

Dads Group Perinatal Mental Health & Wellbeing Program - National Expansion Proposal

Federal Government Pre Budget-Submission

January 2021



Executive Summary

1. Overview

This Dads Group Perinatal Mental Health & Wellbeing Program Proposal responds to an identified gap in perinatal mental health education and peer support for fathers. By effectively engaging fathers during the perinatal period, with education and then wrap-around community supports, there is a strong evidence base for positive impacts for the whole family unit, in terms of: mental health; family cohesion; and childhood development¹⁻³.

Through peer-to-peer, lived experience education and support, the program seeks to proactively address and prevent prevalent issues including: mental ill health; family violence; and suicide. It further aims to build father-child and parent-to-parent connections, for positive long-term family trajectory and child outcomes. This is achieved through a continuum of preventative support from education classes in hospitals, through to in-community and digital peer-to-peer programs. The aim is to effectively support fathers through transition to parenthood and strengthen community care networks for the benefit of father, mother and child alike.

Dads Group will utilise its unique position as a leading provider of mental health education and support for new fathers to expand its Perinatal Wellbeing Program nationally. This initiative will build on the success of its QLD based pilots, conducted with six major maternity hospitals, during 2019/2020. This expansion responds to growing demand for this model from around Australia -including identified partner hospitals, who have expressed their support both verbally and in letters of support (Appendix A). It will be conducted as a controlled, state-by-state scale-up over a four-year period.

This project will bolster capacity for delivery, innovation and evaluation. It will focus specifically on the entry point for families into the Dads Group Program, by partnering with maternity hospitals and maternal health services in the delivery of peer educator programs during antenatal/parent preparation classes. The peer-to-peer educator model can be adapted to the specific needs of different health system settings, priority cohorts and local communities.

2. Key Programs

Dads Group is a national NFP organisation that works with Hospitals, Allied Health Services, Councils and Communities to engage and empower families through: in-hospital education; community events; and digital dads groups^{1,4}. Over the past seven years, these initiatives have reached over 205,000 people Australia-wide. There are presently over 70 Dads Groups operating in local communities, building community care networks and generating positive parenting capacity⁵.

Hospital Program: engages new fathers through meaningful collaborations with antenatal facilitators/midwives. Fathers learn ‘how they can support their partner and child’ and that they are ‘important’ in the parenting unit and transition⁶.

Digital Wrap-Around: provides access to both geographically and socially isolated fathers. This includes online video calls with Mental Health First Aid certified fatherhood experts, and links to further resources and online social groups⁷.

Community Dads Group: delivers localised peer-to-peer groups with trained facilitators. They provide a regular, safe place for fathers to build social support networks, increase parenting confidence and skills, and positively engage with their children from birth to early childhood. This complements existing maternal health supports -improving family resources for wellbeing⁵.

Our 2021-2025 priority is expansion of our program in hospitals - the crucial first step to engaging families.

3. Project Objectives

1. Address the need for meaningful and effective engagement with fathers (and expecting fathers) in the perinatal period
 - a. Collaborate with Maternal Health experts to enhance the existing maternal focused support to better include and involve fathers in a respectful and supportive way to mothers
2. Deliver programs that genuinely connect with fathers in their key environments
 - a. The Hospital
 - b. The Community
 - c. The Home and Workplace
3. Provide multiple pathways to support and recognised support programs for fathers in the perinatal period

4. Project Implementation Cost

This program will support **68,100 families (204,300 people)** and cost a total of \$5,910,195 over four years to implement as outlined. These costs have been produced through robust financial modelling enabled by our pilot programs in QLD and Victoria. This equates to a cost of just \$ \$86.41per family or \$28.80 per person. Specifically, our cost items will include:

- Program implementation and management
- Hospital Program Scale-up (**41 Hospitals**)
- Community Programs and Events (**900-1200 Events**)
- Home and Workplace Digital Program support services (**1200 program events**)
- Embedded collaborating partner program offerings (best practice Fatherhood support programs)
- Evaluation, monitoring and Reporting services
- Materials, printing and distribution

How will the proposed program address the need to meaningfully engage fathers in the perinatal period?

Parent engagement in clinical settings is a complex and multidimensional process (Piotrowska, P. J.)⁴¹. This program focuses on supporting expecting and new fathers as essential contributors to a family's wellbeing, during the perinatal period. Dads Group will partner with maternity hospitals and communities to deliver facilitated peer-to-peer education and wrap-around supports. A target of forty-one (n=41) hospitals will be engaged with over a four-year period via a controlled scale-up. The target reach will be 68,400 families over the duration of the program.

Delivering preventative education and genuine support will address emotional preparedness, mental health and wellbeing of fathers, their partners and children downstream³. It promotes inclusiveness and helps fathers share lived experiences with transitioning to fatherhood –ideas, skills and challenges.

1. Hospital Programs: partnering with hospitals, Dads Group will continue to work to systemically with service providers to update antenatal classes, to include missing elements of father-inclusive content^{8,9}. This is supported by midwives and maternal health experts³. In 2021, DG commenced embedding its program within six maternity hospitals in QLD as a pilot. Its main focus is to be the initial contact of support for expectant and new fathers during the perinatal period. It achieves this by actively engaging with fathers alongside their partners when attending co-facilitated antenatal education classes. The class utilise a virtual platform, targeted peer-to-peer discussion and educational content that has been reviewed to ensure a focus on father's mental health and wellbeing. The program meaningfully delivers inclusiveness for fathers, helping them to share their individual lived experiences. This brief but impactful father-centric engagement highlights the value of partner support for mothers during and post pregnancy and complements existing perinatal education.

