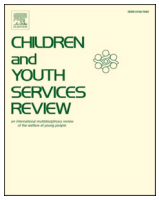
Service-level barriers and facilitators to father engagement in child and family services

Children and Youth Services Review 156 (2024) 107295

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Service-level barriers and facilitators to father engagement in child and family services: A systematic review and thematic synthesis of qualitative studies

Marek B. Baran [a,b,*], Vilas Sawrikar [a]

[a] School of Health in Social Science, University of Edinburgh, Old Medical School, Elsie Inglis Quadrangle, Teviot Place, Edinburgh EH8 9AG, United Kingdom
[b] NHS Forth Valley, United Kingdom

ARTICLE INFO

Keywords:
Systematic review
Qualitative methods
Service-level
Barriers and facilitators
Father engagement
Child and family services

ABSTRACT

Background and objectives: Service-level factors that influence father engagement within child and family services are not well understood due to diversity in research studies and evidence from different contexts. Accordingly, the aim of this systematic review was to identify and synthesise available qualitative evidence across contexts to identify the common service-level barriers and facilitators of father engagement in child and family services.
Methods: The following six databases were systematically searched from database inception in February 2022: Medline, EMBASE, AMED, PsycINFO, CAB Abstracts, and Global Health. Studies were considered eligible if they described service-level factors impacting father engagement in healthcare services and interventions aimed at improving child and family well-being. The screening and selection processes were conducted by two independent reviewers to reduce the risk of bias. Selected studies were quality assessed using the CASP appraisal tool. Results from the included studies were synthesised thematically.
Results: Twenty-three eligible qualitative studies were included in the analysis. All studies were published between 2005 and 2022 Thematic synthesis identified seven main themes encompassing service-level barriers and facilitators to father engagement: practitioners; environment; marketing; resources; staff education; policy and practice guidelines; and evaluation.
Conclusions: The findings show that improving father engagement is dependent on a combination of individual practitioner competence, and service environment that provides the necessary structure, processes, and resources to enable effective work with fathers. Addressing the barriers and prioritizing facilitators therefore requires strengthening of both the organizational and practitioner capacity for father-inclusive practice.

1. Introduction

Fathers play a significant role in healthy child development and family well-being (Pruett, 2000). The extent of fathers' contribution is related to their skill level and confidence in parenting, level of involvement, and their capacity to develop strong attachment with their children (Beardshaw, 2001). Cultural expectations of men for parenting, co-parent's expectations around sharing parenting tasks, and the structure of social benefits such as provision of parenting leave also play a significant part in enabling positive father-child interactions (Fletcher et al., 2014; Lamb & Tamis-LeMonda, 2004). To that end, research shows that fathers' engagement with various child and family services has the capacity to enhance quality of fathering (e.g., Doherty et al., 2006; Lloyd et al., 2003). However, child and family services that promote parental development and involvement have traditionally placed a greater emphasis on engaging mothers rather than both parents, resulting in fathers being grossly underrepresented and overlooked as a target population (e.g., Fabiano, 2007; Scourfield et al., 2014). Evidence shows that this is reflected in organizational policies and practices, which often constitute a significant barrier to father engagement (Panter-Brick et al., 2014). However, reliable information on specific aspects of service provision that may enable or hinder father engagement across child and family services is not readily accessible. To address this, the current study consists of a systematic review of primary qualitative

* Corresponding author at: School of Health in Social Science, University of Edinburgh, Old Medical School, Elsie Inglis Quadrangle, Teviot Place, Edinburgh EH8 9AG, United Kingdom.
E-mail address: m.baran@sms.ed.ac.uk (M.B. Baran).

https://doi.org/10.1016/j.childyouth.2023.107295
Received 13 July 2022; Received in revised form 6 April 2023; Accepted 29 October 2023
Available online 10 November 2023

research that reported on service-level barriers and enablers to father engagement in services providing health and social care support to children and families. The aim of the review was to highlight the specific areas of organizational policy and practice that may be important for improving father engagement.

Father involvement is recognized as an important factor for enhancing child and family outcomes (Panter-Brick et al., 2014). Interactions between father and child enhance linguistic, cognitive, and emotional growth among children in infancy (Pruett, 2000), and have the capacity to positively influence children's mental health, cognitive and social competence, self-esteem, emotional regulation, capacity for empathy and social responsibility, peer relationships and educational achievement during childhood and adolescence (Goodwin & Styron, 2012; Flouri & Buchanan, 2003; Jeynes, 2015, Sarkadi et al., 2008). Father involvement also has a critical role in supporting the well-being of mothers through promoting health behaviours, reducing parenting stress and the risk of common mental health problems, which, in turn, has a positive effect on the overall family well-being (Alio et al., 2011; Cairney et al., 2003; Firouzan et al., 2018; Fisher et al., 2012; Lancaster et al., 2010; Susin et al., 1999). Therefore, engaging fathers and promoting positive paternal contribution should be a priority for services and organisations aimed at improving child and family well-being.

Services have an important role in fostering positive father-child relationships through direct engagement of fathers as part of family-based interventions. For the purpose of this review, the term 'service (s)' refers to any organization operating within the health and social care context and providing services to improve the health and well-being of children and families. We also specify 'engagement' as purposeful inclusion of fathers in services with the goal of improving family outcomes, which may include recruiting, enrolling, maintaining active participation of fathers, involving fathers in service development, or integrating fathers in service operations (Selekman & Holcomb, 2021). Research shows that fathers' attendance of perinatal services can help to develop fathers' connectedness with the baby and have a positive impact on father-child interactions post-birth (Massachusetts General Hospital, 2017). Other studies show that fathers' participation in parenting groups and family support services can enhance their confidence, parenting competence and involvement with children, (Doherty et al., 2006; Lloyd et al., 2003; Magill-Evans et al., 2006). Moreover, data from interventions aimed at improving child disruptive behaviours and emotional outcomes show that fathers' participation in interventions enhances child outcomes (Bagner & Eyberg, 2003; Lundahl et al., 2008). Taken together, the research demonstrates that including fathers as part of service delivery is directly beneficial to children, fathers, and their partners, and therefore is a key ingredient to building thriving families and communities.

Despite extensive benefits to engaging fathers in service delivery, evidence from home visiting programs, social work, child welfare services, and parenting interventions, suggests that fathers have been underrepresented and overlooked as a potential target population (Panter-Brick et al., 2014; Sandstrom et al., 2015; Scourfield et al., 2014). For example, a systematic review by Fabiano et al. (2007) revealed that the majority of parenting programs are either primarily directed to female participants or fail to consider father involvement altogether. A similar focus on the mother–child dyad and a notable absence of fathers has been highlighted in other reviews of parent-focused interventions (e.g. Magill-Evans et al., 2006; Singer et al., 2007). Consequently, there is risk that the failure to engage fathers in services may translate into diminished outcomes for children and families.

Research suggests that barriers to father engagement occur at various levels. Some of the potential obstacles have been linked to practical issues such as work commitments or lack of childcare arrangements, as well as personal factors such as fathers' own traditional beliefs about help-seeking, potentially limited motivation to engage, or *maternal gatekeeping* (Salinas et al., 2011; Tully et al., 2017). These personal barriers to engagement may also stem from wider societal-level norms and attitudes towards fatherhood. For example, the long-standing prevalence of a deficit model of fathering has created widespread assumptions that fathers may be inadequate or less competent in their parental role (Hawkins & Dollahite, 1997). Moreover, cultural biases towards fathers' role in parenting are often reflected at the government and social policy level. For example, public policy issues such as provision of parental leave or access to social benefits may either actively or indirectly hinder father engagement in parent-focused services and interventions (Fletcher et al., 2014). Importantly, increasing numbers of studies highlight the significant impact of organizational policy and practice on father engagement (Lechowicz et al., 2019; Panter-Brick et al., 2014; Tully et al., 2018). Father engagement appears significantly obstructed by service-level barriers, examples of which discussed in previous studies include mother-oriented service design and delivery, negative or ambivalent attitudes from health professionals, lack of policies related to father-inclusion, availability of training, or staffing structures (Bayley et al., 2007; Bunting, 2005; Cullen et al., 2011). Service-level factors represent a promising avenue for future research. Adjustments to service delivery can have a profound effect on father engagement (Fletcher et al., 2014), and changes to organizational practice are potentially more readily achievable, especially when compared to effort and time that could be required to influence the personal, cultural, or political barriers. Moreover, introducing changes to the way services engage fathers could provide the necessary impetus to shift the cultural attitudes towards fathers' and their roles in parenting. Growing recognition of service-specific barriers has contributed to a emerging interest in Father-Inclusive Practice, which is a concept focusing on the development, planning and delivery of services in a way that takes into account, and is more responsive to, the needs of fathers (e.g., FaHCSIA, 2009). However, making services more accessible to fathers firstly requires a good understanding of elements of service provision that may influence father engagement. Although recent research developments offer increasing insight into father-inclusive service provision, the knowledge is still burgeoning and needs to be continually updated to reflect a changing social landscape of services, family structures, gender and workplace participation. It is important that these factors are taken into consideration when addressing the issue of what health services can do to better engage fathers.

