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# Father inclusive practice in a parenting and early childhood organisation: The development and analysis of a staff survey

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## Abstract

**Aim** The successful embedding of father inclusive practice (FIP) in parenting and early childhood organisations is relatively new and therefore challenging to assess. The purpose of this study was to describe the process of adapting an existing tool, the Knowledge about fatherhood checklist (KAFC), to suit the parenting service context and apply the modified survey to establish a baseline of attitudes and practice of all staff at an established parenting and early childhood service in Western Australia, Ngala.

**Method** Following the application of the KAFC at Ngala in 2016, feedback provided by the staff led to a reflective and iterative process of review to adapt the KAFC. In 2018, all staff were asked to complete the adapted survey – the 23-item Father inclusive practice survey (FIP survey) – in order to assess the attitudes and behaviours of everyone in the organisation. The FIP survey covers aspects of competency as well as knowledge and attitudes in relation to fatherhood or father engagement.

**Results** Results indicated generally high levels of appreciation of the fathering role by Ngala staff. However, a number of areas for improvement in staff knowledge and attitudes were identified, including the benefit of reflecting on personal experiences of fathering, the awareness of the gendered stereotyped view of men, and the importance of the influence fathers can make in the context of attachment and breastfeeding.

**Conclusions** The implementation of this FIP survey informs improvements to staff orientation and training in FIP, and provides insights into staff attitudes, beliefs and practice regarding acknowledgement of the important contribution fathers make to the development and wellbeing of their children.

## Introduction

A network of early parenting services exist across Australia and New Zealand that provide support and education for families, children and young people (AAPCH 2019). Ngala is a not-for-profit parenting and early childhood organisation in Western Australia (WA) established in 1890 to provide services for mothers and infants. Over the past 2 decades, particular effort has been

invested in engaging fathers across all Ngala services and in developing father inclusive practice (FIP) across the organisation. The Ngala DadsWA program began in 1999 with the aim of providing information and support for fathers with children in the early years, and to actively promote the importance of fathers within the community. An important internal role of the program was to work towards encouraging all of Ngala's services to be accessible to fathers as well as mothers. This reflected a growing body of research around the important contribution that fathers make to parenting and to the development and wellbeing of their children.

In the following years, considerable work has been done within Ngala to engage fathers, and this effort is reflected in statistics showing a growing number of fathers utilising the various services. For example, the *Father inclusive practice guide* (Commonwealth of Australia 2009) (developed with partners across Australia) was included as part of Ngala's strategic plan, practice frameworks and service models. New staff members were also encouraged to participate in an internally-delivered *Engaging fathers* workshop as part of their orientation program.

The past decade has seen considerable change in Ngala staff and services. Given these changes and the increased evidence of the importance of father involvement, it was an opportune time to review the status of FIP within Ngala. The purpose of this paper was to describe the process of adapting an existing tool, the Knowledge about fatherhood checklist (KAFC) (Fletcher *et al.* 2013) to suit the current parenting service context, and to analyse the application of the modified survey, the FIP survey, in a parenting and early childhood organisation, Ngala. The results from the survey will be used to inform a strategy to implement a regular audit of FIP policy and practice at our organisation.

## Literature supporting a focus on father inclusive practice

There is a plethora of literature in which the authors expound the benefits of including fathers in pregnancy, parenting and child health services. Support for positive father involvement is important because of the benefits for children, mothers and fathers, including: promoting positive health and wellbeing outcomes for the child and mother (Fletcher *et al.* 2014; Panter-Brick *et al.* 2014); facilitating opportunities for early identification of and intervention for paternal depression (Fletcher, Dowse *et al.* 2017); increasing knowledge regarding the importance and uniqueness of the father–infant attachment relationship (Grossmann *et al.* 2008; Paquette & Dumont 2013); acting as a protective influence for vulnerable children in the context of child protection services (Zanoni *et al.* 2013); improving co-parenting and emotional support to their partner (Bennett & Cooke 2013); and increasing the child's behavioural, cognitive and emotional development (Cabrera, Volling & Barr 2018; Lamb 2010; Tully *et al.* 2017).

