



*My Daddy Matters
Because...*



RESEARCH REPORT II

Research Report on the National Project on Fathering, sponsored by the Public Health Agency of Canada



Mon père
est important
parce que...

My Daddy Matters Because...

ACKNOWLEDGEMENTS

This Research Report, produced by the research sub-committee, was developed within the framework of Health Canada's National Project on Fathering ***My Daddy Matters Because...***

We wish to acknowledge the outstanding contributions of the research sub-committee members, namely :

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Our many thanks to the ***My Daddy Matters Because ...*** National Project advisory committee and their regional representatives for the excellent feedback and support provided throughout the project.

The project members also wish to thank the survey respondents who took time to complete the national survey.

Lastly and most importantly, we appreciate the financial support provided by Health Canada's CAPC/CPNP National Project Fund (NPF) to the national project ***My Daddy Matters Because ...*** (Project Number: 6786-15-2002-4550009).

Project Coordinator

Tim Paquette

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EXECUTIVE SUMMARY

My Daddy Matters Because ... A survey of Canadian practices promoting father's involvement

The previous National Project on Fathering (NPF) sponsored by Health Canada's Community Action Program for Children and the Canada Prenatal Nutrition Program CAPC/CPNP¹ invited researchers, stakeholders and practitioners to discuss, debate and propose ways to foster, reinforce and maintain father involvement². This project also allowed an in-depth study of Canadian practices aimed at promoting father involvement and highlighted 15 effective programs³. To follow up on some of the challenges emphasized in this first national project, a second national project entitled *My Daddy Matters Because...* was initiated in September 2002 and renewed in April 2003. This project was headed by an advisory committee consisting of a coordinator, a project manager and representatives of the seven primary Canadian regions. The project's goal was to increase our knowledge of fatherhood, reinforce and foster innovative practices directed at supporting fathers. To reach these objectives, the project was divided into three parts: the survey, the social marketing campaign and the development of local, provincial and national networks. This Summary addresses the first part, i.e. the survey results.

This survey, inspired by the previous national survey, provides us with a unique opportunity to keep current with the development of practices to promote fathering. The three main objectives targeted by this survey were: the recognition of effective practices, the creation of a catalogue and the identification of follow-up actions concerning Canadian practices aimed at promoting father involvement. The survey was sent to 1015 Canadian agencies, 75% of these agencies are funded by CAPC/CPNP, the remaining agencies were referred by regional representatives or they participated in the previous survey. We received 382 completed questionnaires, giving us a 40% response rate. These questionnaires came from the following regions: (39%) Québec, (21%) Ontario, (13%) British Columbia, (8%) Alberta, Prairies and Atlantic, (3%) Northern Canada.

Effective practices

The first research report⁴ describes the practices in place within the responding agencies, segregates them into geographical locations, raises possible obstacles to their implementation with fathers and outlines their potential development process. The first analysis did not take into account all the data, as many responding agencies provided additional information concerning their activities, services, programs and resources in the "comments" section. The second phase of the *My Daddy Matters Because...* project allows for the opportunity to analyze specifically this additional data.

¹ « S'engager auprès des pères ... Involving Fathers », Project 678615-18120026, Health Canada, June 2001.

² « Involving Fathers », Proceedings of the first National Symposium on the place and role of fathers, Montréal, November 2000.

³ Bolté, C., Devault A., St-Denis M., Gaudet J., (2002). « On Father's Ground », GRAVE-ARDEC, Montréal.

⁴ "Fatherhood : it's the best job on the planet", Research Report, June 2004.

The first outcome of this research is to describe the wide variety of activities and services offered by the responding agencies located in Canadian provinces. The analysis demonstrates that more and more agencies reach fathers through different means and in this way support their involvement with their children. Even though this trend confirms the evolvement of support practices toward paternal involvement between 1999 and 2003, the analysis also raises a number of challenges. With the use of varied strategies, the agencies must develop effective practices to reach all systemic levels which foster, reinforce and maintain father involvement; they must also improve their recruiting practices, partner with other agencies in their communities, involve and persuade fathers to participate and create a national network which will influence practices and policies relating to the promotion of father involvement.

My Daddy Matters Because ...

Research Report based on the survey completed by Community Action Program for Children and Canada Prenatal Nutrition Program (CAPC/CPNP) sponsored agencies, within the framework of the National Project on Fathering.

“The job of a father is this : to help his children develop, to teach them to express and master their emotions; to avoid physiological distress, to provide a context for their experiences; to help them persevere, reach their goals and take on responsibilities; and to instil the roles of citizen, partner and parent. In short, it is to fill their bellies with bread, their brains with wisdom and their hearts with love and courage.”

Camil Bouchard, “On Father’s Ground” 2002.

1. INTRODUCTION

During the past ten years, more and more researchers and practitioners have demonstrated an interest in the subject of fathering. On the one hand, the results of research projects initiated since the beginning of the 1980’s indicate that the father’s role is important to the health and well-being of children, and, on the other hand, the practitioners who support families, also recognize that the father is an important player in the welfare of the family. This trend also leads government agencies to address fathering and to sponsor research projects and interventions targeting fathers.

In January 1999, a team of practitioners of the Montreal region together with a partner from Ontario, initiated a national project⁵ sponsored by Health Canada’s Community Action Program for Children and the Canada Prenatal Nutrition Program (CAPC/CPNP). This project paved the way for the first National Symposium on the place and role of fathers⁶ and for a catalogue of Canadian projects⁷ that, in one way or another, directly or indirectly, foster the involvement of fathers in the lives of their children.

This catalogue describes the inventoried projects categorized by different criteria and details their intervention and implementation conditions. The activities are presented following their pre-established targets, geographical locations, life cycle, funding and implementation conditions. The catalogue concludes by highlighting 15 effective projects *“which provide a vision of what can be achieved, a benchmark for judging other efforts, and, at a minimum, a takeoff point in the search for a better understanding of the element of interventions worthy of widespread implementation”*⁸.

⁵ « S’engager auprès des pères ... Involving Fathers », Project 6786-15-1998-1120026, Health Canada, June 2001.

⁶ “Involving Fathers, Proceedings of the first National Symposium on the place and role of fathers”, Direction de la santé publique de Montréal.

⁷ Bolté C., Devault., St-Denis M., Gaudet J., (2002). « On Father’s Ground, A portrait of projects to support and promote fathering », GRAVE-ARDEC, Montréal.

⁸ Bolté C., Devault., St-Denis M., Gaudet J., (2002). op. cit., p. 30.

Following this first experience, Health Canada - now known as the Public Health Agency for Canada - sponsored a new National Project entitled **My Daddy Matters Because ...** during the years 2002 to 2005. This project was headed by an advisory committee consisting of 12 representatives of the 7 Canadian regions, focused on the following three main objectives:

- identification of effective practices to support fathers;
- implementation of a social marketing campaign;
- increase community mobilization in promoting the place and role of the father.

The current report is the second part of a survey focusing on the first objective : the identification of effective practices to support fathers. First, it will yield a catalogue of Canadian agencies reporting activities, services, resources or programs for fathers⁹ and, second, will highlight the analysis of father-specific interventions.

2. SURVEY METHODOLOGY

This national survey took place from January to April 2003 and was primarily sent out to CAPC/CPNP sponsored agencies. A limited number of agencies who are not sponsored also received the survey, either because they responded to the previous survey or because these agencies were identified by researchers and practitioners as agencies outreaching fathers. The questionnaire, available in both French and English, was sent by mail. A cover letter containing a description of the national project **My Daddy Matters Because...**, the names, addresses and telephone numbers of the researchers, the requested agency's contribution and a stamped return envelope accompanied the questionnaire.

Finally, the agencies who received the questionnaire also received, at no cost to them, promotional material to be used in their activities to outreach fathers. The promotional material consisted of two booklets: "Involved Fathers: A guide for today's dad " and "Full-time Dads, Part-Time Kids: A guide for recently separated and divorced fathers"¹⁰, as well as a number of posters illustrating the many roles of a father. The questionnaire was sent to 1015 agencies: 541 (53%) English agencies of which 163 were not sponsored by CAPC/CPNP and 474 (47%) French agencies of which 109 were not sponsored by CAPC/CPNP. The questionnaire was divided into six sections:

1. general information ;
2. services, activities, resources and programs ;
3. clientele reached ;
4. agency's mandate ;
5. funding sources .