A significant limitation of the current literature is that the attention to organizational factors influencing father engagement remains both scarce and highly fragmented. For instance, research examining barriers to engaging fathers has occurred across different settings, including but not limited to psychology, social work, perinatal services, and paediatrics. Service-level factors influencing father engagement may therefore vary between different settings. Lack of synthesis means that there is little understanding of the commonalities between service-level factors observed across different healthcare contexts. Moreover, research into factors influencing father engagement involves narrative papers, including editorials and commentaries (e.g. Carr, 2006; Sarkadi, 2014; Scourfield, 2006), working group reports (e.g. FaHCSIA, 2009; King et al., 2014), and qualitative studies (e.g. Coady et al., 2013; Salinas et al., 2011), many of which are aimed at identification of general barriers and facilitators of involving fathers, often lacking an organizational focus. For example, two review studies by Panter-Brick et al. (2014) and Lechowicz et al. (2019) explored factors that influence father engagement in parenting interventions. In their systematic review, Panter-Brick et al. (2014) looked at studies that offered data on father participation in parenting interventions, with the aim of establishing key ingredients that matter for father inclusion in various settings. They highlighted a broad mixture of barriers to father engagement, which included service provider-level issues, but also placed a significant emphasis on barriers related to cultural biases or the content of interventions. While their review provides an important basis for understanding factors that underpin father inclusive service provision, a separate exploration of the specific service-level barriers and facilitators

to father engagement through the lens of health services research has the potential to further impact development of more father-inclusive organizational structures and approaches to service delivery. More recently, Lechowicz et al. (2019) conducted a narrative review of father engagement literature, which highlighted a range of clinical practice recommendations for overcoming barriers to including fathers in parenting interventions. However, their approach lacked the rigour of a systematic review, and similarly to Panter-Brick et al. (2014), the focus was limited specifically to parenting programs, without considering wider child and family services. Consequently, there is still a need for a systematic synthesis of the global research into service-level barriers and facilitators to father engagement across services aimed at improving child and family well-being.

A review of qualitative evidence with focus on service-level influences on father engagement would be particularly timely considering the growing research interest in this area and a recent increase in qualitative studies that explore this issue. The rationale to focus on qualitative research was driven by the following considerations. To the best of our knowledge there were no quantitative studies to date that capture information on organizational barriers and facilitators to father engagement in healthcare settings. However, there appears to be a diverse range of qualitative studies constituting a potentially rich source of information that could serve to identify overlapping themes regarding organizational factors influencing father engagement. Synthesising qualitative evidence to distil key organisational factors affecting service accessibility has the potential to offer valuable insights for future service design and delivery (e.g. Hirano et al., 2018; Hirayama & Fernando, 2018; Lluch, 2011). Therefore, a review of qualitative studies is to initiate a cascading process of increasing attention to this issue, which should then inform the development of tools of quantitative analysis to describe and measure the implementation of father-inclusive initiatives across health services. Moreover, a synthesis of current evidence base would provide the necessary integration for future research directions.

While there is a number of methodological approaches to qualitative evidence synthesis that could be utilized to address this objective, thematic synthesis represents a particularly appropriate framework for a number of reasons. First, it is well suited to aggregating evidence and identifying patterns within data (Booth et al., 2016). Second, it lends itself to the exploration of barriers and facilitators, including those related to service delivery and implementation (Gee et al., 2021; Thomas & Harden, 2008; Yiu & Gellatly, 2021). And finally, because of its suitability to bringing together findings across different healthcare contexts to inform service development (Ring et al., 2011; Tong et al., 2012).

In sum, low rates of father involvement in child and family service are a global issue that potentially diminishes the effectiveness of treatments targeted towards children and families. However, the specific elements of organizational policy and practice that promote or hinder father engagement are poorly understood. In this paper, we systematically reviewed qualitative research to distil the key elements of organizational practice that influence father engagement in child and family services. Consistent with previous research (e.g., Morton et al., 2010), the review was conducted on primary qualitative research across different geographic, social, and cultural contexts, and a range of settings, with consideration to the potential variability between disciplines. By synthesising the research, we aim to identify common service-level factors that encourage or discourage father involvement in child and family services to inform recommendations for improving father engagement.

2. Method

This review was guided by frameworks for conducting systematic reviews of qualitative research (Higgins & Green, 2008; Thomas & Harden, 2008). While the registration of a review protocol would be highly desirable, no protocol has been developed in advance due to time constraints, and therefore were unable to prospectively register this systematic review.

2.1. Search strategy

A systematic literature search was conducted by the primary author from database inception until February 2022. Six major electronic databases were searched using Ovid: Medline, EMBASE, AMED, PsycINFO, CAB Abstracts, Global Health. The key search terms were developed and grouped according to the PICo (Population, Phenomenon of Interest, Context) tool which has been modified to PICoS, where the 'S' refers to Study design (Lockwood et al., 2015; Methley et al., 2014). The addition of the *Study design* category made possible to add search terms related to qualitative research only, consequently limiting the number of irrelevant articles.

The search strategy (Table 1) consisted of the following text words and their variations: fathers, barriers/facilitators, advice, perspective, engagement, child/parent/family interventions, qualitative research.

2.2. Inclusion and exclusion criteria

Population: We included studies that focused on fathers, including studies with any participants providing qualitative feedback on father engagement, participation or retention (including, but not limited to: fathers, parents, service providers, health professionals, academic experts). Studies were excluded if they did not comment on issues specific to fathers. For the purpose of this review, the definition of a father encompassed biological fathers (including separated or non-resident fathers) as well as other father figures, including adoptive fathers, stepfathers and men in the role of a primary caregiver who have parental, legal and social relationships with the child.

Phenomenon of Interest: Barriers and facilitators to father engagement. Studies were excluded if they did not specify factors that either aided or hindered fathers' engagement, participation, or retention.

Context: Programmes, interventions and services situated within the healthcare context, directed at parents or the family, to improve the well-being of children and families. We excluded studies on engagement with services that do not include a parent- or family-focused component. Studies on interventions designed for a single gender (e.g. mother- or

Table 1
Ovid database search.

Step	Search terms
1	(parent$ adj2 (program$ or train$ or educat$ or promot$ or supervis$ or skill $ or intervent$ or group$ or support or problem$)).ab,ti.
2	((child* adj2 (mental health* or psycholog* or service* or mental health service* or welfare or mental wellbeing or mental well-being or mental well being or wellbeing or well-being or well being)) or CAMHS).ab,ti.
3	(family adj2 (program$ or train$ or educat$ or promot$ or supervis$ or skill$ or intervent$ or group$ or support or problem$ or therap$)).ab,ti.
4	1 or 2 or 3
5	((barrier* or hindr* or hinder* or obstacle* or prevent* or stop*) adj3 (participat* or engag* or recruit* or access* or involv* or represent*)).ab,ti.
6	((facilitat* or improv* or enhanc* or increas*) adj3 (participat* or engag* or recruit* or access* or involv* or represent*)).ab,ti.
7	((advic* or advis* or perspectiv* or insight* or theme*) adj3 (participat* or engag* or recruit* or access* or involv* or represent*)).ab,ti.
8	(father* or dad* or patern*).ab,ti.
9	5 or 6 or 7
10	qualitative research/
11	Focus Groups/
12	interviews as topic/
13	(qualitative or theme$ or interview$ or focus group$ or narrative$ or discourse$ or narration or meaning$ or perspective$ or experience$ or belief$ or percept$ or perceive$ or view$ or opinion$ or expectation$).ab,ti.
14	Nursing Methodology Research/
15	(content analysis or phenomenol$ or grounded theor$).ab,ti.
16	10 or 11 or 12 or 13 or 14 or 15
17	4 and 8 and 9 and 16

father-only groups), and studies that did not focus on any form of service provision were excluded.

Study type: We included primary research using qualitative methods. Mixed methods studies for which qualitative data could be separated were also included. Quantitative research, systematic and other review articles, commentaries, reflective papers, conference proceedings, theses and other grey literature were excluded.

Other: Only studies published in English were considered for inclusion in the review. No restrictions were applied in relation to the country or publication date.

2.3. Study selection and quality appraisal

Database search results were imported into Covidence™ (Covidence Systematic Review Software) and de-duplicated. Study selection was carried out over two stages. Firstly, all titles and abstracts were independently screened by two reviewers (MB & JE) against the inclusion criteria that followed the format of the PICoS tool, as specified in the *Inclusion and Exclusion Criteria* section. Secondly, full texts of all potentially relevant studies were obtained and both reviewers (MB & JE) conducted an additional post-screening evaluation of the full-text articles. That stage had a dual purpose: to verify whether all full-text articles met the original inclusion criteria, and to screen the studies against one additional criterion: whether they have specifically identified any service-level factors (i.e. those relating to service providers and practitioners) influencing father-engagement. Only the studies that both met all the original inclusion criteria and were found to describe service-level factors influencing father engagement, were included in the review.

The quality of the included full-text articles was assessed using the Critical Appraisal Skills Programme tool (CASP; Critical Appraisal Skills Programme, 2018), widely considered as an appropriate appraisal tool for qualitative evidence synthesis in Health and Social Care (Hannes & Macaitis, 2012; Dalton et al., 2017). The 10 questions posed by the CASP tool are designed to consider the adequacy of the research design and methods, validity of the findings as well as the presentation and utility of the findings. Two raters (MB & JE) independently assessed individual studies against the 10-item CASP checklist to assess their trustworthiness, transparency, and relevance. Raters' were asked to respond to each CASP item with: "yes", "no", or "can't tell". Discrepancies were resolved in discussion between the raters. Differences in raters' ratings were subject to an inter-rater reliability test. In this review, CASP was not used as the basis of exclusion of studies. Rather, the appraisal tool was used as a means of highlighting potential methodological strengths and limitations of each study included in the review.