2. Community Dads Groups: sustainable dad's groups will be established within local communities. These are informal father-led social support groups, facilitated in safe and engaging environments e.g., community parks, cafes. These groups encourage positive social connections and enhance help-seeking behaviour. They address gender stereotypes and normalise lived experience challenges¹⁰. This mental wellness approach helps fathers to make positive bonding connections with their children and partners. Trained peer leaders work to support fathers to recognise mental health concerns and offer appropriate support¹¹. Groups promote father-child engagement and provide a respite opportunity for new mothers – with flow on mental health benefits.

3. Digital Dads Group, Home and Workplace Programs: this provides an online platform for connecting fathers who are geographically or socially isolated. Fathers are connected via social media, and daily Zoom meetings are offered for open attendance. This service is facilitated by an accredited peer leader with Mental Health First Aid training¹². Sessions are semi-structured to address father identified topics/ issues for discussion, and provide an unique opportunity for fathers to connect and speak in a safe social setting. A pre and post 'emotional health screening' is conducted to track progress and identify high-risk individuals; and referrals to professional support are made as required. These groups are targeted at fathers from all-walks-of-life and available to the diverse cohort of attendees.

Best practice alignment:

This program is informed by the National Men's Health Strategy 2020-2030¹³, current clinical practice guidelines: Pregnancy Care (2018)¹⁴, and Mental Health Care in Perinatal Period (2017)¹⁵, in relation to psychosocial preparation for parenthood. The proposed model has undergone extensive evidence review in partnership with the University of Sunshine Coast¹⁶. The model is based on co-design with lived-experience fathers, maternal health and mental health experts. It further fosters best practice principles in accordance with a shared framework that addresses rigid gender roles and promotes positive male-peer relations –emphasising respect for women¹⁷.

Program outcomes:

This program will contribute to the expected outcomes and objectives of the grant program in the following ways:

- Early intervention and support for expectant and new fathers, as greater inclusiveness of the non-birthing parent in maternity services has been acknowledged as a priority³;
- Collaboration with maternal services, mental health services and referral pathways – doctors, perinatal mental health nurses, Perinatal Anxiety and Depression Australia (PANDA), Australian Birth Trauma Association; and Possums for Parents with Babies. Consultation with the Stillbirth Centre of Research Excellence best practice principles will also be followed¹⁸⁻²⁰;
- Prioritisation of education initiatives in line with Plus Paternal: A focus for fathers, Case for Change³;
- Capacity building with hospitals midwives, peer support workers, paediatric nurses and child health nurses will ensure a systems-based change of focus (more father-inclusive); and
- Targeted awareness raising and stigma reducing initiatives achieved through a peer-to-peer support model, upskilling of relevant hospital stakeholders, and complementary health promotion activities.

Inclusivity and accessibility:

The program is relevant to all fathers irrespective of their socio-economic and cultural backgrounds. The in-situ peer-to-peer model allows for adaptation to local needs and strengths. Appointment of peer educators and facilitators builds a rapport with local participants. Considerations include:

- Face-to-face programs complemented by digital online options to enable reach during periods of social isolation such as the COVID-19 pandemic, with the intention of creating access for hard-to-reach, high-risk, and remote fathers. This is supplemented by optional programs including 'SMS4Dads' health promotion²¹;
- Delivery in Culturally and Linguistically Diverse and Low SES communities with appropriate cross-cultural representation built into the trial²²;
- Content proven relevant to participants from 18-60 years of age – connecting people who do not typically 'share a space.'

Monitoring and evaluation:

Dads Group will partner with the Centre of Human Factors and Sociotechnical Systems at the University of Sunshine Coast (USC). Impact monitoring will include qualitative and quantitative survey data, including: assessment of knowledge against program objectives; and measurement of user participation and access to Dads Group programs. Indicative benchmark outcomes include:

- 50% decrease in sense of isolation experienced by fathers;
- 80% increase in sense of connectedness and wellbeing;
- 30% improvement on knowledge regarding access to supports;
- 90% of participants know of places to connect and talk with other parents
- 90% of participants would recommend it to other new dads.

Measures:

- Increased general mental health literacy - participating parents and staff;
- Screening of fathers' wellbeing levels and capacity to support partners and children during the perinatal period;
- Increased help seeking knowledge and intentions;
- Thematic evaluation of antenatal class language - increased father-inclusivity; and
- Stewardship into in-community groups (participation and engagement levels).

Dads Group have formed an advisory and evaluation group, led by Associate Professor, Richard Fletcher, Dr. Alka Kothari and Dr Nicholas Stevens to ensure alignment with international best practice²³.

Significance of the Project

Complementing services:

Fathers are an often-missed element in maternal health services and perinatal mental health supports³. Fathers emotional needs are often unaddressed and unsupported which can have negative implications for the family and lessen the impact of maternal and child health initiatives. This program forms part of a broader mental health ecosystem - engaging hospitals, allied health services and community partners in a holistic response, from antenatal classes to in-community programs after a child is born.

Lane, Gregory and Stephens, (2019), explored the effects of attending a Dads Groups on fathers, their families and community. It found the model supported the building of knowledge, identity, relationships, help-seeking, and communities of support, while reducing social isolation. It further indicated positive effects on child development²⁴.

Collaborating with fatherhood experts to adapt existing antenatal content to be more language accessible, helps fathers and mothers both feel included and empowered. The peer-to-peer approach is unique in the perinatal men's health space, and evidence suggests it will reduce stigma and encourage help seeking²⁵. This will complement other formal and clinical supports e.g. In-hospital services, GPs, and other community-based services.

