

# Supporting the transition to fatherhood: an evaluation of 'Hit the Ground Crawling' in Staffordshire

## Final report

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# Contents

Acknowledgements	2
Executive summary	3
1.0 Introduction	5
1.1 Background	5
1.2 The policy context	5
1.3 The Hit the Ground Crawling Programme (HTGC)	6
1.4 Evaluation aims and objectives	7
2.0 Methodology	8
2.1 Sessional evaluation	8
2.2 Follow-up interviews with new dads	9
2.3 Review days	9
2.4 Staff interviews	9
3.0 Staffordshire pilot sites	10
3.1 East Staffordshire	10
3.2 Staffordshire Moorlands	11
3.3 Burntwood	12
3.4 Rugeley	14
4.0 Findings	16
4.1 Background	16
4.2 Three month follow-up interviews	31
4.3 Staff interviews	38
5.0 Summary	40
5.1 Effectiveness of HTGC and impact on fathers	41
5.2 Marketing and recruitment	45
5.3 Session content	46
6.0 Recommendations	47
References	49
Appendices	49

## Acknowledgements

Consult Research and The Fatherhood Institute would like to express their sincere gratitude to all the individuals and organisations that participated in this evaluation. The views of expectant and veteran fathers and the Hit the Ground Crawling facilitators, their colleagues, line managers and strategic partners form the bedrock of this report. Quite simply, the evaluation would not have been possible without their co-operation and support.

# Executive summary

## Background

- The Fatherhood Institute commissioned Consult Research to evaluate a pioneering antenatal peer support programme for expectant fathers entitled 'Hit the Ground Crawling' (HTGC). The pilot was delivered in Staffordshire at three sites during the period July 2008 to December 2009.
- Trained facilitators support groups of expectant fathers to build confidence, discuss any concerns and learn practical childcare skills from more experienced or 'veteran' dads who attend with their babies during a two-three hour informal group session.
- The pilot has taken place in the context of an increasing focus on fathers across many UK Government policy initiatives.

## Aims

- The evaluation sought to explore the impact of HTGC, for example:
- Do expectant fathers feel more confident and prepared for fatherhood as a result of attending HTGC?
- Are expectant and veteran fathers satisfied with the support received from HTGC?
- Does HTGC increase awareness of, and participation in, maternity and other mainstream children and family services amongst fathers?

## Methodology

- A three-stage evaluation process was designed to capture feedback from expectant fathers at three points in time: pre-session, post-session and three months later when they had become new fathers. The methods used included sessional evaluation forms and follow-up semi-structured telephone interviews.
- Veteran fathers and session facilitators completed individual pre-session and post-session evaluation forms.
- Session facilitators, along with colleagues, line managers and strategic partners, took part in in-depth interviews with the evaluation team towards the end of the evaluation period.
- The lead evaluator attended three HTGC sessions as a non-participant observer and co-facilitated three review days where staff from all three sites came together to network and discuss their experience of recruiting to and delivering HTGC.

## Key findings

- Forty-two expectant fathers across the three sites participated in the pre- and post-session evaluation, the majority of whom were aged 26-40 years, described their ethnicity as White British, and were working full-time, living with the mother of their baby and about to experience fatherhood for the first time.
- Recruitment of expectant fathers was largely via antenatal or children's services professionals, or via female partners. Many of those attending had sought information on fatherhood prior to attending the session (e.g. via the internet) and appeared to be quite engaged with the antenatal process. However, few had prior experience of practical hands-on baby care and all welcomed the unique opportunity to attend a session solely for fathers.
- In sharing their views on the future development of HTGC, the majority were keen to see the session remain a 'father-only' space. However, the majority did not feel that the facilitators needed to be male, with some suggesting that experience of parenting may be more relevant than gender.
- Post-session scores revealed increases in expectant fathers' confidence and preparedness for fatherhood and additional emotional benefits (understanding feelings about the pregnancy; learning how to improve the couple relationship). The opportunity to meet and learn from other dads was also considered to be a very useful aspect of the session. All the participants would recommend the session to a friend.

- HTGC appears to have been successful in increasing expectant fathers' awareness of local parenting provision and in challenging some of the myths and assumptions regarding children's centres and mainstream provision. However, the sessions were less successful in actually signposting expectant fathers on to other services, largely because opportunities to do so were missed during the session, and in some cases, suitable provision simply did not exist at times that enabled access by working fathers. This observation has already led to additional provision specifically targeted at fathers being developed to address this gap.
  - Seventeen in-depth telephone interviews with new fathers provided additional positive evidence of the success of HTGC, with much of the feedback mirroring the sessional data highlighted above.
  - Twenty-three veteran fathers completed pre- and post-session feedback about their reasons for participating in HTGC (largely altruistic) and the perceived benefits for expectant fathers (which mirrored the feedback from expectant fathers). The veterans were able to offer a range of honest, pragmatic advice and described many personal benefits resulting from their role as veteran, including increased pride and confidence.
  - Staff feedback indicated a range of initial 'teething' problems with recruitment to HTGC, highlighting the importance of strong maternity/antenatal service links; multi-agency partnership working; line manager support; and replacement of trained facilitators who subsequently leave their post. Despite these initial issues all three sites were eventually successful in delivering a number of sessions and were able to describe clear benefits of the sessions for both expectant and veteran fathers and themselves as facilitators.
- ### Key recommendations
- Hit the Ground Crawling should be strategically embedded in local provision, formally linked with maternity services, and included as part of the core antenatal offer to ensure it is available to every expectant father and is seen as an integral element of the support service for expectant parents.
  - Trained facilitators need the time and line manager support to focus on HTGC recruitment, delivery, evaluation and follow up. Ideally, these tasks should be shared across a team of trained facilitators.
  - Targeted community-based outreach work should take place to increase awareness of HTGC to facilitate access of 'hard to reach' expectant fathers. Marketing information needs to be targeted appropriately for the intended audiences.
  - Parallel sessions for partners of expectant and veteran dads should be considered to facilitate take up and to support less confident fathers in accessing early years settings. Incentives for HTGC participants may also facilitate take up.
  - Personalised invitations to known fathers may enhance the take up rate more than 'mass marketing'. Additionally, the use of creative techniques such as 'snowballing' and marketing by veterans might be considered.
  - Distribution of flyers and posters should be displayed at locations other than mainstream parenting services, e.g. local sports centres, and sessions should be offered at a range of times and locations.
  - A system should be developed to ensure follow up contact with expectant fathers after the HTGC session, both to facilitate the transition to veteran father and to ensure continued engagement/support and signposting on to other services.
  - Sessions should include coverage of other local provision for fathers and children (and the benefits of attending to increase motivation) with details provided in a pack that can be retained for easy reference
  - Trainers should be strongly encouraged to plan for two to three hour sessions (as per FI recommendations) to ensure all content can be covered comfortably in the time available. This will further support the addition of session content on local service provision but will need to be balanced against the time commitment that is possible from expectant and veteran fathers, particularly in relation to evening sessions.
  - Development of a further session postnatally for fathers, following on from the antenatal HTGC session, should be considered – both to reinforce the positive impact of HTGC, and to further encourage fathers to engage in mainstream and father-only services. This could be either solely for fathers or for fathers and their partners jointly.

# 1.0 Introduction

## 1.1 Background

### 1.1.1 The Fatherhood Institute

The Fatherhood Institute is the UK's fatherhood think-tank and, since 2007, it has operated to help shape Government family policy and influence the public debate on fathers<sup>1</sup>; collate research on fatherhood; and support children's and family services to be more father-inclusive, through provision of practical, evidence-based training, consultancy, conferences and publications. Since mid-2009, the Fatherhood Institute has been responsible for the Think Fathers campaign, initiated by DCSF, which encourages local service providers and commissioners to fulfil Government policy frameworks requiring them to support father-child relationships systematically. The Fatherhood Institute is the successor organisation to Fathers Direct, which operated from 1999-2007. More information on its work is available through its website, [www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org).

A key strand of the work of the Fatherhood Institute is helping practitioners and agencies to work more effectively with fathers and to support positive father-child relationships. Training ranges from one-off tailor-made courses to longer, structured accredited programmes, and from generic courses on father-inclusiveness to more specialist courses about different groups of fathers (young, black and minority ethnic, etc). One such training course that is currently being offered to children's services practitioners across the UK is 'Hit the Ground Crawling', a UK version of a groundbreaking American antenatal peer mentoring programme for expectant fathers ('Boot Camp for New Dads'). The evaluation of this programme in Staffordshire is the focus of this report.

### 1.1.2 Consult Research

Consult Research is an independent research consultancy specialising in social research, evaluation and feasibility studies throughout the UK. It was set up in 2005 by Claire Fraser, an experienced academic researcher, to provide affordable, timely and accessible research and evaluation solutions to the academic, statutory and third sectors. Key areas of research expertise include children and young people; family support and parenting; youth and community work interventions; drug and alcohol misuse; health research; child protection and abuse prevention; and generally, researching sensitive topics. More information on its work is available through its website, [www.consultresearch.co.uk](http://www.consultresearch.co.uk).

## 1.2 The policy context

In recent years, fathers have increasingly been the focus of UK Government policy initiatives. In 2008, Government announced a 'Think Fathers' campaign (DCSF press release, 13th November 2008, [www.dcsf.gov.uk](http://www.dcsf.gov.uk)), with three overall goals:

- To transform children's, family and health services, including maternity services, pre-schools/nurseries and schools into services that systematically engage with fathers and support father-child and parental relationships;
- To promote public understanding and debate about fatherhood and how we can all support fathers' positive involvement in their children's lives;
- To develop father-inclusive approaches at work – for example, flexible working and leave arrangements for men and women which take account of fathers' roles in bringing up children.

In all these areas, the campaign seeks to challenge the tendency for fathers to be the 'invisible parent' and to bring about a sea-change in British culture, politics and public services, so that fathers' significance in their children's lives is fully recognised and acted upon.

The campaign was initially run by a partnership including the Fatherhood Institute, the Department for Children, Schools and Families (DCSF), the Children's Society and the National Academy of Parenting Practitioners – and is now managed by the Fatherhood Institute.

### Notes

1. The word father in this report refers to birth-fathers, whether resident with their children or not, and to any other male who plays an important fatherly role in the life of a child

## 1.3 The Hit the Ground Crawling programme

Hit the Ground Crawling has been cited as an example of best practice in the Think Fathers campaign and offers the opportunity to support children's services departments in working towards meeting key Government policy objectives relating to engagement with fathers (e.g. Every Parent Matters, 2007; The Children's Plan: Building brighter futures, 2007; The Children's Plan: Two Years On, 2009) and providing support during the ante and post-natal periods (Healthy Lives, Brighter Futures, 2009; Maternity and Early Years: Making a good start to family life, 2010).

Further information on the relevant policy context can be found in an overview of the relevant policy and legislative frameworks requiring engagement with fathers in England and Wales (Burgess, 2009), and a review of fathers and DCSF policy (Page et al, 2008).

Hit the Ground Crawling (HTGC) is the UK version of a groundbreaking American antenatal peer-mentoring programme for dads-to-be ('Boot Camp for New Dads'). It involves groups of expectant fathers learning childcare skills and receiving peer support from new dads who attend with their babies. The sessions generally last about two hours, and are designed to be informal and relaxed and to provide a space for dads-to-be to discuss their thoughts and concerns with fathers who have recently had their babies ('veteran dads') and to experience, often for the first time, hands-on care of a baby. Although a trained facilitator is present during the session, they do not work strictly to a formal curriculum, but rather to a list of suggested discussion topics. The session is fundamentally an opportunity for expectant and new fathers to share and reflect on experiences, and for the expectant dads to see practical baby care by fathers in action.

The sessions aim to increase the confidence levels and involvement of expectant fathers and to raise their awareness of, and participation in, local children and family services. In the US more than 250,000 fathers across 44 states have attended 'Boot Camp for New Dads' and initial evaluation data provides strong evidence of the positive impact on fathers' involvement with their children as a result of attendance (see [www.bcnd.org](http://www.bcnd.org) for more information on the US programme).

After the baby has arrived and dads-to-be have become new dads, they are encouraged to return to HTGC where they can now be a more experienced veteran dad. This has the potential to increase fathers' sense of self-worth as a result of being seen as the 'expert', and also encourages fathers to remain in contact with children and family services which can often be the preserve of female carers (Burgess, 2005).

The Fatherhood Institute provides initial training and ongoing support for children's centre staff, health visitors, midwives etc to enable them to facilitate the HTGC sessions. The initial training covers general information about fathers' roles and how to support them; recruitment to HTGC, session delivery; post-session support; and a dry run of the HTGC session.

In Staffordshire, with the support of Staffordshire County Council through the community and learning partnership, the Fatherhood Institute provided training initially for 11 practitioners in March 2008 via a two-day training course. This evaluation focuses on the experiences of these practitioners in setting up and delivering HTGC across four localities in Staffordshire (East Staffordshire; Staffordshire Moorlands; Burntwood and Rugeley) and the impact on dads-to-be and veteran dads attending the sessions. Three additional facilitators also attended another HTGC training course in 2009, thus resulting in 14 trained facilitators in total across the four sites. The overall development of HTGC in Staffordshire has been closely overseen by the Staffordshire's integrated services officer for children and lifelong learning, who has worked closely with district community and learning partnership co-ordinators.

## 1.4 Evaluation aims and objectives

In May 2008 the Fatherhood Institute commissioned Consult Research to evaluate the pilot HTGC programme in Staffordshire. The potential benefits of HTGC had already been identified by the Fatherhood Institute (although they were aware that a relatively brief intervention of this sort cannot really be expected to have a substantial impact on all these desired outcomes). These were shared with the evaluation team to assist with the development of the evaluation aims and methodology, and are reproduced here. The benefits of attending HTGC can include:

- Dads-to-be will feel more confident and motivated about their future role as a dad and as supporter for mum, and less 'excluded'
- Dads-to-be will feel more involved and bonded with baby pre- and post-birth
- Dads-to-be will know more about what babies need
- Dads-to-be will know more about mothers' support needs
- Dads-to-be will know more about their own needs
- Dads-to-be will be more equipped to navigate this major life change effectively – coping with the changes and stresses rather than displaying negative outcomes
- Dads-to-be will value their own contribution (to baby and mother) more – both what they DO offer and what difference they can make
- Dads-to-be will be involved and supportive with baby and mother pre- and post-birth (this includes being a teammate/facilitator/advocate during pregnancy and childbirth)

- Dads-to-be will be aware of and involved in services, or feeling able to contact them, post-birth, e.g. Early Years services
- Dads-to-be will be in contact with, and supported by, family/friends/other dads
- Local maternity services will be more 'inclusive' for dads: giving them more information about being a dad and about other services and validating their role more

The evaluation was tasked with exploring the impact of attending HTGC on both dads-to-be and veteran dads and the evaluation tools developed attempted, where possible, to incorporate the outcome variables highlighted above. However, it was agreed that the evaluation would focus mainly on reported satisfaction and confidence levels and access by fathers to other mainstream services:

- Do expectant fathers feel more confident and prepared for fatherhood as a result of attending HTGC?
- Are expectant and veteran fathers satisfied with the support received from HTGC?
- Does HTGC increase awareness of, and participation in, maternity and other mainstream parenting services amongst fathers?

The evaluation also sought to explore the role of HTGC alongside mainstream services and the role of gender in the provision of those services. For example, would HTGC integrate well within a wider system (e.g. maternity services), which has historically engaged more with mothers? Does HTGC support attempts to encourage mainstream services to work with men or does it risk marginalising men further by working in male-only groups? Does the gender of HTGC session facilitators matter to the expectant and veteran dads participating?

The evaluation period was initially scheduled to end on 30th June 2009 but was subsequently extended to 31st December 2009 to allow further data to be collected due to the delay in sites setting up sessions. Although HTGC is still running successfully in Staffordshire and has been expanded to a number of new sites around the country, this evaluation focuses solely on the initial four sites and data gathered at three of these sites during the 18-month period July 2008 to December 2009.

## 2 Methodology

Consult Research worked closely with the Fatherhood Institute during May 2008 to design an appropriate methodology to evaluate comprehensively the Staffordshire HTGC pilot programme.

Initial drafts of the evaluation questionnaires were reviewed and approved by the deputy chief executive and director of research at the Fatherhood Institute, and all site facilitators in the Staffordshire district were invited to comment on the draft methodology. It was agreed that the primary focus of the evaluation would be the impact of HTGC on dads-to-be, although additional data on veteran dads and site facilitators would also be included.