A consent form to authorize the use of the data provided was also included.

⁹ "Fatherhood : it's the best job on the planet": A directory of CAPC/CPNP projects and other organizations reporting Activities, Resources, Services, and Programs (ARSP) for fathers in Canada" (2004) , Health Canada.

¹⁰ Father Involvement Initiative – Ontario Network, www.cfii.ca

The first part of the research report focused on the analysis of the quantitative data¹¹. This second part completes the analysis process by focusing on the qualitative data contained in the completed questionnaires which specifically address the activities, services, obstacles, recruiting methods and results.

This analysis is somewhat limited as the data provided only address activities, services, programs and resources available in agencies eligible to receive CAPC/CPNP funding, not allowing us to describe father-specific interventions put forth by other organizations or by government agencies. Also, this second report of the 2003 survey, had fewer respondents than the first report. However, since father-specific interventions in Canada are poorly documented, we hope that this report will provide useful information to decision makers and practitioners that will foster the development of additional practices to promote father involvement.

2.1 Response rate

Of the 1015 mailed questionnaires, we received 382 completed questionnaires, giving us a 38% response rate. The response rate from the English respondents was higher (41%) than from the French respondents (34%). Of the survey respondents, 55 respondents participated in the 1999 survey. The respondents are grouped following the 7 major Canadian regions, i.e. : British Columbia, Alberta, the Prairies (Manitoba and Saskatchewan), Ontario, Québec, the Atlantic region (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador), and Northern Canada (Yukon, North West Territories and Nunavut).

For the purpose of this analysis, the response rate for the open ended questions was from 22% to 58% as detailed in the following table; however, it is important to note that quite a few of the respondents gave more than one answer to each question giving us a larger pool of data.

DISTRIBUTION (%) OF THE COMMENTS TO EACH QUESTION, BASED ON THE RESPONDENTS CHARACTERISTICS

Question	Total (N=382) %	English (N=221) %	French (N=161) %	Did not participate in the previous survey (N=327) %	Participated in the previous survey (N=55) %
Activities	49.0	55.7	39.8	46.8	61.8
Services	26.2	31.2	19.3	24.2	38.2
Goals	22.0	24.0	19.3	21.7	23.6
Results	42.9	62.0	16.8	41.9	49.1
Recruitment	57.6	65.6	46.6	56.6	63.6
Obstacles	31.7	27.6	37.3	32.7	25.5

¹¹ "My Daddy Matters Because..." Research Report, June 2004.

3. THE ANALYSIS FRAMEWORK : IDENTIFYING EFFECTIVE PRACTICES

In order to comment on the effective practices already in place in some of the responding agencies and to highlight best practices, we propose an analysis framework based on three elements : the effective practices, the ecological model and the health promotion marketing strategies.

A recently published analysis¹² evaluating programs designed to promote family wellness and prevent child maltreatment indicates that proactive multi-component, home visiting, and mutual aid programs that begin prenatally or at birth, are most effective at promoting family wellness.

These findings strengthen the existing consensus around the overall population's health and wellness and the origin of numerous social problems; these elements are the products of many factors which bring about a combined action at many integral levels, leading to the use of more and more complex means¹³.

Unfortunately, we have very few studies which evaluate the results of programs which promote father involvement.

We are aware of one implemented father involvement program¹⁴ which demonstrated positive results. This program, described in the preceding National Project, proposes an approach referred to as "territory immersion". The strategy proposes that a number of community workers promote the role and place of fathers using health promotion programs which will specifically be aimed at systems promoting father involvement in the health and well being of their children on an annual basis.

We will attempt to understand and analyze the comments from the survey in light of the two principal parts of this project : the ecological approach and the promotion of health. Following the ecological approach, an individual's development is the result of his/her interactions with his/her environment. The interactions are in four areas: himself/herself, family, environment and the society in which he lives. It is important to clarify and influence favourable and unfavourable conditions which impact this development¹⁵.

Health promotion strategies have been defined and published in many documents, such as the Federal Health Charter and in the document entitled *Health for All: A Framework for Health Promotion*¹⁶. Both of these documents regroup health promotion activities by strategies. With reference to the project concerning the promotion of father involvement, three strategies have been retained.

The **Reinforcement of the Individual Potential** strategy which groups together all interventions aimed at increasing fathers' or other care givers' skills (spouses, friends, parents,

¹² MacLeod, J. Nelson G. & Desmarais S (2004). « *Promotion of family wellness and prevention of child maltreatment : Which programs are effective ?* » CECW Information Sheet #17E. Montreal, QC, Canada : Université de Montréal, École de service social. <http://www.cecw-cepb.ca/DocsEng/MetaAnalysis17E.pdf>

¹³ Cinq-Mars M., Fortin D., (1999) « Perspectives épistémologiques et cadre conceptuel pour l'évaluation d'une action concertée », Canadian Journal of Program Evaluation, vol 14, no 2, pages 57-83.

¹⁴ Dubeau D., Bolté C., Turcotte G., Coutu S., (2001), « Clin d'œil aux résultats préliminaires de l'évaluation d'impacts de PROSPÈRE, Colloque GRAVE-ARDEC, Val-David, Québec, Canada ».

¹⁵ Trucotte G., Desjardins N., Ouellet F., (2001) « À Pointe-Calumet on fait place aux pères : Analyse d'implantation d'Initiative Place-o-Pères, un projet d'action communautaire sur l'engagement paternel », Direction de santé publique de Montréal.

¹⁶ Government of Canada, 1986.

service providers) so that fathers feel more competent as men and fathers, and take an active role in the care giving to their children.

The **Influence** strategy which groups together all awareness interventions from such things as providing information to more structured activities to reinforce an individual, a group of decision makers or a community's attitudes and knowledge relating to the role of fathers or to the support of father involvement.