The program will be delivered in accordance with policy directives including: Australian Charter of Health Care Rights 2nd Ed (2020) to ensure consumers experience respectful, culturally appropriate and inclusive access to care²⁶; the Aboriginal and Torres Strait Health and Cultural Safety Strategy (2020-2025)^{27, 28}; National Men's Health Strategy 2020-2030¹³; and National Safety and Quality Health Services²⁹.

Identified Gap:

The transition to parenthood is an important life event for women and men; many individuals struggle with the significant changes, responsibilities, and their identity as a new parent. For fathers, this change is often unsupported, despite the strong evidence to suggest that the wellbeing of fathers is integral to overall family safety and wellbeing. It is estimated that 25% of fathers experience depression in the period 3-6-months postpartum³⁰, while 39% of first-time fathers experience high levels of psychological distress in the first year⁸. Of those experiencing stress, 56% of new dads did not seek information or support from any source during the early parenting years⁸. Of those experiencing stress, the health system carries the majority of the burden for detection and intervention for perinatal mental health problems for women, but no formal or widespread screening of partners currently occurs.

Research highlights a significant correlation between lack of support and the impact on perinatal mental health for expectant mothers with the potential for negative birth outcomes, including mental ill health^{31, 32}. Further, social group interaction and information sharing between parents significantly improves wellbeing and helps to prevent mental ill health³³. The inclusion of a hospital peer-to-peer educator (a worker with a lived experience of perinatal challenges) has been shown to provide a valuable contribution to preventing mental ill health, by co-facilitating universal psychological education⁶. The support of six

maternity health units in the QLD pilots, demonstrate existing demand, and is indicative of the gap for fathers in existing perinatal mental health education.

Services provided by Dads Group address this gap with its unique national program delivery experience and capacity building approach. Currently, there are no other organisations offering effective, meaningful and systemic improvements to hospital antenatal programs with a scalable model. Hospital programs have a direct support pathway designed to link fathers to the community fathers group model. This has been shown to be a highly effective approach²⁴.

Identified Need:

Healthy Male (2020) have recently called for maternity services to have a more inclusive approach to parenthood³. It is imperative to review expectant parents' experiences of group antenatal education classes. Maternity services need to be inclusive of the non-birthing parent, while embedding current evidence to ensure the needs of both parents are addressed. This program will focus on achieving this through trial and evaluation.

Supporting men during this period may have significant impacts on the prevention of mental health and suicide. Suicide is a leading cause of death for men under 45 years of age³⁴, and men are significantly less likely to seek help for mental ill health³⁴. Stigma, lack of familiarity, poor partner support and health service barriers are leading contributors to low levels of help seeking among Australian parents at risk of/or experiencing perinatal mental health challenges^{35, 36}. The psychological distress of fathers has been shown to have significant negative impacts on partners and children, including breakdowns in family cohesion and prevalence of violence^{37 38}.

Fatherhood also presents an opportunity for men to explore a new masculine identity as a father³. For some men, this may involve a diversion from a rigid masculine gender ideology, to one that is nurturing and accommodating of greater gender equality³⁹. Dads Group enables fathers to build confidence in not only their parenting ability, but also their new identity. This will lead to better mental health outcomes, but also stronger positive parenting and relationship attributes – benefiting women and children.

Formal and specialised delivery:

This program will be delivered by trained facilitators with Mental Health First Aid Training alongside qualified midwives thereby complementing existing hospital antenatal classes, streamlining delivery.

Community-based programs are an avenue through which individuals can become engaged in a strengths-based environment, reducing isolation and building informal community care networks. Peer-led support is used to facilitate behavioral change by building trust based on shared lived experiences, the role-modelling of 'living well', and engaging others —factors in preventative mental health.

Robust elements:

- Partnership with in-hospital staff;
- Review and adaptation of content to improve language accessibility and father inclusiveness;
- Establishing a Peer Educator Mentor to lead the project and the recruitment and training of Peer Educators (people with lived experience);
- Staff Training (executive, management and front-line staff);
- Establishment of new local Dads Groups, and development of clear pathways from the hospital and existing services;
- Supplementary support pathways, targeted digital information and engagement options with wrap-around resources; and
- Data collection and evaluation to support the impact monitoring at each stage.

Dads Group Capacity and Performance

Relevant experience and initiatives:

Dads Group commenced in 2014 in Victoria, and now has its operational head office in QLD. It has established over 70 community groups across all states through federal funding. It has delivered over 1,200 events, reached over 205,000 people, through programs, events and digital hang outs¹. All activities are collectively linked to the perinatal support of fathers and their families.

In 2020, Dads Group received funding from Metro North HHS and QLD Government to establish pilot programs for father-focused perinatal peer-to-peer mental health in hospital and community settings. This pilot included six maternal health hospitals. Preliminary findings demonstrate the value and efficacy of program and has engaged over 400 families. Pre-antenatal and post-antenatal class surveys (n= 52) highlight the following outcomes:

- Post class, 69.5% (strongly agree) and 26.09% (agree) that the presentation with images and language for fathers and partners helped them better understand the father/partner role;
- More than 78% of responses either agreed or strongly agreed that the facilitated Dads Group experience created a special and important space for connection and sharing with other dads or mums;
- When considering the awareness and availability of father / baby focused programs, 48% of pre-class respondents identified they were 'not aware', compared to 8% following class delivery;
- Importantly, when considering the key statement "I know of places to go to meet and talk with other parents". Pre survey results showed 48% of respondents 'strongly did not' and 'did not agree' with this statement, while in the post-class survey only 8% of respondents 'did not agree', with none strongly disagreeing; and
- Overall, 91% of respondents 'agreed' or 'strongly agreed' that they would recommend this program to others.