Although the evidence shows a major positive shift in the way fathers are perceived as parents, as well as an increased expectation that they are involved in parenting (Wells 2016), there continues to be a significant lack of father inclusion in parenting services (Panter-Brick *et al.* 2014). Also, there are limited support options for men facing difficulties with the transition to fatherhood

(O'Brien *et al.* 2017); as such, there is also a need for male-specific considerations in services. For example, a review of 62 papers (Wells 2016) which examined Swedish child health systems – often considered the world's most advanced – concludes with saying that “many fathers felt that there was a systemic issue of them being symbolically, but not practically, recognised and supported by the child health field” (p. 1020).

Indeed, there is much evidence which highlights the barriers that fathers experience within the child health field, and within support organisations specifically; these barriers are many and varied (McBride *et al.* 2017; Panter-Brick *et al.* 2014), and are well documented (Fletcher *et al.* 2014; Fletcher 2008). For example, several authors raise issues of “nurses' gatekeeping”, “maternal gatekeeping” and “feminised environments” as major barriers to including fathers (Davis *et al.* 2016; Pfitzner, Humphreys & Hegarty 2018; Sarkadi 2014; Wells & Sarkadi 2012).

However, although there has been some growth in awareness and initiatives being undertaken to increase fathers' access and engagement in parenting services (Fletcher, May *et al.* 2017; Faulkner *et al.* 2018), these have rarely been monitored or reported. Furthermore, given that most parenting services have a high proportion of women employees, these issues are of particular importance to this current project. Engagement in professional development and self-reflection therefore appears to be crucial to the development of knowledge and skills in relation to directly working with fathers, as well as at an organisational and administrative level (Lechowicz *et al.* 2018). As such, recommendations for effective FIP (Commonwealth of Australia 2009) highlight the need for all staff – direct service and non-service – to reflect on and identify gaps in relevant areas of knowledge, skills, values and attitudes regarding fathering.

## Development of the survey

During 2016, Ngala undertook a survey of practitioners using the KAFC (Fletcher *et al.* 2013). The checklist was designed for use in the context of family law reforms and specifically for practitioners working within the family relationship and dispute resolution services sector (Fletcher & St George 2010).

Following the 2016 survey, the feedback from participants was considered by a team of practitioners and researchers at Ngala. A number of issues were identified in the KAFC, including: the frequent use of the middle response category of “unsure”; items that were not applicable to the context of parenting services; items that were for practitioners only; a number of issues commonly addressed in parenting services were not addressed; and items and response categories that were worded in a way that was absolute (e.g., “I know how...”, “At no time...”, “correct” or “not correct”). Therefore, it was considered beneficial to revise and adapt the KAFC for use in a parenting and early childhood services context. The items were critiqued for face and content validity by the research team and additional specialist advisors using an iterative and reflective process of workshops and email communications alongside consideration of practice wisdom and research evidence. This team included members with specialist experience and knowledge in FIP, and all were experienced in the area of parenting services and research evidence.

The research team modified the 36-item KAFC – 16 items were removed, six items were reframed, 12 items were only slightly reworded, three items were unchanged, and three new items were created. These three new items addressed specific parenting issues of paternal mental health (item 20), breastfeeding (item 21) and father–infant attachment (item 22). Most of these changes reflected the need for the items to be suitable for both practitioners and non-service staff, as well as for the context of parenting and early childhood.

In total, 23 statements made up the final FIP survey. These were considered to reflect characteristics or values of FIP in parenting services. For example, agreeing with statements such as “It is OK if there are some differences in how mothers and fathers parent their children” or “It is helpful for a father to reflect on his own experiences with his father” was considered indicative of father inclusive attitudes. Agreeing with a statement such as “Mothers are naturally better than fathers at bonding with a baby and providing a secure attachment relationship”, is not supported by evidence and may indicate a possible bias that is contrary to FIP.

The 23-item FIP survey was not considered to be a single construct measure that could provide a total score of FIP for each respondent. Rather, this survey is a collection of individual attitudes, understandings and perspectives that were considered likely to indicate FIP skills, ability or suitability. Each item is intended to be rated and frequencies analysed individually.

## Methods

### Study design, site and study participants

Using a descriptive survey method, including the FIP survey items and a single open-ended question, this study investigated the self-reported attitudes, beliefs and practices of all staff at Ngala, WA. Ngala’s Perth metropolitan services span north to east and south from central metropolitan administration hubs, and the regional areas incorporate Geraldton and Carnarvon.

