between female staff and male clients.
- **Making a priority of research initiatives that identify the particular needs of dads.** The Royal New Zealand Plunket Society is in a unique position to take this initiative. Unlike many other service provides in the area of family health, the Society has a strong research culture and a sustained national identity. We urge the Society to take a leading role in this area, being mindful of the need to involve men in the research team.
- **The involvement of men's advocates in support services.** A time arrived in the project where the participants needed additional knowledge to effectively pursue their ideas. They were unable to access this knowledge (readily) within their service. There are a number of dads' groups that would welcome the opportunity of providing some form of advocacy on behalf of dads by providing practical advice on everyday problems. We urge networking with these groups.

7. Conclusions

What was most refreshing throughout the project was the preparedness of the participants to discuss their practice with their colleagues and their openness in doing so. Indeed, they seemed to find the process enjoyable and non-threatening. They also demonstrated a clarity of understanding and depth of knowledge in respect to supporting dads that moved well beyond that which is accessible in the literature.

We are left wondering why it is that people such as these, such a rich source of information so easily accessed and eager for dialogue, seem to be largely ignored. Our hope is that this project has gone some way in acknowledging the professionalism, knowledge and experience of these women.

*What we're talking about is what we see ...
There's an awful lot we never see ...
An awful lot.*

Research participant

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