

Dad's at Home
C R O N U L L A

PILOT PROGRAM

EVALUATION MARCH 2005



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Executive Summary

The Dad's at Home (DAH) group was developed in collaboration between James Mabbutt (JM) a consumer, and Stuart Porter (SP) a Health Promotion Worker and local Men's Health contact person in the former South Eastern Sydney Area Health Service.

The group was planned to run every fortnight from 10.00 to 12 midday at a Child and Family (Early Childhood) Health centre in southern Sydney (Cronulla). The group was for fathers who were at home during the week and their under school age children. It was offered free of charge, coordinated by JM and supported by SP with the venue being provided by the local Sutherland Child and Family Health Service. The pilot program in June/July 2004 was structured with presentations by health professionals for 3 sessions over 6 weeks. The main aim of the pilot was to gauge the level of interest of fathers to attend this type of group.

The pilot program was a success with fathers and children attending. Following the pilot, the group continued to run. Information from verbal and written process evaluations was very positive and was used to modify and improve the group program in consultation with the fathers. The usual format for the group was a presentation or discussion, coffee and chat followed by a visit to the adjacent play ground with the children. Changes in the program included the addition of discussions topics related to parenting and brunch BBQs. The program continues to be ongoing with 4-7 fathers, and their children, attending each session with new fathers attending regularly.



Recommendations from the experience of the DAH program for planning a similar program:

1. At least three months is required for planning the group
2. Carefully consider what methods are to be used to recruit participants - the local newspaper is an important method
3. The language in all advertising should be male and father friendly and child focused e.g how to help your child by attending this program etc
4. The venue should have parking available, be near local transport and have a room to use that is separate and self contained from the other activities of the centre
5. The focus of presentations should be on child health/parenting issues in a format that is welcoming to the fathers (easy going and well structured)
6. The program should be free, easy to attend (no complicated procedures) and flexible to meet the groups' needs
7. At least one male (preferably) person (consumer or health worker) needs to take responsibility to organise the program and the group on an on going basis
8. All health services need to consider supporting such a group as one of the many strategies to target fathers who are the main carers for children and do not generally attend postnatal play groups or similar



Introduction:

This report on the DAH program was originally aimed to evaluate the 3 meeting pilot program. However, information up to the 10th meeting of the group has been included in the report to provide a wider perspective on the group's development and success. The report is written for both health professionals and consumers alike who may wish to conduct a similar program in the future. It outlines some key issues in setting up such a group and provides information on what was learnt during the experience by the coordinators. Evaluation conducted during the program is also summarised. The Appendices provide a range of material including program flyers and other advertising. The DAH group has demonstrated that groups for fathers who care for children during the week do work and should be explored and supported by health services.

Background

Mothers' groups have traditionally run from the postnatal groups held at Child and Family Health Centres and are generally only attended by mothers. Whilst JM was on parental leave he attended a mothers' group that his partner had been to. The mothers' group was welcoming and met some of JM's needs as a father but there were no other men attending the mother's group at this time. JM found that meeting other fathers caring for their children during the week was difficult and was finding the experience isolating. This feeling of isolation provided the motivation for JM to begin planning a group for fathers and their children.

Process for development of program

November 2003

JM contacted the NSW Men's Health Information and Resource Centre (MHIRC) at the University of Western Sydney at Richmond and asked for information, literature of programs/groups for fathers at home. Information was also requested through a "list server" to people working in men's health in NSW and across Australia. Locally, JM made enquiries to a local Child and Family Health Centre and was told that an attempt to run a fathers group had occurred a few years ago but interest was limited to two fathers and the effort had to be abandoned.

JM wanted a group that was ongoing, flexible, had no fixed short term program so that fathers could attend when they wanted to. This type of approach allows the fathers to obtain benefits from a session when they can attend, rather than having to attend each session of a fixed program to graduate (Byrne 1999; Mc Conville 1989).

During the planning phase JM reviewed how other groups were run. One group that was reviewed had several of the key ingredients that were wanted and removed the potential need for child minding. This was the Australian Breastfeeding Association (ABA). Their meeting format involved having a presentation by either a professional or a trained ABA counsellor on a specific topic around morning tea. This was then followed by a discussion, information sharing and a chance for social connections to be made. This type of group was thought to appear less threatening for fathers to attend and there was a clear goal for the group, "to learn more about how to care for your child". Other programs for fathers that were reviewed were mainly based on a set program running for a number of weeks, or targeted certain groups of fathers e.g separated/divorced. Although a range of other programs had been conducted, JM felt that the ABA model would best meet his need and be the best chance for the pilot to work.