This data evidences the concept for Peer-Led Trainers in parenting preparation programs, and lessons learned in terms of delivery and content. Dads Group is now well-placed to expand this trial for large-scale benefits, and to provide a blueprint for future systemic changes within the perinatal education and mental health support ecosystem – to be meaningfully inclusive of fathers, mothers and children. The QLD pilot has enabled us to establish extensive networks for the best practice delivery of this initiative, and demand from hospitals, who have expressed interest should funding be received (Appendix A).

Cross-sector networks and partnerships

Dads Group is as an emerging leader in the delivery of perinatal and early childhood mental health support for fathers, we leverage robust partnerships and collaborations. Dads Group have already established respect and networks within the perinatal health, hospitals and mental health sectors, appearing at several maternal health and healthy male conferences, seminars and webinars – offering keynote speaking roles and content. The organisation has also strategically participated in children and baby expos around Australia, reaching over 150,000 participants. Dads Group is also an active participant in the Perinatal/Infant

Regional Plan Working Group for the Brisbane North PHN⁴⁰, where the pilot program is being conducted. This program has the support commitment of: CAPEA; President of the Childbirth and Parenting Association of Queensland⁴¹; and Father focused Mental Health First Aid Certification for program facilitators¹².

Dads Group have also been active in expanding the narrative for men's perinatal engagement and mental health, through various high-profile commercial media channels aimed at both men and women: broadcast, social media and print. This has expanded our brand reach nationally.

While Dads Group is well equipped with the Executive, Program Management and Evaluation experience to deliver this program, we will leverage the support and pathways of our collaborative stakeholders including:

Advisory partners:

- The Family Action Centre, Faculty of Health and Medicine, The University of Newcastle (Prof. Richard Fletcher).
- Department of Obstetrics & Gynecology, Redcliffe Hospital (Dr Alka Kothari).
- Stillbirth Centre of Research Excellence

Evaluation partners:

- The Centre for Human Factors and Sociotechnical Systems, University of Sunshine Coast (USC)
- Healthy Male Plus Paternal
- The University of Waterloo (UoW) Canada
- Australia's National Research Organisation for Women's Safety Limited (ANROWS):

Referral pathways and cross-sector collaborators:

- Perinatal mental health nurses
- PANDA (Perinatal Anxiety and Depression Australia)
- beyondblue
- Movember
- Australian Birth Trauma Association
- Possums for Parents with Babies
- Movember
- Tresillian
- Salvation Army
- Eastern Health
- NGALA
- YMCA
- Playgroups Association
- CAPEA

In addition to Government and Philanthropic grant funders, Dads Group has also worked with a number of corporate supporters who provide donations, in-kind support and exposure including: Toyota, Baby Jogger, Bakers Delight, Bendigo Bank, Karitane, Australia Post, Westfield, Renew Energy, Sebel Hotels and Stazione, among others. These

organisations help us reduce cost and diversify income, while also offering new avenues to promote our programs to expectant and new parents.

Capacity and performance:

Dads Group draws on an extensive network of Dads Group staff, volunteers, hospital staff, consultants, academics, community partners, and lived-experience fathers, to deliver a comprehensive and well-established suite of programs.

This funding enables DG to bolster program delivery resources, to implement a robust expansion program with community innovations and solid evaluation. Financial modelling conducted throughout the initial pilots has provided us with solid cost projections and advised optimum resources to deliver a national scale-up¹⁶. With this funding we will have the correct capacity to effectively deliver this program over a four-year period, with strong results.

Model accountability through evaluation:

Subsequent to the Advisory Group role for the Plus Paternal Project for Healthy Male, a strategic partnership has been established to develop the evaluation framework for the current pilot program¹⁶. This approach helps to determine what needs to change with 'health system impacts' in mind. This will contribute to establishing the feasibility of embedding this model for this program and beyond.

In partnership with USC a human factors and systems analyses (Appendix B) of the operations model has been established¹⁶. This provides a ready-to-go framework for a holistic view of this program inclusive of: high level operation; values and priority measures; activities and functions; and processes and resources.

Indicative Budget to demonstrate how proposed activities are efficient use of grant funding

This program will cost a total of \$5,910,195 over four years to implement as outlined. These costs have been produced through robust financial modelling enabled by our pilot programs in QLD and Victoria. This equates to a cost of just \$ \$86.41per family or \$28.80 per person. Specifically, our cost items will include:

- Program implementation and management salaries
- Hospital Program Scale-up
- Community Programs and Events (Facilitated Dads Groups)
- Home and Workplace Digital Program support services
- Embedded collaborating partner program offerings (best practice Fatherhood support programs)
- Evaluation, monitoring and Reporting services
- Materials, printing and distribution

The program will harness in-kind support from University of Sunshine Coast, Centre for Human Factors and Sociotechnical Systems. Dr. Nicholas Stevens (Deputy Director) has committed 0.2 FTE pro-bono over four years, representing a total saving of \$140,649 in evaluation costs.

Value for money will be presented in the ability for us to rapidly scale this program both efficiently and effectively through embedding in local hospitals, who are keen participants and who carry the existing cost of antenatal classes. The complementary in-community Dads Group model is a low-cost initiative that can be sustained long-term in the communities it operates in. The digital wrap around program is an additional low-cost means of reaching a broad range of participants nationally⁷.

Table A1 and A2 provide more detailed information to demonstrate how we propose to utilize funding efficiently. we welcome any opportunity to provide further explanatory notes on budget items or activities, if required.