The following stages of data collection were agreed:

- Initial (pre-session) questionnaires completed by dads-to-be; veteran dads and session facilitator(s)
- Post-session questionnaires completed by dads-to-be; veteran dads and session facilitator(s)
- Three-month follow-up telephone interviews with dads-to-be (now dads)

During the latter half of the evaluation period (July to December 2009) additional data collection with site facilitators, their managers and the commissioner for parents was also agreed.

### 2.1 Sessional evaluation

It was agreed that initial or pre-session questionnaires would be sent to each of the three pilot sites with instructions to administer these to all dads-to-be (appendix one) and veteran dads (appendix two) prior to the HTGC session. Session facilitators were advised that the questionnaires could be completed in written format, or verbally, as appropriate (in the case of literacy difficulties). Facilitators were instructed to ensure all questionnaires were completed anonymously and securely returned to the evaluation team. A further questionnaire was also administered for completion by session facilitators at each site (appendix three).

#### 2.1.1 Pre-session questionnaires

Pre-session questionnaires for dads-to-be were designed to gather information on demographics (age, ethnicity, occupational and living status; due date of baby); publicity and marketing (how they heard about HTGC); expectations about the session; sources of support and current levels of confidence and preparedness in relation to fatherhood.

Pre-session questionnaires for veteran dads were designed to gather demographic information; reasons for becoming a veteran; perceived benefits of HTGC for dads-to-be; information needs for new dads and reflections on their own experience of fathering.

Pre-session questionnaires for session facilitators were designed to gather information on the perceived goals and benefits of HTGC; reflections on the recruitment process and preparedness to run the session; perceived enablers/barriers to HTGC's success; and likely impact of HTGC on increasing father involvement in mainstream services.

#### 2.1.2 Post-session questionnaires

Post-session questionnaires were also devised for dads-to-be (appendix four); veteran dads (appendix five) and session facilitators (appendix six) for completion at the end of the HTGC session.

Post-session questionnaires for dads-to-be reflect on the usefulness of the session and satisfaction levels with the course and facilitators; levels of confidence and preparedness for fatherhood (to allow pre- and post-session scores to be compared); and open-ended questions about the HTGC approach, likelihood of accessing mainstream services, and whether they would recommend HTGC to other dads-to-be.

Post-session questionnaires for veteran dads reflect on their experience of participation in the HTGC session and the perceived benefits of this role.

Post-session questionnaires for session facilitators reflect on their experience of running the session; recruitment of dads-to-be and veterans; and the personal impact of delivering HTGC.

Detailed administration instructions for each questionnaire were also provided to each site lead (appendix seven) along with regular telephone and email support. The effectiveness of the sessional evaluation forms was reviewed and considered appropriate in meeting the aims of the methodology following the first HTGC session in July 2008.



## 2.2 Follow-up interviews with new dads

To ascertain the longer-term impact of HTGC, particularly the impact once their baby had arrived, it was agreed that all dads-to-be would be invited to participate in a follow-up telephone interview. It was agreed that these would take place approximately three months after the HTGC session (depending on the due date of the child), following consultation with site facilitators to confirm safe arrival of the baby.

Dads-to-be were invited to 'opt in' to this stage by completing their contact details at the end of the post-session questionnaire. The interview was designed to explore adjustment to fatherhood and the role of HTGC in this process; knowledge and availability of support services and whether these services are being accessed by fathers; marketing of HTGC amongst peer group; and whether the participant intends to become a veteran at future HTGC sessions. The full schedule is detailed in appendix eight.

## 2.3 Review days

During the course of the evaluation Staffordshire County Council and the Fatherhood Institute organised a number of review days in Staffordshire to bring together all trained facilitators to reflect on progress and to enable the sharing of good practice. Staff from the Community and Learning Partnership, the Fatherhood Institute and Consult Research were also in attendance at the events which took place in October, 2008; March, 2009; and September, 2009. These events enabled a thorough review of individual site progress and contributed greatly to the evaluation. All facilitators consulted have indicated they would be keen to see the review days continue in the future.

## 2.4 Staff interviews and site visits

Throughout the evaluation, regular contact was maintained with the designated lead at each of the three sites to review progress on recruiting to and delivering HTGC and collection of evaluation data. Evaluation data was sent to the evaluation team after each session and the lead evaluator attended a HTGC session at each site as a non-participant observer.

Final interviews were also completed during October to December 2009 with all trained staff (and in two cases, their line managers) at each site; with Staffordshire's integrated services officer for children and lifelong learning and with Staffordshire's commissioner for parents. All staff interviews were completed in person in Staffordshire with the exception of the commissioner for parents interview, which was completed via email.

## 3.0 Staffordshire pilot sites

### 3.1

#### East Staffordshire

The East Staffordshire district includes the major towns of Burton upon Trent and Uttoxeter and a large rural area and the district population was estimated to be approximately 103,770 at the last census (HMSO, 2001). The district has experienced a great number of socio-economic problems with 16.6% of the district's population now thought to be living within the 20% most deprived areas in England (Staffordshire Research Unit, 2007).

In the East Staffordshire area, HTGC has been targeted at all fathers, regardless of age. Three facilitators were initially trained to deliver the sessions – a (female) community and employment worker and a (male) community link worker for fathers, both based at East Staffordshire children's centre; and a local (female) health visitor.

Marketing of and recruitment to sessions has largely relied on links via the children's centre in which two of the facilitators are based, using established networks to publicise the initiative and via inclusion of a HTGC flyer in the packs for any parenting events taking place at the centre. Direct recruitment via Parentcraft and Active Birth sessions has also been achieved by introducing the concept of HTGC in person during an end of session drop-in by one of the facilitators. This has been made possible by the management level support for HTGC at the centre.

The East Staffordshire facilitators have consistently worked at developing links with maternity services in the area but initially experienced some difficulties in this endeavour. For example, their children's centre does not have a resident midwife and the health visitor has been on long-term leave. Their attempts to make contact with other off-site maternity services have been met with some resistance, with staff being asked to send further information on HTGC but then not receiving any follow-up contact as promised. However, they have recently been successful in engaging with midwives and ward staff at the local hospital and have set up a display board to advertise HTGC to expectant parents attending the local hospital.

The first session in July 2008 was the inaugural HTGC session in Staffordshire and was also recorded for a Radio 4 programme about HTGC and Boot Camp for New Dads, generating much local publicity as well as calls from practitioners throughout the country who were keen to find out how they could do the training and deliver HTGC.

Following the success of the first session, a second session was planned for November 2008; however, this had to be cancelled at the last minute due to staff illness and low numbers of participating dads-to-be. Whilst there had been high levels of interest following the first session in July and even a waiting list, many of those who had signed up to the session dropped out in the run up to the event. In the end there was only one dad-to-be so a decision was made to postpone the session.

One of the factors for drop out noted was the need to prioritise time at work, including overtime, in the run up to Christmas and because of the current economic climate. It was also felt that some had 'last minute nerves' about participation and this was certainly felt to be so in the case of a 15-year-old dad-to-be. In addition, some had simply forgotten about the session and made other plans, highlighting the importance of maintaining regular contact with potential participants between sessions.

In response to this issue, facilitators in East Staffordshire began advising dads-to-be of other events and activities that were taking place prior to the scheduled HTGC session date, to enable continued engagement following initial contact. This ensured ongoing contact and also helped introduce the dads-to-be to other children's centre services. Staff have estimated that a high proportion (anecdotally as many as 80%) of the fathers they have worked with via HTGC (both dads-to-be and veterans) continue to access other services at the centre.

## 3.2 Staffordshire Moorlands

The facilitators engaged with dads-to-be to ascertain the most convenient times to attend a session and subsequently included an evening session to meet demand. The team also have developed follow-on courses, such as one on 'child development' to signpost fathers on to after HTGC, to facilitate continued engagement. In the future the East Staffordshire team hopes to offer regular HTGC sessions on an eight-weekly basis. However, at time of writing, one of the trained facilitators (community link worker for fathers) has recently left his post at the centre, which may impact on future capacity to deliver sessions.

During the evaluation period (July 2008 to December 2009) four early evening sessions (4-6pm) were delivered at two children's centres in East Staffordshire, engaging with 16 dads-to-be and 13 veteran dads in total:

**Table 1**  
**HTGC in East Staffordshire**

Session date	Number of dads-to-be	Number of veterans
July 2008	5	3
January 2009	5	4
May 2009	4	3
August 2009	2	3
<b>Total</b>	<b>16</b>	<b>13</b>

### Notes

2. This role involves managing a team of parent support workers who are all parents recruited to provide peer support to other parents in the community

Staffordshire Moorlands district is situated in the North Eastern part of the county and is largely rural with the exception of the market towns of Biddulph, Cheadle and Leek. The district population was estimated to be around 94,489 at the time of the last census (HMSO, 2001). Although there are not significant areas of high deprivation, some parts of the district do suffer from medium levels of deprivation such that they fall within the most deprived 20%-50% areas nationally (Staffordshire Research Unit, 2007).

In the Staffordshire Moorlands district HTGC has been targeted at all dads-to-be, regardless of age. Four facilitators were initially trained to deliver the programme: a (male) senior family support worker and two family support workers (one male; one female) from the family assessment support service and a local children's centre midwife who was working closely with the team. However, the midwife and one of the family support workers changed roles shortly after training and were never involved in delivering HTGC. Thus two male facilitators have delivered all sessions to date, a factor which is seen as important by the team involved in HTGC in Staffordshire Moorlands.

Delays were experienced in launching HTGC in Staffordshire Moorlands due to staff workloads and problems with recruiting participants – particularly dads-to-be. Two planned sessions in 2008 were cancelled due to a lack of staff time or drop out of participants. In the case of staff time, one planned session was cancelled as it clashed with a Sure Start conference that all the facilitators were due to attend. However, the numbers of dads-to-be had been relatively low for this session and therefore this was another factor in delaying the session. Social care workloads, particularly in light of the Baby P case, forced another planned session to be cancelled due to increasing pressure to prioritise safeguarding work. As with all sites, delays to planned sessions resulted in some potential dads-to-be no longer being eligible (i.e. their baby had arrived) or a drop off in the level of interest over time.

Subsequently, the main recruitment drive in Staffordshire Moorlands was taken over by a (female) parent to parent co-ordinator<sup>2</sup> based at Beresford children's centre who became involved via the inter-agency dads working group and offered to help with recruitment. She initially sent HTGC flyers to all known expectant mothers in the area and developed a poster to advertise the sessions more widely in hospitals and antenatal clinics.

This strategy was followed up by attendance at antenatal sessions to directly recruit expectant fathers. These sessions were regularly attended by nine or 10 expectant fathers, and about half agreed to attend HTGC, usually after some persuasion from their partners. It was noted there was still some fear of the unknown and reluctance by some to attend group sessions at the children's centre without their partner.

This was also felt to be linked to the fact that the parent to parent co-ordinator was not seen as part of the antenatal team, rather a visitor providing an additional session. If HTGC was to become part of the core antenatal offer (as in Burntwood) it was felt this could be overcome.

Resource implications also impacted on how often the worker could attend antenatal classes to carry out ad-hoc recruitment and it was felt that the matter would not be raised (by antenatal staff) without her attendance, even if materials (e.g. flyers) were provided. The team would ideally like a veteran dad with experience of attending HTGC to visit other expectant dads to aid recruitment and have received offers from willing volunteers to undertake this role. There was also cross-team support for veteran dads-to-be trained (and paid) as HTGC facilitators in the future.

During the evaluation period (July 2008 to December 2009), the team delivered three Saturday morning sessions (10.00am-12.00pm) at a local children's centre, engaging with nine dads-to-be and eight veterans in total:

**Table 2**  
HTGC in Staffordshire Moorlands

Session date	Number of dads-to-be	Number of veterans
January 2009	3	2
June 2009	4	3
October 2009	2	3
<b>Total</b>	<b>9</b>	<b>8</b>

These initial participants received an incentive of a 'baby bag'<sup>3</sup> (expectant fathers) or a child's toy (veteran fathers) to thank them for their participation. All sessions took place on a Saturday morning, which has proved very successful, particularly with working fathers and those with young children, for whom an evening session may impact on bedtime routines. The team did consult with veteran and expectant dads to ascertain level of interest in evening sessions (following the success of these in Burntwood) but clear support for Saturday mornings was given, particularly by veteran dads.

### Notes

3. The bag contained a changing mat; bath thermometer; photo album; baby soft book; baby beaker; 'Guide for New Dads' (FI publication); and information on local children's centre activities

## 3.3 Burntwood

Burntwood is one of the main towns in the Lichfield district of south-eastern Staffordshire and has an estimated population of 27,361 (HMSO, 2001). The Lichfield district experiences lower levels of deprivation than other districts in the County of Staffordshire (Staffordshire Research Unit, 2007).

In the Burntwood area, HTGC has been delivered to all dads-to-be regardless of age and a social worker from the family assessment and support service initially received training to deliver HTGC. However, significant problems with recruitment were experienced at first, similar to other sites throughout the county, largely due to the role of the front line social worker preventing time being allocated to recruitment to HTGC, particularly in light of the increased focus on safeguarding as noted earlier.

To overcome this problem, recruitment and administrative support (e.g. issuing flyers; recruiting dads; collecting evaluation data) for HTGC in Burntwood was subsequently delegated to a (female) health visitor from South Staffordshire primary care trust (PCT) who was ideally placed to recruit to HTGC during routine antenatal sessions with expectant parents in the area. This initiative was supported by the Burntwood community and learning partnership co-ordinator.

A model was thus developed whereby HTGC became a routine third session in the antenatal model of care with full support from midwifery and health visiting staff delivering the first and second sessions. This model has proved extremely successful in practice and is a good example of successful inter-agency working across health and social care.

In total eight evening sessions (7-9pm) were delivered at a local children's centre during the evaluation period to a total of 48 dads-to-be and 18 veteran dads:

**Table 3**  
**HTGC in Burntwood**

Session date	Number of dads-to-be	Number of veterans
November 2008	8	0
January 2009	5	2
February 2009	7	2
May 2009	3	2
June 2009	7	3
June 2009	6	4
August 2009	6	2
<b>Total</b>	<b>48</b>	<b>18</b>

The team in Burntwood estimate that approximately 50% of first-time expectant dads in the local area have taken up the opportunity to participate in HTGC. The team feels that having a male facilitator for HTGC has contributed a lot to this success, as well as the drive and motivation of all those involved in delivering HTGC. In addition, all three antenatal appointments (HTGC being the third) are delivered at the same location (children's centre) and there is often an overlap of staff members across the three sessions (e.g. the health visitor delivering sessions two and three) providing familiarity and opportunities for increased engagement with expectant parents. All sessions to date have been delivered on a Tuesday evening as per the existing antenatal midwifery and health visitor sessions.

Anecdotal feedback on the reasons for not attending HTGC by the other approximately 50% of first-time expectant fathers include the timing of the session (e.g. HTGC not being offered early enough in the pregnancy or premature arrivals resulting in the session being 'too late') or, in many cases, the clash with coverage of major football matches on a Tuesday evening, e.g. Champion's League fixtures.

It has been harder to recruit veteran rather than expectant dads and although all dads-to-be are encouraged to return at a later date as a veteran it was noted that it has not always been possible to maintain contact and engagement following the HTGC session. Key reasons cited for dads not wanting to return as veterans included lack of confidence; being too tired after work; and unwillingness to disrupt their baby's routine by attending an evening session. This latter point has been viewed quite positively by HTGC facilitators in Burntwood, indicating evidence of attention to baby's routines by fathers.

Incentives for veteran dads and female partners have also been offered as part of the Burntwood model to encourage take up. Veteran dads are offered a 'dad and baby' photo shoot and a £15 voucher and a parallel relaxation session for mums (both partners of dads-to-be and veterans) is always offered within the same centre at the same time as HTGC.

These sessions offer both alternative therapies (such as reflexology and hand massage) and informal discussion that mirrors some of the focus of HTGC, for example, exploring the impact of parenthood on relationships; tips on supporting and encouraging new fathers and developing team parenting; dealing with crying babies, and other coping strategies, including balancing parenthood and returning to work.

These parallel sessions have proved extremely popular and in addition to providing a peer learning opportunity for new mums, they have facilitated attendance at HTGC by fathers of young babies who are still being breast fed. These fathers might otherwise have been unable to attend.

In Burntwood there were additional concerns as only one person had received training to deliver HTGC and although this facilitator was being supported by another social care colleague, he had not attended the training and therefore was not 'qualified' to deliver sessions. The health visitor responsible for recruitment was also very keen to receive HTGC facilitator training. These two additional members of staff subsequently completed the HTGC facilitator training in 2009 to provide three trained members of staff in the Burntwood area.