This method was chosen so as to implement an adaptation of the KAFC in a parenting services context in a way that was considered to place a minimal burden on participants and be a repeatable assessment of FIP. The sample size was 315 staff across all services, including executive, management and administration, both professional and non-professional staff. The staff profile has a high percentage of part-time service personnel from the disciplines of nursing, early childhood education, social work, psychology and community development, as well as administrative staff. It is important to include all staff because the attitudes and behaviours of everyone in the organisation are important. Non-service staff may potentially interact with families face-to-face, as well as through written correspondence, so they may potentially have a direct impact. Furthermore, it is important that the culture of the whole organisation reflects these attitudes and values and that all individuals are part of that culture.

### Procedure

The survey was promoted to staff over 6 weeks through announcements on Ngala’s intranet and direct email with a link to the survey which was hosted by Survey Monkey. Throughout the 6-week period, reminders were sent to managers and coordinators to encourage participation in the survey. Hard copies of the survey

were also sent to some service areas where computer access was limited. Completed hard copies were placed in an envelope located at the reception desk at each location. No names or contact details were collected to ensure anonymity and protect privacy. Responses from the hard copies were entered manually into the online survey by an administration officer. Ethical approval to conduct the study was obtained from Curtin University Human Ethics Committee prior to data collection.

### Instrument: FIP survey

As described in an earlier section of this paper, the initial KAFC survey was adapted for use in parenting and early childhood services, resulting in the 23-item FIP survey. Staff were asked to rate each statement on a Likert scale, with categories labelled: “mostly disagree, somewhat disagree, somewhat agree, mostly agree”. Although a total ‘score’ of a single construct may seem desirable, these items represent a wide variety of FIP issues and attitudes, therefore each item was considered individually. Participants provided demographic data including gender, level of education, professional experience, work role and past FIP training. Participants were also asked to provide a short answer to the question “Please let us know if you have any specific thoughts or suggestions about engaging fathers in Ngala services”.

### Analysis

Responses to the survey were collected using Survey Monkey, an online survey development cloud-based software. Quantitative data were exported to SPSS statistical analysis software, and results were analysed with the following analyses: frequencies of responses to survey items (agree or disagree); chi-square item comparisons between groups of staff with different amount of experience, education and roles; and comparisons of proportion who had undertaken FIP training, or not, according to the different amounts of experience, education and roles (z test with Bonferroni adjustment  $p=.05$ ).

The qualitative short answer responses were analysed using a thematic analysis process (Cresswell 2014), both manually and using NVivo data analysis software, by two of the researchers experienced in both methods of data analysis. The use of NVivo software supports the manual process by enhancing the quality and rigour of the analysis, utilising the best of both methods (Welsh 2002). The data was clustered into categories and themes were constructed that best represented the responses from the participants.

## Results and discussion

In total, 128 (41%) staff completed the survey. Of these, the vast majority were female (92%) and most were educated at the level of degree or higher (74%) or had obtained a certificate, diploma or trade level qualification (34%). Three quarters of participants had many years’ experience working in their profession (more than 10 years = 55%, 6–10 years = 20%). Just under half of the participants (47%,  $n=60$ ) identified as being in a service delivery role, about a third as leaders and executive staff (32%,  $n=41$ ), and 21% as admin and corporate services ( $n=27$ ).

Just over half of the participants ( $n=65$ ) reported having previously received FIP training; of these, only four were trained by an organisation other than Ngala. This result is a reminder of the need

to more strategically promote the attendance of FIP training, to consider reasons for non-attendance, and to address the barriers that inhibit staff attendance.

### **Agreement frequencies**

High agreement (90%+) with numerous items indicated a range of positive FIP attitudes (see Table 1). For example, the high importance of the father-child relationship for the child's development was agreed to by all participants. These staff were confident in their ideas of how a father can connect with their children, while also being interested in fathers' thoughts and behaviours. They were supportive of non-resident father involvement and responsibility. Participants acknowledged that differences between mothering and fathering is generally acceptable and can be beneficial for child development. It was also understood that it is helpful for fathers to reflect on their experiences with their own father. The transition to fatherhood was acknowledged as being a time of risk for increased depression, anxiety and stress for men. This result was evidence that the majority of staff expressed a high level of acceptance towards the valuable role of the father in parenting, and showed a degree of sensitivity towards fathers.