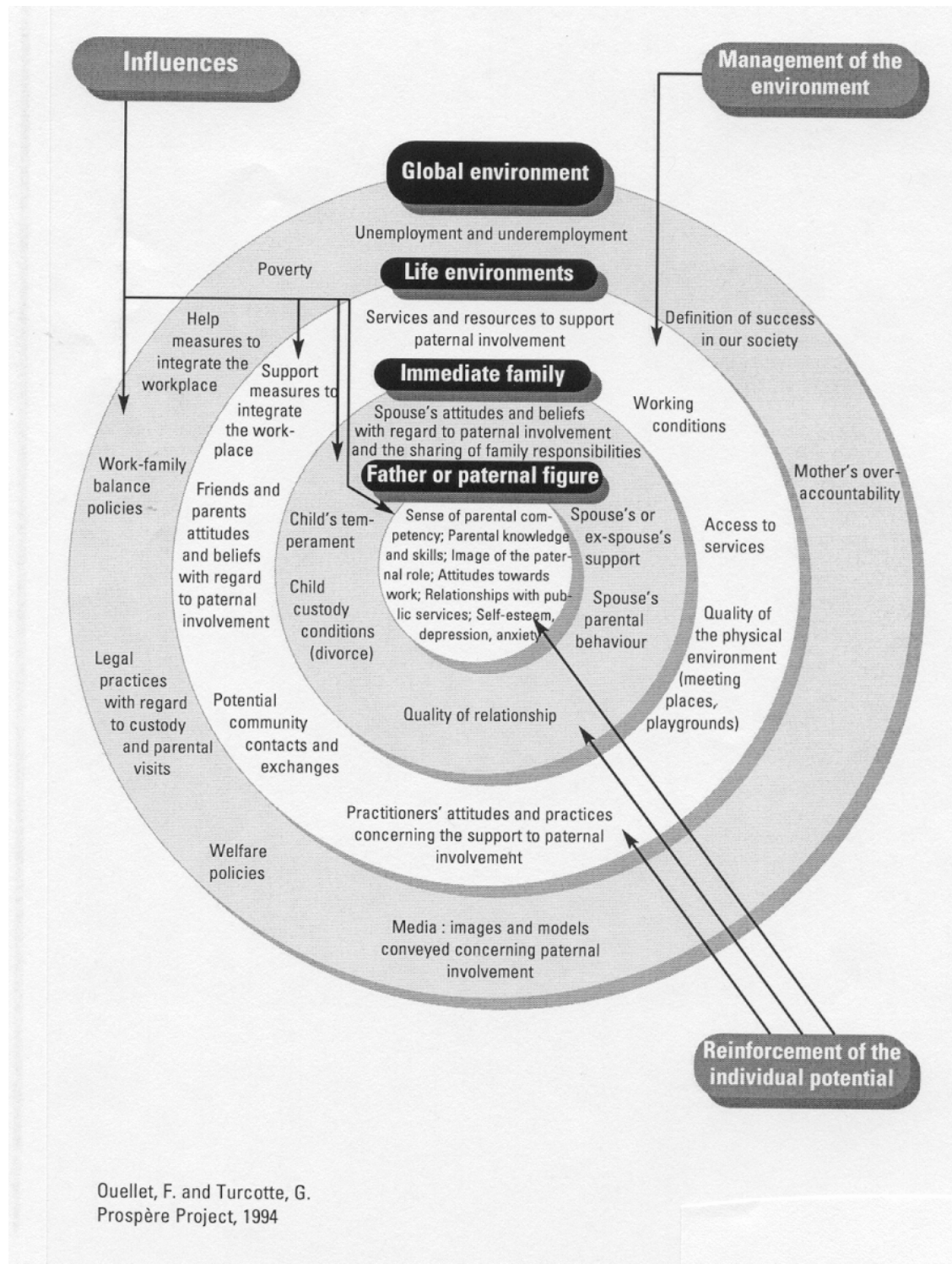
Finally, the **Management of the Environment** strategy which groups together all interventions aimed at transforming fathers' and families' environments (public services, community agencies, day-care centres, schools, community recreation centres, workplaces etc.) :

- to be in a position to provide resources and activities which are better suited to fathers' needs, more favourable to the promotion of father involvement and to increase the quality of their lives (ex. transformation of the environment, improvement of living conditions, creation of resources, organizational changes);
- to allow fathers and community members to get together to define their goals and select their actions¹⁷.

The following diagram demonstrates the interaction between the health promotion strategies and the determining factors of father involvement. The interventions target on systemic level or another – the father/paternal figure, the immediate family, the life environments, the global environment – using one or another strategy. Some combinations are not possible. As an example, it is not possible to use the reinforcement of the individual potential to act on the global environment. Finally, each intervention targets one or another of the determining factors of father involvement.

¹⁷ Extracted from the Training Guide *Changing Fathers, Evolving Practices*, A Training Program to Promote the Involvement of Fathers – Ouellet F., Forget G., Direction de santé publique de Montréal, 2001.

TARGETS, STRATEGIES AND DETERMINING FACTORS OF FATHER INVOLVEMENT



The results are based on an analysis of the respondents' comments.

As the respondents were allowed to provide more than one answer to each question, the additional comments were first divided into subjects. Then, each subject was classified into ecological approach systems and, finally, arranged by health promotion strategy. Categories relating to the determining factors of father involvement¹⁸ were also used to further illustrate the respondents' statements. Two separate teams coded the comments; the first one analyzed the French comments and the second, the English comments. Both teams' work was reviewed in order to correlate the coding results. Finally, a team meeting was held to review and validate the coding results of all questionnaires. The final database was then statistically tested.

If the first report provided information concerning the support given to fathers by Canadian agencies, this second report characterizes the support given. The second report also helps us reflect on best practices to promote the involvement of fathers.

3.1 Review of the first part of the analysis' results

There are differences in the father-specific interventions offered by consulted agencies ; some agencies do not offer any father-specific interventions (35%), others offer at least one activity, service, resource or program (47%) and others offer all interventions (18%). The most usual intervention is to make available written or audiovisual material to fathers. Most agencies find it difficult to recruit fathers (43%) but many have modified their interventions to attract this clientele. Only a very small number of agencies (16%) do not find it difficult to recruit fathers. The lack of financing and the lack of qualified personnel are the main obstacles to the recruitment of fathers. Father-specific interventions have positive effect on fathers in many ways and the results can be seen on the fathers themselves, in their interactions with their children, in their relationships with their spouses and in the changes in the agencies' processes. In light of the first national project on fathering (1999), this survey provides information on projects which have been reaching fathers for a long time. The results indicate that the agencies who completed both surveys (1999, 2003) offer more varied interventions than the agencies who only completed the last questionnaire. Also, these agencies indicate they now have more success in reaching at risk fathers and they now have modified their services to be more father friendly.

¹⁸ Turcotte G., Dubeau., Bolté C., Paquette D., (2001), « Pourquoi certains pères sont-ils plus engagés que d'autres auprès de leurs enfants » ? A review of the drivers of father involvement, "*Revue canadienne de psychoéducation*", 30, 1, 39-65 ».

3.2 Achieved interventions

In order to characterize the father-specific support interventions achieved by the Canadian agencies, we first analyzed the respondents' comments as they relate to activities and services defined in the questionnaire with the use of examples, as shown on the following table.

Activities a father-child day, a conference on fathering etc.

Services day-care for fathers in need, loan of resources or goods, etc.

Two thirds of the respondents indicated they offer activities and services to fathers which are similar to the examples cited in the questionnaire.

The qualitative analysis first allows us to pinpoint, based on the following examples, the father specific activities achieved by the respondents.

- ♦ *Development and distribution of posters which promote fathering*
- ♦ *Informational meetings on the subject of the role of fathers*
- ♦ *Monthly "letter to my father" sent to new fathers during the first year after the birth of a child*
- ♦ *Meetings with fathers to be*
- ♦ *Home visit*
- ♦ *Individual follow-up meetings*
- ♦ *"Cœur de pères" (Heart of fathers) session*
- ♦ *Workshop "Place aux pères" (Place for fathers), six group meetings concerning topics selected by the participants*
- ♦ *Saturday two-hour workshop, five to six times a year for father and child*
- ♦ *Father-baby massage*
- ♦ *"Entre hommes (Among men) Project", father and son in action: intensive 24-hour session based on a self-esteem model*
- ♦ *Discussions on the differences of each parent's role*
- ♦ *Stop-over feeding with a "Mon papa" (My Daddy) theme*
- ♦ *"Just Call Me Dad" group with father and children*
- ♦ *Men's Support Circle*
- ♦ *Drop-in on Saturday to accommodate Dads*
- ♦ *Parenting group for fathers*
- ♦ *Collective kitchen*
- ♦ *"Father Goose" program*
- ♦ *"Nobody's Perfect Parenting Program"*
- ♦ *A father-child day*
- ♦ *Social entertainment activities*
- ♦ *Play and rest areas for father-child*
- ♦ *Family activities*
- ♦ *Parent-children and family activities where fathers are invited*

The comments characterizing the services offered define to a variety of interventions which range, as described in the provided questionnaire, from the implementation of specialized interventions to the implementation of infrastructures or even continuous support programs for fathers, as follows:

- Supervised visits with children
- Lodging service
- Therapy for fathers who have sexually molested their child
- Support and sharing group
- Participation in a regional father resource group
- Child care exchange service
- Lending of father-specific books and videos
- Provide baby changing table in men's bathrooms in responding agencies
- Transport
- Fathering network meeting; reference/lending library; links to other services
- Website to promote involved fathering; psychotherapy
- Promotion of responsible fathering province-wide
- Resource Loans, Clothing Exchange, Co-op Store
- We have offered an on-line support group for fathers
- Child care / activities during fathers' meeting

In order to carry out the proposed analysis, the comments were first coded by strategy. We find activities using the **reinforcement of the individual potential**, such as : pre and post natal meetings or visits, father-child activities, group meetings, discussion or support group meetings, educational, support or counselling programs and workshops. We also find activities using the **influence** strategy, such as: seminars, specific projects and varied activities to inform and communicate. Finally, we find activities using the **management of the environment** strategy, such as: activities for practitioners and changes in organization. These are then coded by target – the father/paternal figure, the immediate family, life environments and the global environment.