### 3.3 Rugeley

The delivery of HTGC has also led to increased provision for fathers and their children following the development of a Saturday morning session (10am-12pm) – 'Man Cubs' – to ensure there was appropriate provision to signpost fathers on to after attending HTGC. The two-hour drop in session for dads and other male carers of children up to 11 years focuses on play and social development and is facilitated by two nursery nurses at the children's centre. The session has proved incredibly popular, growing from just one dad at the first session in September 2009 to 17 dads at the last session at the end of January 2010. The feedback is noted to be "extremely positive" with a large number of the dads developing good friendships and continuing to provide support for each other outside of the sessions. Many of the dads also now access other children's centre provision and members of 'Man Cubs' have recently eagerly demonstrated their desire to engage in developmental learning with their children by requesting (and successfully gaining) access to the toy library (usually closed during the weekend) during their Saturday morning session.

In the future Burntwood hope to build on their success by targeting hard to reach and young fathers by developing links with Connexions and local schools. The team is incredibly positive about the opportunities that HTGC presents for engaging with fathers:

*"We think that Man Cubs is an important development for dads in this area and our experience shows that HTGC is a fantastic way to engage dads in other activities and services on offer which can only be good for children and families!"*

Rugeley is a large, urban area in the Cannock Chase district of central, southern Staffordshire. The district has relatively high levels of deprivation (within the 40% most deprived areas nationally) and above average levels of teenage pregnancy (Staffordshire Research Unit, 2007). The most recent population estimate for Rugeley is 22,989 (HMSO, 2001).

In the Rugeley area, HTGC was designed to specifically target young fathers by a team of three trained facilitators from the youth service, Connexions and Early Years, working closely with a local midwife.

Recruitment to HTGC in Rugeley was hoped to be established via links with a young parents group, run by the youth service with close links to the antenatal classes run by the local midwife and the teenage pregnancy team. However, reservations about achieving this were expressed to the evaluation team by the facilitators in Rugeley quite early on. The lead facilitator noted that the young parents group consisted largely of mothers who said they were not in contact with the fathers of their children. In addition, relationships with the young mothers were so tentative that it was felt that attempts to suggest contact could potentially jeopardise the relationship with the key worker. Of the 17 or so parents that were attending the newly formed young parents group, it was noted that only two were fathers – and they had been reluctant to participate in HTGC either due to lack of confidence or a reluctance to act as a 'role model'.

Another potential young father recruit felt he was unable to participate due to his working hours and a reluctance to give up free time in the evening when he could be "spending this time with the girlfriend or baby". Another young father had shown some interest initially but his girlfriend had vetoed his participation, noting, "You're not using my daughter as a guinea pig".

Due to the significant recruitment problems experienced by the Rugeley facilitators, at the time of their last contact with the evaluation team in December 2008 it had not been possible to deliver the first HTGC session. All attempts to make contact with the site facilitators during 2009 have been unsuccessful. The community and learning partnership coordinator and local parenting expert continued to try to make contact to review progress to date and have recently provided an update on Rugeley to the evaluation team. It would appear that although elements of HTGC have been incorporated into some work with young fathers, it has not been possible to deliver a full session due to long-term sick leave (midwife) and an absence of links with health visiting services, which are seen as crucial for recruitment to HTGC.

Therefore, the remainder of this evaluation report focuses solely on data collected at East Staffordshire; Staffordshire Moorlands and Burntwood sites. However, it is important to note that the lack of progress in Rugeley should not be interpreted as evidence of HTGC failing to engage with young fathers. For example, in Liverpool, where HTGC has also focused exclusively on supporting young fathers, it has successfully delivered eight HTGC sessions, engaging with a total of 43 expectant and nine veteran dads during the period March 2008 to November 2009.<sup>4</sup>

## Notes

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4. Data provided by Liverpool HTGC – for more information contact Chris Cavanagh, young fathers development worker, E-mail: [chris.cavanagh@liverpool.gov.uk](mailto:chris.cavanagh@liverpool.gov.uk)

## 4.0 Findings

### 4.1

#### Sessional evaluation data

As noted previously, evaluation forms were designed to be completed by dads-to-be, veteran dads and HTGC facilitators before and after each session. However, some problems were experienced with data collection, particularly during the first few months of the evaluation and during initial sessions at each site.

Despite prior detailed instructions being issued to all staff at each site (appendix seven), along with copies of all relevant paperwork, questionnaires were not always consistently administered as intended. There were particular barriers to administration of the pre-session questionnaires. During meetings with site facilitators it was noted that there was some reluctance initially to administer forms to participants at the beginning of sessions as it was felt this "might put them off".

However, the pre-session forms were always intended to be administered to participants prior to the session to facilitate engagement prior to the HTGC and to save time 'on the day'.

In addition, the forms designed for completion by the HTGC facilitators themselves were not always completed, which suggested additional barriers and/or reservations about the evaluation. The review days allowed these issues to be explored in depth and it emerged that there had been considerable reservations about evaluation data collection by some, not least because this element had been introduced after the facilitators had undergone training and therefore felt unprepared for this "additional burden". The need to evaluate sessions had not been raised during initial training because the funding for the evaluation was not agreed until after the training had been delivered. Subsequent training sessions for new facilitators now always incorporate the need to evaluate session impact.

Consult Research worked closely with the Fatherhood Institute and Staffordshire County Council to increase understanding and acceptance of the evaluation, which resulted in significantly increased levels of data collection at subsequent sessions.

#### 4.1.1

##### Dads-to-be

Seventy-three expectant dads participated in HTGC across the three sites during the evaluation period of July 2008 to December 2009. Forty-two (57%) of these dads-to-be completed a pre-session evaluation form and 67 (92%) completed a post-session form. The following sections only include data from those dads-to-be completing evaluation forms:

##### Demographic data

The majority of the dads-to-be (81%) were aged between 26 and 40 years. However, HTGC did also attract a few younger expectant dads aged 18 to 25 years (12%) and a handful aged 40-plus (7%).

The majority (81%) described themselves as working full-time and a further 9.5% were currently looking for work. The remainder were working part-time; studying or self-employed. One additional respondent described himself as a full-time family manager.

The majority of expectant dads (88%) described their ethnicity as White British but the sessions did successfully engage with a small number of men from the Black and Minority Ethnic (BME) community: two described their ethnicity as Indian (4.8%); one as Pakistani/Bangladeshi (2.4%); one as Black Caribbean; and one as Japanese.

All but two of the dads-to-be (95%) were living with the mother of their baby (compared with national estimates that 86% of parents are co-resident at the time of the birth, Kiernan & Smith, 2003) and the majority (90.5%) were experiencing fatherhood for the first time.

##### Marketing and recruitment

Participants were asked how they had first found out about HTGC to ascertain the effectiveness of different marketing and recruitment strategies used by the facilitators. Almost two-thirds (59.5%) had been told about HTGC during a routine antenatal class/meeting with the midwife, reflecting the dominant recruitment method for all those accessing HTGC in Burntwood. Expectant dads were then most likely to hear about HTGC from their partner (24%) or from another male friend who was attending and had invited them along (9.5%). The remaining three expectant dads had found out about HTGC from another family member; the local children's centre and a poster at the GP surgery.

In discussing whose idea it had been to attend the HTGC session, over one-third (36%) said it had been their partner's idea. However, more than one-quarter (26%) had made the decision to attend independently, and one-fifth (21%) had made the decision jointly with their partner. The remainder noted they attended because they had been asked by their friend (three expectant dads); the midwife (two) or another family member (two).



### Pre-session evaluation data

The pre-session questionnaire for expectant dads contained a range of statements presented under the heading 'what do you expect the benefits of the HTGC session to be?' Participants were asked to tick the statements they agreed with to ascertain what benefits they expected to gain from the session. The responses from the 42 expectant fathers are detailed in the table below:

Thus, the majority of expectant dads expected to improve their confidence; to increase their knowledge and preparedness for fatherhood; to learn coping skills and to find out about provision for dads in their local area. The session was perceived to offer fewer benefits in terms of emotional skills such as feelings about the pregnancy or the couple relationship after the birth.

### Resources for expectant fathers

To gather evidence of the need for support services for expectant fathers, respondents were asked if they knew of anywhere else that they could get this kind of support without HTGC. All but one of the 42 respondents (98%) knew of no other source of support like HTGC, indicating the importance of this service in the context of mother-dominated support services.

The one father who felt he could get this kind of support elsewhere identified he would rely on friends who were fathers. A reported 95% (40) of respondents had not used any other support services for expectant fathers prior to attending HTGC.

Just 12% of expectant dads felt current levels of resources and sources of support for dads-to-be were adequate. Almost one-quarter (24%) of respondents did not think that there are currently enough resources/sources of support (aside from HTGC) and almost two-thirds (64%) were 'unsure'. However, 95% of respondents had read books and leaflets about pregnancy, suggesting that this kind of material often fails to provide sufficient father-focused information. And 69% of respondents had used the internet to find information about pregnancy and parenting but only 26% had found information specifically for fathers.

**Table 4**  
**Perceived benefits of HTGC (pre-session)**

	Yes	No
I expect HTGC to increase confidence in my role as a dad	88%	12%
I expect HTGC to increase my knowledge about how to look after my baby	97.5%	2.5%
I expect HTGC to help me learn how to support my partner during pregnancy/labour	83%	17%
I expect HTGC to help me learn how to improve our relationship after pregnancy	62%	38%
I expect HTGC to help me learn more about my feelings about the pregnancy	40.5%	59.5%
I expect HTGC to give me a chance to meet and learn from other dads	93%	7%
I expect HTGC to help me learn how to cope with this huge change in my life	83%	17%
I expect HTGC to help me find out about what is on offer for dads locally in my area	76%	24%

### Level of knowledge, confidence and preparedness for fatherhood

The remaining questions on the dads-to-be pre-session questionnaire gathered information on the participants' current levels of knowledge, confidence and preparedness in relation to becoming a father.

For each of the following statements, respondents were asked to indicate whether they agreed, strongly agreed, disagreed or strongly disagreed with the statements presented:

#### I feel confident about being helpful/useful during the birth

Strongly agree	14.3%
Agree	71.4%
Disagree	14.3%
Strongly disagree	0%

#### I feel confident about my ability to care for my new baby

Strongly agree	17%
Agree	64%
Disagree	19%
Strongly disagree	0%

#### I feel confident about dealing with a crying baby

Strongly agree	9.5%
Agree	52.5%
Disagree	38%
Strongly disagree	0%

#### I feel confident about bonding with and loving my new baby

Strongly agree	50%
Agree	45%
Disagree	2.5%
Strongly disagree	2.5%

#### I understand the emotions of the baby's mother and how to support her after the birth

Strongly agree	16.5%
Agree	55%
Disagree	24%
Strongly disagree	4.5%

#### I feel confident about developing co-operative ('team') parenting with the baby's mother

Strongly agree	24%
Agree	66.5%
Disagree	9.5%
Strongly disagree	0%

#### I feel confident about being able to create a safe environment to protect my baby

Strongly agree	57%
Agree	40.5%
Disagree	2.5%
Strongly disagree	0%

#### I am happy about the practicalities of childrearing such as finances/where we will live

Strongly agree	35.5%
Agree	57%
Disagree	5%
Strongly disagree	2.5%

#### I am happy about how much time I expect to spend with my baby

Strongly agree	19%
Agree	64%
Disagree	12%
Strongly disagree	5%

#### I am worried that I will have less time to socialise with friends after my baby is born\*

Strongly agree	5%
Agree	14%
Disagree	67%
Strongly disagree	14%

#### I feel my experiences with my own parents have prepared me well for fatherhood

Strongly agree	28.5%
Agree	47.5%
Disagree	19%
Strongly disagree	5%

The 11 individual statements can also be summed (\*after 'reverse scoring' item 10 as it is 'negatively worded') to produce a total 'score' for each respondent by summing the numbers under the chosen response on the questionnaire for each statement. This allows for a total possible score ranging from 11 (indicating extremely low levels of confidence/preparedness for fatherhood) to 44 (very high levels of confidence/preparedness). The total pre-session scores of the 42 respondents ranged from 23 to 43 indicating quite a range of levels of confidence and preparedness from moderate to very high. The mean pre-session score was 33.7.

### Post-session evaluation data

Post-session evaluation forms were completed by 67 expectant fathers. A summary of these responses is detailed below.

The respondents were first asked to rate the session overall on a scale of one to 10, with one being 'not useful at all' and 10 being 'excellent'. The majority of expectant dads (53.5%) gave it an 'excellent' rating of '10', with 30% rating it very highly at 'nine' and a further 15% rating it at 'eight' on the scale. Just one respondent gave a lower rating of 'six'.

The facilitators who ran the HTGC sessions were rated consistently as 'excellent' (75%) or 'good' (25%) by all those attending.

The 'dads-to-be' were then asked to reflect on which aspects of the session they had found most helpful:

In the table below, the percentages from the same statements in the pre-session questionnaire (then presented as 'perceived benefits') are included in brackets below the post-session percentages. This comparison of pre- and post-session percentages can be used to ascertain whether expectations about session benefits were in fact met during HTGC.

Expectations were met (or exceeded) in relation to dads-to-be improving their confidence in their role as a dad, and by HTGC providing an opportunity to meet and learn from other dads. These were also felt to be the most helpful aspects of the HTGC session.

Of interest also, is the percentage of dads who found the emotional aspects of the session more helpful than expected, such as learning how to improve the couple relationship after childbirth and understanding more about their feelings towards the pregnancy.

Areas of the session that were less successful in meeting expectations included knowledge about looking after baby; learning how to support a partner during pregnancy and labour and learning how to cope with the transition to fatherhood. However, these areas were still rated as helpful by the majority of respondents (75-80%) and therefore still appear to have been highly valued sections of the session.

The only significant area of concern from the post-session percentages is that three-quarters of expectant dads had hoped to find out more about local provision for dads whilst attending HTGC but only one-third felt they had gleaned this information as a result of attending.

Respondents were also given an opportunity to highlight any aspects of the session that they had found unhelpful, or to highlight any omissions from the session content that they would have liked to have seen covered. Four respondents completed this section of the questionnaire.

**Table 5**  
**Most helpful aspects of HTGC (post-session)**

	Yes	No
Improving my confidence in my role as a dad	88% (88%)	12% (12%)
Improving my knowledge about how to look after my baby	80.5% (97.5%)	19.5% (2.5%)
Learning how to support my partner during pregnancy/labour	78% (83%)	22% (17%)
Learning how to improve our relationship after pregnancy	64% (62%)	36% (38%)
Learning more about my feelings about the pregnancy	52% (40.5%)	48% (59.5%)
An opportunity to meet and learn from other dads	98.5% (93%)	1.5% (7%)
Learning how to cope with this huge change in my life	75% (83%)	25% (17%)
Finding out about what is on offer for dads locally in my area	36% (76%)	64% (24%)

One expectant father highlighted content that he had found unhelpful, namely reference to legal issues and dealing with fatherhood in the event of a separation to be "unnecessary, unhelpful and too negative in an otherwise very positively-focused session". One respondent would have liked more information on caesarean section delivery and another, more information on meningitis. Another expectant father would have liked to have heard more about activities in the local area for parents and children, especially during evenings and weekends.