Moreover, in our assessment of quality, we opted against assigning numerical scores to individual studies based on their methodological rigour. This is because there is no consensus on the relative weight ascribed to individual CASP items, and therefore using a simple summed score to represent the robustness of each study would not provide a meaningful reflection of the quality of the research. (Critical Appraisal Skills Programme, 2018; Verboom, Montgomery & Bennett, 2016).

2.4. Data extraction and synthesis

The following characteristics of the included studies were extracted into a purpose-designed Excel form. Subsequently, all included articles were entered into NVivo™ software for further analysis of their respective 'results' or 'findings' sections (Thomas & Harden, 2008). Data extraction was undertaken independently by the primary author ([masked for review]).

Data was synthesised using the method of thematic synthesis presented by Thomas and Harden (2008). This was conducted in three stages: (1) line-by-line coding of text, (2) developing descriptive themes, and (3) generating analytical themes (Thomas & Harden, 2008). Following multiple readings of extracted information to gain familiarity with the data, the first author (MB) individually conducted line-by-line coding of all findings related to service-level barriers and facilitators to father involvement, taking initial notes on any connections observed between emerging codes. The codes were generated using an inductive approach. Next, coded data was analysed independently by the two authors (MB & VS) who made preliminary suggestions regarding the descriptive themes. These were then compared and contrasted by both authors across all studies and synthesized into a single set of descriptive themes in multiple discussions between the two authors. The descriptive themes of service-level barriers and facilitators were finally unified under higher-order analytical themes with the purpose of addressing the review question. This was done jointly in discussion between the two authors (MB & VS) to reduce bias and ensure that the themes adequately capture the patterns observed in the data. The analytical themes are reported in the results separately for barriers and facilitators, with descriptive themes italicised.

3. Results

3.1. Literature search

Our study selection process is illustrated in Fig. 1. The initial electronic database search yielded 470 articles. Following the exclusion of 194 duplicates and 247 ineligible articles after the initial screening of titles and abstracts, 29 full-text articles were sought for retrieval. One full-text article was not available online and attempts at contacting the author were unanswered, leaving 28 full-text articles available for a detailed evaluation. Of those, 23 studies met the criteria for inclusion after the full-text article review. Both the initial screening and full-text article review were conducted independently by two reviewers. The inter-rater reliability was reported using percentage agreement scores jointly with Cohen's Kappa coefficient (McHugh, 2012). Percent agreement was 89.9 % ($\kappa = 0.55$) for the title and abstract screening, and 82.1 % ($\kappa = 0.49$) for the full-text review, indicating a moderate agreement between the two reviewers (Landis & Koch, 1977). Disagreements were resolved by discussion.

3.2. Quality assessment

The quality assessment of included studies against the CASP criteria is shown in Table S1 (Supplementary Information), which details the raters' responses to all CASP items for each included study. Inter-rater reliability in assessing the quality of included studies was measured using Cohen's Kappa coefficient ($\kappa = 0.72$) indicating a substantial agreement between two reviewers (Landis & Koch, 1977).

Overall, the quality varied considerably across the twenty-three included studies, with the number of CASP criteria fulfilled ranging from 0 to 10. Twenty studies included a clear statement of research aims for which qualitative methodology was appropriate, as well as a clear statement of findings; this was absent in the other three studies. Nineteen studies reported data collection procedures that were appropriate for their research goals; the other four studies lacked clarity in their descriptions of data collection. Seventeen studies used an adequate recruitment strategy; the other six studies provided limited rationale regarding the choice of recruitment strategy and its suitability for their research goals. The criteria for appropriateness of research design and sufficient analytical rigour were satisfied by sixteen studies; the remaining seven studies offered limited descriptions of their research design and provided insufficient justification for their methodological approach. Moreover, seven studies did not comment on whether ethical approval was sought and offered no information in relation to maintaining ethical standards. Lastly, all but five studies failed to adequately consider the relationship between the researcher and the participants. Ultimately, out of total twenty-three studies, twenty-two were considered valuable research; only one study was identified as being of questionable value, as it did not meet any of the other CASP quality criteria

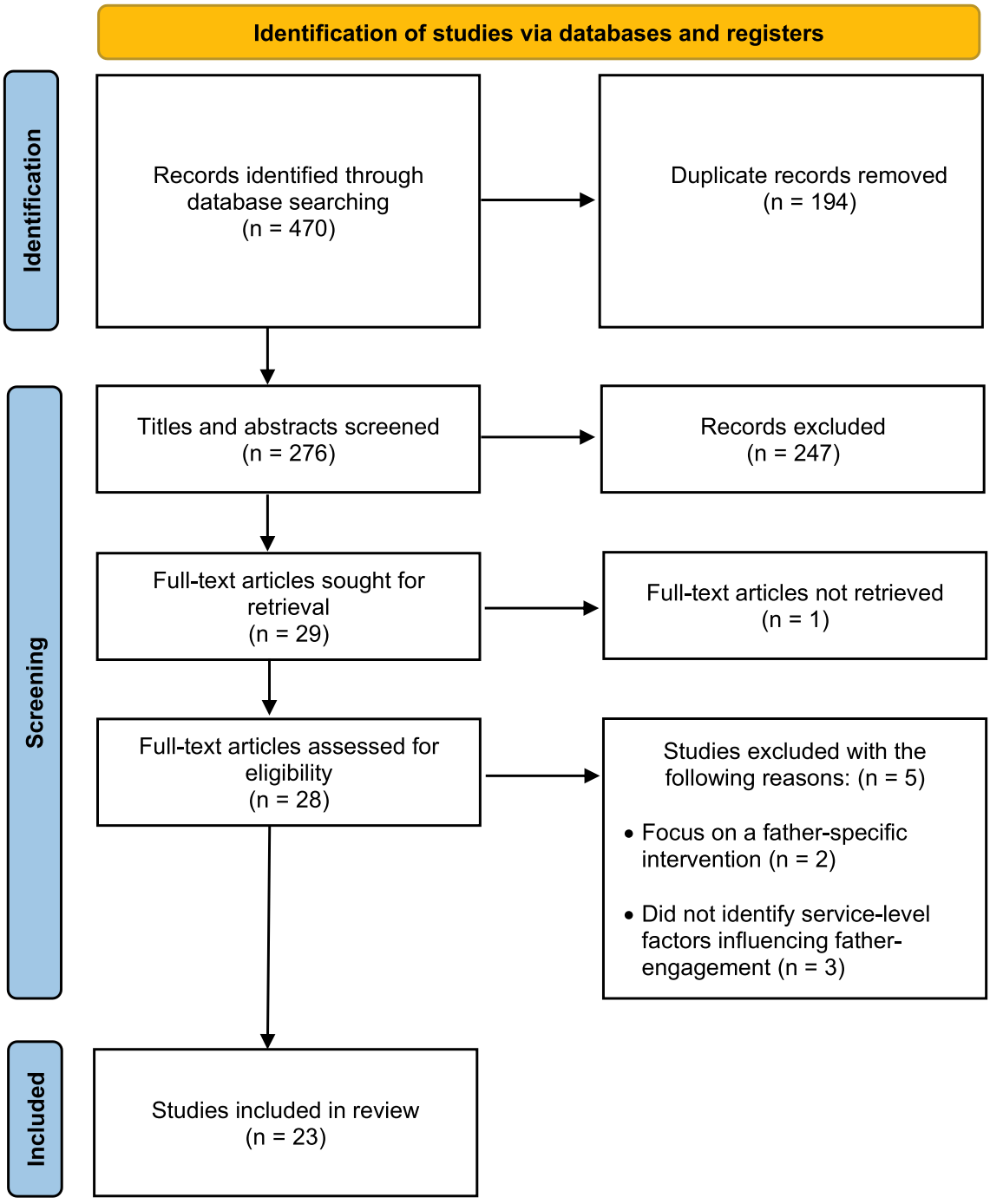


Fig. 1. PRISMA chart.

(Gilligan et al., 2012). However, all papers were judged to contribute conceptually to the synthesis and were included irrespective of the quality assessment.

3.3. Characteristics of studies and participants

Table 2 presents a detailed overview of the studies included in the systematic review. Included studies were published between 2005 and 2021, and carried out in the United States (n = 7), United Kingdom (n = 4), Australia (n = 3), Brazil (n = 1), Canada (n = 1), Mozambique (n = 1), New Zealand (n = 1), Norway (n = 1), Papua-New Guinea (n = 1) Sweden (n = 1), South Africa (n = 1), and across five Pacific nations (Cook Islands, Fiji, Papua New Guinea, Solomon Island, and Vanuatu) (n = 1). Studies came from a diverse range of settings and encompassed a wide array of services and intervention types. The information on service context was derived directly from the articles and was subsequently grouped into one of the seven categories according to the format of delivered intervention or service type. These were: parent support programmes (n = 9), child welfare and social work services (n = 5), services belonging under the umbrella of reproductive, maternal, newborn and child health (n = 4), paediatric services (n = 2), home visiting service (n = 1), preventive primary care (n = 1), and in one case, across multiple children's health, education and social care agencies (n = 1).

Three out of twenty-three studies used a mixed methods approach, while the other studies (n = 20) used primarily qualitative research

Table 2
Characteristics of the included studies.