During the time of exploring what the group would look like (November 2003) JM met with SP (a Men's Health contact Officer) to discuss the ideas and plans for the group. A list of ideas for topics to be presented to the group was brainstormed. Contact was made with the local Child and Family Health Service at Sutherland Hospital to negotiate a suitable venue and to discuss issues related to costs, the possibility of a local male health worker helping with the program and insurance.

December / January 2003

A proposal was sent to Sutherland Health Service (Appendix 1) and this outlined the aims of the group and what the health service would provide with an assumption that it would be ultimately consumer led. As there were no male Child and Family Health nurses in the local area this necessitated that the group would be run by JM and supported by SP.

February - March 2004

Further meetings were held between JM and SP to discuss a number of issues: the structure of the group; how often the group would meet; the time SP could contribute to the project; the type of support he could provide; strategies for recruitment of fathers; the possible need for child care and the evaluation of the program.

The main aim of the pilot was to gauge the level of interest of fathers to attend this type of group. It was planned that if the pilot was successful then decisions relating to the future of the group would be decided by the group participants. During this period the speakers for the program were sought.

April 2004

Agreement was reached with the Health Service for the use of the venue. The venue was a good sized room which could be used undisturbed, near a train station, with good parking and with a playground nearby. It was decided that child care would not be needed as the fathers present would look after their children during the group.

May 2004

The program was developed and finalised. The pilot program was planned to start in early June 2004 (see Appendix 2). Flyers were distributed via email to the local health services.

June 2004

The local paper was contacted in early June regarding this new program and a press release was prepared (Appendix 3). An article was published in the local paper a week before the pilot commenced (Appendix 4).

July 2004

Due to the success of the pilot a new program (Appendix 5) was developed for the rest of the year and distributed via email to the health services as before.

Program Development:

The pilot program was developed on the model of a presentation by a health expert, relating to parenting issue, then coffee and chat (based on the ABA model). The intention of this format was that it would not be threatening or have large expectations on the fathers. This would then encourage them to come along and see what the group was like and then if useful to them, return in the future. Marketing of the group through flyers also deliberately highlighted this format so that prospective fathers could clearly see what the purpose of the group was, what happened at the group and what might be expected of them if they attended. This approach has been used in the past to engage with men and recruit them to programs (Fletcher 2004; Mabbutt 1998).

After the pilot had started the issue of future ongoing meetings and sustainability was discussed with the group members during the last session of the pilot program (session 3). The group decided enthusiastically to keep going. A provisional program, which was based on presentations only from August to December 2004, was developed by JM in consultation with SP. The draft program was presented to the fathers, however by this stage two fathers had e-mailed suggestions to the group facilitators regarding their wish for the inclusion of more discussion in the program. After talking with the group it was agreed that discussion topics would now be included in the program. The group also decided collectively on what the first discussion topic would be and a father volunteered to co facilitate the discussion (Appendix 6). Other suggestions also came out of this consultation such as outdoor activities.

JM and SP met with one of the fathers to discuss how the first discussion group would work and develop some basic ground rules (Appendix 7). This father then led the discussion with SP based on a number of questions regarding "What is it like being a father" put up on butcher's paper. Ground rules were agreed before this commenced (Appendix 7). Other discussion topics were "In-laws/families" and "changing relationships". The participants were therefore valued for their knowledge and contributions just as much as the experts who presented on topics. This type of partnership and peer support model has been used successfully to engage mothers and fathers in programs (Early Bird Program SESIAHS 2005; Mabbutt 1998; Mabbutt & Graff 1995). It allows the fathers to feel they have input into the program and that they have knowledge in their own right.

Cost of the group including presenters

The group was free for fathers and their children to attend. The venue was provided free of charge by the health service with tea, coffee and biscuits provided. Milk was the only cost to the facilitators. The presenters for the program were all area health service employees with the exception of one private business woman. All presenters happened to be women. They provided this service as part of their work and therefore it was free. All presenters were briefed on the format of the group, the presence of children playing in the room, the advantage of a handout and were asked to keep their presentation to approximately 45 minutes.