However, there were several items that received levels of agreement that could indicate a lack in FIP understanding or perhaps, in some cases, a deficit view of fatherhood. Alternatively, the participants may have interpreted the questions in a manner contrary to expectations of the authors and common theory of FIP. The issues associated with these items are discussed below.

### **Staff experience of fatherhood**

A third of the participants reported that their own experiences of a father was not relevant to their views of fatherhood, and a quarter disagreed with the statement that drawing on their own relationship with their father helped them relate to other fathers. A commonly accepted principle of parenting attitudes, practice and intervention is that we are powerfully influenced by our early and personal experiences (Belsky, Conger & Capaldi 2009). Therefore, reflective practice, supervision, mentoring and continuing professional development are important means of becoming aware of potential biases and unconscious preferences. Interestingly, a high proportion (96%) of participants believed it was beneficial for fathers to reflect on their experiences with their fathers, indicating that a reflective approach to parenting is valued, even if not all participants valued this reflection for themselves.

### **Men and emotions**

Only a minority (30%) of participants believed that most men know how to express their emotions. This is a commonly held gendered stereotype (Brody & Hall 2008), together with the belief that women experience emotions more intensely than men; however, these differences are often context dependent (Chaplin 2015), vary according to specific emotions (Simon & Nath 2004), and the size of the differences tend to be small or negligible (Hyde 2014). Studies of alexithymia (Levant *et al.* 2009) indicate that, on average, men exhibit slightly restricted emotional expression when compared with women. This can be a risk factor related to difficulties with help-seeking and stigmas regarding mental health issues (Vogel *et al.* 2014). Interestingly, nearly all participants (95%) disagreed

with the statement "When discussing parenting with a father, if he doesn't show emotion, it means he is not interested", indicating that limited emotional expression is rarely interpreted in a purely negative manner. This would signify a strengths-based approach, which is an important principle of FIP. This result highlights the importance of considering gendered stereotypes in FIP training.

### **Mother orientation of parenting**

Over a quarter of participants believed that a parenting service that meets the needs of mothers will also meet the needs of fathers. This response is supported by leading fatherhood researchers (Fagan *et al.* 2014) who argue that, generally, mothers' and fathers' parenting behaviours are very similar and their roles are becoming increasingly similar. However, the cultural and social context of parenting has a strong history of being a feminine role, and parenting services are often developed to address mothers' needs, are targeted at mothers and are delivered by women (Pfitzner, Humphreys & Hegarty 2018). As such, although the vast majority of the content in parenting services is likely to also be applicable for fathers, there are many barriers to fathers engaging in these services if they are not developed and delivered with fathers in mind. There is also evidence that some fathers may benefit from father-specific support (Friedewald 2007), and in this sample most participants (78%) were aware of such services.

Most participants agreed (82%) that fathers generally see their role in the family as secondary or as a helper to the mother. However, less than half did not agree with the idea that fathers feel they "need approval" from the mother to care for their child. These results raise the challenge of identifying the powerful influence women have in gatekeeping, both in the professions of supporting parents and as mothers themselves (Davis *et al.* 2016; Pfitzner, Humphreys & Hegarty 2018; Sarkadi 2014; Wells & Sarkadi 2012). These perspectives may well be addressed in FIP education; however, ongoing supervision and reflective practice is likely to also be beneficial in supporting staff to become aware of such values.

One third of the participants reported that mothers are naturally better than fathers at bonding with a baby and providing a secure attachment relationship. Similarly, about a third of participants believed a mother's success with breastfeeding is not strongly influenced by the attitudes and behaviour of their partner. Both these issues have been well researched and found to be generally untrue (van IJzendoorn & De Wolff 1997; Kuliukas *et al.* 2019, respectively), therefore it is likely to be beneficial to those staff to become aware of this evidence. It may be that these staff have experience of a particular culture or context which has informed these views and, if so, it is important that, with FIP education and reflective supervision, they can become more widely informed of the father role.