### Level of knowledge, confidence and preparedness for fatherhood

Dads-to-be were then asked to respond to the same series of statements that had earlier been presented in the pre-session form and asked to indicate whether they agreed, strongly agreed, disagreed or strongly disagreed:

<b>I feel confident about being helpful/useful during the birth</b>	
Strongly agree	30%
Agree	62.5%
Disagree	7.5%
Strongly disagree	0%

<b>I feel confident about my ability to care for my new baby</b>	
Strongly agree	40.5%
Agree	58%
Disagree	1.5%
Strongly disagree	0%

<b>I feel confident about dealing with a crying baby</b>	
Strongly agree	27%
Agree	68.5%
Disagree	4.5%
Strongly disagree	0%

<b>I feel confident about bonding with and loving my new baby</b>	
Strongly agree	64%
Agree	34.5%
Disagree	1.5%
Strongly disagree	0%

<b>I understand the emotions of the baby's mother and how to support her after the birth</b>	
Strongly agree	37.5%
Agree	55%
Disagree	7.5%
Strongly disagree	0%

<b>I feel confident about developing co-operative ('team') parenting with the baby's mother</b>	
Strongly agree	46.5%
Agree	52%
Disagree	1.5%
Strongly disagree	0%

<b>I feel confident about being able to create a safe environment to protect my baby</b>	
Strongly agree	64%
Agree	36%
Disagree	0%
Strongly disagree	0%

<b>I am happy about the practicalities of childrearing such as finances/where we will live</b>	
Strongly agree	45%
Agree	53.5%
Disagree	1.5%
Strongly disagree	0%

<b>I am happy about how much time I expect to spend with my baby</b>	
Strongly agree	42%
Agree	42%
Disagree	13%
Strongly disagree	3%

<b>I am worried that I will have less time to socialise with friends after my baby is born*</b>	
Strongly agree	13.5%
Agree	61%
Disagree	25.5%
Strongly disagree	0%

<b>I feel my experiences with my own parents have prepared me well for fatherhood</b>	
Strongly agree	30%
Agree	55%
Disagree	10.5%
Strongly disagree	4.5%

As noted previously, the 11 statements can be summed (\*after 'reverse scoring' item 10) to produce a total 'score' for each respondent ranging from 11 (extremely low levels of confidence/preparedness for fatherhood) to 44 (very high levels of confidence/preparedness). The total post-session scores of the 67 respondents ranged from 25 to 44, indicating increases, post-session, in the range of scores. The mean post-session score was 36.7, and this was found to be significantly higher than the pre-session mean score of 33.7 in a paired samples t-test ( $t = -3.705$ ,  $df = 41$ ,  $p = 0.001$ ). Thus we can say that the HTGC session produced a significant increase in expectant dads' levels of confidence and preparedness for fatherhood.

The final section of the post-session evaluation form explored the thoughts of dads-to-be on the format of the HTGC sessions, on facilitator gender and the impact of HTGC on their likelihood to access mainstream parenting services.

### HTGC session format

The expectant fathers were, without exception, incredibly positive about the HTGC format and clearly welcomed the opportunity, not least because it was seen as a rarity in offering something just for dads:

*"It was fantastic, a really good experience which made me much more open to learning because it was presented from a male perspective"*

*"A really good idea; it really helped to learn from other dads who have recently experienced what I am about to [experience]"*

*"An excellent idea; it is great for men to relax and share ideas and emotions"*

*"Some 'thinking outside of the box' at last. This is the first male perspective discussion I've had during my wife's pregnancy"*

*"Excellent – an area which until recently has been sadly lacking. It is good to know that it is being acknowledged that the mother is not the only one who has to rear and bond with a baby"*

The session provided an opportunity to learn in a relaxed and non-judgemental arena and was welcomed in the context of traditional antenatal services:

*"I really enjoyed having time away from the wife with other expectant dads to voice my concerns in a relaxed environment"*

*"I enjoyed talking with other expectant dads without my partner"*

*"You don't have to be embarrassed asking questions that your partner might already know"*

*"It is a really good idea – you learn a lot about becoming a dad"*

*"It was fantastic! So much better than the antenatal class and just reading about it"*

*"It has been really interesting and raised lots of different issues and pressures compared to other antenatal sessions"*

There was also evidence that the session had facilitated gains in confidence from the opportunity to learn from other dads in this relaxed environment:

*"Definitely the right approach – it was really easy to talk and ask questions and get the male point of view across. I feel more confident in my ability to cope now"*

*"To be honest I thought the session would be a bit uncomfortable and 'cheesy' but I was wrong; it was very relaxed and useful and the structure of the session was such that anything could be covered that we wanted to talk about"*

*"Well at first I was very nervous and I hold my hands up...I was panicking [about fatherhood]. But this session has given me EVERY confidence and [done] me the world of good. I am full of confidence now"*

The majority of respondents (82%) did not feel that HTGC needed to adopt an exclusively male environment by using only male facilitators:

*"Not at all! It is good to have the opposite sex there; that's important"*

*"No, not really. I think it helps to prevent the male ego taking over where we all start talking about cars and football!"*

*"It doesn't matter [if the facilitator is female] as most of the information comes from the dads not the facilitator anyway"*

*"I think having one male and one female facilitator worked really well so you get both a mum's and dad's perspective"*

However, 18% (12 expectant dads) did feel that gender of the facilitator mattered, with some indicating that they would prefer to attend a male-only session:

*"It really shouldn't matter at all but I do wonder if the group dynamics would have been different if we had a female facilitator"*

*"I think a male only perspective is better so men feel more able to open up. Some issues are better covered man to man"*

*"Having been to an all male session I can't compare but I was pleased it was all male"*

*"It wasn't a problem for me; however I think a male facilitator might be better for more nervous expectant dads"*

*"Yes, it would change things; it just wouldn't be the same"*

Although it was acknowledged by one respondent that a female-run session would be better than no session at all:

*"I liked the fact that the class was run by a man as it distinguished it from all the other antenatal sessions. But if it had to be run by a lady or not at all then a lady would be better"*

And two expectant fathers felt that experience of parenting was more pertinent than gender:

*"I'm not sure gender matters but I do think the facilitator should be a parent themselves"*

The dads-to-be were also asked to comment on whether they would prefer to attend the HTGC session with the mother of their baby and the vast majority (73%) were keen to stress it should remain a "dads' only space".

*"Session was ideal as it was dads only and very laid back. I think if mothers had been there it would have been very different, uncomfortable even"*

*"No! The think I liked about the session was that it was just men!"*

*"No, things for dads alone are rare as it is!"*

*"I think it works better in an all male environment. Some questions will only be asked in this setting!"*

Just three respondents indicated they would indeed prefer to attend with their partner. The remainder (22.5%) indicated they had no preference or were unsure:

*"I'm really not sure about this one. It could be useful to attend with the mother of your baby but I think it may change the effectiveness"*

To assess whether HTGC has any impact on the likelihood of fathers accessing mainstream parenting services (e.g. parent and baby sessions; children's centres), the dads-to-be were asked if they were now more likely to access services as a result of attendance at the session. Fifty-five expectant dads (82%) responded affirmatively, indicating they were now more aware of services; were more confident in accessing services and could appreciate the range of benefits from accessing services:

*"Because I'm more aware of services in my area now"*

*"Because I didn't realise the support was there before I came to this session"*

*"Because I am more aware of stuff to do at the [children's] centre now and I would like to continue helping other dads-to-be"*

*"Because I hadn't really thought about using the children's centre before and it [HTGC] was really valuable to me and a worth while thing for the whole community"*

*"Because I understand a bit more about them [parenting services] and realise it will help me through fatherhood"*

*"Because I have more confidence in them now having spent time here [children's centre] and because HTGC was such a positive experience"*

*"The children's centre is a really good environment...I want to see more of this kind of thing for dads!"*

*"I think it will help me with my confidence, being able to mix with other people in the same position and getting lots of information and education"*

*"I now know they [children's centres] aren't uncomfortable and 'cheesy' and it would be foolish to decline available assistance"*

Seven respondents could see clear benefits of accessing mainstream parent and child services but thought it unlikely they would have the time to do due to their work commitments. Just five expectant fathers indicated that HTGC would have no impact on their willingness to access services, with three indicating this is because they already do access them. One respondent provided no explanation and just one responded more negatively, noting, "If I need help, I will ask!"

Finally, respondents were asked if they would recommend HTGC to other dads-to-be and all 67 indicated they would, revealing very high levels of satisfaction with the session.

## 4.1.2

### Veteran dads

Thirty-nine veteran dads participated in HTGC across the three sites during the evaluation period of July 2008 to December 2009. Twenty-three (59%) of these completed a pre-session evaluation form and 31 (79%) completed a post-session form.

### Demographic data

The majority of the veteran dads (70%) were aged between 26 and 40 years although over a quarter were younger experienced fathers aged 18-25 years (26%). Just one father was aged 40-plus.

The majority of veteran fathers (61%) described themselves as working full-time and 13%, working part-time. A further 13% were currently looking for work. Two veteran fathers were full-time carers of their children and the house and one was a full-time student.

The majority of veteran dads (87%) described their ethnicity as White British but the sessions did successfully engage with a small number of experienced fathers from the Black and Minority Ethnic (BME) community: one described his ethnicity as Pakistani/Bangladeshi (2.4%); one as Black Caribbean; and one as Black African.

All but three of the veteran dads (87%) were living with the mother of their child(ren) at the time of the session and the majority had just one child aged 0-6 months (87%) or 6-12 months (13%). Two veterans had a second child aged 5-10 years and one was the father of a third child, also aged 5-10 years.

### Pre-session evaluation data

Twenty-three veterans completed pre-session evaluation forms.

### The decision to participate

The veterans were asked to describe why they had decided to take on the role and participate in the session with 'dads-to-be' and many cited purely altruistic reasons:

*"I'm a first time dad and thought I could help other first time dads"*

*"After the labour and the last few days I'm feeling full of learning and information that would be valuable to pass on" (father of five-day-old)*

*"Just to help support other dads"*

*"To give other dads guidance and share my experience of being a dad"*

*"Because I feel I have so much information to pass on"*

*"Because I thought my experience as a single parent would be valuable to dads-to-be"*

Others had themselves participated in an earlier session of HTGC as a dad-to-be, and, having found it so helpful, were keen to 'return the favour':

*"I knew it was a good thing to do as I used it [HTGC] with my first child"*

*"To help new dads like a new dad helped me"*

*"Because I found it very useful when I attended HTGC"*

*"It was so useful for me as a dad to be that it seems fair to give something back to the next dads-to-be"*

The veterans were also asked to describe any reactions (e.g. from a partner, friend or professional) to them taking on the role. The majority described positive reactions:

*"Very happy that I'm willing to help others that need it...especially as there aren't many agencies to help first-time dads or dads in general"*

*"[They think] it is a good positive thing to do and they know I will help others"*

*"My partner thinks it is great for me to do something positive and help others"*

*"My partner is proud of me and so are my friends and family"*

*"My wife was surprised but inquisitive and supportive"*

However, one father of a newborn noted that there were competing demands for his time as his partner had:

*"Tried to persuade me to stay at home [rather than attend HTGC]"*

### Session expectations

The respondents were also asked to choose, from a list of presented options, what they thought the potential benefits for dads-to-be of learning from veterans were:

**Table 6**  
**Benefits of peer learning**

Perceived benefit of learning from veterans	Yes	No
Increased confidence in their role as a dad	91%	9%
Increased knowledge about how to look after their baby	91%	9%
Learning how to support their partner during pregnancy/labour	87%	13%
Learning how to parent co-operatively with the mother	65%	35%
Provides a chance to meet and learn from other dads	100%	
Learning how to cope with this huge change in their life	83%	17%
Find out about what is on offer for dads locally in their area	65%	35%

### The impact of fatherhood

A number of open-ended questions were also included on the pre-session veteran evaluation form to further explore feelings towards, and the impact of, fatherhood.

#### What advice or information for new dads can you offer based upon your own experience?

Veteran dads were able to offer a range of honest, pragmatic advice, based on their own experiences of fatherhood:

*"Relax, be confident and follow your natural instincts!"*

*"That no matter if you're ready or not you will find a way. It makes you think that nothing else matters and you will do anything for your child"*

*"Keep your head up and it will be ok"*

*"Don't panic, stay calm and be prepared and remember that every baby is different"*

*"Chill out and enjoy it. Have self-confidence in your own ability"*

*"Don't be afraid to ask for help and if you still don't understand ask again until you do"*

*"I was nervous about labour [but] it turned out to be interesting and the best experience"*

*"What seems daunting at first quickly becomes commonplace and easy"*

*"Enjoy it; it is hard work but very rewarding"*

*"The truth – it is harder than you think! You need to work as a team, help your partner as much as you can and take time out when you can"*

#### **What advice or information would you have liked when you were preparing to become a dad?**

Many of the veterans consulted would have welcomed the opportunity to attend a HTGC session to help them to prepare for fatherhood:

*"Something like this – an opportunity to share information with other dads and learn from other dads"*

*"An opportunity like this to find out about services in the local area"*

*"Explanation of general day-to-day things in more detail, just general help and advice, there was nothing like this "*

*"Advice on how to look after my baby – all the things that are covered in HTGC!"*

More specifically, the veterans who had not had the opportunity to attend HTGC felt they were lacking practical advice; a listening ear; realistic advice on the life-changing nature of fatherhood and advice on things that could go wrong during pregnancy and labour:

*"Practical advice like how to change a nappy and general support, someone to talk to"*

*"Just [the opportunity] to share information with other dads"*

*"What it would be like and how it would change my life...and someone to ask if I'm ok"*

*"Someone to say how hard the first six months is"*

*"What can happen during a non-regular pregnancy"*

*"Advice on what can go wrong in labour"*

#### **How are you, mum and baby doing? How involved are you with your baby?**

Veteran fathers described very hands-on experiences of parenting and positive adjustments to fatherhood, even in the face of illness. It was also pleasing to note the clear evidence of co-operative or 'team' parenting:

*"We're both doing the same and taking it in turns so you don't get too tired. The feeding is fine but the nappies aren't so great"*

*"We're doing great, it is hard work but if you work as a team it is ok"*

*"I do just as much as the mother and I will do anything to help. We are all fine except my son has recently been ill"*

*"We are coping, had some problems around breastfeeding but we are getting over it"*

*"I'm involved every day and night with baby"*

*"God yes, I try to get involved all the time"*

*"I am very much involved as a full-time dad"*

*"Very much involved, when I'm not working"*

#### **What aspects of fatherhood have been most rewarding and most difficult for you?**

Finally, veterans were asked to describe their most rewarding, and most difficult experiences since becoming a father. Rewarding aspects of fatherhood included seeing their baby for the first time; observing their baby grow and develop; baby's expressions and social interactions such as smiling; and the love and bond between parent and child:

*"So far, cutting the umbilical cord and holding my 20-minute-old baby on my bare chest"*

*"Seeing my new son for the first time"*

*"Seeing how my son has changed and got bigger"*

*"Watching my children grow up, being part of their lives and making a great future for them. Most of all becoming a better dad than my dad"*

*"Seeing my son stick his tongue out at me and looking around and smiling. It is hard but worth it"*

*"Watching him look around the room and smiling and sticking his tongue out at me"*

*"Smiles" (mentioned by nine veteran fathers)*

*"The natural bond and attachment that is apparent with my child – unconditional love! Most of all, having a mini-me!"*

*"The love for you that your baby shows, even at such a young age"*

*"For my child to hug me and love me and be happy around me"*



The most difficult aspects of fatherhood had been the lack of sleep (mentioned by seven fathers), crying babies and changes to lifestyle:

*"Learning to cope with something that does what it wants when it wants without reasoning. It is a complete change in lifestyle"*

*"Understanding my partner's needs when the baby arrived and coping with everything mentally"*

For those fathers who were working full-time, the need to balance work with their role as a father could be difficult, particularly if their job involved being away from home for periods of time. Children's illnesses were also a factor that could add additional strain:

*"Knowing your child is poorly and not knowing what to do...that can be very difficult"*

#### Post-session evaluation data

Post-session evaluation forms were completed by 31 veteran fathers.

#### What do you think worked well in the HTGC session?

Veterans were first invited to share their thoughts of which aspects of the session had 'worked well'. Many thought the practical nature of the session, bringing their babies with them and the 'hand over' to dads-to-be, worked well:

*"Bringing our babies with us so the dads-to-be can get hands on practical experience"*

*"The hands-on approach with real live babies"*

*"The 1-2-1 handover of babies from new dads to dads-to-be"*

Others mentioned the relaxed atmosphere, which had promoted informal interaction and candid chat:

*"The relaxed atmosphere, being able to generally talk about being a dad without it being too structured"*

*"The atmosphere meant that the dads-to-be could discuss their concerns and fears quite candidly"*

*"Being able to ask questions at all stages"*

*"The informal chat and interaction"*

The group discussions where views and opinions had been shared in an open format were also viewed positively:

*"The group discussion when we could share our views and opinions"*

*"The group discussion so you can hear the different experiences from the other dads"*

*"The group discussion because it provides unbiased support and knowledge"*

Other factors highlighted included the fact that 'no mothers were present'; the fact that veteran fathers had experienced new fatherhood relatively recently; and for many the 'whole session' was felt to have 'worked well':

*"The whole session went well; I really wish there had been one of these a year ago when I was a dad to be"*

*"Everything, it was well thought through and thorough...all the points were covered"*

#### Is there anything that needs to be changed for future sessions?

To enable veteran fathers to highlight any aspects of the session that could be improved, respondents were asked if anything needed to be changed for future sessions. The majority did not feel anything needed to be changed and the quote below is typical of the feedback to this question:

*"No, it was a great turn out and loads to talk about"*

However, some areas for improvement were raised by about one-third of the veteran father respondents. The first area highlighted was in relation to marketing and publicity of the sessions as it was felt that awareness of HTGC was not very widespread which had resulted in a low turn out at the session concerned:

*"Need more publicity to advertise the sessions as very few people seemed to know about it"*

In relation to session content one father felt there could be more detail provided on the labour and birth process, and another suggested a rather pragmatic guide to things that could go wrong:

*"Bit more in-depth about what to expect in the delivery room and during labour and giving birth"*

*"Perhaps talk about what if it all goes wrong (without making it a bloodbath!)"*

However, another father felt there was perhaps already too much focus on the negative aspects of fatherhood:

*"Need to make sure the dads-to-be aren't too put off the whole thing!"*

Another felt the practical handover of baby from veteran to dad to be had been overshadowed by the focus on ensuring health and safety:

*"Try to relax the fathers a bit more prior to the hands on bit [handover of baby from veteran to dad-to-be]. There was too much emphasis on health and safety"*

Finally, one father asked, "Might be better if it was men only?" which is further discussed later in this report in the section on facilitator gender.

