

# Innovating for Improvement

## Reaching Out to Fathers: Using Volunteers to Enhance Engagement in the Perinatal Period

Home-Start Oldham, Stockport & Tameside



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## About the project

### Project title:

Reaching out to fathers: using volunteers to enhance engagement in the perinatal period

### Lead organisation:

Home-Start Oldham, Stockport & Tameside

### Partner organisations:

Pennine Care NHS Foundation Trust  
NHS Tameside and Glossop CCG  
Child Outcomes Research Consortium

### Project lead:

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## Part 1: Abstract

This funding enabled us to consult directly with fathers/fathers-to-be and to develop a new service to specifically meet their needs.

The perinatal period is a time when men are more prone to developing poor mental health than at any other time in their life and it can be a time when they may find themselves caring for a partner affected by poor mental health. Coping with poor mental health can be isolating and scary but when combined with meeting the needs of a newborn and trying to provide the best care possible it can sometimes feel overwhelming.

Our new Dad Matters service was set up to promote the welfare of fathers in the perinatal period – to provide a range of new resources, direct support when needed, and to encourage other local service to remember that Dad Matters when dealing with families.

Results have shown greater involvement of dads in local services and an increase in the knowledge and confidence of new fathers. Results have also shown improvements in the well-being of fathers that have received one-to-one support.

The strength of this work comes from being underpinned by a strong partnership between a local family support charity and specialist NHS services. The combination of the charity's ability to engage with those often most reluctant to access services and the expertise of specialist staff resulted in a new way of engaging fathers. We are pleased that this work will continue and will support and encourage the wider spread of 'Dad Matters'.

## Part 2: Progress and outcomes

Our project included a range of interventions:

- We created 'Dad Matters' with its own 'father-friendly' branding and resources
- We established a Dad Matters social media presence, including website, Facebook and Twitter
- We trained Home-Start staff and volunteers in the importance of engaging dad
- We created the 'Dad Plan' – a series of modules that can be delivered to dads in group settings or on a one-to-one basis
- We developed ante-natal briefing sessions for dads
- We launched 'Dad Facts' – a series of short informational comments and statements that can be used across social media
- We provided direct, one-to-one support where needed
- We established a monthly drop-in at an established local dads' group
- We made a series of short films

What made our work innovative was the strong partnership between a local family support charity with expertise in volunteer home visiting and peer support and clinicians from specialist NHS services. This combination has resulted in a well-informed, well trained and well supervised team that is able to reach those that are often classed as 'hard to engage'.

We did adjust our original plan slightly in that we had anticipated setting up a new group for dads but when we had project staff in place and started our initial consultations we soon found out that this isn't what dads were looking for. They were looking for information specifically tailored to them which could be accessed at a convenient time and in a way that they related to. For those wanting additional support, they wanted this on a one-to-one basis at a time and location that was convenient for them so creating a new group was not the answer. Instead, we set up a monthly drop-in at an already established group, as well as working one-to-one with a number of other dads.

In total, we worked with 537 dads. This includes

17 dads needing 1:1 support

80 dads in ante-natal clinics

50 dads in ante-natal sessions

360 likes on our Facebook page and multiple engagements on individual posts via social media

30 dads involved in the making of our films

We used a number of standardised measures to evaluate our work, including:

- Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
- Outcomes Rating Scale (ORS)
- Session Rating Scale (SRS)
- Goal Based Outcomes (GBO)

In addition, we used a bespoke Parent-Infant Questionnaire designed specifically for this project.

WEMWBS was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing.

The ORS is a simple, four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. These include: symptom distress, interpersonal well-being, social role, and overall well-being. The ORS translates these four dimensions of functioning into four visual analogue scales which are 10cm lines, with instructions to place a mark on each line with low estimate to the left and high to the right. The ORS is designed to be accessible to a child with a 13-year-old's reading level, making it feasible for adolescents and adults.

The SRS is a simple, four-item visual analogue scale designed to assess key dimensions of effective therapeutic relationships. The SRS is administered, scored and discussed at the end of each session to get real time alliance feedback so that alliance problems can be identified and addressed (Miller, Duncan, & Johnson, 2002).