Several items were found to have been responded to differently depending on participants' training in FIP. The bar charts in Figure 1 show the frequency of agreement to items that showed significant differences between those with and without FIP training. Those staff who had attended FIP training were more likely to: think it is OK if there are some differences in how mothers and fathers parent their children; feel confident in engaging with fathers who come from diverse backgrounds or situations; believe that a mother's

Table 1. FIP survey: Item category frequencies

		Mostly disagree	Somewhat disagree	Somewhat agree	Mostly agree	Weighted average	% agree
1	The father-child relationship is very important for the child's development.	0.0%	0.0%	4.7%	95.3%	4.0	100
6	I have a good idea of ways that fathers can connect with their children.	0.0%	1.6%	40.2%	58.3%	3.6	98
3	I am often interested in what fathers think and do.	1.6%	1.6%	21.1%	75.8%	3.7	97
10	Children benefit from non-resident fathers remaining involved with their child and parenting responsibilities.	1.6%	1.6%	22.7%	74.2%	3.7	97
9	It is helpful for a father to reflect on his own experiences with his father.	0.8%	3.1%	35.9%	60.2%	3.6	96
5	I have a good grasp of how fathering can be different to mothering.	0.8%	5.5%	43.8%	50.0%	3.4	94
20	Men are at increased risk of depression, anxiety and stress around the time of becoming a father.	0.0%	6.4%	46.8%	46.8%	3.4	94
8	It is OK if there are some differences in how mothers and fathers parent their children.	3.1%	6.3%	29.7%	60.9%	3.5	91
14	Differences in how mothers and fathers parent can be beneficial for child development.	1.6%	8.7%	32.3%	57.5%	3.5	90
4	Fathers often see their role in the family as secondary or as a helper to the mother.	3.9%	14.1%	59.4%	22.7%	3.0	82
12	I think I could manage OK if dealing with a father who appears angry.	5.5%	14.8%	55.5%	24.2%	3.0	80
18	I would feel confident in engaging with fathers who come from diverse backgrounds or situations.	2.4%	19.1%	42.9%	35.7%	3.1	79
23	I am aware of specific services to support fathers.	3.2%	19.1%	47.6%	30.2%	3.1	78
15	Drawing on my own relationship with my father helps me to relate to other fathers.	5.5%	19.5%	48.4%	26.6%	3.0	75
21	A mother's success with breastfeeding is strongly influenced by the attitudes and behaviour of their partner.	6.4%	25.6%	36.0%	32.0%	2.9	68
13	Most fathers don't feel they "need approval" from the mother to care for their child.	7.1%	45.7%	39.4%	7.9%	2.5	47
2	My own experiences of my father are not relevant to my views of fatherhood.	40.2%	26.8%	19.7%	13.4%	2.1	33
22	Mothers are naturally better than fathers at bonding with a baby and providing a secure attachment relationship.	28.6%	38.9%	27.0%	5.6%	2.1	33
16	Most men know how to express their emotions.	21.1%	49.2%	28.9%	0.8%	2.1	30
19	A parenting service that meets the needs of mothers will also meet the needs of fathers.	17.5%	55.6%	17.5%	9.5%	2.2	27
11	A father's responsibility for their child's wellbeing is reduced if the child lives with his/her mother.	62.5%	23.4%	11.7%	2.3%	1.5	14
7	Fathers seldom know how to raise their children.	54.7%	35.2%	9.4%	0.8%	1.6	10
17	When discussing parenting with a father, if he doesn't show emotion, it means he is not interested.	61.9%	33.3%	1.6%	3.2%	1.5	5

Rank order based on combined ratings of "Somewhat agree" and "Mostly agree" = "% agree"  
 Weighted average: with ratings of "Mostly disagree" = 1 to "Mostly agree" = 4

success with breastfeeding is strongly influenced by the attitudes and behaviour of their partner; and be aware of specific services to support fathers. Participants without FIP training were more likely to think that fathers seldom know how to raise their children, and that mothers are naturally better than fathers at bonding with a baby and providing a secure attachment relationship.

These results may be explained by the direct benefit of receiving FIP training. The issues associated with these items would have been addressed in FIP training and the intended outcome of training is to foster these FIP attitudes or understandings. Alternatively, it may be that staff who have existing FIP attitudes and an interest to include fathers are more likely to seek out and attend FIP training.

The FIP training curriculum will be reviewed to ensure these issues are addressed.

### FIP training

Comparisons of frequency of FIP training varied according to education, years of experience, and workplace role (Table 2); these results may help understand the low rate of FIP training attendance. Analysis showed that participants were less likely to have completed FIP training if they had 5 years or less experience, and were more likely if they had more than 10 years of experience. It could be that, over time, staff have more opportunities to attend FIP training, or that they grow to appreciate the need for training.