#### **How does being the 'voice of experience' make you feel?**

The veteran fathers had clearly enjoyed being the 'voice of experience' at the HTGC sessions and gained considerable personal benefits from their participation:

*"Really good, it is nice to help people and I definitely benefited from spending some time with other dads"*

*"I found it really fulfilling, gave me a sense of pride"*

*"It is good to be able to pass on knowledge to others; I would gladly do it again"*

*"It has made me feel really good, made me realise how much I have learnt in the last year"*

*"It was nice to have responsibility for my son for three hours and to talk to people outside of my normal circle... It has been a real confidence boost for me"*

#### **What are the personal benefits for you of being a 'veteran'?**

Mirroring the altruistic comments shared pre-session, for some veterans, simply helping others was benefit enough:

*"It has given me a real sense of achievement knowing I am helping other dads get involved sooner and helping them understand how hard it is for the mother"*

*"Really enjoyed the feeling of helping a complete stranger to be a better parent"*

*"It just makes you feel more of a man and leaves you with a good feeling"*

*"Being able to help and show off my child is benefit enough"*

*"I was just happy to return and give something back to HTGC as I got a lot from the session when I was expecting"*

For some, participation had also been a real confidence boost:

*"It made me feel good and confident and it is nice to let expectant dads know that it [fatherhood] is not as bad as they imagine"*

*"I think it has been good for my confidence in fatherhood as my own dad wasn't a very good dad"*

*"It has made me feel more confident and competent"*

Others simply enjoyed the opportunity to reflect on being a father and to get together with other dads:

*"It's a good opportunity to talk about my experiences as a father, something us blokes don't do very often"*

*"It is great to share the experience of fatherhood and to pass on my knowledge to dads-to-be"*

*"I think I had forgotten what a life changing experience it is having a baby so it has reminded me of that!"*

*"It has been very rewarding and reassuring; a real positive experience to be able to pass on my experience"*

*"I enjoyed the opportunity to get together with other veterans"*

#### **4.1.3 Staff**

Facilitators completed pre-session evaluation forms at less than half (seven) of the 15 HTGC sessions delivered. Eleven pre-session forms were completed in total due to some sessions being facilitated by two or three trained members of staff. Post-session forms were completed by facilitators at six of the HTGC sessions, with 10 forms being completed in total.

### Pre-session evaluation session goals and benefits

The session facilitators were first asked to describe, in their own words, the goals of the HTGC project. Ten respondents answered the question, saying the following:

- Raising awareness amongst fathers of the importance of being involved in parenting and supporting the mother and child
- Empowering fathers and getting them thinking about their new role
- To facilitate a situation whereby fathers can provide information to dads-to-be
- To give first time dads first hand advice from experienced dads and a feeling of what to expect
- To increase the confidence of new dads and to enable them to look forward positively and to understand their important new role
- To inform dads-to-be of strategies and techniques on how to care for their baby and the responsibilities of this role via the knowledge and experience of veteran dads
- To engage with dads during the antenatal and post-natal period
- To enable an opportunity for fathers to give direct advice and first hand accounts to first time dads
- To inform and prepare dads-to-be via shared experiences and concerns

The main benefits of HTGC for dads-to-be were felt to be preparation for fatherhood via: insight; confidence; first hand experience; an opportunity to share concerns, reduce anxiety and be listened to; to learn strategies and tips on baby care; to increase understanding of the role of the father; and the opportunity to meet existing dads.

The main benefits for veterans were felt to be increased confidence; a sense of pride from helping others; an opportunity to meet with other dads and share experiences; an opportunity to express feelings and reflect on fatherhood and a chance to enjoy one-to-one time with their baby.

### Recruitment

The facilitators were then asked to describe their level of satisfaction with the recruitment process for HTGC for both dads-to-be and veteran fathers via a five-point scale ranging from 'completely satisfied' (five) to 'completely dissatisfied' (one). A high score (maximum = 55) would indicate very high satisfaction levels and a low score (minimum = 11), very low satisfaction levels.

Two facilitators were 'completely satisfied' with the recruitment process for dads-to-be and five were 'fairly satisfied'; one was 'not sure'; two were 'fairly dissatisfied' and one was 'completely dissatisfied' resulting in a total satisfaction score for recruitment of dads-to-be of 38 out of a possible 55.

It is of interest to note that very low satisfaction scores emanated from facilitators who had met resistance in their attempts to build links with local maternity services in order to facilitate recruitment of expectant fathers as the following additional comments illustrate:

*"All services and staff that could be related to this project are reluctant to help as it is 'not their remit'"*

*"A lot more work needs to be done regarding links with maternity services for referrals. I tried my hardest but without maternity services it won't work"*

*"Networking with maternity, or lack of it, has been a real barrier to setting up the sessions"*

*"A future goal will be to combine this project with maternity services"*

Similarly high satisfaction scores emanated from facilitators at sites with good links to maternity services:

*"We've used a worker who attends antenatal classes so we've been able to recruit easily"*

Total satisfaction levels for recruitment of veteran dads were slightly higher at 43 out of a possible 55, reflecting the ability to recruit veterans from those who have attended as dads-to-be.

In addition to the pressures of their full-time role (see below), some respondents, for example at sites where trained HTGC colleagues had left for other departments, felt particularly burdened with the responsibility for all elements of HTGC including recruitment, session delivery and evaluation:

*"I'm finding it really hard at the moment; one person can't do it alone!"*

Indeed during discussions with staff towards the end of the evaluation it was often noted that HTGC in Staffordshire could have considerably greater impact if there was a dedicated person to take responsibility for recruitment to, and evaluation of the sessions:

*"I am happy running the session, I'm even happy to do it in my own time on an evening because that fits better with the full-time job but I can't do the recruitment as well. I just want to turn up and deliver the session"*

*"Surely it would be more cost-effective to have one person who does all the recruitment across the sites? They could liaise with maternity, get lists of expectant dads, send info about HTGC, and do the evaluation; so all we had to do is turn up on the day"*

### Preparation and support to deliver session

Facilitators were then asked to comment on how prepared they felt to run the HTGC session by choosing a response on a five-point scale ranging from 'fully prepared' (five) to 'completely unprepared' (one). All 11 facilitators indicated that they felt 'fairly well prepared' (four) producing a total score of 44 out of a possible 55. The availability of "good venues" such as local children's centres was noted by two respondents although another complained they had been unable to deliver a session (at short notice) due to room unavailability:

*"It is ironic, the one time we have enough dads to take part we didn't have a room available!"*

Respondents were also asked whether they felt adequately supported by their line managers; colleagues; other agencies and the Fatherhood Institute whilst setting up and running the HTGC session:

**Table 7**  
**Staff feedback on level of support**

Source of support	% feeling adequately supported by source
Line manager	45%
Colleagues	64%
Other agencies	73%
Fatherhood Institute	82%

The facilitators' responses reveal that a substantial majority felt well supported by the Fatherhood Institute but the level of satisfaction with support from other agencies and colleagues and line management varies.

The additional staff interviews completed at the end of the evaluation period also explored this area and it is clear, as already indicated in this report, that those sites without good links to maternity services feel unsupported by other agencies. Facilitators with full-time roles unconnected to HTGC, for example, social workers as opposed to children's centre staff, have also indicated that their involvement in HTGC has not always been supported by colleagues and managers, particularly in the context of heightened media focus on social worker response times:

*"It is really not part of my role so I have insufficient time to do the project [HTGC] justice"*

Other difficulties experienced by facilitators in setting up and running sessions had been in relation to session times (meeting the needs of working fathers versus the needs of babies and their bedtime routines); marrying up the availability of veterans and expectant dads (sometimes waiting for veteran dads' babies to be a few weeks older meant that expectant dads' partners had given birth).

Finally, the facilitators were asked to share thoughts on how successful HTGC might be in helping dads access other mainstream services that traditionally engage more with mothers (e.g. parent and toddler/baby groups; children's centres etc) and the majority were very positive about this potential outcome:

*"I feel that HTGC is the start of dads getting on the right road in spending a lot more time with their children...I hope it works out as planned"*

*"I think it has been very successful and really has the potential to be the start of more men accessing services"*

*"It has really made the fathers think more about the services on offer to them as fathers"*

However, it was acknowledged that retaining contact with dads could be more difficult and that HTGC was not currently reaching the 'hard to engage' fathers:

*"We need to ensure that we keep in contact with those who we do engage with. I do sometimes wonder how sustainable it is long-term"*

*"I think HTGC is extremely successful in recruiting certain dads, the ones who are engaged in the process but it also needs to engage with those who are harder to reach"*

One respondent also noted that regardless of the success of HTGC, engaging fathers more generally would still depend on the culture of mainstream services and their ability to communicate directly with fathers:

*"I still think it will be determined by how those services target themselves at dads, y'know how they communicate with them etc. We can get them on board but the others have to do their bit too"*

### Post-session evaluation

Post-session forms were completed by facilitators after six of the HTGC sessions, with 10 forms being completed in total.

## Session review

Facilitators were first asked to comment on whether the goals of HTGC had been met during the sessions and in eight out of 10 cases it was felt they had indeed been met as the comments below illustrate:

*"Yes I think so because the dads-to-be asked lots of questions"*

*"Yes because they seemed more confident/reassured at the end"*

*"Yes both dads-to-be and veterans both said how useful it had been for them"*

One respondent, commenting on two different HTGC sessions, did not feel the goals of the sessions had been met because in the first case, the session had too few expectant dads due to problems with recruitment, and in the second, the timing was felt to be too late to be of great benefit:

*"The dads-to-be at this session didn't have long to go until the due date so it was obvious during the session that they had already found out plenty of information"*

The respondents also commented on aspects of the sessions that had worked well, which included the practical element when the baby is handed from veteran to dad to be and the group discussions which were noted to be "relaxed" and "free flowing". One respondent also cited the shaken baby syndrome demonstration (using an egg in a box) as being another successful aspect due to "the big impact it had".

All respondents felt the impact of the sessions on both dads-to-be and veterans had been completely positive, increasing confidence, knowledge and awareness amongst dads-to-be and generating a sense of achievement and pride amongst the veterans.

Five facilitators highlighted areas that they planned to change or improve in future sessions. Two respondents (from two different sites) were considering extending the length of future sessions (currently in practice two hours across all sites – although the Fatherhood Institute tells all trainees it can be anything from two to three hours) as the sessions had felt rushed:

*"Timing wise it was quite rushed. I think maybe we need to extend the time slightly, particularly to allow for late arrivals"*

*"The structure and the session topics felt a little rushed through"*

Two other facilitators commented on their own ability to manage the group discussions with one feeling they could do more in future to encourage the discussions and another feeling they should intervene less:

*"I think I will try and encourage the chatting and try to get people to expand more on what was said"*

*"I think I've realised that it is a good idea for sections to flow into each other rather than interrupting positive interaction"*

Finally, one respondent felt the session reviewed could have been improved by a greater number of participants attending, not least because there were more veteran dads than expectant dads at the session.

## Recruitment and engagement with fathers

Given the problems highlighted in pre-session feedback regarding recruitment to HTGC sessions, facilitators were asked whether they thought they were reaching the dads who really needed support. All felt that whilst HTGC had been successful at engaging with some dads-to-be and veterans in Staffordshire, it had probably failed to reach those fathers who might be described as 'hard to reach', 'vulnerable' or 'young'. The expectant fathers attending sessions were noted to be "in full time employment" and "probably those that were already engaged with the pregnancy".

In the post-session feedback and during final site interviews, all respondents expressed a desire to target HTGC at these groups as it was felt that these men are likely to gain most from attending the sessions. Interestingly it was noted that recruitment via antenatal sessions is unlikely to achieve this goal:

*"It has been pretty much professional, confident men who have benefitted from the group and I'm sure they do enjoy it and get something out of it but for a bigger impact we really need to reach the vulnerable, hard to reach dads. They're the ones who are more likely to struggle with sleepless nights, who may just shake a baby. That is where the support needs to be...If we recruit only via antenatal then we are only going to get the parents who are engaging with services already"*

*"Young, vulnerable dads-to-be need to be recruited...they are the ones who would benefit the most!"*

However, eight of the 10 post-session evaluation forms completed by facilitators did indicate that HTGC had been, in their opinion, successful in signposting fathers onto other mainstream parenting services.

When asked if they thought HTGC would lead to more awareness of, and increased systematic engagement with fathers, half of the respondents felt it would, although it was acknowledged that there was "still some way to go" and that full engagement would need "further recognition from line managers". The remaining respondents were less convinced:

*"Sadly, I think fathers are likely to remain marginalised, they are just not seen as high priority"*

*"This group [HTGC] has been run low key and has not registered much within my agency"*

## Personal impact

The facilitators were finally asked to comment on the personal impact of running HTGC and many again highlighted the difficulties faced in allocating time to recruitment alongside a full-time role:

*"It has meant an increased workload for me as all the other staff feel that is only my responsibility to work with men"*

*"I have spent a long time on the recruitment!"*

*"It has taken time away from my caseload which has caused conflict and left me really busy"*

One facilitator who benefited from support for recruitment via the antenatal recruitment model in Burntwood noted:

*"It has had little impact on me personally as a lot of the preparation was done before my involvement [facilitating the session]. This really helped"*

Two other respondents, who had joined the HTGC teams after the initial training had been completed to assist with recruitment (in Moorlands and Burntwood) expressed a desire to become fully trained HTGC facilitators and in fact one has since gone on to complete the training in order that they can deliver as well as recruit to sessions.

One other respondent commented on how HTGC had been very personally empowering as it had enabled him to overcome his fears and successfully facilitate group sessions.

## 4.2 Three month follow-up interviews with new dads

### 4.2.1 Introduction

Forty-five dads-to-be initially consented (via the post-session questionnaire) to participate in follow-up telephone interviews scheduled to take place approximately three months after the participants had attended a HTGC session when they had become new fathers.

The evaluation team liaised with the HTGC facilitators at the three sites to confirm due dates and to ensure safe arrival of the babies prior to calling the new fathers. This procedure had been earlier agreed with the Fatherhood Institute and Staffordshire County Council to ensure the evaluation team did not make contact with any family where there had been complications. Safe arrival was confirmed for 28 of the initial sample of 45 dads-to-be. The remaining 17 were not contacted by the evaluation team. Lack of confirmation of safe arrival was due to restrictions on facilitator time in making contact with the new fathers or inability to make contact (due to changes in contact details) rather than because of known complications.

From the remaining 28 new fathers it has been possible to complete 17 follow-up interviews. The remaining 11 did not respond to at least two requests to participate in a telephone interview. Interviews were all completed by telephone between December 2008 and December 2009. Of those new dads who were interviewed, seven were from Burntwood, five were from Staffordshire Moorlands and five were from East Staffordshire.

The interviews were designed to explore new fathers' experience of HTGC and whether they felt the sessions had any immediate or lasting impact upon them as parents. Discussions then explored their experience of parenting so far, including their adjustment to fatherhood, how well they felt they were coping and any difficulties experienced. Finally, questions were included to explore the fathers' experience of, and future likelihood of accessing mainstream parenting services and whether they had, or intended to, remain involved with HTGC as a veteran dad.