The SRS translates what is known about the alliance into four visual analogue scales each 10cm long to assess the clients' perceptions of:

- Respect and understanding
- Relevance of the goals and topics
- Client-practitioner fit
- Overall alliance

GBOs are a way of evaluating progress towards a goal in clinical work with children, young people, and their families and carers. GBOs compare how far a child or young person feels they have moved towards reaching a goal that they have set for themselves at the beginning of an intervention

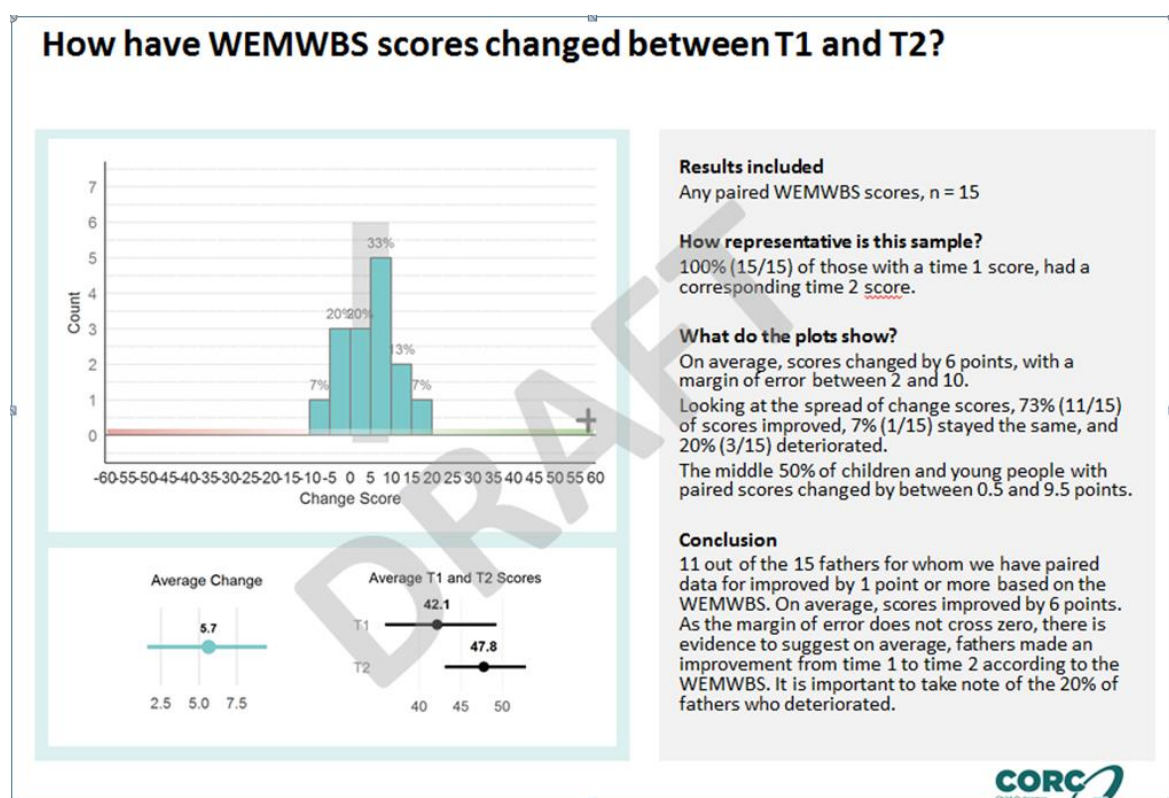
The parent questionnaire derives from a questionnaire that has been used on a long term basis in Home-Start to evaluate the impact of trained volunteers in PIMH and has been published (Lee, Cook & Mee, 2017). Those questions derive from research findings on brain development, bonding and attachment and infant development. Further questions were added relating to fathers and their well-being and came from a variety of clinical and research sources relating to the factors that promote mental well-being.

In total, we ended up with 15 sets of paired outcome measures, meaning we had data from the same fathers at more than one time point.

Data analysis was carried out independently by the Child Outcomes Research Consortium.