Advertising:

The main advertising of the program was a newspaper article (Appendix 4). Although the group was being held in the Sutherland area, the adjacent area was the St George area with a total a population of approximately 500,000 people. A local paper covered both these areas. It was planned that an article in the local paper was the best way initially to advertise the program. Supplementary advertising consisted of flyers distributed to Child and Family Health Centers combined with a request for staff to refer and recommend the group to fathers or their partners.

The timing for the article was also crucial, as local papers do not like to run old news or articles too long before the event. As hoped the paper published an article and a picture on page 3 on the week before the group was to start. There were two fathers that attended the first group due to the article and JM was receiving calls from fathers (and some mothers for the fathers) 6 months later who had kept the article for when they were ready to attend the group (when they were planning to take extended time off).

The program flyer was distributed by email to most health workers in the Sutherland and St George Area via the manager at Sutherland Hospital that JM had negotiated with previously. The flyer was put up in Child and Family Health Centres, Community Health Centres and Child and Maternity Services in the local hospitals. This resulted in fathers contacting JM or attending after seeing the flyer. Child and Family Health nurses also made contact with fathers who they thought would be interested in the group. Various forms of advertising should be used to advertise the program (Mabbutt 1998). These different forms used for the DAH program all resulted in fathers attending.

JM's home contact number was the sole contact for the article and program flyers or emailed information. A message on his home phone acknowledged the DAH group and asked people to leave a message. E-mail was not used in the pilot program to contact JM so it was decided to just use the phone number in the future.



Evaluation:

Methods

The main evaluation was conducted using verbal feedback, a process evaluation form (Appendix 8) and records of attendance. A standard evaluation form was used and collected process data on each session during the pilot and up to session 5 of the continuing group. Standard demographics were not collected as there was a decision to make the form easy to administer and unobtrusive for the fathers completing it.

Results

Verbal feedback from the fathers after the sessions indicated that they were happy with how the group was running and that it met their needs. There were no major issues raised about the group except mothers attending (see Unexpected issues that occurred - following this section).

The process evaluations revealed that each session was received well by the fathers and they considered they had gained knowledge or skills that they could use as a father (Appendixes 9-12). Furthermore, the fathers indicated they were very likely to use these skills or knowledge in the next 6 months.

The table following provides attendance figures for each session. The attendance peaked in session 4 which was the first discussion group. It appeared to stabilise between 5 and 8 fathers. Eight fathers and their children were reaching the capacity of the venue.

Attendance at groups: Key Number of:

D = Fathers (JM included), C = Children, M = Mothers & SP

Session	Attendance				Activity
1	D5	C5	M1	SP	Presentation
2	D5	C6	M2	SP	Presentation
3	D8	C7	M1		Presentation
4	D8	C8		SP	Discussion
5	D6	C6	M1	SP	Presentation
6	D7	C7			Presentation
7	D7	C7		SP	Discussion
8	D5	C5	M1		Presentation
9	D6	C6			Play at centre (BBQ cancelled)
10	D6	C7	M1	SP	Presentation

Who were the fathers?

General information about the fathers was gained anecdotally from fathers as the group developed. It should be noted that fathers were not deliberately asked what they did as work, or what did they used to work as. The focus was on welcoming, building up the fathers trust and thus acknowledging the important role these men were taking on. It was learnt that most fathers were full time carers. Some fathers worked part time and some were shift workers. Some of the full time carer fathers did not do paid work because it was financially better for the family. The fathers were all over the age of 30 and generally were in established relationships.

Unexpected issues that occurred

Mothers attending the group

There were a few mothers who came to the group with their partner and child/ren (one couple had twins). In the planning phase it was assumed that only fathers would attend. This was an issue for one of the fathers. The facilitators then addressed it in a diplomatic and methodical manner. The facilitators decided to contact the fathers attending the group to assess how many fathers had an issue with mothers attending and then a group position and decision was made on the issue. Unfortunately the father who raised this concern stopped coming to the group.

Some concern was expressed about the possibility of mothers attending with their children by themselves, which the fathers thought was not appropriate. The position discussed by the organisers and put to the group was welcoming to all mothers. In a general context, it was felt that the group didn't really have the right to exclude parents from being with their children and it was decided that mothers were welcome to the group. The only time that they were asked not to be present was during the discussion groups.