### 4.2.2 Preparation for parenting

Many of the fathers spoke about how HTGC helped them prepare for fatherhood by increasing their confidence and providing reassurance both leading up to the birth and following the arrival of their babies. They felt that the information received in the sessions had informed them about what kind of issues they could expect to come across as a new dad and had helped to allay some of the initial fears or concerns they had about parenting:

*"It kind of gave me an insight into what was going to happen and um you know, help me address any misconceptions I might have had...just clear up confusion and things like that"*

*"It was great to meet people beforehand to settle your nerves – for just a bit of reassurance"*

*"It's understanding...just knowing what to expect, you know, and how to cope kind of thing...all the little bits and pieces I suppose"*

*"It's just hearing from people who've actually been through it...hearing about what they've gone through and knowing that there is light at the end of the tunnel"*

They found it useful to talk with other men who were in a similar situation, to share their worries in a relaxed and informal environment. Voicing their concerns enabled them to realise that their worries were legitimate and similar to other fathers to be – that they weren't alone:

*"I think it was good to have a bit of guidance, and to be able to, you know, share kind of fears and concerns with other dads-to-be"*

*"I think the best thing was that you could sort of speak to other dads who were actually feeling exactly the same way and you could ask very similar questions and actually there were questions that were all very similar coming from all of us"*

Some of the fathers mentioned that the information they retained from the HTGC session had been useful when it came to actually being a parent, and particularly, the practical advice:

*"It is really you know...what to do, what to look out for. Are they too hot? Are they too cold? Are they hungry? Just practical stuff on how to look after or how to monitor the wife really"*

Other dads specifically mentioned holding the baby as an important part of HTGC for them in terms of increasing their confidence. These tended to be the dads-to-be who had not had previous experience of infants:

*"I went to give myself some confidence by actually doing it. I think the main one really was actually sort of holding him. Yeah, cos I'd never actually held a newborn baby"*

The sessions appeared to have a bigger impact on those who were slightly more nervous about becoming a father from the offset.

*"Obviously I had to go [to HTGC], cos I've never had a kid before. At first I was scared like, but at the end of the day it has helped me, definitely...If I'd never done what I did, I don't know how I'd coped. I don't know where I'd been if I'd never gone"*

This is an interesting finding, as it suggests that reaching the more nervous expectant fathers may increase the impact of HTGC. However, it is possible that there might be a point of 'maximum nervousness' beyond which it might realistically be difficult for a dad to commit to attending the session and/or positively benefit.

Not all dads felt that HTGC had a long-term impact on their confidence but notably these tended to be the ones who felt reasonably confident anyway. Nonetheless, they found the sessions beneficial and felt that HTGC provided an extra bit of reassurance for them:

*"I'd already had quite a lot of exposure to children, but yeah...it [HTGC] probably gave me more confidence in the fact that I realised that actually I knew more than I thought I did"*

*"I can't really quite put the right words. I always felt confident that I was gonna be alright, but it [HTGC] kinda reassured me that 'I am gonna be alright'"*

Some of the fathers mentioned that it was beneficial having something that was for dads only, as much of the other antenatal care was largely directed at the mums. Although they seemed to think this was the way it should be, they felt that having a dads-only session helped them to feel a bit more involved:

*"I think the fathers tend to get forgotten a bit. There's obviously all the attention on the mothers, quite rightly, with them being expectant and everything. I think the fathers can tend to get forgotten"*

*"It was nice for things for dads, rather than mums, mums, mums... I think it made you feel more involved and everything, rather than just sitting waiting, actually doing something"*

Some of the dads mentioned the benefit of getting information about parenting from other men, from the fathers' point of view. They felt this was a refreshing change as often information delivered to parents-to-be is from midwives or health visitors who are invariably women:

*"The best thing was to hear it from another man's point of view."*

One dad also suggested that in a male-only environment without their partners, men might be able to talk more freely about the parenting issues that were concerning them without feeling embarrassed or judged:

*"There are some people that don't know what to say when they're around their partners... you sort of open up a bit more being in an all male group"*

#### 4.2.3

### Support of partner and involvement in caring for baby

Overall the new fathers varied on the impact they felt HTGC had on their ability to be supportive to the mother of their babies. Some felt it had little impact as they felt they'd have been supportive whether or not they went to HTGC:

*"I don't think it would have made me more supportive"*

Others felt it helped them to be more aware of the needs of the mother of their babies:

*"I think it made me a little more aware...if you're not careful you can tend to just take them for granted...so you do need to help more. It (HTGC) just sort of made me think about it"*

Again, the degree to which fathers felt involved with caring for their babies varied. Some felt they were fully involved in every aspect except breastfeeding, while some felt they could potentially be more involved. When questioned, most of the dads rated their level of involvement between seven and nine on a scale of one to 10. Some, but not all of the fathers, felt that HTGC helped to facilitate this level of involvement. Those who didn't think HTGC had any particular impact on this felt that they would have been supportive regardless and attributed this to the kind of person they are or the kind of dad they wanted to be:

*"Erm, I don't think so. Cos from the birth I've been a 'hands on' dad anyway...just from past experience. My dad was completely 'hands off'"*

*"I would have been pretty involved anyway. I was just sort of better prepared for it"*



All but three of them felt that work hindered their level of involvement. Of the three that didn't, one was currently unemployed, one described himself as a stay at home dad, and one worked full-time, but worked from home. All of the other dads were employed full-time outside the home and described how they would like to be more involved in caring for their baby, but the hours that they worked impeded this:

*"It's purely the number of hours I'm out of the house. I leave before she gets up in the morning. I'm lucky if I get home early enough to play with her when I get in at night"*

Many of the fathers spoke about making up for the time that they can't be involved at weekends or on their other days off:

*"I try to be [involved] in the times that allow. I can't totally because as I said, I'm working... at the weekend we share the involvement. You know, like do it together"*

*"Obviously, his mother looks after him in the day, when I'm at work, and I try and help as much as I can when I get back, and on weekends"*

#### 4.2.4 Developing a parenting team

The vast majority of the new fathers felt it had been relatively easy to develop co-operative or 'team' parenting with the mother of their baby, with the majority of participants again placing themselves between seven and nine on a 10-point scale.

Many of the fathers mentioned that having a good relationship with the mother of their baby, or having the same approach to parenting helped with this:

*"I guess just a strong relationship with my partner, so yeah it's very you know, you've got to know each other well to be able to work well as a team, so probably that"*

*"Oh quite easy to be honest, cos we're both on the same wavelength, so you're looking about a 7/8 again"*

*"We like doing stuff together, we've done lots of travelling together and things like that, so, erm I think we've done pretty well [at working as a team] to be honest"*

However, again, they noted that the hours they spent away from home at work hindered their ability to establish a consistent routine:

*"It's just establishing a routine that works for both of you, you know and incorporating work at the same time and you know and that seems to be quite a difficult thing, a challenge anyway"*

Many of the fathers felt that to a certain extent the structure of their parenting team was dictated by the hours they worked:

*"She has to do the mornings cos I've already gone to work; and then she does the middle of the day...and I come home and take over"*

One of the new fathers suggested that the amount of paternity leave they were granted was not sufficient enough time to establish a settled routine with the mother of their baby prior to him returning to work:

*"You get a week at home [before going back to work] and then you've got to sort of forge that sort of team thing in one week, well you're both completely new to the job...[it's] pretty hard going"*

This was felt to be particularly pertinent in this case as the mother was in hospital for a week after the birth following a caesarean section. He suggested that having a more extended period of paternity leave, or being able to gradually return to work may have helped when it came to establishing a routine and parenting team with his partner, however this was not possible due to work commitments.

Some talked about developing a system with their partners whereby they would each take turns in looking after the baby so that their partner could have a break and some time to themselves and they found this worked quite well:

*"We try to do it together, I mean, and yesterday – I am aware that she has [daughter] all the time – she kinda had a day off, as it were, laying in bed and reading the papers...and you know went into town...and she sort of let me have a night out, so I think yeah, I mean we're kinda working together"*

Other fathers reported initial problems with setting up a parenting team, which related to difficulties with developing and keeping to a consistent routine:

*"My wife's got the routine with the baby through the day, and she gets certain things done. Of course, when it comes to my day it all goes out the window, but I'm doing my best"*

*"Yeah, yeah it is difficult, we're trying to try different things and juggle things around a bit and who's doing what you know... we're constantly trying to work out routines and things"*

#### 4.2.5

### Difficulties in parenting

For the most part the fathers seemed happy as new dads and felt that they had generally coped with the trials and tribulations of parenting with relative ease. Some of the more general difficulties fathers touched upon included coping with crying and the sleepless nights:

*"I mean, if they're just grizzling a bit I can put up with that, but for the first six weeks he was just literally screaming...I mean that did get to me at times...I just put him down and walked away more than [partner] did"*

*"It sort of varies really. I mean, obviously when he's screaming and stuff, I find it quite difficult to cope with. I think everybody finds it difficult"*

*"Probably staying awake late at night...that'd be on there [list of difficulties]"*

However, for a couple of the new fathers, who had had unexpected complications, or whose babies had experienced illness, their difficulties related to worries about dealing with unexpected situations:

*"It's just knowing what to do in any given situation, my daughter's probably seen more doctors than I have in my entire life in her few nine months...I can cope with all the stuff at home, that's not a problem, but it's the stuff when you know there is genuinely something potentially wrong there, what do we do? Without the experience it's difficult to say"*

This father in particular had felt that HTGC could have potentially covered issues surrounding what to do in alternative or emergency situations, which may have helped him to cope.

Those who felt they were coping well with the difficulties of parenting often attributed this to having a laidback personality:

*"I find it easy, I'm very relaxed personally so for me it's not difficult for me to deal with those kinds of things but that's just er, I guess that's just a personality trait. Couldn't put it down to any specific things I do or don't do"*

*"I'd like to think I'm quite good to be honest...I'm quite laidback in everything (laughs) I don't really get sort of stressed out"*

One of the fathers suggested that the financial side of parenting, in terms of being able to provide for the family was a concern for him, rather than being a dad per se:

*"My main worry has been getting the new house and that. Money's the thing that stresses me out"*

#### 4.2.6

### Support and services

The majority of the fathers interviewed were receiving much-needed support from their wider family, which was very much valued. Relatives were often on hand to help out with babysitting and offer advice, particularly in the cases where the new dads had siblings with young children:

*"We've got great grandparents and things like that, or should I say parents...they've been great"*

In terms of support from services and organisations, most of the fathers named health visitors, midwives and other health professionals as the most immediate source of support following the birth of their babies, however the majority admitted that they have had little involvement in accessing these themselves – this was more a service their partner encountered. Nonetheless, they felt pleased with this kind of care they received:

*"The health visitor has been absolutely brilliant...we couldn't have asked any more from her."*

When asked if they had accessed any services themselves, either with their partner or alone, most of the dads had not. However, the majority could name a number of external groups and services that their wives accessed on a regular basis:

*"I know my wife goes out most days to different things so they go swimming and they've got regular baby group meetings...they've got all sorts of things. There is a lot going on in our area"*

*"As I say, I'm at work, so my partner's probably got a better understanding of what's going on. But I know there are various classes that she attends, like the gym and the postnatal sort of thing"*

Only two of the new fathers questioned said they have accessed services for themselves. For many of the fathers, time restraints and the actual timing of the services had the biggest impact on their likelihood of engaging with services:

*"The only ones I've seen are during the day when I'm at work...which doesn't really help me in my current situation. I know there was a swimming one organised one Saturday morning but a) it filled up really quickly, and b), I'm asleep"*

*"We haven't yet [accessed services as a family unit]...I'm a teacher so they're all in term time....and in the holidays they're not on anymore"*

Of the fathers asked, most suggested they would be interested in participating in some more activities, either as couples or dad-only activities. However, time restraints and the timing of the proposed sessions were again a central concern. Evening classes were not favourable as they could upset bedtime routines:

*"I get back [from work] and I walk him, and he's getting off to bed. So I wouldn't really want to go to classes at the moment"*

*"If it's dad-focused the problem is um, when I'm home and things it's probably that we don't want to go out with it being cold nights and things, so yeah, it needs to be more Saturday mornings"*

In addition, the fathers suggested that although they would be interested in attending more dad and child activities they wouldn't want it to be too frequent – those who worked long hours felt this would eat into the amount of time they could spend with their partners. One dad suggested that any service or meeting opportunity for fathers should have a specific focus – he believed a 'coffee morning' style group, as is common for mothers wouldn't really work for dads.

As an alternative to having classes or groups that fathers could attend, one father suggested that an online forum or telephone service could be developed. This would be solely for dads, and would be a service that they could use in the event they felt they needed any parenting advice.

He felt that this would help him to support the mother of his baby by allowing him to get advice for himself and his partner from another avenue, rather than the mother of his baby having to contact the midwives or health visitors by herself:

*"I think the dads could just possibly do with a one-stop shop or a section on something like NHS direct or something that you could just go to and ask questions; I don't think you need anything else in particular for dads"*

#### 4.2.6 Being a veteran dad

Eight of the new dads interviewed had already returned to a HTGC session as a veteran, while the remainder expressed a keen interest in returning. The dads who returned as veterans seemed to really enjoy the experience. They felt happy to stay involved with HTGC and were for the most part keen to share their knowledge and experiences with other new dads-to-be. They often talked about wanting to give something back to the service, as they felt it helped them when they were expectant fathers:

*"It was nice to have a chance to say everything that had gone on...and to pass on any advice that I could think of"*

*"It was useful to actually give the guys a bit of a pointer from a new dad's perspective, I suppose"*

*"I went back with [daughter] and that was just because I found it very useful when I was at that stage so, um, I wanted to give back to people what I found useful"*

Of those dads who had attended HTGC as a veteran, a couple of them noted they particularly enjoyed the experience as it gave them an opportunity to spend some time alone with their baby:

*"It was nice to get out with [son] and that. We're not often on our own together, so it was nice just to spend a bit of time with him"*

Those who had not yet returned as a veteran, but wished to, could not do so for reasons that were sometimes just circumstantial, or sometimes due to the sessions coming up at a time when they were experiencing difficulties with their baby:

*"I think the first one that was available was sort of slap-bang in the middle of all the problems that we were having with [son] before we managed to get him settled"*

*"I would do it, but again, it depends on times really. It's so awkward because they're at night and if we attend now, it means taking him out of that routine that he's comfortable with at the moment"*

As a veteran dad, most of the fathers seemed entirely happy about having their baby passed around at the sessions for others to hold, as they had been through the same experience themselves as expectant fathers. A few had some initial reservations, however these were overcome quickly:

*"I was a bit nervy about handing her over to somebody else, but obviously that's what we were there for, so it wasn't that bad"*

*"It was dubious at first, but once I saw the other dad sort of holding her I felt ok"*

One concern for a few of the dads returning as veterans was that their baby might get hungry during the session, particularly in the case that the baby was being breastfed. In these instances they suggested they would have to either bring the mum along to the session, or leave the session in the event their baby needed a feed.

A couple of the dads spoke about the experience of being a veteran dad when their baby was still very young – in one case two weeks old.

*"It was a bit weird actually...the idea of returning as a veteran when I'd been a dad for about two weeks"*

These dads felt that, although they had been through the experience of having a baby with their partner, they wouldn't describe themselves as a veteran as they were so early on into fatherhood and felt they still had a lot to learn. Nevertheless, they enjoyed being able to share their knowledge and experiences so far with new dads-to-be. With regard to passing their babies around for others to hold, these dads were slightly more nervous than others. They felt that at this age the babies were still fairly young and had some initial concerns about the supporting of the baby's head when being held by the other men. However, they maintained that this did not put them off – they felt in control of the situation as they were sat with the men their babies were being handed to.

#### 4.2.8

### Discussing HTGC and parenting

Seven of the new dads interviewed had mentioned HTGC to other expectant fathers that they knew. The other fathers simply did not know any expectant fathers to whom they could recommend the session:

*"To be honest, I've only just moved up here. I've only been up here about a year, so I don't really know anybody as such. I don't know any parents-to-be up this way"*

*"There's no one I know who is about to become a parent really...I would do, obviously if that came along, I would suggest they went"*

In most cases the dads mentioned speaking to friends or relatives about HTGC and felt that they had positive reactions:

*"...my brother, they've just had a second baby...they're covered by different midwives and what not... they've been pretty impressed as to what I've said has been available to us"*

*"Some of the older guys at work actually thought it was quite a good idea you know. It's just not something that was available when they were new fathers"*

Most of the fathers who were asked said they were happy to discuss parenting with those around them. Some of the fathers interviewed seemed to have a close network of friends with whom they would discuss parenting issues:

*"It's discussed fairly normally within, well certainly between my friends you know, we all discuss it as if it's, it's not just something for girls or wives to discuss so yeah, we talk generally and of course it only really happens between dads, it doesn't really happen between friends who haven't got kids"*

The majority however, although they didn't have a close knit group of friends who were fathers, seemed happy to discuss parenting with those around them – male or female work colleagues, friends and family:

*"I mean, the chap that is helping me to train in the job, he's got a couple of kids so he's always asking how everything is... all my mates are always asking"*

A small number of dads who said they didn't often discuss parenting with other fathers or friends around them suggested that the HTGC sessions provided them with this opportunity:

*"No, not really no. I think it's probably quite similar across a lot of fellas. I think HTGC is probably quite an open forum, not really something I'd discussed before"*

#### 4.2.9

### Suggestions for possible improvements

A couple of the dads felt that although HTGC was useful in that it covered the basics around birth and parenting, it failed to cover any alternative situations, such as complications in pregnancy and birth:

*"It was a little frustrating from my perspective, mainly because, erm, there wasn't, there didn't seem to be too much acknowledgement of sort of non-standard deliveries"*

The partner of this particular dad was due to have a planned caesarean as their daughter was presenting breech and suggested he found it difficult to get anyone to talk them through caesarean deliveries, although he noted that this wasn't a problem that was necessarily specific to HTGC as it was not covered by other antenatal services either.