Quantitative Data:

Fathers made an improvement on WEMWBS scores from time one to time two (pre and post Dad Matters intervention) as shown below:

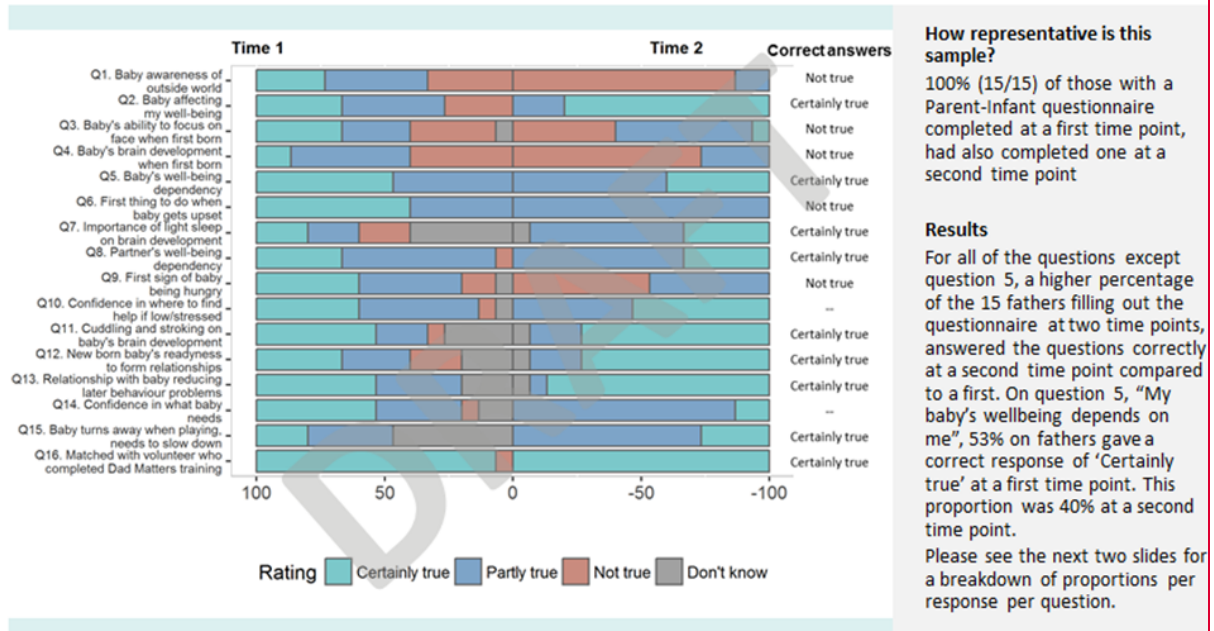


A higher percentage of fathers who completed out Parent Infant Questionnaire at two time points, answered the questions correctly at a second time point compared to a first, i.e. after engagement with the Dad Matters programme. This is shown below: (please note the error on Q9 where the legend on the right should say

‘not true’)

## Parent-Infant Questionnaire

Father's responses on the Parent-Infant Questionnaire at a first and second time point



### Qualitative Data:







Some quotes from Dads we've supported:

"I think other Dads should let their emotion show and it's okay to be a softy. We all put on these men masks for societies acceptance. It's time we just learn to be ourselves and raise our kids to be the same."

"You really helped me the other day, mate, seriously, Thank you."

"You really must know you helped me a lot today, I'm so grateful, and thankful for your time. Thankyou so much."

"I am 40, and never thought I would be a dad, however I am now responsible for three beautiful children; I am constantly racked with thoughts about money, and what if I mess up their lives because of my own issues."

"Three times I have supported my partner through the maternity process, and each time I have felt like a spare part."

"To this day I have never sorted out in my head what I say that day in theatre... Everyday it has haunted me but we're men... I mostly 'Man Up' for the sake of my kids and missus."

"I was holding my baby on the ward when the midwife needed him for a while. When she brought him back she handed him straight to his mum. I felt left out. I understand there might have been a reason, but explaining or even just acknowledging me would have helped."

"I'd love to tell you a bit about my experiences; I've got time to make a difference to someone somewhere. I'd like to use my experiences to help make someone elses turmoil and hurdles a little easier."



“Thank you for everything, it really means a lot... Thanks for helping me take the steps needed.”

Please also see case study in Appendix 1.

### **Part 3: Cost impact**

To date, the Dad Matters project has been fully paid for from the Health Foundation funding. We are pleased to have secured a level of local funding from Tameside MBC to continue the work. We are now looking for additional funding to continue to develop the work and to expand it to other areas in Greater Manchester.

No financial evaluation took place.

There were no previous pathways in place for this work so comparisons are not possible. What we do know is that more fathers are accessing support earlier and we hope that this earlier intervention and prevention will bring fiscal benefits in future.