Author (year)	Country	Study design / data analysis method	Participants / data source	Service / intervention
Anderson et al. (2015)	United States	Qualitative, focus group, thematic analysis	7 fathers engaged in the services	Early-Childhood Programme (HeadStart / Early HeadStart)
Barrett et al. (2018)	Australia	Qualitative, semi-structured interviews, thematic analysis	8 mothers participating in the group intervention	First-Time Parent Groups
Bayley et al. (2009)	United Kingdom	Mixed methods, focus groups and individual interviews, thematic analysis	14 fathers engaged in services, 9 professionals and academic experts in parenting programmes	Parenting programmes
Coady et al. (2013)	Canada	Qualitative, interviews, thematic analysis	18 fathers engaged in services	Child welfare services
Davis et al. (2018)	Papua New Guinea	Qualitative, focus groups, thematic analysis	155 women 145 men	Antenatal care services
Davis et al. (2016)	International: Cook Island, Papua New Guinea, Solomon Island, Vanuatu	Qualitative, interviews, thematic analysis	17 senior maternal and child health policymakers and practitioners	Reproductive maternal and child health services
Edvardsson et al. (2011)	Sweden	Qualitative, interviews, content analysis	12 first-time fathers 12 first-time mothers	Antenatal care services, Child healthcare services
Ewart-Boyle et al. (2015)	United Kingdom	Qualitative, semi-structured interviews, thematic analysis	22 family centre social workers	Children's social work services
Frank et al. (2015)	New Zealand	Mixed methods, survey and focus group, general inductive approach	15 fathers (random community sample)	Parenting programmes
Garfield & Isaaco (2006)	United States	Qualitative, semi-structured interviews, content analysis	32 fathers engaged in services	Child healthcare services
Gilligan et al. (2012)	United Kingdom	Qualitative, focus groups, unspecified qualitative content analysis	70 professionals: children's services managers and practitioners	A range of children's services agencies.
Icard et al. (2017)	United States	Qualitative, focus groups, thematic analysis	17 non-resident fathers with children in foster care	Child welfare services
Jeong et al. (2021)	Mozambique	Qualitative, semi-structured interviews, thematic analysis	Mixed sample: 32 mothers, 3 fathers, 1 primary male caregiver, 15 health facility providers, 12 community health providers, 10 external stakeholders	Child healthcare services
McGirr et al. (2020)	United States	Qualitative, focus group, thematic analysis	3 service managers 11 fathers engaged in services 5 case managers	Parenting and repeat pregnancy prevention program
O'Donnell et al. (2005)	United States	Qualitative, semi-structured interviews, thematic analysis	34 child welfare service staff	Child welfare services
Salinas et al. (2011)	United States	Qualitative, focus groups, thematic analysis	13 fathers engaged in services	Parenting programme (Behavioural parent training)
Sicouri et al. (2018)	Australia	Qualitative, focus groups, thematic analysis	41 fathers (random community sample)	Parenting interventions
Smythe et al. (2019)	Brazil	Qualitative, focus groups and semi-structured interviews, thematic analysis	61 caregivers (12 fathers and 49 mothers) engaged in the service	Parent group interventions for children with Congenital Zika Syndrome
Solberg et al. (2022)	Norway	Qualitative, semi-structured interviews, content analysis	13 fathers engaged in services	Home visiting programme
Stahlschmidt et al. (2013)	United States	Qualitative, focus groups and semi-structured interviews, thematic analysis	29 fathers 19 fatherhood programme providers	Parenting interventions
Warria (2022)	South Africa	Qualitative, interviews, interpretive phenomenological analysis	3 fathers of children in a residential care facility	Child welfare services
Williams et al. (2012)	England (UK)	Qualitative, focus groups, thematic analysis	46 fathers	Preventive primary care services
Wynter et al. (2021)	Australia	Mixed methods, survey and semi-structured interviews, thematic analysis	6 midwives	Maternity care services

methodologies. Qualitative methods employed by studies included interviews (n = 10) and focus groups (n = 9), as well as a combination of focus groups and interviews (n = 4). Methods of analysis included thematic analysis (n = 16) and content analysis (n = 3), with a few studies using alternative approaches: constant comparative analysis (n = 1), general inductive approach (n = 1), interpretive phenomenological analysis (n = 1), and an unspecified type of qualitative analysis (n = 1). Studies collected information from a range of samples, including fathers (n = 10), mothers (n = 1), both parents/caregivers (n = 2), healthcare professionals (n = 5) and a combination of parents, service providers and community members (5).

3.4. Thematic synthesis

Descriptive themes representing organizational barriers and facilitators to father engagement were grouped under seven broad analytical themes: (1) Practitioners; (2) Environment; (3) Marketing; (4) Resources; (5) Education and training; (6) Policies and practice guidelines; and (7) Evaluation. Both barriers and facilitators were represented within each theme except *Evaluation*, which contained only facilitators to father engagement. Details are presented in Table S2 (Supplementary Information), which includes information on all the derived themes and the studies that contributed to each theme's development.

3.4.1. Service-level barriers to father engagement

3.4.1.1. Practitioners. Fathers, mothers and practitioners all reported that the (i) *negative gender-based staff assumptions and attitudes* constituted a significant barrier to father engagement, impacting the practitioners' quality of interaction with fathers who present in services. For example, fathers experience of child welfare and social work, reproductive, maternal & child health, paediatric, home visiting services and parent support programmes, was that practitioners' verbal approaches and body language were either unduly harsh or dismissive, which was interpreted as unwelcoming and discouraging from attendance. Practitioners recognized that their gender biases among staff contributed to their low expectations of fathers, minimizing the paternal role, and reinforcing the stereotypes of fathers being the less capable and less involved carers. Moreover, fathers and practitioners associated with antenatal and preventive primary care services alike pointed out that (ii) *lack of awareness and understanding of fathers' needs* among healthcare workers is another factor that contributes to poor communication and inadequate treatment of fathers in child and families, creating a barrier to father engagement. According to in-text examples, poor awareness of fathers' needs meant that service providers could have low expectations of fathers based on misplaced assumptions, be more likely to impose their values on fathers, or spark more misunderstandings when communicating with fathers.

3.4.1.2. Environment. Both practitioners and fathers involved in antenatal care and paediatric services reported that (iii) *mother-orientated environment* of many services is a barrier to father engagement. For example, in context of antenatal care services, the physical layout of clinics including large waiting rooms and lack of separate waiting spaces for men and couples was identified as an obstacle to father engagement.

3.4.1.3. Marketing. Activities aimed at promoting service awareness and access among fathers were highlighted by parents and practitioners as key factors influencing father engagement. Specifically, studies of parent support programs and reproductive, maternal and child health services indicated that father engagement may be hampered by (iv) *non-inclusive appointment invitations*. Mothers noted that they tend to be the sole recipients of any appointment invitations, which also lack information regarding whether fathers are welcome or expected to attend. This was viewed as not only diminishing the importance of fathers, but also placing mothers in the position of a gatekeeper, which may inadvertently influence fathers' access to information and, in turn, their engagement with services. Moreover, father engagement was reported by studies of parent support programmes to be negatively influenced by (v*) inadequate advertising strategies*, such as targeting traditional venues that are not frequently attended by men, or using materials biased towards mothers in their wording and branding. Additionally, (vi) *Gender-neutral advertising messages*, such as those indicating 'parents' as the target group, were reported as another obstacle to engaging fathers. This evidence comes from studies contextualized in child welfare and social work and parent support programmes. The rationale was that in public consciousness, the construction of the word 'parent' is often indirectly equated to 'mother', and therefore its use may inadvertently imply a maternal focus.

3.4.1.4. Resources. There was a general recognition among practitioners and fathers that (vii) *inadequate or inflexible timing* could prevent fathers from being able to utilize services. This was observed in a range of contexts, including parent support programmes, reproductive, maternal and child health services, and paediatric services. For example, services available within typical working hours were likely to conflict with fathers' work schedules, posing a significant barrier to engagement. Policymakers and practitioners reported that (viii) *excessive demands on staff* were another key barrier to engaging fathers. Across multiple contexts including maternal and child health services, social care agencies and parent support programs, services were reported to be under-resourced and understaffed, contributing to large caseloads and high stress levels among health workers. It was felt that reaching out to fathers may require extra time and effort, and in case of antenatal health services in some contexts this could also put excessive strain on the clinic capacity. Existing workloads and under-resourced workforce were therefore seen as a significant barrier limiting workers' capacity to reach out to fathers and be more proactive about father engagement.

3.4.1.5. Education and training. Practitioners reported that (ix) *lack of training for staff* in engaging fathers was an issue across maternal and child health, as well as child welfare and social work. Inadequate provision of education and training to workforce was reported to impact staff's capability and confidence to work with men, creating a barrier to father engagement. An example from social work suggested an assumption that engaging fathers requires a skillset and information that differs from those required to work with people generally, and that is not typically covered in training and education available to staff within that context.

3.4.1.6. Policies and practice guidelines. Practitioners across parent support programmes and child welfare and social work services highlighted a general (x) *absence of specific policies, guidelines, and practice frameworks* on father involvement, resulting in limited assistance for staff in relation to father involvement, and limited consideration for gender and parenting in workplaces. Furthermore, practitioners and fathers reported that (xi) *unfavourable workplace policies* represent an obstacle to father involvement, because many have been designed with women and children in mind. Examples of such systemic bias included fathers not being allowed to stay overnight on postnatal wards or being subject to increased scrutiny by child welfare services.