Another father noted that although HTGC was set up for men and with a male facilitator, the health professionals present were all female. This is a point his partner had first raised and which she had reportedly found quite strange:

*"She was fairly interested I think. A little, I don't know whether surprised is the right word, but to set up a fathers group where you have only men in the room and female health professionals around for her was quite strange. It doesn't matter to me so much, but I can kind of see her point"*

He went on to say that it would be interesting to run the sessions with male health professionals as he thought they would run differently, though not necessarily better.

Of the 17 new dads interviewed, only three said that they had kept in touch with any of the dads from the HTGC sessions and most would have found an opportunity to exchange contact details useful:

*"I would have liked to [keep in touch]. I think that was probably the one thing that was missing from the session; we didn't swap numbers or anything like that"*

A couple of fathers remarked that one session was insufficient to build relationships with other dads and it was suggested that those who organised the sessions could help to facilitate the dads keeping in touch by producing a list of contact details (for those who wished to share this information) for follow up after the session. The evaluation team is not aware of this currently happening in practice. Other suggestions included a HTGC Facebook page or blog.

One of the fathers raised concerns that the way he was recruited for the HTGC sessions could potentially miss out a number of fathers who would also be interested in the service:

*"I think the only place to get it booked up is the antenatal classes. So if the mum doesn't go to antenatal, or if the mum thinks no, my husband won't go to that and doesn't sign him up he will actually never know"*

This father believed he was fortunate that his partner signed him up to attend HTGC but was concerned other dads-to-be might miss out on the opportunity if their wives didn't do the same thing. He suggested that there needs to be a way of contacting dads themselves about HTGC, perhaps directly through health services.

#### 4.2.10

#### Some final thoughts on HTGC

A couple of the fathers mentioned that the way the sessions were fairly informal, in terms of structure was a good thing as it enabled the fathers to steer the conversation on to topics they wanted to know more about. They felt this was a refreshing approach compared to many of the other antenatal services they had accessed, which tended to be very formal and structured, with little room for negotiating the kinds of things that are discussed:

*"I think that was the fact that it was an informal chat really with a bit of a sort of structure to it, but nothing set in stone was quite good"*

*"I think it was pretty perfectly set up really because um you know the way it kind of runs is that the individuals that are there kind of lead the session... there are a few kind of little pointers that the staff kind of go from but they don't like go in with a set agenda and tick boxes... that's why I thought it was a lot more useful"*

Some of the dads suggested that more HTGC sessions would have benefited them, as the preliminary session they attended only covered the very basics.

*"For me it's been nice... perhaps it would have been good to have a block of say four weeks of once a week, something like that?"*

*"One session didn't seem enough you know. I felt like I could have learnt other things that I have since you know, about preparing bottles and stuff like that"*

All of the dads interviewed felt that overall HTGC was a positive experience for them. Although the degree to which it had a concrete impact on the fathers after the baby was born tended to vary, they all felt that the sessions were worth going to and benefited them in some way. They felt that it was good to have something specifically for dads and that it should be something that all expectant fathers should have the opportunity to be involved with.

*"I think it's [HTGC] a really good thing...I think it is something that could probably sort of be worthwhile doing it nationwide"*

## 4.3 Staff interviews

To enable the strategic position in relation to HTGC in Staffordshire to be fully understood, interviews were also completed at the end of 2009 with Staffordshire County Council's commissioner for parents and with the integrated services officer for children and lifelong learning.

### Staffordshire parenting strategy

Staffordshire County Council launched its parenting strategy at the end of October 2009 via a series of district-based events with the support of the children's trust board. The five objectives of the strategy are:

1. To enhance communication with and improve access to information for parents
2. To improve parental access to services
3. To improve parent participation and engagement to deliver the Every Child Matters outcomes for children in partnership with parents
4. To improve joint and joined-up working between parenting support and ensure that there is a clear continuum of support that is well organised and co-ordinated
5. To enhance services to support parents in their parenting role, especially as children enter the teenage years and make the transition to adulthood

The strategy was developed after consultation with almost 2000 (predominantly female) parents across the county and parental views are central to the content of the strategy. One of the key findings from the consultation was that there should be more services for dads (and grandparents, foster carers and others with guardianship responsibilities), and this has been identified in the strategy document as a key area for future development:

*"The results of the 2000 voices showed dads want to be more involved and we need to highlight specifically dads' voices with the children's trust members and challenge them in their practice and how they are going to act on these voices"*

### HTGC in Staffordshire

The strategic launch event for the parenting strategy included a contribution from an East Staffordshire father who had attended HTGC as an expectant father:

*"One of dads spoke at the strategic launch and he was very positive about HTGC – talked about how he felt valued as a dad, what a change it had been in his life and he finished by saying 'every children's centre should have a HTGC!'"*

This enthusiastic appraisal was noted to have further raised the profile of HTGC in Staffordshire and led to further requests from community and learning partnership coordinators for funding to deliver HTGC in their areas. It was also considered to be a factor in challenging stereotypical assumptions about methods of engaging with fathers:

*"It has been enlightening because before there was definitely a feeling, by professionals, that dads only get involved in sporty events, but that assumption has been smashed to smithereens because dads have just been so enthusiastic!"*

HTGC is also considered to support key elements of the new parenting strategy in relation to access to services and supporting parents:

*"It [HTGC] supports development of a number of objectives of the strategy, specifically objectives two and five [of the Staffordshire County Council Parenting Strategy] There is a lot parents told us about dads that we will be taking action on and HTGC supports this"*

And the HTGC programme has also led to the development of new provision for fathers in order that there are services to signpost fathers on to after HTGC:

*"There is also evidence that provision has been set up as a result of HTGC – i.e. Saturday morning dads' club in Burntwood – set up so there WAS something to refer dads onto after Burntwood. If we get them before they have the baby we can really engage them"*

### Developing links with maternity services

The importance of developing links with maternity services (as per the model in Burntwood) was highlighted during the strategic level interviews but it was acknowledged that inter-agency working in this way is more successful in some parts of the county than others:

*"Staffordshire is made up of eight districts and each is very unique...we have two PCTs, and it gets a bit complex at times...practice is somewhat different in different areas. Most of the children's centres have great links with maternity services and strategically the commitment to link the two is in place [but] on the ground practice can vary"*

Community and learning partnerships were seen as crucial in supporting future inter-agency work:

*"...we have 50 community and learning partnerships which bring together local partners who work with children and young people... these partnerships are very well established and strategically support the link up of services, making work in practice more effective"*

In addition, it was noted that HTGC may benefit from more "showcasing" to raise the profile of the programme across the county:

*"More showcasing of HTGC could help. A workshop doing this was delivered at recent launches of the strategy and it raised understanding of the impact and importance the programme can have. Health workers commented on their need to be involved"*

Strategic level support, in order to raise the profile on the ground and facilitate inter-agency working was also highlighted:

*"We could raise the profile of HTGC by presenting it to the children's trust board about the impact [and] we could work more closely with the workforce development team to offer the programme in a multi-agency way. This is about the Think Fathers campaign and raising the profile of the importance of dads in early childhood development"*

With the right support mechanisms in place, particularly at the strategic level, HTGC could in fact be a clear asset to achieving successful integrated working:

*"HTGC is also fantastic for integrated working – bringing all the professionals together which also prevents there being too much drain on one service, the workload is split"*

*"Now we have a model [Burntwood]...we've shown it can be done – a midwife, health visitor and social worker working together! Where else do you see that except perhaps in safeguarding? Having a model that has been proven to work combined with the evaluation evidence will be much more powerful"*

## The future of HTGC in Staffordshire

In addition to building strategic level support and raising the profile of HTGC, a number of other ideas were raised for development of the programme across the county:

- Targeting the programme at young fathers and other vulnerable or 'hard to reach'<sup>5</sup> groups;
- Offering alternative locations for delivery of HTGC sessions to engage with dads who might not access children's centre-based services, for example, the mobile bus service could be utilised for this purpose
- Building recruitment to HTGC into the remit of phase 1 children's centre outreach teams
- Continued support to develop maternity and health service links and delivery of HTGC in health settings as most expectant parents will engage with health services
- Training of more HTGC facilitators to ensure each children's centre across the county has at least one trained facilitator

- Continued sessional evaluation of HTGC to support the delivery of evidence-based practice with support from the county research and evaluation coordinator
- Allocation of dedicated roles at each HTGC site – one person to focus on recruitment; one on delivering the session and one on collating evaluation data
- Continued networking and sharing of good practice via six-monthly review days for all trained facilitators

## Notes

5. Whilst acknowledging the limitations of this homogenous term, in this context 'hard to reach' should be interpreted as those fathers who might be more difficult to identify or engage in services, e.g. fathers who are non-resident; from minority ethnic or asylum seeker communities; living with mental health issues or disability etc.

## 5.0 Summary

### 5.1

#### Effectiveness of HTGC and impact on fathers

After some initial teething problems with the recruitment of expectant/veteran fathers and embedding of the evaluation methodology, the three sites in Staffordshire were eventually successful in delivering 15 HTGC sessions. During the period July 2008 to December 2009, the three sites engaged with a total of 73 expectant fathers and 39 veteran fathers.

##### 5.1.1

##### Expectant fathers

###### Sessional data

Forty-two expectant fathers provided pre-session evaluation data and 67 provided post-session data. The majority of dads-to-be were aged between 26-40 years, White British, working full-time, living with the mother of their baby and about to experience fatherhood for the first time.

Recruitment of expectant fathers was largely via antenatal professionals, reflecting the dominant recruitment method in Burntwood, where the majority of sessions were delivered. One-quarter of participants had found out about HTGC from their partner, highlighting the importance of engaging with expectant fathers via their partners who may be more likely to be accessing services. This point is further illustrated by the fact that a third of expectant fathers had attended the session following their partner's recommendation to do so.

Anticipated benefits of HTGC before the session included improved confidence, increased knowledge, coping skills and preparedness for fatherhood, and finding out about provision for dads in the local area. The sessions were perceived pre-session to offer fewer benefits in terms of emotional skills such as feelings about the pregnancy or the couple relationship after the birth.

Post-session scores revealed that session expectations had been met (or exceeded) in relation to improved confidence in their role as a father and by HTGC providing an opportunity to meet and learn from other dads. These were also felt to be the most helpful aspects of the HTGC session.

Although the majority of expectant fathers had not expected to gain emotional benefits (e.g. learning how to improve the couple relationship after childbirth and understanding more about their feelings towards the pregnancy) from attending the session, in fact more than half noted that this had been a benefit of attending HTGC. In addition, although the high levels of expectation were not fully met in terms of pre-session ratings of perceived benefits of the session, the parts of the session on baby care, supporting partners and coping with the transition to fatherhood were still rated as helpful by the majority of participants.

The sessions failed to meet expectations for three-quarters of those attending in relation to providing information on local provision for dads. Indeed, it was noted by the lead evaluator that the three sessions she attended as a non-participant observer did not include any reference to other local provision. This omission might be partly explained by a lack of available provision to which new dads could be signposted or it might simply reflect insufficient time during the two-hour session to include a review of other services.

Clearly, suitable provision for fathers must exist to enable post HTGC signposting otherwise the engagement achieved via HTGC will be lost. This should include all mainstream services being welcoming and accessible for fathers as well as mothers – and local services in Staffordshire still have some way to go to achieve this. However, it is perhaps unrealistic to expect most fathers to simply slot into mainstream parenting and children's services that are predominantly accessed by mothers after just one HTGC session. Long-term engagement is more likely to succeed if there are other father-focused services to which new dads could be signposted on to after HTGC as a 'stepping stone' to more mainstream services in the future. 'Man Cubs' (Burntwood) and 'Child Development for Fathers' (East Staffordshire) are two examples of how sites featured in this evaluation have created this kind of 'stepping stone' provision for newly engaged fathers. Another possible 'next step' for the expectant dads could be a second HTGC session postnatally for new dads and the mothers of their children. This would have many potential benefits in its own right, and could act as an effective stepping stone to mainstream services.

In addition to ensuring that 'stepping stone' provision exists, it is imperative that this information is shared with the expectant fathers whilst they are attending HTGC, since failure to do so presents a missed opportunity. If there is insufficient time to discuss other services during the session, this could be overcome by providing an information pack with details of local provision for each participant, including veteran fathers.



The importance of HTGC in the context of mother-dominated antenatal services was highlighted in the feedback from expectant fathers, 98% of whom stated they could not get this kind of support service elsewhere. Almost 90% of respondents felt that resources generally for expectant fathers were inadequate and for all but two of the participants, this was the first support received throughout their partner's pregnancy that had focused solely on their needs as an expectant father.

The importance of the benefits of direct contact with other expectant and veteran fathers in a group setting was further highlighted by the fact that almost all participants had actively sought information from books, leaflets and the internet before attending HTGC but had failed to find sufficient father-focused information to meet their needs.

Levels of knowledge, confidence, coping skills and preparedness for fatherhood were assessed pre- and post-session with a specially devised measure to ascertain the impact of HTGC. Pre-session scores for all participants ranged from moderate to very high with a mean total pre-session score of 33.7 (out of a possible 44). This mean score suggests a moderate level of pre-session knowledge, confidence, coping skills and preparedness, perhaps reflecting the fact that HTGC is more likely to attract those who are more comfortable with attending provision in a traditionally female dominated setting without their partner.

However, despite the relatively high pre-session scores, statistically significant improvements were still recorded such that post-session, the mean score was 36.7 and participants were more prepared, knowledgeable and confident about each of the following specific areas:

- Being helpful/useful during the birth
- Caring for their new baby
- Dealing with a crying baby
- Bonding with and loving their new baby
- Understanding their partner's emotions/supporting her after the birth
- Developing co-operative ('team') parenting
- Creating a safe environment for their baby
- The practicalities of childrearing such as finance/housing
- The impact on their lifestyle, e.g. time spent with friends
- Their preparation for fatherhood based on their experiences with their own father

Only one area showed little change following the session – how happy participants were about how much time they expected to spend with their baby – with 83% agreeing or strongly agreeing with this statement pre-session and 84% agreeing or strongly agreeing post-session. The high level of satisfaction with the anticipated time dads-to-be expect to spend with their babies is perhaps surprising given the financial constraints on dads taking paternity/parental leave, and may reflect expectant fathers' low expectations around postnatal involvement.

The majority of expectant fathers rated both the session and the HTGC facilitators very highly and all said they would recommend it to a friend. The innovative format of the session – peer learning in a non-judgmental, male dominated environment – was highly praised for providing a welcome contrast to traditionally mother-focused antenatal services.

The majority of participants did not feel that HTGC facilitators needed to be male, noting that the session content is led by the male participants themselves. However, just under one-fifth stated that they would prefer to attend a session delivered by male facilitators. For a small number of participants, experience of parenting was a more important than facilitator gender per se.

Perhaps not surprisingly, given the praise HTGC has received for being a rare service, filling a gap specifically for expectant fathers, the majority of participants would not have preferred to attend this kind of session with their partner and in fact many felt this would significantly impact on the potential success of the session.

HTGC appears to have been successful in increasing expectant fathers' awareness of local parenting provision and in challenging some of the myths and assumptions regarding children's centres and mainstream provision. Given the comments discussed earlier regarding the lack of publicity during the session about local provision, it is likely that these later comments on the likelihood of accessing services reflect a more general change in attitude and increased willingness for these fathers to engage with services as a result of attending HTGC. This positive change needs to be built upon by ensuring provision exists to enable signposting to other services to take place. However, as data from the follow up interviews indicates, finding the time to access these services around work commitments may be more difficult to achieve and may ultimately limit service engagement.

Finally, expectant fathers' suggestions for improvements to HTGC included more coverage of specific medical issues such as caesarean section and meningitis and information on local provision for fathers as already noted.