Table A1 - INDICATIVE ACTIVITY BUDGET (GST exclusive)

Year of Funding Proposed States Total Number of Hospitals	Activity Item	Notes/Basis of estimate	Year 1	Year 2	Year 3	Year 4	Total \$ (excl GST)	Total \$ (inc GST)
			QLD, NSW, VIC, 11	QLD, NSW, VIC, WA 15	QLD, NSW, VIC, WA, SA, 25	QLD, NSW, VIC, WA, SA, 41		
Administration		All indicative costs are based on existing service delivery costs for FY21						
Rent		Fixed Rent in single head office location	\$17,500	\$24,500	\$26,950	\$29,645	\$98,595	\$108,455
Office Equipment/Supplies		Increase in supplies and equipment YoY	\$10,000	\$14,000	\$25,000	\$40,000	\$89,000	\$97,900
FTE / Salaries of key personnel		All indicative costs are based on existing service delivery costs for FY21						
National Program Director		Staff and support services salaries	\$90,000	\$93,000	\$95,000	\$97,000	\$375,000	\$412,500
Project Manager		Staff and support services salaries	\$85,000	\$90,000	\$93,000	\$95,000	\$363,000	\$399,300
Project officer 1 (Antenatal Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 2 (Antenatal Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 3 (Community Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 4 (Community Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 5 (Antenatal Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 6 (Community Programs)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Project officer 7 (Collaboration Father Support Programs)		Staff and support services salaries	\$73,000	\$73,000	\$73,000	\$75,000	\$294,000	\$323,400
Digital Programs Delivery Expert		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Research and Evaluation Expertise		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Program Promotion and Marketing		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Program Events (Communities)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Program Events (Hospitals)		Staff and support services salaries	\$63,750	\$72,000	\$73,000	\$75,000	\$283,750	\$312,125
Allocation for Community Programs		Costs of Community Dads Groups in each location	\$55,000	\$75,000	\$125,000	\$205,000	\$460,000	\$506,000
Project Monitoring and Support		Support services - see in-kind contributions USC S140k	\$75,000	\$112,500	\$187,500	\$225,000	\$600,000	\$660,000
Travel / Number of trips to each destination		All indicative costs are based on existing service delivery costs for FY21						
QLD		Local travel & 2 interstate travel/trips per year per staff per state	\$4,000	\$4,000	\$4,000	\$4,000	\$16,000	\$17,600
NSW		Local travel & 2 interstate travel/trips per year per staff per state	\$4,000	\$4,000	\$4,000	\$4,000	\$16,000	\$17,600
VIC		Local travel & 2 interstate travel/trips per year per staff per state	\$4,000	\$4,000	\$4,000	\$4,000	\$16,000	\$17,600
WA		Local travel & 2 interstate travel/trips per year per staff per state		\$4,000	\$4,000	\$4,000	\$12,000	\$13,200
SA		Local travel & 2 interstate travel/trips per year per staff per state			\$4,000	\$4,000	\$8,000	\$8,800
ACT		Local travel & 2 interstate travel/trips per year per staff per state			\$4,000	\$4,000	\$8,000	\$8,800
TAS		Local travel & 2 interstate travel/trips per year per staff per state				\$4,000	\$4,000	\$4,400
NT		Local travel & 2 interstate travel/trips per year per staff per state				\$4,000	\$4,000	\$4,400
IT / Systems & Maintenance		All indicative costs are based on existing service delivery costs for FY21						
SaaS and Technology Costs		Digital support and software as a service	\$55,000	\$71,500	\$104,500	\$126,500	\$357,500	\$393,250
Resources		All indicative costs are based on existing service delivery costs for FY21						
Training and Development resources and materials		Support resources and materials for people and programs	\$35,000	\$42,000	\$59,500	\$66,500	\$203,000	\$223,300
Printing		Print support materials (40 hospitals, 100 Community Dads Groups)	\$29,000	\$34,800	\$49,300	\$87,000	\$200,100	\$220,110
Total Funding Requested			\$1,046,500	\$1,294,300	\$1,665,750	\$1,903,645	\$5,910,195	\$6,501,215
Per Hospital Cost Estimate			\$95,136	\$86,286.67	\$66,630	\$46,430.37		
Per Family Cost							\$86.41	
Per Person Cost							\$28.80	
Total Anticipated Unconfirmed Contributions Cash		All indicative costs are based on existing service delivery costs for FY21	\$35,400	\$88,500	\$159,300	\$241,900	\$525,100	

Risk Management Plan, and how these risks will be mitigated.

This program will be overseen by an experienced and qualified Program Manager with final accountability resting with the CEO. Dads Group convenes and Audit and Risk Committee and the Risk Register is managed by Thomas Docking. Risks identified with mitigation strategies have been addressed in Table A3.

This includes:

- Covid-19 social isolation and health directive risks (or other community crises)
- Disruption to services
- Unanticipated additional works
- Financial or budgetary risks
- Accreditation
- Building Tenure
- Workplace Health & Safety
- Stakeholder behaviors
- Participant recruitment
- Time slippage or scope creep

Mitigation strategies have been proposed for each risk area to significantly reduce or eliminate risks. This has been achieved through a comprehensive risk analysis assessment and engagement with Program Staff, Evaluation Partners and Senior Management, prior to the preparation of this submission.

Internal risk escalation procedures, regular program updates and reporting against schedule will identify both identified and unidentified risks, and will be managed in accordance with internal processes, with adherence to legal and regulatory requirements, and with consideration of stakeholders and funding agreements. Key Funders will be informed of any activities or circumstances that may impact the agreed deliverables or program outcomes.