3.4.2. Service-level facilitators to father engagement

3.4.2.1. Practitioners. Practitioners and fathers across nearly all service contexts reported that health workers' (i) *interpersonal qualities*, such as friendly approach, welcoming attitudes and respectful communication, were instrumental in facilitating father engagement. Fathers valued interactions where they received equal quality service as mothers, such as when practitioners showed interest in them, learned their names,

complimented them, and talked to them directly, as well as directed questions to both parents. In-text examples suggested that interpersonal qualities did not necessarily require skills specific to father engagement, but rather implied that the staff's existing, general engagement and rapport-building skills should be adequately applied towards fathers who access services.

3.4.2.2. Environment. Participants across studies of parenting support programmes and reproductive, maternity and child services reported that (ii) *father-friendly décor and facilities* were an important consideration for father engagement. Examples included introducing male-friendly elements such as pictures of men with children, pamphlets aimed at men, provision of hot drinks and entertainment for men such as games or videos.

3.4.2.3. Marketing. Both parents and service providers across reproductive, maternal and child health services and paediatric services reported that (iii) *outreach activities to raise community awareness* regarding men's role in supporting children and families were a key facilitator to father engagement. Examples of outreach included engaging activists, community leaders and existing community structures (e.g. churches), and delivering educational talks. Thematic analysis also emphasised the importance of encouraging word-of-mouth information sharing by men already involved in the services, providing outreach in spaces where fathers are likely to congregate, and delivering mobile outreach clinics to families in more remote areas.

Another facilitator predominantly reported in context of parent support programmes but also antenatal services, was the (iv) *advertising strategies*, and ensuring that those are tailored to the needs of fathers. Examples included using a greater range of advertising media channels, including television, video messages in waiting areas, radio, newspapers and billboards, as well as endorsement by credible figures and organizations. Moreover, the key aspect of this theme was father-friendly content of promotional materials, which should clearly specify fathers as the target audience and include messages that celebrate fatherhood and emphasise fathers' strengths and their role in improving children's well-being. This included using a gender-differentiated approach (i.e. referring to 'fathers and mothers', as opposite to more generic 'parents') in promotional materials, which carries less risk of being misinterpreted as targeting mothers only.

Direct communication and inclusive appointment invitations (v) were identified by fathers and service providers across a wide range of contexts, as facilitators for father involvement. Examples included contact attempts and invitations specifically directed at fathers, addressing them by the name or containing explicit encouragement that they are encouraged to attend.

3.4.2.4. Resources. Practitioners and fathers across multiple children's health and social care agencies emphasised the value of (vi) *male workers and gender-balanced tea*ms in facilitating father engagement, highlighting that presence of male workers may challenge fathers' view of services being mother-oriented.

Both health workers delivering parent support programmes and fathers accessing those, reported that a greater (vii) *flexibility in timing* of programmes and interventions was a facilitator to father engagement. Examples included offering appointments outside of typical working hours to reduce potential conflict with fathers' work schedule. Moreover, evidence from antenatal context also suggested that increasing the length of appointments would allow more time to address fathers' needs.

Incentives and rewards (viii) were suggested to be an important facilitator to father engagement in context of parent support programmes. Examples included offering both material incentives and alternative forms of incentivizing father engagement, such as provision of childcare as part of the intervention, which would allow both parents to be available for the duration of the appointment.

3.4.2.5. Education and training. Practitioners delivering reproductive, maternal and child services and parent support programs reported that adequate provision of (ix) *staff training and development opportunities* was a significant enabler of father inclusion. Training was recognized as a way of equipping staff with skills to work effectively with fathers as well as challenging the gender bias and negative stereotypes towards fathers within the workforce.

3.4.2.6. Policies and practice guidelines. Practitioners across child health, education, social care and antenatal contexts emphasised the need for (x) *father-inclusive policies and top-down guidance* on father engagement, which would provide staff with the necessary structure to involve fathers at certain stages with specific strategies. While the original papers contained limited discussion regarding what such top-down guidance might involve, an example from maternity services suggested that there could be benefits to having clear procedures for engagement with parents, with specific prompts that would serve as reminders for staff to consider fathers at different stages of involvement.

Fathers engaged in parenting support programs and service providers alike highlighted the potential importance of (xi) *service targets* in relation to father recruitment to programmes and interventions. It was suggested that having such targets would incentivize a more proactive approach to meet the required minimum father enrolment numbers, enabling greater father engagement.

3.4.2.7. Evaluation. Both fathers and practitioners in context of parent support programs reported that actively seeking (xii) *feedback* from fathers via formal and informal feedback mechanisms and responding to it proactively was a significant facilitator to father involvement. Evidence suggested that enabling fathers to share their experience of the service would not only help build rapport, but also help organizations gain a better understanding of fathers' needs, thus inspiring a more effective and inclusive service provision. Furthermore, fathers and practitioners emphasised (xiii) *monitoring father enrolment and retention* as an important facilitator to father engagement in parent support programmes, with the rationale that monitoring numbers of fathers engaged in the service could help identify patterns of attendance and help to modify aspects of service accordingly.

4. Discussion

The aim of this systematic review was to synthesise the qualitative literature on the service-level barriers and facilitators to father engagement in child and family services. This review is the first to systematically identify and synthesise qualitative evidence related to aspects of service provision that impact father engagement across a range of contexts. We identified eleven specific service-level barriers and thirteen service-level facilitators to father engagement and generated seven overarching analytical themes. Thematic synthesis generally revealed that father engagement can be either enhanced or hindered by practitioner knowledge and attitudes, the clinic environment, advertising and promotion activities, commitment of resources, availability of training for practitioners, workplace policies and practice guidelines, and the capacity to monitor and evaluate father participation. Our analysis suggests that all the identified themes could either enhance or diminish father engagement depending on their presence or absence.

Consistent with previous reviews (Lechowicz et al., 2019; Panter-Brick et al., 2014), our synthesis highlighted that at the service level, father engagement is influenced by a complex mixture of both organizational and practitioner-level factors, and that these are highly interdependent. For example, practitioner knowledge and attitudes towards fathers can likely be shaped by the top-down organizational policies, procedures, and guidance (Fletcher et al., 2014; Lechowicz et al., 2019). However, the opposite may also be true, as practitioners' skills and competencies may have an impact on the development of organizational

strategies for father-inclusive service provision (Burn et al., 2019). Although further research is required to explore the interaction between practitioner-level and organizational factors and identify priority areas for father engagement, previous studies (e.g., Glynn & Dale, 2015; Tully et al., 2018) show that both practitioner competence and organizational support are strong predictors of father attendance rates. Therefore, we suggest that to enable greater father engagement, equal attention should be given to improving both the practitioner-level and organizational aspects of service provision.

Relatedly, although extant research evidence and our own findings are consistent in highlighting the importance of both practitioners and organizational support in promoting father engagement, this is not always reflected in practice recommendations. While some practice guidelines emphasize both the role of practitioners and the top-down support for father engagement (e.g. Fatherhood Institute, 2013), others appear to focus primarily on enhancing practitioner competence in attempts of improving father-inclusive practice in services, with less emphasis on organizational factors (e.g. Fletcher, 2008; Clapton, 2017). Burn et al. (2019) argued that enhancing practitioner competencies in father engagement offers a way of influencing organizational practices without necessarily requiring the involvement of service leadership. However, other studies show that even well-intentioned practitioners may be restricted in their capacity to effectively engage fathers if the structural barriers remain unaddressed (Humphries & Nolan, 2015; Tully et al., 2018). Consequently, we suggest that there is a need for practice recommendations that maintain a greater focus on bringing about changes at the organizational level.

Regarding practitioner-level factors, our review highlighted that practitioner attitudes and behaviour that hinder father engagement can be a product of either limited awareness of fathers' needs, or negative gender-based assumptions. The latter finding converges with the previous research (e.g., Pfitzner et al., 2017; Storhaug, 2013) confirming widespread prevalence of a deficit model of fatherhood within child and family services, which promotes the view of men as inadequate or less competent in their parental role (Lloyd, 2001; Panter-Brick, 2014). Relatedly, our thematic synthesis suggests that adequate staff training potentially represents one way of addressing the issues of staff awareness and attitudes, which largely confirms the extensive benefits of father-inclusive practice training highlighted by previous studies (e.g., Humphries & Nolan, 2015).

In terms of organizational support for father engagement, our review outlines several areas of importance. Firstly, the thematic synthesis supports existing research in emphasising the role of internal processes, such as gathering and acting on fathers' feedback, and routinely monitoring levels of father engagement (e.g., Dadds et al., 2018). Moreover, our results confirm previous findings regarding importance of raising community awareness, targeted advertising, and sustained effort in including fathers in communication (Lechowicz et al., 2019). Additionally, our review also converges with previous research regarding the importance of the sufficient availability, and adequate allocation of resources, such as time, manpower and facilities, and their impact on the services' capacity to engage fathers (e.g., Bateson et al., 2017). Lastly, we note the key importance of organizational policies and procedures in influencing father engagement. Considering that policies provide a framework and structure that informs organisational practice, many factors discussed above may be contingent on the presence of policies and procedures that emphasize father engagement. Consequently, it appears that addressing specific individual aspects of service provision, such as the service policies, could potentially have a knock-on effect on other areas of organizational functioning (e.g., resource allocation, training provision, or marketing strategies) and their impact on father engagement.