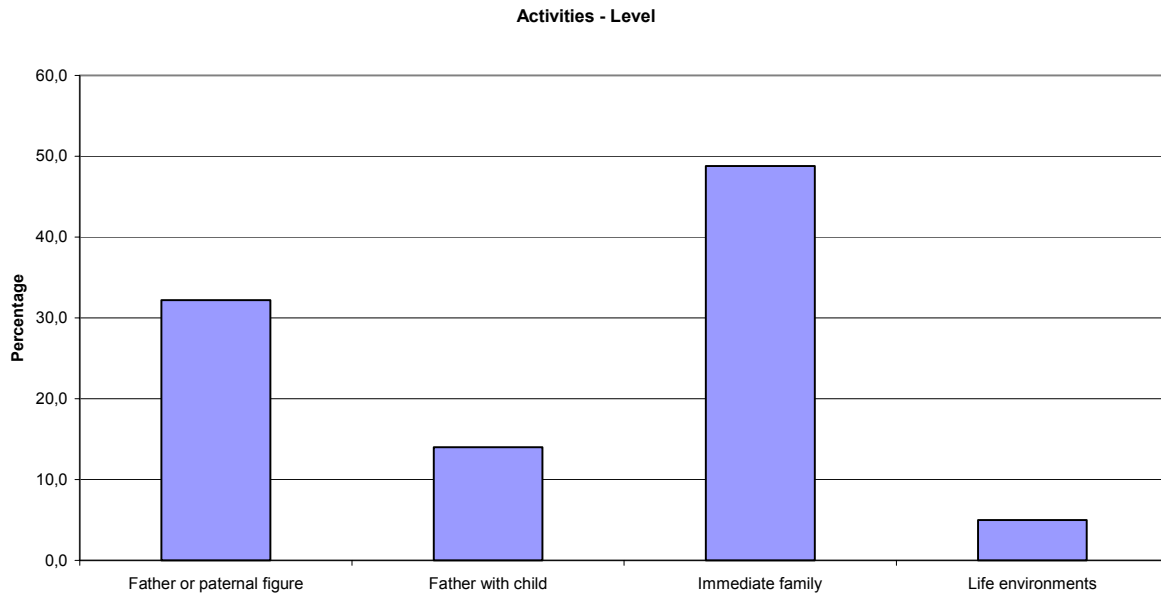
The results will first show who is reached by the activities and services offered by the Canadian agencies. Then, we will show how fathers, the families and the practitioners are reached. We will attempt to illustrate which determining health factors are affected by these actions. Finally, the results are cross analyzed using three variables: the language of the respondents, the breadth of interventions and the continuity of the offering.

3.3 Who is reached ?

The intervention targets are defined by the four systemic levels of the ecological approach: the father, the family, the life environments and the global environment. The family (49%) and the father (46%) are the main targets of the respondents' activities. It must be noted that we have considered father-specific and father-child interventions as father or paternal figure systemic level activities. We have also considered family and parent interventions as immediate family activities. And, finally, we have considered seminars, large group meetings (information or awareness meetings), implementation of committees for the enhancement of fathering interventions as life environment activities. The practitioners' attitudes and practices relating to father involvement are supported by training activities specifically designed for them. A respondent indicates that he supervises a group of volunteer fathers when they lead meetings. Another activity, which targets life environments, is to make the services or programs available

to fathers by staffing the agency on Saturdays. Few activities target life environments (5%) and none targets the global environment as shown in the following graph:

GRAPH 1: DISTRIBUTION (%) OF ACTIVITIES BY TARGET

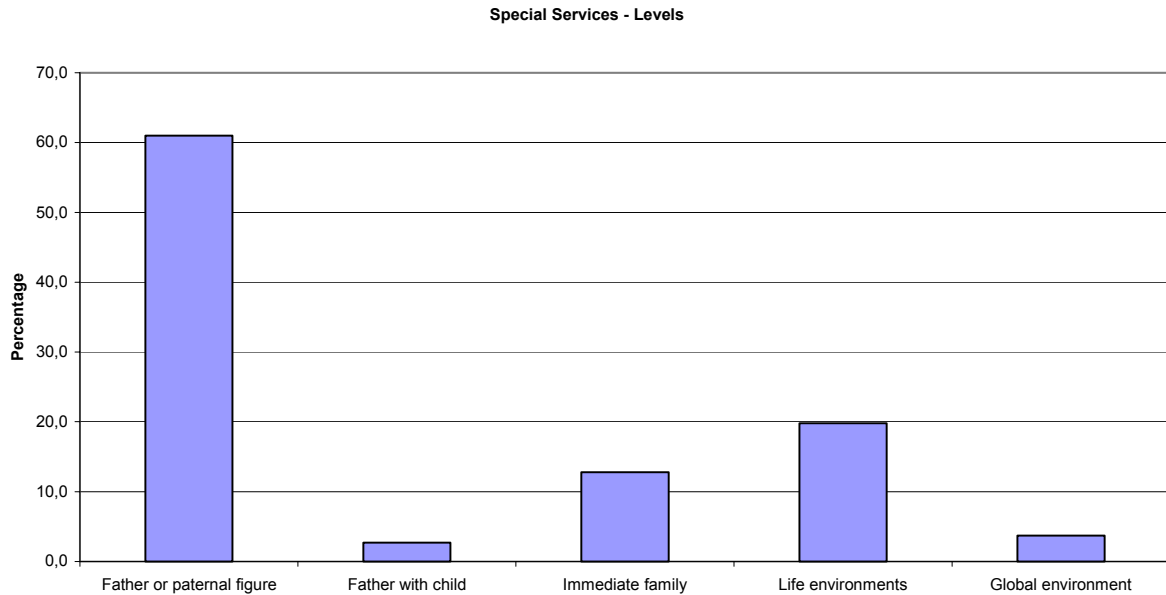


In more than 50% of the cases, the respondents indicated only one activity targeting fathers. The activities for or with fathers take place in the perinatal period.

The comments indicate that the targets for the services are: the father (61%), the father and child (3%), the life environments (20%), the immediate family (13%) and, finally, the global environment (4%).

Approximately 57% of the respondents have only one target (the father or the paternal figure) for their services. The respondents who have two targets (31%) develop activities to support fathers and fathers with their children. The other respondents have three or more targets (12%), In this case, they not only target fathers, fathers and children and mothers, but they propose training or awareness programs for their personnel. Very few agencies target all systemic levels in the services offered to fathers.

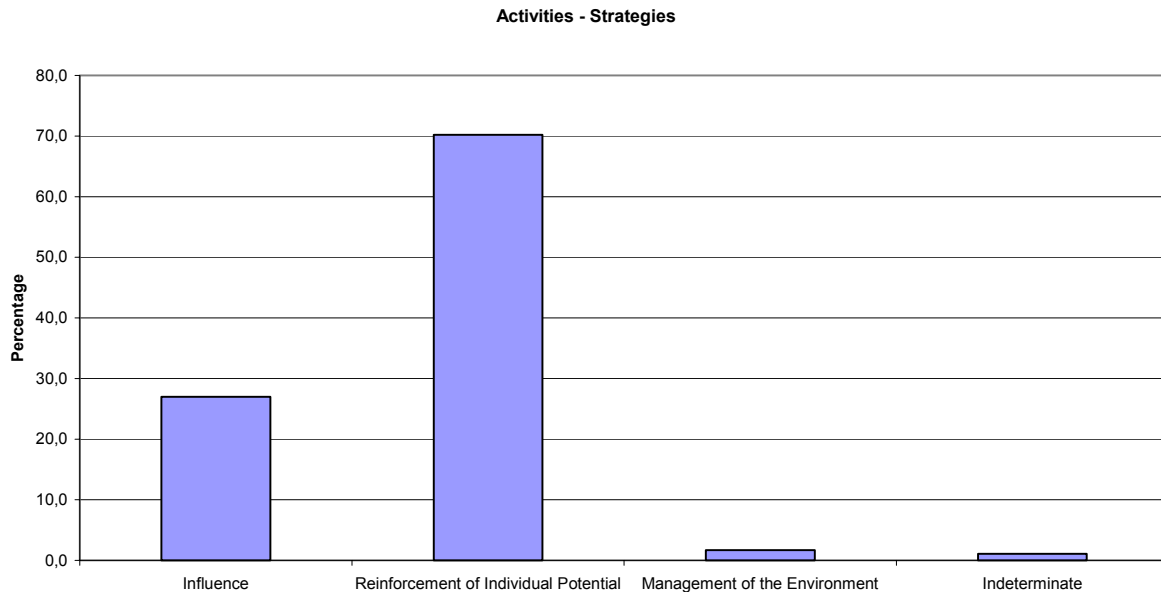
GRAPH 2: DISTRIBUTION (%) OF SERVICES BY TARGET