Fathers attending beyond the local area

Although the group was run in the Sutherland/Cronulla area, some fathers who attended lived in the nearby St George area or the adjacent South Western Sydney Area. The fathers who attended the group from these areas did so because there were no other groups being run in their area. Because group numbers never became too large for the venue, which are the fathers lived didn't need to be addressed and all were welcomed.

What has been learnt, suggestions for similar groups & difficulties in planning and implementation

Lessons learnt

Time available JM

As JM was a consumer with dual parenting and work responsibilities, he had limited time available for meeting to plan the DAH group with SP. This had implications for planning and all meetings were either conducted with a small child present, over the phone or via e-mail.

Time available SP

SP's primary role or core duties was as a health promotion worker with the designated priority health issues of physical activity and falls prevention assigned as work areas. He had clear lines of reporting to management for this work and there was a strategic plan for work of his service as well as the area of physical activity and falls prevention.

Although he was the designated local Men's Health Contact person this role was ambiguous in terms of reporting mechanisms, funding for this work and overall management support. Therefore SP's role in this project required negotiation with his service about the amount of time it would take up. This had implications for SP's time on the project and limited the time for meeting with JM to plan the group.

Linking the DAH group with the Area Families First initiatives such as the Father Links work was one strategy that overcame the problems of no budget and it also helped legitimise the time SP spent on the project.

Working in partnership

As there were no males working in the local Child and Family Health Service available to help JM as a consumer, SP played an important part in supporting JM. It was felt that males (preferably fathers) should be involved in setting up and running the group as a way of indicating that fathers could do this. As SP was in an "Area" role he had some flexibility to work with JM to develop the group. But this was something that needed ongoing negotiation especially when the pilot program was successful and the need for SP's ongoing support was unclear.

Review of previous programs and idea development

Reviewing previous programs, contacting people, sending out information on list servers and obtaining other information took over 3 months. This phase could have continued for longer. There is a lack of information on these groups in Australia in the published literature so a range of strategies were used to find out if similar programs have been conducted before. The development of ideas benefited from speaking to as many people as possible, especially health professionals in the Men's Health and Child and Family Health fields.

Delays in commencing the group

A number of issues delayed the start of the group. These included: the Christmas and the summer holiday period approaching; receiving health service approval for the proposal; JM finalising which part time days he was to commence back at work and finding an appropriate venue.

Conclusion

The DAH group was successfully piloted in June/July 2004 and continues to run in March 2005. Attendance was good although this had fluctuated, due to the ongoing nature of the group, at the end of 2004 and early 2005. Therefore, other avenues of marketing the group will be explored in 2005.

The DAH group forms an ingredient in the multi layered strategies that are needed to be developed to meet the needs of fathers. However, it has limited impact if used as the only strategy and if efforts are not made across Area Health Services and other government and non-government agencies to better engage with fathers. This shift, of engaging fathers, is beginning to happen in the SESIAHS with such initiatives as:

- Engaging Fathers workshops being held for Child and Family Health nurses;
- Male educators being employed to run fathers only sessions during the normal antenatal education classes for parents;
- Intranet sites being developed for staff to access information on working with fathers and
- New fathers questionnaires to be used by Child and Family Health staff.

As the emphasis shifts towards this type of comprehensive approach, it is hoped fathers' groups will become more commonplace and supported by the health services in the future.

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Proposal for Dads at Home (DAH) group Sutherland Shire

Introduction

There is currently no postnatal group that targets father's of babies or young children in the Sutherland Shire. Early Childhood Center's run mother's groups and at times fathers may attend, although this is not common. There was an attempt in the past, at Sutherland Early Childhood Centre, see if fathers at home during the week would attend a group, but few fathers were able to be contacted to further explore this perceived need.

Aims

- To provide a targeted opportunity for fathers, who are at home during the week, to have contact with other fathers in a group setting as part of a post natal group program supported by the Sutherland Health Service
- To provide an environment where health education material for the children / babies and men can be provided by guest speakers
- To provide an environment where fathers can gain support from each other

Proposed days / time and group program

It is proposed that the group is held on Fridays every second week from 10.00 to 11.30am at GyMEA Early Childhood Centre group room starting from the middle of February / early March 2004 (although this day dependent on my part time work from March onwards).