Overall, the current review highlights a comprehensive list of service-level features, which represent targets for improvement in the interest of enhancing father engagement. Our findings reinforce the need for implementation of service-focused strategies and clinical practice guidelines that address the identified barriers to father engagement. The implementation represents a particular challenge; even though numerous practice guidelines for father engagement have been developed in the last decade (e.g., Clapton, 2017; Fatherhood Institute, 2013; Lechowicz et al., 2019), their adoption is not yet consistently evident in practice (Bateson et al., 2017; Bennett et al., 2021). Addressing this research-to-practice gap may benefit from methods rooted in the emerging field of implementation science, developed to understand, and influence how evidence-based practice can be efficiently translated into regular use by services (Brownson et al., 2012). Accordingly, further research should draw from the principles of implementation science to explore what makes father-inclusive practice difficult to achieve and identify practical solutions to the successful embedding of father-inclusive practice in services.

4.1. Strengths, limitations and direction for future research

The most significant strength of our review is the generalizability of its findings. By examining factors influencing father engagement across a diverse array of specialisms and service settings, our research offers insights that are valuable internationally and relevant in various healthcare systems. Moreover, by taking into consideration the perspectives of service users (fathers, mothers, community members) and a wide range of service providers, our findings capture a balanced view of factors that impact father engagement. An additional strength of our study is the robustness of our study selection and quality assessment procedures, which were carried out independently by two reviewers, helping to minimize the risk of overlooking pertinent research.

Despite these strengths, several limitations of our review are noted as potential directions for future research. Firstly, although we recognized the generalizability of the barriers and facilitators as a key strength of our review, it can also be interpreted as a limitation. The services and interventions reported in the studies included in the review vary greatly with regards to their geographical location, cultural and political context, and the type of clientele and healthcare professionals involved. As a result, our review does not capture the context-specific nuances associated with specific services, which may present an obstacle to those interested in developing tailored policies requiring significant awareness of the local setting. In such cases, localized research focusing on the needs of the community and taking into consideration local service context may be indicated. Secondly, our decision to focus on peer-reviewed empirical qualitative research necessitated that we exclude grey literature from our systematic search. While we believe that this reduced the risk of including studies lacking scientific rigour, we recognize that the exclusion of grey literature could have not only led to the omission of potentially relevant data, but also increased the potential for publication bias. Introducing a carefully controlled grey literature search limited to unpublished qualitative research could have potentially improved the significance of our results.

We recognize that the definition of father used in this review may not fully capture the complete diversity that may exist in terms of fathers and family units. For instance, we did not overtly specify whether the definition would be inclusive of transgender fathers, or fathers from non-traditional family structures, or single fathers. Nonetheless, we believe that our inclusion criteria were sufficiently broad to include any family configurations that reported the presence of a father figure. While we recognize that some father and family characteristics may be associated with different experiences of parenting, this definition was considered to adequately reflect the current state of the field of father-engagement in child and family services, and therefore was deemed sufficient for the purpose of this review. Similar definitions have been recently used within health and social care research (e.g., Kalembo & Kendall, 2022). Importantly, none of the papers screened for this review were excluded based on considerations regarding fathers' gender, relationship status or family structure. Moreover, most studies selected for the review did not report defining characteristics of fathers besides the

male gender.

Our decision to include papers from database inception in this review could constitute a potential limitation. Over the years child and family services would have undergone changes in structures, practices and policies, and therefore findings of older literature could be viewed as being of limited relevance to the current models of service provision. However, given that to the best of our knowledge this is the first systematic review that explores the issue of father engagement from the perspective of health service research, the aim was to also assess the potential size and scope of available qualitative literature on this topic. Nonetheless, all papers identified in the database search were published within the last twenty years.

By focusing on the service-level barriers and facilitators to father engagement, our review offered limited insight into external factors that may influence father-inclusive service provision. For example, there is evidence that government support for father engagement through national and local policies is an important driver that can either facilitate or hinder the organizational commitment to father engagement (Page et al., 2008), yet this is not addressed in our findings. Consequently, narrowing our search terms to service-level factors may have created an impression that the extent of father engagement in services is dependent solely upon the services, their leadership, and practitioners, without reporting other influences that may determine the functioning of organizations. Therefore, future research is required to explore, and establish priorities with regards to, both internal and external factors that influence organizational readiness and capacity for provision of father-inclusive practice.

Finally, we acknowledge that lack of prospective registration of a protocol for this study could have potentially impacted the transparency and the quality of the review while also increasing the risk of bias.

5. Conclusions

In summary, our review highlights multiple interacting barriers and facilitators to father engagement that occur at the level of organizational structure, policies and procedures, as well as the individual practitioner. Although we found many parallels with the existing research of father engagement in parenting interventions, our results extend the previous research by providing a set of factors influencing father engagement that are not context specific and applicable to a wide range of service settings. The identification of a wide range of barriers to father engagement emphasizes the need for effective strategies and ways in which these barriers could be addressed. Our preliminary findings imply that initiatives to address the problem of father engagement should target both the individual practitioners and the organizational structures in their capacity to deliver father-inclusive practice. We encourage researchers, health professionals and policymakers to use this review to inform the development of targeted strategies to improve father engagement. Meanwhile, we recognize that creating father-inclusive services requires a better understanding of factors that influence the service capacity to take practical steps towards father inclusion. Implementation science holds promise for ensuring that emerging strategies are successfully implemented in practice.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

Acknowledgments

The authors would like to thank Dr Jake Easto for his involvement in study selection and quality appraisal.

Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2023.107295.

References

Alio, A. P., Bond, M. J., Padilla, Y. C., Heidelbaugh, J. J., Lu, M., & Parker, W. J. (2011). Addressing policy barriers to paternal involvement during pregnancy. *Maternal and child health journal, 15*(4), 425–430. https://doi.org/10.1007/s10995-011-0781-1

Anderson, S., Aller, T. B., Piercy, K. W., & Roggman, L. A. (2015). 'Helping us find our own selves': Exploring father-role construction and early childhood programme engagement. *Early Child Development and Care, 185*(3), 360–376. https://doi.org/10.1080/03004430.2014.924112

Bagner, D. M., & Eyberg, S. M. (2003). Father Involvement in Parent Training: When Does It Matter? *Journal of Clinical Child and Adolescent Psychology, 32*(4), 599–605. https://doi.org/10.1207/S15374424JCCP3204_13

Barrett, N., Hanna, L., & Fitzpatrick, O. V. (2018). Barriers to first time parent groups: A qualitative descriptive study. *Nursing & Health Sciences, 20*(4), 464–471. https://doi.org/10.1111/nhs.12536

Bateson, K., Darwin, Z., Galdas, P., & Rosan, C. (2017). Engaging fathers: Acknowledging the barriers. *Journal of Health Visiting, 5*(3), 126–132.

Bayley, J., Wallace, L. M., & Choudhry, K. (2009). Fathers and parenting programmes: Barriers and best practice. *Community Practitioner, 82*(4), 28–31.

Beardshaw, T. (2001). Supporting the role of fathers around the time of birth. *MIDIRS Midwifery Digest, 11*(4), 476–479.

Bennett, E., Cooke, D., Simpson, W., Read, K., & Kendall, G. (2021). Father-inclusive practice (FIP) in a parenting organisation: Findings from an organisational audit and consultation with fathers. *Australian Journal of Child and Family Health Nursing, 18*(2), 5–12.

Booth, A., Noyes, J., Flemming, K., Gerhardus, A., Wahlster, P., van der Wilt, G. J., … Rehfuess, E. (2016). Guidance on choosing qualitative evidence synthesis methods for use in health technology assessments of complex interventions. *Integrate-HTA.* http://www.integrate-hta.eu/downloads/.

Brownson, R. C., Colditz, G. A., & Proctor, E. K. (2012). *Dissemination and Implementation Research in Health: Translating Science to Practice.* Oxford: Oxford University Press.

Bunting, L.A. (2005). *Teenage parenting: Professional and personal perspectives.* [Dissertation, Belfast: School of Social Work, Queen's University].

Burn, M., Tully, L. A., Jiang, Y., Piotrowska, P. J., Collins, D. A. J., Sargeant, K., … Dadds, M. R. (2019). Evaluating Practitioner Training to Improve Competencies and Organizational Practices for Engaging Fathers in Parenting Interventions. *Child Psychiatry & Human Development, 50*(2), 230–244. https://doi.org/10.1007/s10578-018-0836-2

Cairney, J., Boyle, M., Offord, D. R., & Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social psychiatry and psychiatric epidemiology, 38*(8), 442–449. https://doi.org/10.1007/s00127-003-0661-0

Carr, A. (2006). Involving fathers in psychological services for children. *Cognitive and Behavioral Practice, 13*(1), 94–97. https://doi.org/10.1016/j.cbpra.2005.06.003

Clapton, G. (2017). Good practice with fathers in children and family services. *Institute for Research and Innovation in Social Services (IRISS), 38*, 1–16.

C.A.S. Programme CASP qualitative checklist 2018 https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf.

Cullen, S. M., Cullen, M. A., Band, S., Davis, L., & Lindsay, G. (2011). Supporting fathers to engage with their children's learning and education: An under-developed aspect of the Parent Support Adviser pilot. *British Educational Research Journal, 37*(3), 485–500. https://doi.org/10.1080/01411921003786579

Coady, N., Hoy, S. L., & Cameron, G. (2013). Fathers' experiences with child welfare services. *Child & Family Social Work, 18*(3), 275–284. https://doi.org/10.1111/j.1365-2206.2012.00842.x

Covidence systematic review software. Veritas Health Innovation, Melbourne, Australia. https://www.covidence.org.