Table A2-ACTIVITY WORK PLAN DADS GROUP PERINATAL MENTAL HEALTH AND WELLBEING PROGRAM-NATIONAL EXPANSION

ACTIVITY NAME Dads Group Perinatal Wellbeing Program – National Expansion				
PROGRAMME OUTCOME AND OBJECTIVE				
Task	Output(s)	Deliverable(s)	Performance Measure(s)	Timeline for Completion of Task
Dads Group Hospital Programs Engages expectant fathers in hospitals through peer group sharing facilitated by a trained Dads Group Leader working in collaboration with midwives in gender split activities and research led practices in engagement. The program opens invitation to further engagement for support, one being the opportunity to connect with local dads together in community programs.	Ethics approval to undertake research/evaluation of the program at each site	Service ethics approvals for the project	Conduct research in accordance with National Statement on Ethical Conduct in Human Research	Within 3-6 months, and ongoing as required throughout
	DG will engage/connect with an approximate 300-400 families per hospital location per year, through the antenatal education programs (ANPs) (Number relative to hospital birthing numbers)	Collaborative working relationships with midwives to improve engagement of fathers in ANPs	80% of expectant parents attending ANPs report substantial understanding of mental health challenges & confidence in help seeking	Ongoing, 6 monthly intervals across the 4 years at each hospital
	75% of parents attending antenatal education classes will complete pre- and post-class surveys	Review and update antenatal class content to ensure father inclusive in language/images. Educate fathers & partners on mental wellbeing/ill-health challenges in perinatal period in EPP. Trained peer educator with lived experience of mental ill-health recovery facilitating sessions. Provide a DG experience during the ANP	85% of parents attending ANPs report significant awareness of & how to access community father-baby focused programme e.g., community dad's groups	Class survey completed at each location & class over the 4 years
	95-100% of all midwives involved in antenatal group education programs will attend emotional preparation for parenting (EPP) training if this element is implemented at hospital	Educational support to midwives involved in the ANPs	Performance measure of training: 85% of midwives facilitating the EPP class with peer educators report feeling confident in their roles and understanding of PMH challenges.	Ongoing, pre and post EPP training
	90% of midwives complete 6 monthly surveys following implementation of EPP class to determine confidence, knowledge and reaction to the program.	Provision of training of EPP program for new health service partners	Ongoing 6 monthly evaluation survey of midwives facilitating EPP antenatal education	
	75% of hospital service staff will receive relevant training specific to their role in organisation	Health Service Staff Training & communication with relevant executive, management/front-line staff. Ongoing communications regarding: 1. DG Perinatal Wellbeing Program- impact and benefits 2. Value of peer educators 3. Research underpinning model 4. Their role to support this project 5. Referral pathways for parents requiring mental health support	85% of health staff feeling confident in their understanding of DG Perinatal Wellbeing Program & importance of including mental health education and support for fathers and their families. 85% of midwives' self-report feeling improved confidence in conversing with families about PMH challenges	Ongoing, before and during program delivery across the 4 years
	75% of all staff who have attended relevant project training/in-services complete program evaluations			
	Interviews with key stakeholders involved in program regarding process/evaluation			
	100% of the peer educators will receive training and complete relevant evaluations	DG team- recruitment/training of its staff as peer educators as the project expands	85% of peer educators report feeling confident in their roles and understanding of perinatal mental health (PMH) challenges	
	Presentation of a progress report to funding bodies & key health service stakeholders	Project Progress Reports for key health service stakeholders and funding body	Identifying risks and implementation of mitigation strategies	Ongoing, 6 monthly across the 4 years