The group would be part of the Early Childhood Centre's list of programs and will be offered to all men living in the Sutherland Health Service area. It is proposed that guest speakers will present informally for the first 4 groups. The future program will then be decided by the group participants. Unless a suitable male health service employee can be found to support the group, the group will be consumer led supported by the health service for venue, in house advertising, insurance and other purposes. The fathers will be encouraged to bring any of their non school attending children along to the group. The location of the centre is excellent if fathers wish to meet for coffee afterwards.

Cost

The facilities, tea and coffee would be provided by Sutherland Health Service free. If a male health service employee supports and attends the group this cost would be borne by the health service. If this is not possible, the consumers supporting the group will work as volunteers and there will be no charge for the participants.

James Mabbutt
9th of January 2004

Dad's at Home (DAH) GROUP

When: Tuesdays fortnightly - Time: 10am - 12md

NO COST - ITS FREE

Program for June to July 2004

15th of June

Topic: Playing with your child to develop their skills
Presenter: Dayna Pollard - Occupational Therapist

29th of June

Topic: Speech and your child - how to help them
Presenter: Karen McLoughlin - Speech Therapist

13th of July - no group - school holidays

27th of July

Topic: Infectious Childhood Diseases
Presenter: To be advised



What happens???????

Morning tea - presentation - then play in the park

Tea/coffee and biscuits provided

This group is supported by Sutherland Child and Family Health and
is for fathers' and their under school age children.

Please RSVP or just attend any session (shift workers welcomed)
or for further information contact:

James Mabbutt 02 9521 3478 or
Email: mybutt3@bigpond.com

Dad's at Home (DAH) GROUP)

FINALLY SOMETHING FOR THE DADS!

The role of fathers in the development of their children has been a hot topic this year. The benefits of fathers being involved with their children are well acknowledged by experts. Now there is finally a group aimed at fathers in the Cronulla - Sutherland area to help fathers/dads with ideas in this important role and to have some fun with the children at the same time.

DAH is a fortnightly group for dad's who are at home during the week with their under school aged children. The group is for dads who are at home full time, part time or even if they are shift workers.

James Mabbutt, group coordinator, took 5 months parental leave to look after his son, Alexander, this year. He found that there were no groups for the dads' and their children. "There are many dad's who are home and want to do something to benefit their children which also gets them out of the house" said James. "I went to a mother's group and I was very welcomed but I was the only dad there, so I guess there must be many other dads out there in the same boat". The DAH group involves morning tea, a presentation by a professional on a child related topic and then the group goes to the play ground in the park next door for a bit of fun. The first two presentations are on "Playing with your child to develop their skills" - 15th of June" and "Speech and your child - how to help them" - 29th of June.

The group is supported by the Sutherland Child and Family Health Service and is to be held at the Cronulla Early Childhood Health Centre, 3 Nicholson Pde, Cronulla (between the station and Gunnamatta Park) from 10 -12 midday, fortnightly starting next Tuesday 15th of June (except school holidays). **The group and morning tea are free.**

Please RSVP or just attend any session. For further information please contact James on 9521 3478.

Group member for press interview: Robert, QANTAS shift worker - 0000 0000

Expert contact for press interview: Richard Fletcher, Team Leader, Engaging Fathers Project, Newcastle University 02 4921 6401

Appendix 4

Newspaper article June 2004

Daddy day care!

BY BELINDA CONNOLLY

James Mabbutt felt like the odd man out when he attended playgroups with 15-month-old Alexander. While he was welcomed at mothers' groups, he felt a little self-conscious as the sole male in attendance.

During his five months parental leave to care for his son he realised there were no groups for dads and kids in the area. He organised the Dads at Home group at Cronulla for men and their under school-aged children.

"There was really nothing for fathers," he said.

Services targeted stay-at-home mums but ignored men doing the same task, he said. The group will allow men caring for children, or shift workers, to exchange ideas and help others in a similar situation.

His group is supported by the Sutherland Child and Family Health Service who pay all costs, so meetings are free.

Stuart Porter, a co-ordinator of the group, is dad to five-year-old twins Erin and Brianna.

"Dads need the same sort of support as women, learning to be better parents," Mr Porter said.

Meetings includes presentations on parenting issues, morning tea and play time at Gunnamatta Park.

The group meets at Cronulla Early Childhood Centre, 3 Nicholson Parade, each fortnight.

The next meeting is June 15, 10am-noon.

For information, call Mr Mabbutt, 9521 3478.