3.4 How to reach them ?

When respondents were asked to characterize their interventions, most of them (45%) referred to only one intervention, 31% referred to two and the rest (23%) referred to three or more interventions. Of the three main health promotion strategies used for this analysis, the one which is used the most by the respondents to describe the activities is the reinforcement of the individual potential (70%), followed by influence (27%) and finally, management of the environment (2%) as shown in the following graph.

GRAPH 3: DISTRIBUTION (%) OF ACTIVITIES BY STRATEGY



With reference to services, the distribution of the used strategies varies somewhat from the one for activities; the reinforcement of individual potential represents 57% of the comments, followed by influence (25%) and, finally, the management of the environment (18%).

3.5 Why reach them ?

The last item reviewed is the determining factors of father involvement. The chosen analysis model takes into consideration health promotion strategies, interacting systemic levels which promote the presence of fathers in the lives of their children and, finally, determining factors of father involvement. It is acknowledged internationally that the determining factors influence the health and well being of the world population and are the source of the development of health promotion undertakings¹⁹. This approach encourages agencies to broaden their interventions in order to foster, reinforce and maintain favourable conditions for the health and well being of their clientele. Also, it is a reminder that the promotion of health and, of course, the involvement of father, is not only dependent on the socio-sanitary practitioners' interventions, but is more the result of concerted and inter-sector actions.

We were not able to totally complete the analysis of the determining factors shown on the diagram on page 11 based on the respondents' comments, as many comments were not clear as to the determining factors which were aimed at by the activity or the service. Nevertheless, an overview of this aspect leads us to some trends.

¹⁹ Cing-Mars M. (2004) « Considérations épistémologiques et étude de cas concernant l'évaluation d'implantation d'un projet communautaire planifié en concertation », Doctorate Thesis, Montréal : Université du Québec à Montréal.

As we have seen, the activities and services first favour the *father or paternal figure* systemic level. First of all, these activities are aimed at increasing the competence, the knowledge and the skills of the fathers so they will feel more competent and have a greater *self esteem*, as men and as fathers, in order to have a more active role in the lives of their children. To reach that goal, some projects foster interaction with other fathers using group activities, others foster meetings or workshops using manual activities with their children, cultural outings or providing an area to play games. Such activities provide an opportunity for fathers and children to bond or to get closer. Not as often, the agencies address the family as a whole. However, the activities which take place around the birth of a child are developed to help the new (to be) fathers, sometimes with and sometimes without the spouses.

In order to reach this goal, the most used strategy is the reinforcement of the individual potential of fathers. With this strategy, the fathers are reached directly through self-help, support or discussion groups. The goal of this type of activities is to encourage fathers to talk about their own fatherhood experience and about their identity as fathers. Through varied dynamics (workshops, meetings, training, interventions, self-help groups), these activities promote the awareness of the importance of the role of fathers and reinforce the feelings of parental competence for the fathers who attend the activities. The activities can be divided in two sub-groups: the structured groups and the semi-structured groups. The activities of the **structured groups** correspond to the projects which offer training support (guide for the participant and for the trainer). They are developed through community or institutional initiatives. The practitioners attend these sessions and play an important role of either leader or trainer. Following are examples of these types of activities: "*Coeur de pères*", "*Pères présents, enfants gagnants*", "*Just Call Me Dad*", "*Father Goose*" or "*Nobody's Perfect Parenting Program*". As for the activities of the **semi-structured groups**, they are activities with no pre-established program. Even though the practitioners participate in the group activities, they act more as coaches or facilitators. In some groups, some fathers can be coaxed to lead the group. When this occurs, practitioners offer to supervise the volunteer leadership activities. These proposals usually lead to proposed discussion and sharing groups, which are held at different times based on the structures.

As we have combined the father-child activities to the father systemic level, the agencies also have an impact on the development and maintenance of the fathers' skills through the development of places or events which favour the interaction of the father with his child.

The determining factors for the *immediate family* systemic level are not as targeted, especially by the services implemented by the agencies. We should note that quite a few of the activities and services grouped under this systemic level are part of the agencies' family approach. Most agencies believe that their activities and services are developed for all family members and that a father-specific approach is not warranted. Very few of the agencies develop interventions to address the quality of the family or couple relationships, in fact father/mother meetings are uncommon. Very few activities concerning spouses' attitudes and beliefs toward father involvement are exclusively offered to mothers.

The interventions concerning the determining factors toward *life environments* are even more scarce. Some mentioned are: seminars or public meetings (information and awareness meetings) and, more often, implementation of committees promoting father involvement. There are too few training seminars and training programs to develop practitioners' attitudes and practices toward the involvement of fathers.

Finally, the interventions concerning the social norms toward the judicial policies or practices which are determining factors for the *global environment* are still very few. The few agencies which have developed interventions at that level aim to first of all influence the social representation of the role of father.

4. DIFFERENCES

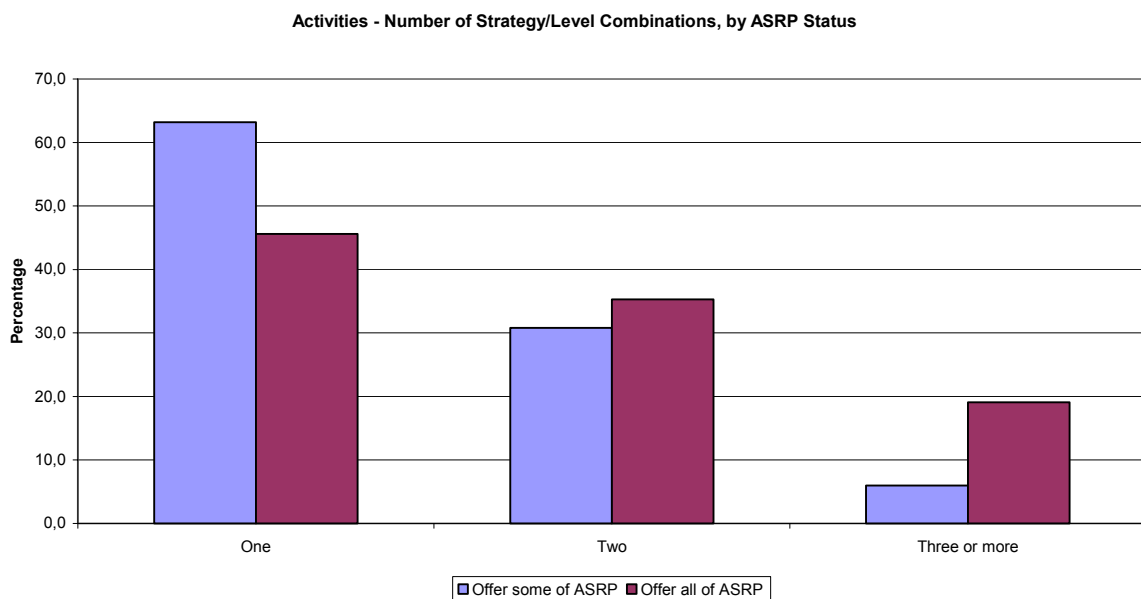
In order to ascertain if the described situation could be influenced by some particular variables, we have cross analyzed the results. As in the first report, we have used three variables and we are only reporting the results which are statistically significant ($p < .01$) :

- ♦ the respondents' language,
- ♦ the breadth of interventions (whether the respondent offers all types of interventions, i.e. activity, service, resource and program (ASRP) or not (ASR or P)) and,
- ♦ the continuity (whether the respondent participated in the previous survey (1999) or not).