Figure 1. Frequencies of agreement to items with difference in FIP training

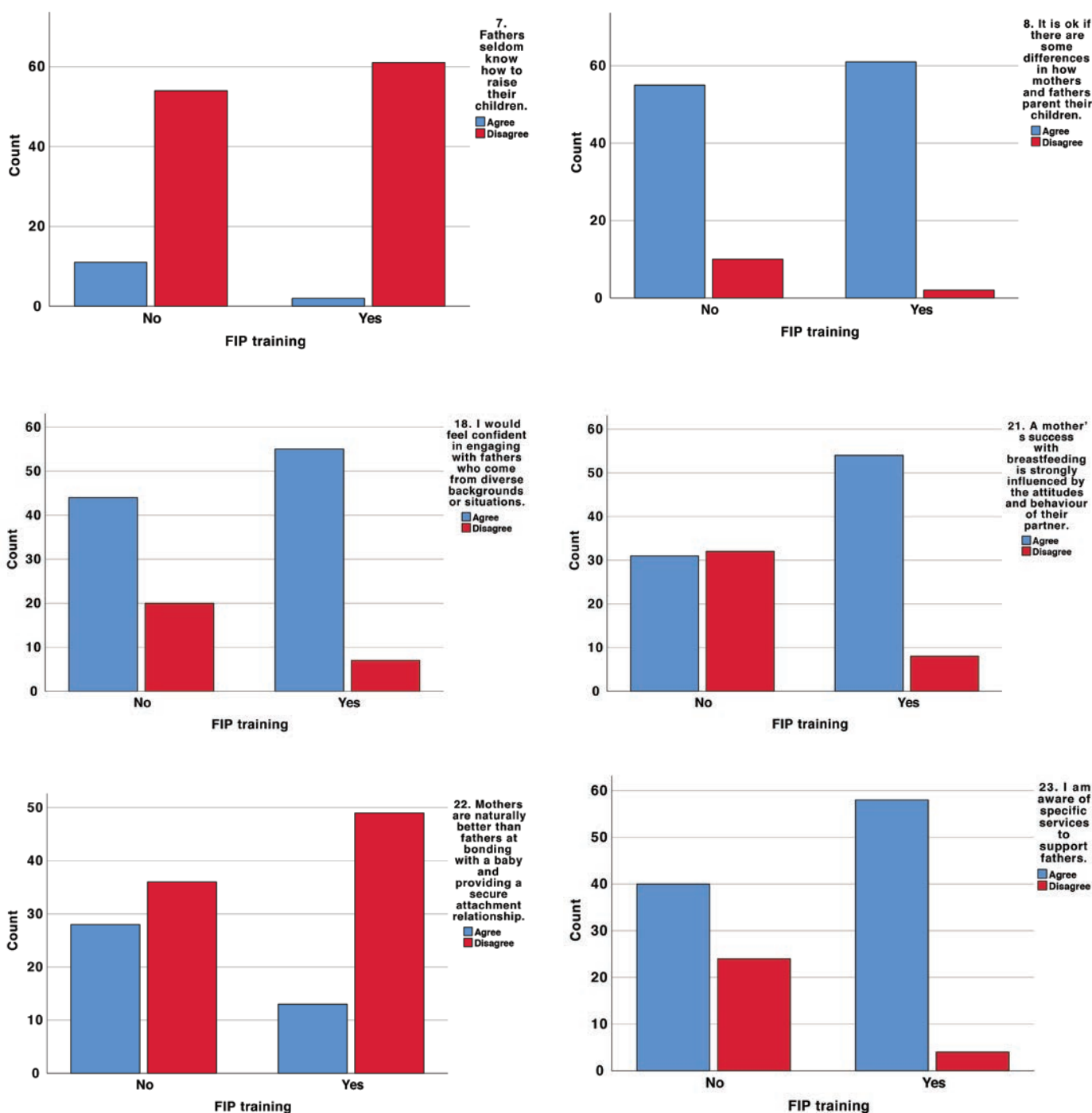




Table 2. Percentage of participants with FIP training

	FIP training	
	No (n=65) % (n)	Yes (n=63) % (n)
<b>Years of experience</b>		
0–5 years	68 (21)	32 (10)*
6–10 years	58 (15)	42 (11)
More than 10 years	41 (29)	59 (42)*
<b>Education</b>		
Certificate, diploma or trade level	64 (35)	36 (20)*
Degree or higher	41 (30)	59 (43)*
<b>Role</b>		
Admin and corporate services	74 (20)	26 (7)*
Leaders and executive	51 (21)	49 (20)
Service delivery staff	40 (24)	60 (36)*

\* Column proportions differ significantly from each other at the  $p=.05$  level.