Photo: CHRIS LANE

PLAYTIME . . . Stuart Porter, daughters Brianna and Erin, Alexander Mabbutt and dad James at Cronulla.



Dad's at Home (DAH) GROUP

FINALLY SOMETHING FOR THE DADS!



Venue: Cronulla Child and Family Health Centre
3 Nicholson Pde Cronulla
(between station and Gunnamutta Park)
When: Tuesdays fortnightly - Time: 10am - 12md

NO COST - IT'S FREE - ALL WELCOME NEAR AND FAR

Program from August to December 2004

10th of August	Dads Discussion
24th of August	Talk - Understanding behaviour
7th of September	Talk - Dental awareness
21st of September	Dads Discussion
5th of October	Talk - Toilet training
19th of October	BYO BBQ brunch - Shelly Beach -
2nd of November	Talk - Infant massage
16th of November	Dads Discussion
30th of November	Talk - Nutrition
14th of December	BYO BBQ Christmas brunch - Shelly Beach

What happens ???????

Morning tea - presentation or discussion - then play in the park

Tea/coffee and biscuits provided

This group is supported by Sutherland Child and Family Health and is for fathers' and their under school age children. You don't need to attend each group.

Please RSVP or just attend any session (part time Dads at Home or shift workers are welcomed) or for further information contact:

James Mabbutt 9521 3478

DAH session four 10/8/04

Discussion session on expectations of being a father and the reality.

Began with group rules and asked the group if there was anything they wanted to add, the group thought the rules were fine as is but one guy said just add one more..."don't tell your wife anything."

We brainstormed using butchers paper all the words that come to mind when you think of the word father. Words that were mentioned were, old, physical, loving, protecting, priorities, income, providing, tough, stress, discipline, gentle, leading, independence and our confusing role.

This then lead in to lots of discussion on these points about books and child birth/rearing, who does paid work and who doesn't, redundancy, relocation to another country, separation and reunion, the witching hour and your child's disinterest in you when the primary carer has been there all day etc Another issue that arose was discussion on how they had been treated by the health system or the professionals who are dealing with pregnant or new mums and dads. Most had been ignored and felt redundant, one had had no expectation of being treated well and therefore was not disappointed by his treatment.

All of the dad's were asked at the conclusion of the session to summarise how it was for them and if they wanted to repeat the discussion format on another topic in the future. All guys felt the process was good and wanted to do it again. The group agreement was every third session and the next topic was the change in relationship between you and your wife.

Appendix 7

Ground rules for the discussion groups

Dad's at Home discussion group rules

Drafted 4/8/04

The Dad's of this group agree to the following principles and aims

- What is discussed in the group is confidential and we respect our own and other people's need for privacy.
- Through discussion, listening and reflection on issues related to being a dad/man we can learn from other Dads, improve our social and relating skills, which will transfer in a positive way to our fathering, husband and mateship roles and gain strength and support knowing that we are not alone.
- I acknowledge that other dad's will have different opinions and views from my own.
- I recognise the above point and will refrain from judging or using language that judges another Dad's idea or feelings.
- I can make a choice not to participate in the discussion, by sitting and listening or by leaving the room.

Appendix 8

Process evaluation form

DAH (Dads at home) evaluation

Please tick the appropriate box or write in the space provided

1.	Excellent	Very Good	Fair	Unsatisfactory
The information provided at this session was:	[]	[]	[]	[]
The presentation at this session was:	[]	[]	[]	[]

The length of the meeting was:	Too long []	Just right []	Too brief []
The information provided at the meeting was:	Difficult to understand []	Just right []	Too simple []

2. Did the session give you information or skills that you could use as a dad?

Yes [] No []

3. If your answer is yes, how likely are you to use this knowledge or these skills in the next 6 months?

Not likely []

Possibly []

Probably []

Definitely []

4. What did you learn from today?

5. Is there anything else you would have liked included in this session?

6. Any comments or suggestions for how we can improve our Dads at home group?

DAH Summary session one: 15/6/04

Presentation: Importance of play and creative play ideas for 0-4 year olds

Number of completed evaluations: 5

Number of adults attending: 6 fathers: 5 mothers: 1

Number of children attending: 5

Q1. Information provided at this session was: 5/5 excellent

Q2. The presentation at this session was: 5/5 excellent

Q3. The length of meeting was: 5/5 just right

Q4. What did you learn today? Large ball activities, textured materials, writing and drawing vertically, structured vs unstructured play, that there is nothing odd about my kids development, how to make some good home made toys, not alone being a dad at home, great presentation, plenty, that there are other dads at home out there, interactive play *and the mother's evaluation said...seeing things from a dads view, how dads do things differently but just as good, how dads manage fatherhood like a job.*