The language used influences results in different ways. First of all, the English respondents indicate that they develop more activities ($p < .001$) and use more varied strategies ($p < .001$) than the French respondents. This is also true for services; the English respondents list more interventions and, consequently, more varied strategies aimed at more systemic levels ($p < .001$).

The breadth of interventions also leads to some differences. First, the agencies who offer the four types of interventions (ASR and P) definitely use more strategies ($p < .006$) as shown in the following graph.

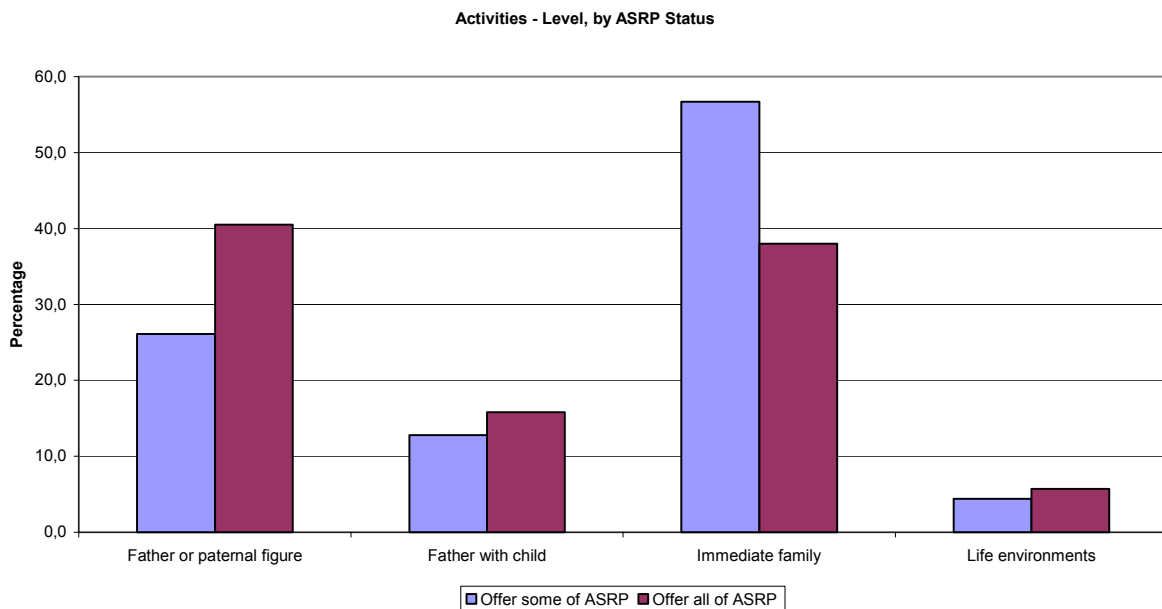
GRAPH 4: DISTRIBUTION (%) OF THE BREADTH OF INTERVENTIONS BY THE NUMBER OF STRATEGIES USED



The breadth of interventions also influences the systemic levels reached by the agencies ($p < .002$). The agencies who offer a greater breadth of interventions reach more fathers and fathers with their children than the agencies who have a smaller breadth of interventions. In fact, the agencies who have a smaller breadth of interventions reach more families as, for them, the interventions for fathers are integrated into their normal offering.

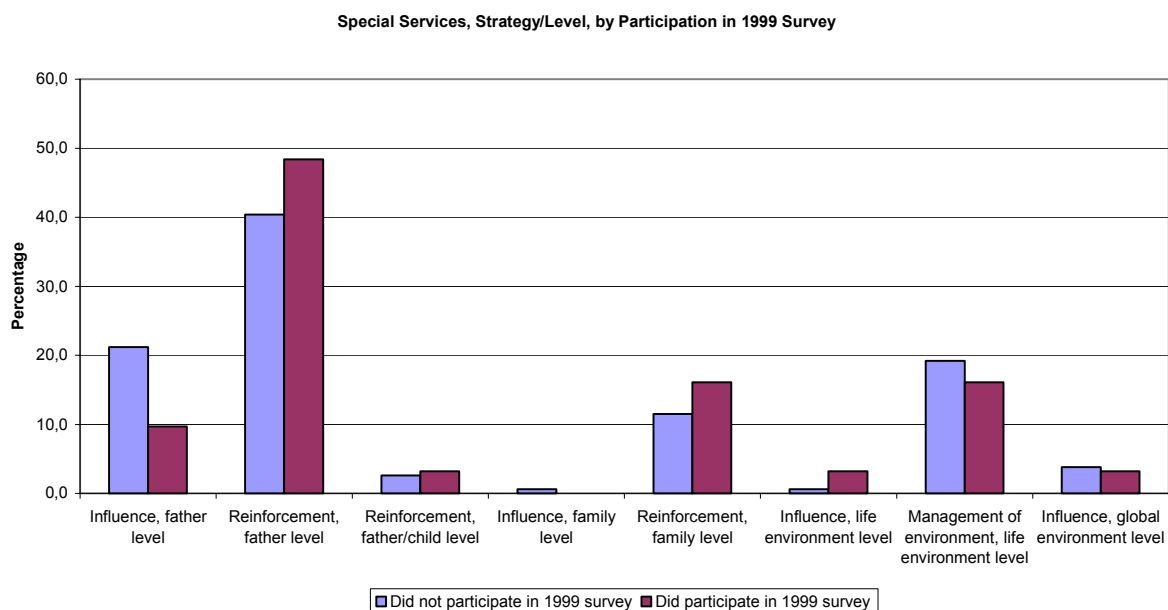
“We aim to integrate fathers to our existing activities (prenatal courses)”
“Fathers are welcome to come to our drop-in parenting groups/play gym/toy lending library/home visit”
“Home visits to family and family get-togethers called ‘family breakaways”

GRAPH 5: DISTRIBUTION (%) OF TARGETS REACHED AND THE BREADTH OF INTERVENTIONS



The continuity of the intervention does not affect the respondents’ activities. However, the continuity does influence services as noted in the previous report; the agencies who took part in both surveys tend to concentrate their interventions, the ones who did not, tend to use the reinforcement strategy ($p < .01$).

GRAPH 6: DISTRIBUTION (%) OF TARGETS, STRATEGIES AND CONTINUITY OF INTERVENTIONS



5. PROGRAM RESULTS

After an in depth description of activities and services and the analysis of these interventions based on the determining factors of health and well being, health promotion strategies and systemic levels, let's look at how the respondents evaluated the results of their actions. Almost half of the respondents evaluated, as they were asked, the effects or results of their interventions. Almost half evaluated one (45%) result, a third (32%) two results and the others three of more results. Almost all indicated they have obtained satisfactory or very satisfactory results. The benefits are generally seen at the *father or paternal figure* systemic level (72%). The benefits which are frequently mentioned are :