Most of the costs involved were for staff time. We recruited a new 'Dads Champion' and we also paid for additional staff time to provide monitoring support for the project. The remainder of the funds were spent on evaluation from an external/independent organisation and on a range of new resources, such as the new films.

In terms of new costs, we have been able to secure funding for the main posts and will continue to seek additional funding to develop the work.

## Part 4: Learning from your project

I think our project has achieved far more than we initially hoped for.

We were not anticipating Dad Matters to become such a well-known programme that would generate such interest across the whole of Greater Manchester.

Without doubt, one of the keys to the success of this project has been the Dads Champion we appointed. We were fortunate to appoint someone that has been able to shape and develop this work in ways that we hadn't initially thought about. I think it is fair to say that appointing a male worker to the role was of great importance as he has been able to encourage what is largely a female dominated workforce to think quite differently about engaging men.

Social media has been of great importance in this work, and has played a far larger part than we originally anticipated. It has proven to be an excellent way of engaging dads.

We haven't quite seen the impact on our volunteer workforce that we had hoped to see. We are still aiming to recruit more male volunteers over the next 12 months or so.

We knew this would be difficult but recognise we need to invest more in our marketing as a charity in order to promote our volunteering opportunities in ways that are appealing to more males.

I think our project has been very timely in that there is currently extra investment in mental health and perinatal services so it has been a good time to raise the importance of considering dads in these developments.

We were surprised by just how open some of the fathers would be and of the extent of the impact of social media.

The partnership has been of real benefit to all concerned, but especially to the fathers and families we have worked with. It has also been good to see attitudes change across what has traditionally been a female dominated workforce that works primarily with women.

It would have been good to know just how difficult it would have been to secure continuation funding. As a charity, we are used to having to apply for funding but we were turned down for funding from several grant funders that I would have thought would be interested in supporting this very innovative work that has real potential for scale across the UK. It is difficult to say how we would have approached this differently as we constantly have to chase funding. It would be great if local health services valued this work enough to invest in it but we are unfortunately trying to introduce new ways of working at a time when budgets are under pressure and more

established ways of working, with their associated evidence bases, are often favoured over new innovations.

The partnership is what has made this work successful. I would encourage others to think about charity and NHS partnerships and collaborations as the combination can result in truly powerful work and positive outcomes for those who are often the most resistant to access traditional services.

## Part 5: Sustainability and spread

We have gained support from the local council to continue our project. As a charity, we are accustomed to having to constantly seek funding for our work. Unfortunately we had two funding bids rejected but Tameside MBC have now agreed to continue it for the next two years.

We have an established relationship with Tameside MBC (Public Health and Children's Services) who have seen the value of this work and are keen for it to continue.

We have spoken at the following conferences:

Greater Manchester School Readiness Summit (Called by Andy Burnham, Mayor of Greater Manchester), 20/10/2017

Greater Manchester Commissioners' Event, 24/11/17

Greater Manchester Parent Infant Mental Health Specialist Forum, 30/01/18

On Board With Babies Conference, 07/03/18

Father's Conference, Gloucester

We have worked very closely with a number of grass roots community groups in Tameside in order to reach out to fathers. At a more strategic level, we have been promoting the work through various strategic meetings and networks, including the Greater Manchester Health & Social Care Partnership and Children & Young People's Mental Health Board, as well as other reference groups that are all part of devolution developments across Greater Manchester. We have also been targeting Early Years strategic leads as this work inevitably benefits infants and has a longer term benefit for children's outcomes.

We aim to spread this work across the whole of Greater Manchester.

To do this we need additional funding as the work requires staff time and as a charity we need another funder/organisation/commissioner to invest. We hope that our evaluation will encourage strategic leads and policy makers to see the value of investing in this work on a larger scale.

If other Home-Start's and their clinical colleagues work in partnership they could easily replicate our work, provided the necessary funding is in place.

We have already had interest in this work from other Home-Starts and will be working with Home-Start UK (our umbrella organisation) to see if there is a way of sharing some of our learning across the wider Home-Start network.

We need to fund staff salaries, volunteer expenses and associated overheads and management costs. We have secured funding from Tameside MBC for the next two years.

For sharing learning across the wider Home-Start network we will expect Home-Start UK to contribute to this and we are currently in negotiation over what this may look like.

Upcoming milestones:

Launching our new films

Working with Home-Start UK to support other Home-Start's working with fathers

Continuing to promote this work across Greater Manchester