Q5. Is there anything else you would like included in the session? 5/5 said no

Q6. Any comments or suggestions on how we can improve the Dad's@home group

No, very helpful and welcoming, I will bring Noah next time, difficult to concentrate on the presentation, perhaps someone could be rostered to watch the children for 20minutes while the presentation is on, please start on time next session, how will the group run with out speakers

DAH Summary session two: 29/6/04

Presentation: Speech and your child

Number of completed evaluations: 7

Number of adults attending: 7 fathers: 5 mothers: 2

Number of children attending: 6

Q1. Information provided at this session was: 5/7 excellent and 2/7 very good

Q2. The presentation at this session was: 5/5 excellent and 2/7 very good

Q3. The length of meeting was: 7/7 just right

Q4. The information provided was: 7/7 just right

Q5. Did the session give you information or skills you could use as a dad? 7/7 yes

Q6. How likely are you to use this knowledge or skills in the next 6 months? 6/7 definitely and 1/7 probably.

Q7. What did you learn today? Types of books at different ages to read to baby, how to add words to babies vocab and what to expect, ways to encourage my child to speak more but not to expect too much too soon, how each child is different and the varying stages of speech development, what books to choose, good to know Sarah is moving along well with speech, ideas for speech development.

Q8. Is there anything else you would like included in the session? Most people left this blank but a few people made this comment, as it is a big topic more information could be given but for this group it was great.

Q9. Any comments or suggestions on how we can improve the Dad's@home group. Weekly meetings please, spread the word so more dads can be supported, will e-mail my comments to you.

DAH Summary session three: 27/7/04

Presentation: Infectious diseases **Liz Smedly 9382 8333**

Number of completed evaluations: 7

Number of adults attending: 9 fathers: 8 mothers: 1

Number of children attending: 7

Q1a. Information provided at this session was: 2/7 excellent and 5/7 very good

Q1b. The presentation at this session was: 2/7 excellent and 5/7 very good

Q1c. The length of meeting was: 7/7 just right

Q1d. The information provided was: 7/7 just right

Q2. Did the session give you information or skills you could use as a dad? 7/7 yes

Q3. How likely are you to use this knowledge or skills in the next 6 months? 2/7 definitely and 2/7 probably and 3/7 possibly.

Q4. What did you learn today? Learnt about infectious diseases and what to look for, when to be concerned and when not to be, can call the hospital with queries rather than go straight to hospital, learnt about signs of meningococcal and pneumococcal.

Q5. Is there anything else you would like included in the session? All participants left this blank.

Q6. Any comments or suggestions on how we can improve the Dad's@home group. First session I have attended so pretty good at this stage, meet weekly, I think we will outgrow the hall if we keep growing, more information and discussion on fathering at some stage, very good for first session, e-mail the next program when it is decided.

Appendix 12

DAH Summary session five: 24/8/04

Presentation: Childhood behaviour Presenter: Louise Menai Community Health Centre

Number of completed evaluations: 4

Number of adults attending: 7 fathers: 6 mothers: 1

Number of children attending: 6

Q1a. Information provided at this session was: 2/4 excellent, 1/4 very good and 1/4 fair

Q1b. The presentation at this session was: 1/4 excellent, 2/4 very good and 1/4 fair

Q1c. The length of meeting was: 4/4 just right

Q1d. The information provided was: 4/4 just right

Q2. Did the session give you information or skills you could use as a dad? 4/4 yes

Q3. How likely are you to use this knowledge or skills in the next 6 months? 2/4 definitely and 2/4 probably.

Q4. What did you learn today? Responding to behaviour instead of reacting, behavioural development and sign posts, to ignore behaviour that is less of an immediate problem, the motivation that causes children to behave in certain ways.

Q5. Is there anything else you would like included in the session? 4/4 said no.

Q6. Any comments or suggestions on how we can improve the Dad's@home group. More interaction or play with children-something each week, impressed so far, more activities for kids eg books, songs, percussion and dressups.