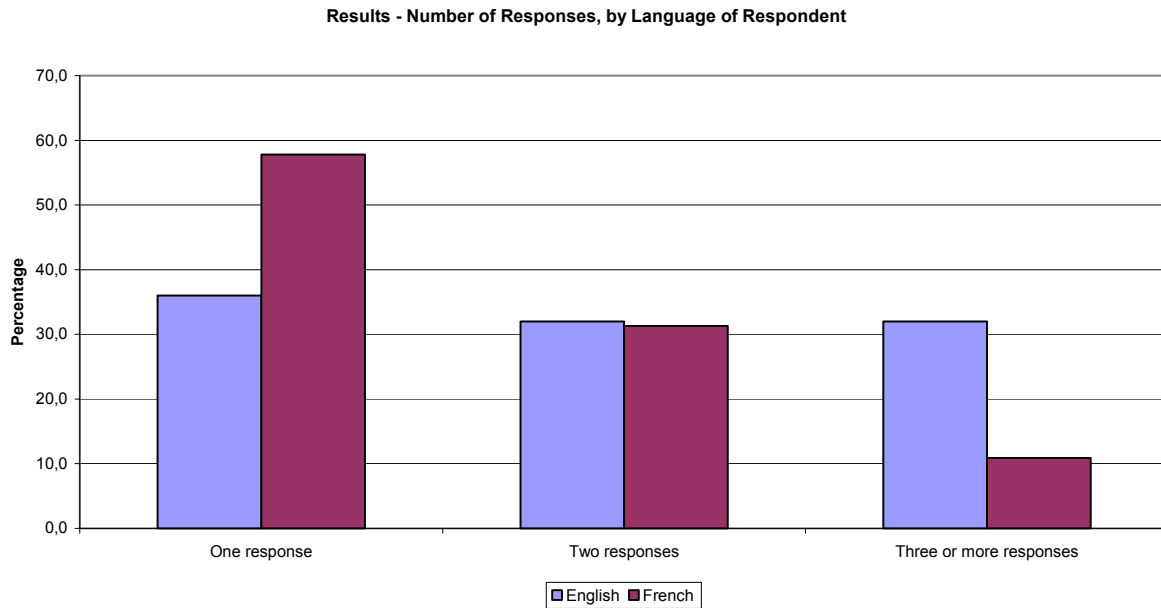
- ♦ The men's personal development and the increase in their self-esteem and the psychosocial support;
- ♦ The acquisition of new parental competences and skills;
- ♦ The opportunity to get closer to their children;
- ♦ The awareness of their paternal role;
- ♦ The recognition of their place within the structures.

The respondents repeatedly indicated that : *“Les pères sont plus impliqués (The fathers are more involved)”* or *“ils participent plus et se rapprochent de leurs enfants (they participate more and are closer to their children)”*. Very few of the respondents noted negative results and, if it occurred, the respondents indicated that *“très peu de pères participent (very few fathers*

participate) ” or “souvent le père s'éloigne de sa conjointe durant la grossesse (often the father wanders away from his spouse during pregnancy)”.

The only significant difference ($p < .001$) stemming from the statistical analysis concerns the language; the French respondents report less results than the English respondents as shown in the following graph :

GRAPH 7: DISTRIBUTION (%) OF THE NUMBER OF RESPONSES BY THE RESPONDENTS' LANGUAGE



6. RECRUITMENT METHODS

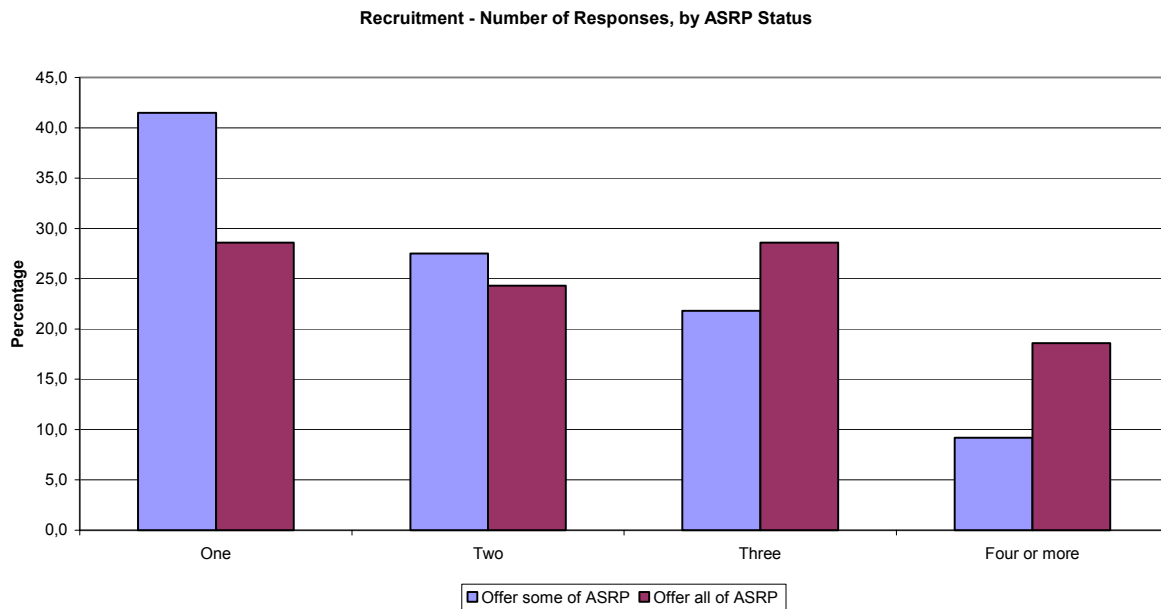
The next category analyzed is recruitment; the survey requested that the respondents indicate the recruitment methods which they use to recruit fathers. We should remember that almost half (43%) of the respondents indicate they find it difficult to recruit fathers. Even though this is true, more than a third of the respondents only use one recruitment method (38%) and a little more than a third use three methods or more. Eight methods are used to recruit fathers.

- ♦ Direct contact
 - This recruitment method refers to telephone calls, father meetings at their workplace, individual contacts during activities or services offered to mothers, such as home visits, and, finally, a personalized recruitment method via letters or individual contacts.
- ♦ Informal
 - This recruitment method mainly refers to *word of mouth*.

- ♦ Through mothers
This recruitment method refers to the promotion of father specific activities and services through the mothers, who are the agency's clientele.
- ♦ Through the children
This recruitment method is addressed mainly to children of school age who are given a letter addressed to their fathers.
- ♦ Direct contact with the parents
This recruitment method refers to invitations addressed to the parents.
- ♦ Family approach
This recruitment method refers to answers indicating that the activities and services are offered to both parents or that the recruitment method for fathers is not different than the one for mothers.
- ♦ Media and Publicity
This recruitment method, which is the one most often used, combines all information published in one vehicle or another (television, neighbourhood newspaper, pamphlet or poster).
- ♦ References, activities, programs
This recruitment method is also often used. It is a request from the respondents to other agencies or institutional partners to refer fathers to attend their father-specific activities and services as well to use their own activities and services to invite the participants or spouses.

If we compare the recruitment methods used by the respondents and if we characterize them by language, breadth and continuity of the interventions, only one difference is significant, i.e. the number of recruitment methods used by the respondents to recruit fathers. In fact, the English respondents use more recruitment methods than the French respondents ($p < .01$) and, as shown in the following graph, the breadth of intervention influences the number of methods implemented to recruit fathers, the ones having more breadth use more methods than the ones who do not have as wide a range.

GRAPH 8: NUMBER OF RECRUITMENT METHODS AND THE BREADTH OF INTERVENTIONS



7. OBSTACLES

The quantitative data indicate that, among the expressed obstacles, lack of financial resources and lack of male or qualified personnel stand out as the two main obstacles. The respondents were also invited to list other obstacles which they could encounter when implementing father-specific programs. We have received 121 responses. More than 90% of the respondents added another obstacle mainly relating to the father *systemic level* (40%) and the *life environments level* (30%). The respondents indicated :

“Fathers find it difficult to adapt to our activities”, “Fathers are not available after the birth”, “The father does not feel responsible for the child”

Others encounter difficulties because they are unable to reach fathers who have either moved or are not living with their child or, they feel that the fathers who participate in the activities or services are too few to justify maintaining these interventions.

As to the immediate family, the respondents indicate a number of elements which could become obstacles to the recruitment and support of fathers. It could be the clientele’s particularities, such as: *“Our agency’s clientele is mostly Muslim women”* *“our clientele is mostly women who have been sexually molested”* or the absence of fathers *“children without fathers”, “few men live with their family”* or also, the agencies’ mandates *“addresses all parents”* *“we do not see the need for a specific program”*; all of these elements become obstacles to the implementation of father-specific programs.

Finally, 9% of the respondents indicate that a non favourable social norm toward fathers is also an obstacle to father-specific services. We note only one difference which must be interpreted with prudence ($p < .05$): the French respondents identified the immediate family as an obstacle and the English respondents identified social norms as obstacles.