Those with a higher level of education were more likely to have completed FIP training, and those with less education were less likely to have received training. Higher levels of education may reflect a greater appreciation of training in general, or that education has imparted a valuing of, or interest in, FIP. In addition, service delivery staff were more likely to have done FIP training and administration and corporate staff were less likely to have completed training. This may reflect a perception that FIP training was not required in roles that do not engage directly with parents. These results provide valuable information regarding which staff areas need to be targeted when promoting FIP training. The high percentage of part-time staff and the need for planning to include these staff in FIP training should be considered a priority.

### Qualitative short answer responses

Thirty-three participants responded to the short answer question "Please let us know if you have any specific thoughts or suggestions about engaging fathers in Ngala services". From this, four main themes were constructed: innovation and change; flexibility and suitability; parenting – not just mothering; and funding.

Numerous staff expressed need for innovation or change to current practices that would result in better inclusion of fathers. It was noted that there are "very few male staff" and that there is a need for "compulsory FIP education and training for all staff", confirming strategies that are commonly recognised as improving FIP. One response suggested fathers should be "admitted as clients", and another that they should be "registered as primary carers in the same way as mothers", indicating that not doing this leads to services not being tailored to the father's individual needs and potential. This possibility requires further investigation.

A number of participants noted the need to address possible difficulties that fathers may have accessing services. For example,

the importance of having "flexible delivery" and services available in the "evening or weekend" and that different contexts such as at the pub, a BBQ, or a fathers' playgroup may be more appropriate. It is likely these strategies for being more inclusive of fathers are likely to also be applicable for many mothers.

Some responses were calls for greater attention on supporting a "teamwork attitude towards parenting" between mothers and fathers, and a co-parenting focus. Also highlighted were the particular needs of single parenting, which included fathers who are parenting alone.

Finally, a number of staff suggested more active marketing, promotion and resourcing of FIPs. It was noted that the organisation could have a role in advocating for fathers to access private health funds, suggesting that, particularly in the cases of twins or multiple children, both parents require support.

### Limitations

A number of limitations are evident in this study. The high proportion of female staff meant it was not possible to make comparisons between male and female. As is often noted, it is common for the parenting services workforce to have low rates of male staff. Future studies with more male staff will enable analysis to examine if there are gender differences in attitudes towards FIP.

In addition, the low response rates in this survey from some of Ngala's services mean the results cannot be interpreted as an accurate representation of the whole organisation. It is hoped that as this survey is implemented at regular intervals in the future and becomes more familiar to the staff, the response rate will improve. It would also be appropriate to conduct follow-up focus groups to gather richer data from the participants. Furthermore, some of the items have been noted as being open to differing interpretations so, although they may provoke helpful reflection and be highly relevant to FIP, the results do not reflect the range of reasoning for the level of agreement. A qualitative study of rationales for agreeing or disagreeing with items would be helpful.

### Conclusion

The results from this study have shown that Ngala staff generally have a high value of the father role and understanding of fathering; however, there appeared to be potential for improvement in a number of areas. In particular, some staff would likely benefit from reflecting on their own personal experiences of fathering, there are indications that some staff may be unaware of a gendered stereotyped view of men and of the role of gatekeeping and, finally, some staff were unaware of the importance of the influence fathers can make in the context of attachment and breastfeeding. These issues could be addressed in staff education, supervision and continuing professional development.

This study builds on the work of Fletcher *et al.* (2013) by adapting their checklist to be suitable as a FIP survey for a parenting and early childhood service organisation. The survey was designed to engage staff in reflection, to pause and consider the values and attitudes that we bring to our work. The tool will inform revision of Ngala staff development and training in FIP.

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## Conflict of interest

Investigators DC, EB, WS and KR are employed by the organisation; however, they were not involved as survey respondents.

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