Table A2-ACTIVITY WORK PLAN DADS GROUP PERINATAL MENTAL HEALTH AND WELLBEING PROGRAM-NATIONAL EXPANSION

Task	Output(s)	Deliverable(s)	Performance Measure(s)	Time frame for Completion of Task	
Digital Wrap Around Programs	Daily Digital Program Delivery: Online Video Group Chats, with approximately (n=1,460-5,000) new and expectant fathers over 12 months, session frequency ranges between (4-7 times p/w, @ 30 mins - 1 hour approx.)	Reduction in isolation for participants	Key measures of success will be captured in data from surveys, recordings and interviews.	Ongoing Year 1 - Year 4	
The Digital Wrap Around Support programs provide access to both geographically isolated and socially isolated fathers who may not be able to attend social settings. They include online video calls with Mental Health First Aid Certified Fatherhood experts as well as links to further resources and online social groups. Task	Locally targeted Facebook Group	Peer education and support for participants	A 60% reported reduction in participants feelings of isolation	Ongoing, 6 monthly intervals across the four years at each hospital	
	Nationally targeted Facebook Group	Understanding how support and relationship growth can be achieved with both partner and child	A 60% increase in participants feelings supported and knowledge about parenting		
	On demand, audio, telephone, support	Improved Parenting Capacity, Capability and Confidence	60% of participants reporting increased self-awareness.		
	Developing and sharing of media resources	Sharing of health support pathways to participants	A 60% increase in participants understanding how to better support their partner and child.	Ongoing, before and during program delivery across the 4 years	
	Capacity building through training and promotional events		A 60% increase in participants confidence and parenting capability		
			80% of program participants demonstrate knowledge of where to get help as a parent	Ongoing, 6 monthly across the 4 years	
Task	Output(s)	Deliverable(s)	Performance Measure(s)	Time frame for Completion of Task	
Task DG Community Programs	Wrap around DG facilitation in Community	DG partner with the maternity hospital to co-facilitate parenting classes with a focus on engaging with the fathers in attendance.	A 60% reduction in reported isolation by participants.	Ongoing Year 1 - Year 4 Time frames for performance measure reports as follows:	
The "Community DGs" are hosted by a supported DG program facilitator and provide a regular, safe place for new fathers to expand their social support networks, build their parenting confidence and skills, and positively engage with their children from birth to early childhood. Community DGs complement existing maternal health supports and improve overall family resources for mental health and wellbeing	Ongoing program development utilizing DG evidence-based methodology	Collection of data from surveys, reflections and peer group leaders	A 60% of participants report positive learning	Ongoing, 6 monthly intervals across the four years at each hospital	
	Ongoing recruitment and training of fathers in close proximity to each new hospital to lead a community DG	Connection of fathers through peer support with both community DG and on digital platforms beginning from the antenatal period.	60% of DG participants report increased self-awareness.		
	Deliver workshops to key stakeholders: hospital staff, maternal and child health services to promote DGs to build awareness, increase capacity in service delivery and providing support pathways for new fathers/figures				
	Produce promotional materials - posters, flyers, social media tiles and weekly social media posts	A Review of existing parenting class presentation materials and provision of feedback on father inclusivity in the information shared.	A 60% increase in participants understanding how to better support their partner and child.		
	Conduct weekly consultations with group leaders, face-to-face or via video, dependent on needs.	A DG agreed collaborative approach with council maternity and child health services providing their services a referral pathway for new fathers.		Ongoing – following commencement of a new group.	
	Group support via weekly conference call				
	Facebook Group Page set up, and communication channels			Setup of Facebook page within first 3 months of receipt of funding	
	Run "Man with a Pram Events" in close proximity to each new hospital sites inviting dads across community regions with their babies to connect on a single day	A DG facilitated workshop with hospital and maternal and child health staff per hospital.		Annually during November	
	Program Promotion to external key stakeholders i.e., early parenting services			Ongoing, before and during program delivery across the 4 years	
	Social support starting from the antenatal period				
Develop peer support for expectant and new fathers in their local community	An identified local father(s) to lead the Dads Group per location.	80% of program participants demonstrate knowledge of where to get help as a parent			
Train local fathers as leaders for their community DG					
Educate hospital staff in father friendly and inclusive service delivery for new and expecting fathers	DG leadership training to build facilitation capacity.				
Maximise sustainability (build additional strong networks and partnerships with decision makers throughout project including with local leaders, council, business and community organisations).					

Table A2-ACTIVITY WORK PLAN DADS GROUP PERINATAL MENTAL HEALTH AND WELLBEING PROGRAM-NATIONAL EXPANSION

Task	Output(s)	Deliverable(s)	Performance Measure(s)	Completion of Task	
<p>Monitoring and Evaluation Program – Process & Impact Evaluation</p> <p>All evaluations will use valid online survey instruments accessed via smartphone or computer. These impact surveys utilize a standard five-point Likert scale for participant responses, in line with the SCORE approach to measuring outcomes. Protocols for interviews and observations will be established which will permit them to occur online via video conferencing.</p> <p>The evaluation approach taken here will ensure data provides a reliable outcome measure so that outputs can be interpreted consistently within and across program locations</p>	Development of data collection tools (e.g., surveys; interview protocols) for data collection	Online (smartphone and online) survey for class evaluation and response from health providers and participants	90% survey completion rate by health providers and class participants	2 months Year 1 for instruments + data collection as required for each class (pre- and post-delivery) Year 1- 4	
	Ethics approvals for each participating site to conduct process and impact evaluations across the three modes of delivery	Interview, observation and reflective protocols are established	The National Statement on Ethical Conduct in Human Research	Ethics approvals established <3 months, Year 1, for program period	
	HOSPITAL PROGRAMS				
	<i>Process evaluation</i>	USC & individual health service ethics approvals for human participant data collection.	Research practices conducted in line with the National Statement on Ethical Conduct in Human Research.	Ongoing throughout the project 1-4 years	
	Interviews with key health provider staff at each location; Reflections and observations of program facilitators	Interview data and feedback from health providers and program facilitators permitting iterative process evaluation	Process evaluations conducted by appropriately trained and experienced researchers to ensure ethical practice and accurate reporting and program improvement recommendations.		
	<i>Impact evaluation</i> Pre and post class participant surveys Post-program family survey (no more than six months after class delivery) Reflections and observations of program facilitators	Analyses and evaluation of each class delivery of each health provider, and broader program participation	Progress reporting from in-class; and online program delivery		
	COMMUNITY DADS GROUPS				
	<i>Process Evaluation</i> Reflections and observations from Dads group peer leaders	Analyses and evaluation of each class delivery of each health provider, and broader program participation	90% survey & observations participation >90% of group peer leaders across locations are offering timely feedback on group processes and activity	Ongoing, before and during and program delivery - Year 1 - Year 4	
	<i>Impact Evaluation:</i> survey of participating Dads; reflections and observations from dads group peer leaders	Accurate representation and insights to the processes associated with the Community Dads Groups	90% survey feedback from dads in groups from each location.	For each class delivered via health providers – Year 1 – Year 4	
	DIGITAL DADS GROUP				
<i>Process Evaluation</i> Reflections and observations from participating Dads <i>Impact evaluation</i> survey of participating dads participating in the Digital group to monitor uptake and engagement	Survey data & feedback across core program objectives from participating dads -Accurate reflections and observations on program impact Feedback from dads on the efficacy of the digital and online interactions; Survey data & feedback across core program objectives from participating dads; meta data relating to the uptake, interaction and participation with digital dads	90% of group peer leaders across locations are offering timely feedback 90% participation of digital dads' group 90% response rate from Digital dads group surveys at each site.	6 monthly across the four years at each location via progress reports		
Data collection from classes at participating health providers site Program monitoring & evaluation reporting	Draft program reports pertaining to each class that is delivered Annual program report	Draft reports compiled and finalized within 2 weeks at each participating site Disseminate to each participating health provider			