Dadds, M. R., Collins, D. A. J., Doyle, F. L., Tully, L. A., Hawes, D. J., Lenroot, R. K., … Kimonis, E. R. (2018). A benchmarking study of father involvement in Australian child mental health services. *PLOS ONE, 13*(8), e0203113.

Dalton, J., Booth, A., Noyes, J., & Sowden, A. J. (2017). Potential value of systematic reviews of qualitative evidence in informing user-centered health and social care: Findings from a descriptive overview. *Journal of clinical epidemiology, 88*, 37–46. https://doi.org/10.1016/j.jclinepi.2017.04.020

Davis, J., Vaughan, C., Nankinga, J., Davidson, L., Kigodi, H., Alalo, E., … Luchters, S. (2018). Expectant fathers' participation in antenatal care services in Papua New Guinea: A qualitative inquiry. *BMC Pregnancy and Childbirth, 18*(1), 138. https://doi.org/10.1186/s12884-018-1759-4

Davis, J., Vyankandondera, J., Luchters, S., Simon, D., & Holmes, W. (2016). Male involvement in reproductive, maternal and child health: A qualitative study of policymaker and practitioner perspectives in the Pacific. *Reproductive Health, 13*(1), 81. https://doi.org/10.1186/s12978-016-0184-2

Department of Families, Housing Community Services and Indigenous Affairs [FaHCSIA]. (2009). *Father inclusive practice guide*. Canberra: Commonwealth of Australia.

Doherty, W. J., Erickson, M. F., & LaRossa, R. (2006). An intervention to increase father involvement and skills with infants during the transition to parenthood. *Journal of Family Psychology, 20*(3), 438–447. https://doi.org/10.1037/0893-3200.20.3.438

Edvardsson, K., Ivarsson, A., Eurenius, E., Garvare, R., Nyström, M. E., Small, R., & Mogren, I. (2011). Giving offspring a healthy start: Parents' experiences of health promotion and lifestyle change during pregnancy and early parenthood. *BMC Public Health, 11*(1), 936. https://doi.org/10.1186/1471-2458-11-936

Ewart-Boyle, S., Manktelow, R., & McColgan, M. (2015). Social work and the shadow father: Lessons for engaging fathers in Northern Ireland: Lessons for engaging fathers in Northern Ireland. *Child & Family Social Work, 20*(4), 470–479. https://doi.org/10.1111/cfs.12096

Fabiano, G. A. (2007). Father participation in behavioral parent training for ADHD: Review and recommendations for increasing inclusion and engagement. *Journal of Family Psychology, 21*(4), 683–693. https://doi.org/10.1037/0893-3200.21.4.683

FaHCSIA (2009). *Introduction to working with men and family relationships guide: A resource to engage men and their families*. Canberra: The Department of Families, Housing, Community Services and Indigenous Affairs, Commonwealth of Australia. https://www.dss.gov.au/sites/default/files/documents/working_with_men.pdf.

Fatherhood Institute. (2013). *Engaging with men in social care: a good practice guide*. http://www.fatherhoodinstitute.org/wp-content/uploads/2013/03/FAT-91768-FI-SafeGUarding-A4-16pp-aw1.pdf.

Firouzan, V., Noroozi, M., Mirghafourvand, M., & Farajzadegan, Z. (2018). Participation of father in perinatal care: A qualitative study from the perspective of mothers, fathers, caregivers, managers and policymakers in Iran. *BMC pregnancy and childbirth, 18*(1), 297. https://doi.org/10.1186/s12884-018-1928-5

J. Fisher M. Cabral de Mello V. Patel A. Rahman T. Tran S. Holton W. Holmes Prevalence and determinants of common perinatal mental disorders in women in low- and lower-middle-income countries: A systematic review Bulletin of the World Health Organization 90 2 2012 139G 49G 10.2471/BLT.11.091850.

Fletcher, R. (2008). *Father-inclusive Practice and Associated Professional Competencies, AFRC Briefing No 9*. Melbourne: Institute of Family Studies. https://aifs.gov.au/sites/default/files/publication-documents/b9_0.pdf.

Fletcher, R., May, C., St George, J., Stoker, L., & Oshan, M. (2014). *Engaging fathers: Evidence review*. Canberra: Australian Research Alliance for Children and Youth (ARACY).

Flouri, E., & Buchanan, A. (2003). The Role of Father Involvement and Mother Involvement in Adolescents' Psychological Well-being. *British Journal of Social Work, 33*(3), 399–406. https://doi.org/10.1093/bjsw/33.3.399

Frank, T. J., Keown, L. J., Dittman, C. K., & Sanders, M. R. (2015). Using Father Preference Data to Increase Father Engagement in Evidence-Based Parenting Programs. *Journal of Child and Family Studies, 24*(4), 937–947. https://doi.org/10.1007/s10826-014-9904-9

C.F. Garfield A. Isacco Fathers and the Well-Child Visit Pediatrics 117 4 2006 e637 e45 10.1542/peds.2005-1612.

Gilligan, P., Manby, M., & Pickburn, C. (2012). Fathers' Involvement in Children's Services: Exploring Local and National Issues in 'Moorlandstown'. *British Journal of Social Work, 42*(3), 500–518. https://doi.org/10.1093/bjsw/bcr068

Glynn, L., & Dale, M. (2015). Engaging dads: Enhancing support for fathers through parenting programmes. *Aotearoa New Zealand Social Work, 27*(1–2), 59–72. https://doi.org/10.11157/anzswj-vol27iss1-2id17.

Goodwin, R. D., & Styron, T. H. (2012). Perceived quality of early paternal relationships and mental health in adulthood. *The Journal of nervous and mental disease, 200*(9), 791–795. https://doi.org/10.1097/NMD.0b013e318266f87c

Hannes, K., & Macaitis, K. (2012). A move to more systematic and transparent approaches in qualitative evidence synthesis: Update on a review of published papers. *Qualitative Research, 12*(4), 402–442. https://doi.org/10.1177/1468794111432992

Higgins, J. P., & Green, S. (2008). *Cochrane Handbook for Systematic Reviews of Interventions* (Vol. 5). Hoboken, NJ: Wiley.

Hirano, K. A., Rowe, D., Lindstrom, L., & Chan, P. (2018). Systemic Barriers to Family Involvement in Transition Planning for Youth with Disabilities: A Qualitative Metasynthesis. *J Child Fam Stud, 27*, 3440–3456. https://doi.org/10.1007/s10826-018-1189-y

Hirayama, M., & Fernando, S. (2018). Organisational barriers to and facilitators for female surgeons' career progression: A systematic review. *Journal of the Royal Society of Medicine, 111*(9), 324–334. https://doi.org/10.1177/0141076818790661

Humphries, H., & Nolan, M. (2015). Evaluation of a brief intervention to assist health visitors and community practitioners to engage with fathers as part of the healthy child initiative. *Primary health care research & development, 16*(4), 367–376. https://doi.org/10.1017/S1463423615000031

Icard, L. D., Fagan, J., Lee, Y., & Rutledge, S. E. (2017). Father's involvement in the lives of children in foster care: Fathers and children in foster care. *Child & Family Social Work, 22*(1), 57–66. https://doi.org/10.1111/cfs.12196

Jeong, J., Ahun, M. N., Bliznashka, L., Velthausz, D., Donco, R., & Yousafzai, A. K. (2021). Barriers and facilitators to father involvement in early child health services: A qualitative study in rural Mozambique. *Social Science & Medicine, 287*, Article 114363. https://doi.org/10.1016/j.socscimed.2021.114363

Jeynes, W. H. (2015). A Meta-Analysis: The Relationship Between Father Involvement and Student Academic Achievement. *Urban Education, 50*(4), 387–423. https://doi.org/10.1177/0042085914525789

Kalembo, F. W., & Kendall, G. E. (2022). A systematic review of interventions that have the potential to foster engaged fathering to enhance children's health and development. *Child & Family Social Work, 27*(3), 545–566. https://doi.org/10.1111/cfs.12897

King, A., Fleming, D., Hughes, D., Dukuly, M., Daley, M., & Welsh, R. (2014). *Men's health resource kit: Kit 3: Practitioner's guide to men and their roles as fathers*. Sydney, Australia: Men's Health Information and Resource Centre, University of Western Sydney. https://dro.deakin.edu.au/eserv/DU:30063582/fleming-menshealth-2014.pdf.

Lamb, M. E., & Tamis-LeMonda, C. S. (2004). The Role of the Father: An Introduction. In M. E. Lamb (Ed.), *The role of the father in child development* (pp. 1–31). John Wiley & Sons Inc.

Lancaster, C. A., Gold, K. J., Flynn, H. A., Yoo, H., Marcus, S. M., & Davis, M. M. (2010). Risk factors for depressive symptoms during pregnancy: A systematic review. *American journal of obstetrics and gynecology, 202*(1), 5–14. https://doi.org/10.1016/j.ajog.2009.09.007

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics, 33*(1), 159–174.

Lechowicz, M. E., Jiang, Y., Tully, L. A., Burn, M. T., Collins, D. A. J., Hawes, D. J., … Dadds, M. R. (2019). Enhancing Father Engagement in Parenting Programs: Translating Research into Practice Recommendations. *Australian Psychologist, 54*(2), 83–89. https://doi.org/10.1111/ap.12361

Lloyd, T. (2001). *What Works with Fathers?* London: Working With Men.