8. EFFECTIVE PRACTICES, A DISCUSSION

The first goal of the national project *My Daddy Matters Because...* is to identify effective support practices to the role of fathers. Despite the limits of this study, such as: the description of only community practices, the narrow sampling and the brief survey, the respondents' words clarify the respondents' practices. Analyzed under the light of the health determining factors, of the ecological and health promotion approaches, these results lead to reflect on the conditions which enable us to reach fathers and foster, reinforce and maintain their paternal involvement.

Very few agencies who participate in the Community Action Program for Children and the Canada Prenatal Nutrition Program CAPC/CPNP offer father-specific interventions. Only one third of the agencies offer activities, services, programs and resources to fathers. It should be said, however, that we have noted an increase in the concern to reach and support fathers. If we compare both surveys (1999 and 2003), we see that a greater number of agencies responded to the survey and that, among them, a greater proportion of the agencies indicate they offer at least one type of intervention to fathers in their communities.

In order to respond to the challenge of promoting the involvement of fathers, it is more and more acknowledged that there is a need to implement interventions which are focused on different health promotion strategies.

Almost one fourth of the agencies (23%) have responded to the challenge. However, we have noted that not one agency offers activities focusing on the global environment and only a few (12%) of the agencies offer services focused on the four systemic levels which influence fathers. This leads us to question the feasibility for family agencies who often face substantial financial difficulties, which is the most important obstacle indicated by the respondents, to offer comprehensive or global health promotion programs under these conditions. If it seems difficult for family agencies to act alone, it is then necessary to seek assistance from other agents in other sectors, either from the community or the institutional sector (health, social services, education, justice, municipal...). In line with one of the recruitment methods named by many agencies as an example - references from partners - we believe that the agencies should also partner for the development and implementation of a project to promote the involvement of fathers.

A recent evaluation has shown the benefits of a cross-sector approach. The development and implementation of projects under the combined direction of a family agency and community and institutional representatives have lead to: the development of an expertise on the involvement of father, the deployment of large and high-quality interventions, the financial support to the agency, the prominence of the agency, the population's and the community leaders' support and the resilience of father-specific initiatives²⁰.

In the previous report, the authors have demonstrated that fatherhood was a social concern which is expressed by separated father groups who are *"more vocal in political*

²⁰ Cinq-Mars op.cit, p.94-95.

*representation*²¹. We have seen it: the survey results show that the global environment is very seldom the focus of the responding agencies interventions. Consequently, essential questions still remain with regard to the implication of structures or agencies in the actions aimed at changing the norms, the rules or the laws. In real life, can local projects intervene on a global level ? Is it their mission ? If this is not their mission, who will take over from the separated father pressure groups ? It appears evident that one element of the answer is to create a national committee. This committee will play an important role in the implementation of a network for the deployment of adapted communication tools. It will also be the link between the different players in the public policy arena concerning children, family and research interventions.

With regard to health promotion strategies, the agencies integrate the subject of fathers into their existing activities. They principally reach the fathers who are alone during the pregnancy to inform and support them in their father role. The number of activities aimed at reinforcing the individual potential of the fathers is significant. We see it as an indicator of the important efforts put forth by the practitioners to reach the fathers and their children. The will to work more closely with fathers is certainly one of the benefits of the awareness training. If we admit that interventions before and following the birth of a child are necessary in order to reach young (to be) parents, or young (to be) fathers, should we not ask ourselves if this type of interventions meet the fathers' needs or should we diversify our activities.

Despite the national efforts, both at the local and the provincial levels, to promote the role and the place of the father and despite the activities, services, resources and programs offered, a lot of work still needs to be done in order for this position to become a reality in all Canadian communities. As the lack of training is one of the obstacles often mentioned by the practitioners, we believe that the agencies' management staff should encourage continued training for all practitioners. Armed with additional training, the practitioners would become more sensitive to the needs of the fathers, and could accompany or refer them to other agencies and would also be able to implement practices promoting paternal involvement. The recent evaluation of a training program promoting the role and place of the father confirms the positive impact of training on the practitioners' practices, the organizational settings and the communities.²²

The recruitment methods to reach father are, in the majority of cases, mass communication means. So, these results must be combined with the respondents' indications relating to the obstacles they find when implementing activities to support the involvement of fathers, as the fathers themselves are often seen as obstacles. We should ask ourselves if the recruitment methods are suited to the outreach of fathers. In fact, less than 13% of the recruitment methods require the actual father's address. Under these conditions, should we not ask ourselves if the means are appropriate to motivate fathers. Without a doubt, it would be better to develop outreaching strategies aimed at getting closer to fathers. It would appear that reaching them at their workplace would be, without a doubt, an interesting possibility. At this time, few agencies use that approach. Implementing such awareness strategies (and recruitment) in the workplace will lead to more and better employer involvement. To reach this goal, lobbying actions lead by community networks and the participation of a national committee could be a determining factor.

The cross-analysis of the results highlights some differences.

²¹ « Sur le terrain des pères », op.cit.,p22.

²² Venet, C. (2005). « Effets de la formation Pères en mouvement, pratiques en changement sur les participants et leurs organismes », United Way of Montréal, Montréal.

The respondents' language is the most significant variable. Does culture or the agencies' structure explain these differences? It is true that the development of community family agencies differs from one Canadian Province to another and it is more so between the Province of Québec and the other provinces. In Québec, a number of community family agencies have been formed since the 1980's; on the other hand, the English agencies are not as numerous but they are larger and they have a more precise mandate. This could explain why the French agencies offer less activities and use less varied strategies than the English agencies.

The offering of interventions influences the number of strategies and methods used to recruit fathers. It appears that the development of comprehensive or global activities following the suggested model is more and more used, which should lead to agencies outreaching more fathers. Finally, the qualitative data analysis shows that the continuity of the father-specific actions should lead, as evidenced in the first research report, to more services to the fathers who need it the most.

9. CONCLUSION

The production of the second national project has led to the production of tools²³ to support the agencies outreaching fathers and supporting their involvement. The survey of Canadian agencies who receive support from the P.A.C.E./P.C.N.P. program is precious. On the one hand, it has led to the creation of a directory of agencies which facilitate the contact among those who want to be informed on activities, programs, services and resources available from coast to coast. It also allows us to question the conditions necessary to facilitate the support to fathers and to promote the implementation of effective practices.

The implementation of father-specific activities still remains the goal of few agencies. One third of the respondents do not offer any activity and this does not include agencies which did not respond to the survey. However, the analysis also shows that the situation is improving but still requires many efforts to reach our goal to implement comprehensive and global father involvement practices across Canada.

Among the conditions necessary for the development of these practices, the subsidized agencies must include the importance of the place and the role of fathers in the development of children in their national goals.

It should be noted that the Community Action Program for Children does not specifically address the father as one of their goals; the goals focus on the mother and child. The influence of programs and policies is a major leverage for the agencies, but few can use their resources, which are often reduced, to have an effect on the health determining factors.

The creation of a national network which supports the development and the projects put forth by provincial associations appear to be a preferred means to support the development of father-specific actions, but also have an effect on social representation of fatherhood, an element which is often tied to the often mentioned obstacle, the fathers themselves.

Because practitioners move from one position to another and because there are few male practitioners, it is imperative that personnel in community and government agencies be provided with continued training concerning the place and the role of fathers and how to support them.

²³ "My Daddy Matters Because... : a toolkit", www.monpere.ca

The evolution of support practices to the involvement of father also shows that a number of agencies, despite difficult circumstances and limited resources, innovate and experiment new practices with fathers in their communities. The continuity and the breadth of these actions appear to demonstrate both the fathers' interest in activities, services, resources and programs and the attainment of the goal to increase the health and well being of children. We hope that the numerous products of the national project ***My Daddy Matters because...*** , the catalogue, the toolkit, the training program and the results of this survey will support the efforts made throughout the Canadian communities and, most of all, will foster, reinforce and maintain the involvement of fathers in their children's lives.