Risk Management Plan

KEY CURRENT RISK RATING

Likelihood	Insignificant Consequences	Minor Consequences	Moderate Consequences	Major Consequences	Catastrophic Consequences
Almost Certain	Low	Medium	High	Extreme	Extreme
Likely	Low	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	Medium

Please see following page for Risk Management Table

Risk Management Table

Risk Ref	Risk Identification	Risk Impact	Risk Controls- what controls are	Likelihood- what are the effects if it happens?	Consequences	Current risk rating	Acceptable/	Proposed Treatments
1	COVID-19 related risks for onboarding of organisations in relation to timeline delays	Mod	Prioritise sites where COVID related risks of delays are lower	Possible in regional and likely in Metropolitan hospitals There may be delays for onboarding and implementation of the project at various hospitals. Such delays may include key stakeholder meetings.	Minor in regional and moderate in metropolitan. Hospitals	Minor in regional and moderate in metropolitan hospitals.	Acceptable	Utilization of digital platforms for meetings for continuance during restricted access Maintain direct and frequent communication with Hospitals and Healthservice advisory board members to ensure program delivery is able to navigate potential services delivery restrictions. Project timelines may need adjustment depending on any COVID related restriction.
2	Unscheduled Disruption to Partner Hospital services	Low	Reverting to digital platform for service delivery	Possible in regional and likely in Metropolitan hospitals The experience for participants will be different, however providing virtual connection remains valuable	Minor in regional and moderate in metropolitan. Hospitals	Minor in regional and moderate in metropolitan. Hospitals	Acceptable	Ensure health sites are onboard to offer different elements of DG program. For example, Digital Dads Group if Face to Face restrictions exist
3	Life challenges for peer educators may impact their recruitment and trainings	Med	Remain flexible in the training, offer alternative timing of training sessions. Diversify the facilitator resource pool	Possible This may impact on timelines for training.	Minor	Low	Acceptable	Engage with PANDA Champion Program to recruit peer staff. A highly experienced trained peer educator will assess and induct new candidates to the peer role. Alternative on-line training methods may need to be undertaken to ensure training is completed in specified time lines. Team will seek to grow and diversify the facilitator resource pool
4	Challenges in relation to buy in' from staff at both executive and grass root levels at each health site	Med	Regular engagement and clear communication and follow up.	Possible there may lack of engagement with the project.	Significant	Low	Acceptable	Ensure early engagement and communication with identified staff who are to be a champion of the project implementation. Focus on building a genuine culture of collaboration. – Encourage the local healthservice to be the driver/leader on the project Provide regular program updates and feedback to evidence to the impact of the program. Additional time and education of these staff may be needed to clarify their roles within the project to accept and commit to 'Buy in' Formalisation of collaboration via a terms of reference or MOU
5	Program Funding requirements increase	Med	Project manager employed to maintain close review of budget to promote efficiencies/prevent overspend and identify complementary funding options	Possible Re valuation prioritising essential spending	Minor	Low	Acceptable	Proactive funding committee setup to identify complementary funding options as well as internal close monitoring of the budgeted expenses Where necessary adapt program approach / activities accordingly. Identify other funding sources in specific target regions as required
6	<u>Occupational Health and Safety – emotional impact on peer educators and dads group leaders</u>	Moderate	Designated staff member provides weekly check-ins with staff and is available for de-briefing All DG leaders have received mental health first aid training (MHFA)	Possible May need to provide personal leave to affected staff and have backup (casual staff)	Minor	Low	Acceptable	Regular check-ins by the designated staff member who is available for is available for de-briefing MHFA training completed by all DG leaders
7	Difficulty in recruiting participants to Community Dads Groups	Low	Strong focus on promoting local dads' groups	Possible Low uptake of the program	Minor	Low	Acceptable	Develop and advertise strategic positions early. Deliver an effective and targeted promotional campaign (both digital, printed and face-to-face). Easy to follow sign-up process Regular 're-marketing' to target audience. Encourage word of mouth promotion through existing participants
8	Slippage in time lines	Med	Project manager engaged to ensure implementation remains on schedule Governance Board and Independent Advisory Board will review milestones and to gates	Possible Not achieving desired outputs	Minor	Low	Acceptable	Project manager to remain in close contact with partners to confirm project timeframes and progress Remain flexible, adapting to the individual challenges faced in each location Clear communication between key stakeholders Quarterly Reporting to Governance Board and Independent Advisory Board will oversee milestones, to gates and Risk Register

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Appendices

- Appendix A- Evidence of Support for Project (Letters)
- Appendix B- Systems Analysis, Dads Group
- Appendix C- Proof of Entity Type Dads Group
- Appendix D -Table A1 Indicative, Budget Dads Group 2021
- Appendix E-Table A2- Activity work plan, Dads Group 2021
- Appendix F-Table A3 – Risk management table, Dads Group 2021
- Appendix G – Summary Research Report USC Dads Group 2019
- Appendix H – The Case for Change, Plus Paternal Research, Healthy Male
- Appendix I – Building Safe Communities for Women and their Children: ANROWS
- Appendix J – Engaging Fathers in Parenting Programs Best Practice Guidelines