Lloyd, N., O'Brien, M., & Lewis, C. (2003). Fathers in Sure Start. *A report for the National Evaluation of Sure Start to the Sure Start Unit.* http://www.ness.bbk.ac.uk/implementation/documents/161.pdf.

Lluch, M. (2011). Healthcare professionals' organisational barriers to health information technologies-a literature review. *International journal of medical informatics, 80*(12), 849–862. https://doi.org/10.1016/j.ijmedinf.2011.09.005

Lockwood, C., Munn, Z., & Porritt, K. (2015). Qualitative research synthesis: Methodological guidance for systematic reviewers utilizing meta-aggregation. *International journal of evidence-based healthcare, 13*(3), 179–187. https://doi.org/10.1097/XEB.0000000000000062

Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A Meta-Analysis of Father Involvement in Parent Training. *Research on Social Work Practice, 18*(2), 97–106. https://doi.org/10.1177/1049731507309828

Magill-Evans, J., Harrison, M. J., Rempel, G., & Slater, L. (2006). Interventions with fathers of young children: Systematic literature review. *Journal of advanced nursing, 55*(2), 248–264. https://doi.org/10.1111/j.1365-2648.2006.03896.x

Massachusetts General Hospital Research Review: The Fatherhood Project at MGH 2017.

McGirr, S., Torres, J., Heany, J., Brandon, H., Tarry, C., & Robinson, C. (2020). Lessons Learned on Recruiting and Retaining Young Fathers in a Parenting and Repeat Pregnancy Prevention Program. *Maternal and Child Health Journal, 24*(S2), 183–190. https://doi.org/10.1007/s10995-020-02956-w

McHugh, M. L. (2012). Interrater reliability: The kappa statistic. *Biochemia medica, 22*(3), 276–282.

Methley, A. M., Campbell, S., Chew-Graham, C., McNally, R., & Cheraghi-Sohi, S. (2014). PICO, PICOS and SPIDER: A comparison study of specificity and sensitivity in three search tools for qualitative systematic reviews. *BMC health services research, 14*, 579. https://doi.org/10.1186/s12913-014-0579-0

Morton, R. L., Tong, A., Howard, K., Snelling, P., & Webster, A. C. (2010). The views of patients and carers in treatment decision making for chronic kidney disease: Systematic review and thematic synthesis of qualitative studies. *BMJ (Clinical research ed.), 340*, Article c112. https://doi.org/10.1136/bmj.c112

O'Donnell, J. M., Johnson, W. E., Jr, D'Aunno, L. E., & Thornton, H. L. (2005). Fathers in child welfare: Caseworkers' perspectives. *Child welfare, 84*(3), 387–414.

Page, J. P., Whitting, G., & McLean, C. (2008). *A Review of How Fathers Can Be Better Recognised and Supported Through DCSF Policy, DCSF Research Report: DCSF-RR040*. Schools and Families: Department of Children. https://dera.ioe.ac.uk/8562/1/DCSF-RR040.pdf.

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187–1212. https://doi.org/10.1111/jcpp.12280

Pfitzner, N., Humphreys, C., & Hegarty, K. (2017). Research Review: Engaging men: A multi-level model to support father engagement. *Child & Family Social Work, 22*, 537–547. https://doi.org/10.1111/cfs.12250

Pruett, K. (2000). *Father-need*. New York, NY: Broadway Books.

Ring, N. A., Ritchie, K., Mandava, L., & Jepson R. (2011). *A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews*. NHS Quality Improvement Scotland (NHS QIS). https://dspace.stir.ac.uk/bitstream/1893/3205/1/HTA_MethodsofSynthesisingQualitativeLiterature_DEC101.pdf.

Salinas, A., Smith, J. C., & Armstrong, K. (2011). Engaging Fathers in Behavioral Parent Training: Listening to Fathers' Voices. *Journal of Pediatric Nursing, 26*(4), 304–311. https://doi.org/10.1016/j.pedn.2010.01.008

Sarkadi, A., Kristiansson, R., Oberklaid, F., & Bremberg, S. (2008). Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Pædiatrica, 97*, 153–158. https://doi.org/10.1111/j.1651-2227.2007.00572.x

Sarkadi, A. (2014). The invisible father: How can child healthcare services help fathers to feel less alienated? *Acta Paediatr, 103*, 234–235. https://doi.org/10.1111/apa.12523

Sandstrom, H., Gearing, M., Peters, H. E., Heller, C., Healy, O., & Pratt, E. (2015). *Approaches to father engagement and fathers' experiences in home visiting programs. OPRE report no. 2015- 103*. Washington, DC: Urban Institute. https://www.urban.org/sites/default/files/publication/76116/2000537-Approaches-to-Father-Engagement-and-Fathers-Experiences-in-Home-Visiting-Programs.pdf.

Scourfield, J. (2006). The challenge of engaging fathers in the child protection process. *Critical Social Policy, 26*(2), 440–449. https://doi.org/10.1177/0261018306062594

Scourfield, J., Cheung, S. Y., & Macdonald, G. (2014). Working with fathers to improve children's well-being: Results of a survey exploring service provision and intervention approach in the UK. *Children and Youth Services Review, 43*, 40–50. https://doi.org/10.1016/j.childyouth.2014.04.009

Selekman, R., & Holcomb, P. (2021). Father Engagement in Human Services. *Mathematica Policy Research.* https://aspe.hhs.gov/sites/default/files/2021-09/keep-5.1.2-ib.pdf.

Sicouri, G., Tully, L., Collins, D., Burn, M., Sargeant, K., Frick, P., … Dadds, M. (2018). Toward Father-friendly Parenting Interventions: A Qualitative Study. *Australian and New Zealand Journal of Family Therapy, 39*(2), 218–231. https://doi.org/10.1002/anzf.1307

Singer, G. H., Ethridge, B. L., & Aldana, S. I. (2007). Primary and secondary effects of parenting and stress management interventions for parents of children with developmental disabilities: A meta-analysis. *Mental retardation and developmental disabilities research reviews, 13*(4), 357–369. https://doi.org/10.1002/mrdd.20175

Smythe, T., Duttine, A., Vieira, A. C. D., da Castro, B., & S. M. de, & Kuper, H. (2019). Engagement of Fathers in Parent Group Interventions for Children with Congenital Zika Syndrome: A Qualitative Study. *International Journal of Environmental Research and Public Health, 16*(20), 3862. https://doi.org/10.3390/ijerph16203862

Solberg, B., Glavin, K., Berg, R. C., & Olsvold, N. (2022). Norwegian fathers' experiences with a home visiting program. *Public Health Nursing, 39*(1), 126–134. https://doi.org/10.1111/phn.12995

Stahlschmidt, M. J., Threlfall, J., Seay, K. D., Lewis, E. M., & Kohl, P. L. (2013). Recruiting fathers to parenting programs: Advice from dads and fatherhood program providers. *Children and Youth Services Review, 35*(10), 1734–1741. https://doi.org/10.1016/j.childyouth.2013.07.004

Storhaug, A. S. (2013). Fathers' involvement with the Child Welfare Service. *Children and Youth Services Review, 35*(10), 1751–1759.

Susin, L. R., Giugliani, E. R., Kummer, S. C., Maciel, M., Simon, C., & da Silveira, L. C. (1999). Does parental breastfeeding knowledge increase breastfeeding rates? *Birth, 26*(3), 149–156. https://doi.org/10.1046/j.1523-536x.1999.00149.x

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology, 8*, 45. https://doi.org/10.1186/1471-2288-8-45

Tong, A., Flemming, K., McInnes, E., Oliver, S., & Craig, J. (2012). Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC medical research methodology, 12*, 181. https://doi.org/10.1186/1471-2288-12-181

Tully, L. A., Collins, D. A. J., Piotrowska, P. J., Mairet, K. S., Hawes, D. J., Moul, C., … Dadds, M. R. (2018). Examining Practitioner Competencies, Organizational Support and Barriers to Engaging Fathers in Parenting Interventions. *Child Psychiatry & Human Development, 49*(1), 109–122. https://doi.org/10.1007/s10578-017-0733-0

Verboom, B., Montgomery, P., & Bennett, S. (2016). What factors affect evidence-informed policymaking in public health? Protocol for a systematic review of qualitative evidence using thematic synthesis. *Systematic reviews, 5*, 61. https://doi.org/10.1186/s13643-016-0240-6

Warria, A. (2022). Exploring Narratives of Three South African Fathers with Children in Care: Insights for Consideration. *Residential Treatment for Children & Youth, 39*(3), 278–298. https://doi.org/10.1080/0886571X.2021.1908869

Williams, R., Hewison, A., Stewart, M., Liles, C., & Wildman, S. (2012). 'We are doing our best': African and African-Caribbean fatherhood, health and preventive primary care services, in England: African and African-Caribbean fatherhood and preventive primary care services. *Health & Social Care in the Community, 20*(2), 216–223. https://doi.org/10.1111/j.1365-2524.2011.01037.x

Wynter, K., Di Manno, L., Watkins, V., Rasmussen, B., & Macdonald, J. A. (2021). Midwives' experiences of father participation in maternity care at a large metropolitan health service in Australia. *Midwifery, 101*, Article 103046. https://doi.org/10.1016/j.midw.2021.103046