### Follow-up interviews with new dads

Seventeen in-depth telephone interviews were completed with new fathers from all three HTGC sites. This qualitative data adds considerable depth to the sessional data summarised previously and provides further evidence of the positive impact of HTGC.

Fathers described how the session had reassured and prepared them for fatherhood by increasing their confidence, allaying their fears and providing insightful guidance on what to expect both at the birth and during the first few months of parenthood.

The relaxed and informal environment and the opportunity for peer learning from other men who had recently experienced fatherhood enabled them to realise that it was OK to have concerns and that others were going through the same experiences. The information and advice gleaned during the session was being utilised by fathers in practice when their baby had arrived and this was particularly the case in relation to the practical guidance on baby care.

For some, HTGC had been their first experience of holding a baby and it was these less confident and inexperienced fathers who seemed to gain most from the sessions. Nevertheless, even already confident fathers found the sessions reassuring and often realised that they were more prepared for fatherhood than they had previously given themselves credit for.

As noted in the sessional feedback, fathers welcomed the all-male environment of HTGC and highlighted the paucity of others services aimed specifically at fathers in the antenatal period. The fact that the 'experts' in these sessions were other fathers was also clearly valued and this enabled the dads to talk freely and honestly without fear of being judged by (female) professionals.

Some fathers did say they were better able to support their partners as a result of attending HTGC. For others, it had little impact simply because they were already very aware pre-session of their partner's needs and how best to support her.

The impact of HTGC on fathers' level of involvement in caring for their babies also varied. There was certainly some evidence that it had raised awareness of how to achieve greater involvement and the importance of this among some of the fathers. For others, there had always been an intention to be very 'hands on' and therefore HTGC was unlikely to have further impact. The majority of fathers interviewed rated their level of involvement between seven and nine (on a scale of one to 10) and many were clearly frustrated that work prevented them from being more involved in the day-to-day care of their children.

There was good evidence of many of the fathers establishing co-operative or 'team' parenting, which was clearly underpinned by strong couple relationships. Inevitably, as already noted, work (and limited paternity leave) could also impact on the ability of some fathers to do as much 'hands on' parenting as they would like.

Most of the fathers interviewed were coping well with the inevitable stresses and strains of new fatherhood such as lack of sleep and crying babies. This ability to cope was felt to be more likely to be linked to individual personality traits and coping skills rather than any direct impact of the HTGC session. One father whose child had experienced significant medical problems since birth felt it would be helpful for the session to include some acknowledgment of difficulties and medical conditions that can arise.

Support for the new fathers and their partners was often provided by close relatives with parents and siblings (with children of their own) being particularly important in this way. The majority of fathers had not accessed mainstream support services but welcomed the level of support their partners had been receiving from health professionals such as midwives and health visitors (usually when the father was out at work).

Some fathers expressed frustration that parent and child events were mostly offered during the week and during working hours, which prevented their attendance. The limited provision that was available on a weekend was often oversubscribed. There was clear evidence of a desire to attend services if more provision was available, preferably during weekends rather than evenings to prevent disruption to bedtime routines.

Preferred dad and child services would need to have a specific focus and not simply be an opportunity to meet up and drink coffee. In addition, online and telephone support services would be welcomed.

Almost half of the fathers interviewed had returned to HTGC as a veteran since becoming a father and the remainder expressed a keen interest in doing so in the future. As noted in the sessional evaluation data, returning as a veteran provided an opportunity to 'return the favour' and, as an added bonus, an opportunity to spend time alone with their child. The provision of parallel sessions for mothers (as in Burntwood) was welcomed as it supported breastfeeding routines. It is likely that there is an optimum time period beyond which it is more appropriate for dads to return as a veteran, i.e. when their babies are more than a few weeks old.

Discussion of parenting in general and HTGC with other male friends and colleagues seemed fairly widespread and challenged the stereotype that men don't talk about parenting. For the few that did not have an opportunity to discuss fatherhood with other men, HTGC had filled the gap and may well have enhanced the men's willingness and confidence to discuss parenting with other people, including perhaps their partner.

Finally, suggestions for improvements to HTGC included coverage of non-standard birth procedures and medical complications; providing an all-male environment; facilitating ongoing contact between new dads post-session; and wider publicity of the sessions to ensure all expectant dads are offered the opportunity to attend.

### 5.1.2 Veteran fathers

Twenty-three veteran fathers provided pre-session evaluation data and 31 provided post-session data. The majority of fathers were aged between 26-40 years, White British, working full-time, living with the mother of their child and had just one child under the age of 12 months.

Veteran fathers noted pre-session that they had decided to give their time to participate in HTGC for purely altruistic reasons or, in the case of those who had previously attended HTGC as an expectant father, to 'return the favour'. Reactions from partners and friends had been largely positive, with just one father indicating that his partner would have preferred him to be at home instead of attending the session.

Veteran fathers' pre-session thoughts on the anticipated benefits of HTGC for dads-to-be mirrored those chosen by expectant dads themselves with the following benefits being ranked highly: a chance to meet and learn from other dads; increased knowledge of baby care and increased confidence in their role as a dad.

The veteran fathers were able to offer a range of honest, pragmatic advice to expectant fathers based on their own recent experience of fatherhood. Describing the type of advice they would have liked when expecting their first child, they indicated a need for practical advice (e.g. baby care) and emotional support, particularly regarding the transition to fatherhood and its associated demands.

The veterans were all very much involved in the parenting of their children and in some cases, were clearly frustrated by the impact their working lives had on this role. Most rewarding aspects of fatherhood included seeing their baby for the first time; observing their baby grow and develop; first expressions such as smiling and the love and bond between parent and child. More difficult aspects of fatherhood included lack of sleep, crying babies, illness and changes to their lifestyle.

Reflections post-session on the HTGC format were wholly positive and highlighted the importance of the hands-on nature of the session and the informal, relaxed atmosphere. Key factors that helped to create this setting included the group discussion format, the absence of mothers and the fact that the veterans had only recently experienced fatherhood.

Personal benefits of being a veteran included increased pride and confidence; an opportunity to spend time with other dads; to be alone (without the mother) with their child; and the realisation of how much they themselves had learnt in the 12 months since becoming a father.

### 5.1.3 Staff

Feedback from trained facilitators was available for seven of the 15 sessions delivered during the evaluation period. The facilitators demonstrated that they clearly understood the goals of HTGC and were able to highlight a range of benefits of participation for both expectant and veteran fathers.

Significant problems with recruitment were noted by some facilitators, particularly where links with maternity services could not be established. Where HTGC had been built into the core antenatal model recruitment problems had been overcome. Maintaining contact with dads-to-be after the session had facilitated the recruitment of veteran fathers for subsequent sessions.

Staff departures had left some facilitators feeling overburdened with the role of HTGC alongside their full-time job. This was particularly exacerbated for those who felt they were lacking line manager support for delivering HTGC. The heightened child protection focus in the context of the Baby P case had resulted in HTGC being pushed further down the priority agenda, particularly for those working in social care settings.

The feedback clearly illustrated the potential benefits of allocating dedicated roles at each site for recruitment to HTGC; session delivery and evaluation/follow up contact. In addition, it is important that trained facilitators who leave their role are replaced to prevent one facilitator becoming overburdened.

Whilst some facilitators felt they were lacking direct line manager support to deliver HTGC, the support received from colleagues in other agencies (at the sites where maternity service links were established) and support from the Fatherhood Institute was particularly valued.

HTGC was considered to be an important first step in improving engagement with fathers by mainstream parenting services. However, as already acknowledged earlier in this summary, the facilitators noted it was imperative that contact is maintained after the session but were unsure if their current roles afforded the time to achieve this continued engagement. In addition, continued and successful engagement with fathers longer term was also felt to be dependent on a culture change in some other services.

Reflecting on the sessions delivered in the post-session questionnaires, facilitators generally felt the goals of HTGC had been met. Any exceptions to this were caused by low turnout at the sessions or the timing of the sessions (e.g. too late in the pregnancy). Despite these caveats, a range of positive outcomes for both expectant and veteran fathers had been observed amongst those attending, for example, increased confidence and preparedness for fatherhood (expectant fathers) and a sense of pride and achievement (veterans). Similar to the feedback from participants, the most striking aspects of the sessions were felt to be the practical aspect of the session when the veteran hands his baby to the expectant father and the group discussions. A small number of facilitators also reflected on the positive personal benefits they had achieved from delivering HTGC such as increases in confidence and increased opportunities to engage in multi-agency working.

In suggesting changes for future sessions, some facilitators felt they needed to lengthen the (currently two-hour) session to prevent the content feeling rushed.

Others, commenting on their first session, felt they needed to improve their technique as a facilitator of the group discussions but these comments did not persist over time. The other major area for improvement highlighted both in post-session feedback and during final staff interviews was the need to target HTGC at young, vulnerable and other 'hard to reach' dads.

Strategic level interviews revealed a good deal of support for HTGC, and the provision of services for fathers is a key development area highlighted in the recently launched parenting strategy. The county council has used the parenting strategy launch to raise the profile of HTGC and is confident that the innovative approach will successfully challenge any remaining stereotypes in relation to engagement with fathers.

Importantly, given the many comments in this report about the need for increased provision, it was felt that HTGC could be the starting point in developing more specific services targeted at fathers, not least because of the need for services to exist in order that the signposting aspect of the model succeeds. Given the considerable investment in HTGC that the county council has made, it would be shortsighted to do otherwise.

The need to develop maternity service links was highlighted in the strategic level interviews and it is clear that much of the groundwork still needs to be done in this area. A top-down approach, with strategic level support for HTGC and engagement with senior managers would certainly support this endeavour. Indeed it was noted that HTGC is a good example of successful inter-agency working and as such, should be showcased across the county.

## 5.2 Marketing and recruitment

The detailed evaluation of the three sites in Staffordshire has revealed a number of factors that are likely to be key in relation to successful marketing of, and recruitment to, HTGC sessions.

One of the difficulties observed in relation to recruitment to HTGC has been the lack of time available to frontline staff with busy caseloads to market HTGC and organise and recruit to sessions. There is evidence that there is a need for allocation of, say, three dedicated roles at each site to focus individually on recruitment, session delivery, and evaluation/follow up contact. In addition it is vital that front line workers are supported by line managers to allocate the time needed to HTGC. Similarly, if trained facilitators leave their posts, it is important that replacement staff members are identified to prevent overburdening of remaining staff members. An alternative approach could include the creation of a dedicated post (or posts) to provide district-wide support to a number of sites in relation to marketing and recruitment and evaluation/follow up contact in order that front line staff simply had to allocate the time needed to delivering sessions.

It is clear that direct links to maternity and antenatal services are essential to ensure HTGC can be targeted at all expectant fathers and it is hoped that the strategic level support indicated for this model can be built on in the near future. In addition it is essential that antenatal services are supported to wholeheartedly buy into the model (e.g. offering HTGC as the 3rd antenatal session, as in Burntwood) rather than simply paying lip service by 'allowing' HTGC facilitators to drop in at the end of their sessions, as it is important that facilitators are

seen as being part of the antenatal team and not external to this. This approach will allow HTGC to be accepted as part of the routine antenatal service for expectant parents rather than seen as an optional 'add-on'.

Site facilitators should also make use of their organisational communication channels, for example, local authority websites, to promote HTGC and encourage links with other services to support recruitment strategies linked to antenatal services. Marketing and publicity materials also need to be distributed beyond the sphere of children's centres and other early years settings (e.g. at sports centres and sporting events; in the local press) to facilitate the recruitment of 'hard to reach' fathers. Outreach work in the local community is also likely to be necessary to reach young or vulnerable fathers and offering sessions outside of traditional early years settings (e.g. in the workplace) may facilitate engagement with these groups. A choice of session times (evenings, weekends) and locations is also important.

Recruitment of some dads-to-be and veterans is also likely to require the support of mums and indeed engaging their interest in HTGC is likely to be the first step in reaching some potential participants. Organising parallel pampering sessions for mums at the same time as HTGC has proved to be a successful recruitment strategy and also supports breastfeeding routines as well as facilitating engagement with men who might not otherwise attend an early years setting without their partner. However, it should be noted that some mothers may simply prefer to have some time to themselves whilst their partner is taking care of the baby and therefore

attendance by both partners should be optional.

The use of incentives for both expectant and veteran fathers has seen an increase in take-up at some sites. The 'dad and baby' photo shoots have proved very popular with veterans and are an important acknowledgement of the time freely given to support other dads-to-be. It has also been noted that this kind of service can be provided at minimal cost using digital camera technology. The possibility of securing sponsorship from high street stores to enable sessions to offer bounty packs to expectant fathers has also been discussed at some sites and could be explored further.

Maintaining contact with both expectant and veteran fathers who have shown interest in HTGC is essential, especially since it may be some time after the initial enquiry before the session is delivered. Some sites have used this period of time creatively and sought to engage dads in other sessions in the interim period but other services must exist to enable this to be achieved. In addition, it is likely to need a dedicated person, as noted above, to allocate the time to maintain contact with potential participants. Maintaining contact is also essential post-session to facilitate the transition from dad-to-be to veteran and to ensure continued engagement and signposting to other services.

## 5.3 Session content

During attendance at sessions as a non-participant observer and during final site visits to interview HTGC facilitators it was noted that session content was fairly consistent across the three sites. Most facilitators had developed a one-page checklist for use on the day to ensure all key aspects of suggested session content from the Fatherhood Institute manual were covered. Although from an observer's perspective the content seemed to fit comfortably into a two-hour time slot at the sessions observed and did not feel rushed, the sessions were originally intended to be nearer three hours (with a mid-session break) and feedback from some facilitators has indicated that the current two-hour slot may need to be extended.

By far the most poignant and moving part of the session was the practical 'handover' of the baby from veteran to expectant father. This is clearly one of the factors that makes HTGC unique, not least because it is unusual to observe this kind of activity in a predominantly male context. This was consistently highlighted as the best part of the session by all the facilitators and many participants and never failed to engage even the most reticent expectant father. Some of the facilitators noted that this could be a nerve-wracking time for them as they nervously watched the hand over of babies using sometimes unconventional handling techniques despite their correct demonstration on how to pass the baby safely.

There was more inconsistency across sites in relation to how information on shaken baby syndrome was shared with the group. Noted as being, quite rightly, a shocking part of the session, it was clear that some facilitators felt uncomfortable using the graphic demonstration (the egg in a box technique) suggested by the Fatherhood Institute during training. Some had developed alternative techniques (using an orange and a cocktail stick) to illustrate the fragility of babies but it was clear felt that this element seemed to stand out for the facilitators from the predominantly positive focus of the rest of the session. However, although this could be a difficult part of the session to facilitate, it was recognised as an important aspect that should be retained.

Another aspect of session content, which was for some facilitators, uncomfortable, was the discussion regarding the participants' experiences with their own fathers. It was noted that this "could make or break a session" depending on the nature of the men's experiences and whether they were largely negative or positive. Indeed in one session attended by the evaluator, in response to the question being 'sent' around the room (such that all had to answer), one man disclosed that he had been physically abused as a child by his father. The facilitators understood that this was included as an icebreaker, and had potential value as a reflective tool but felt that another less volatile topic would be more appropriate. More focus on how to handle such disclosures in the initial training might also be useful.

One potential omission from the sessions observed was the lack of direct coverage of other services for dads and more generally, parents, although it might be that this was done more informally during individual contact with veteran and expectant dads. Certainly the contacts developed via HTGC were being used by facilitators in Burntwood and East Staffordshire to invite dads to newly developed provision such as 'Man cubs' or 'Child development for fathers'.

## 6.0 Recommendations

### Strategic support for HTGC

- Hit the Ground Crawling should be strategically embedded in local provision and cited as an example of good practice in the children and young people's plan.
- HTGC should be formally linked with maternity services. This process is likely to need top-down support from the commissioner for parents to facilitate liaison with the children's trust board and workforce development team.
- HTGC should be included as part of the core antenatal offer as per the model developed in Burntwood to ensure it is offered to every expectant father and is seen as an integral element of the support service for expectant parents.
- Formal pathways to HTGC from other children's and adult services should be given strategic level support to be established.

### Recruitment

- Each HTGC site should ideally operate with three members of staff to prevent individual staff burden with the allocation of dedicated roles focusing on a) recruitment, b) delivery of the session, and c) evaluation and follow-up contact with fathers to ensure continued engagement and transition from expectant to veteran father in future sessions.
- The creation of dedicated posts to provide district-wide support to a number of sites in relation to marketing of and recruitment to HTGC should also be considered.
- C&LP co-ordinators should ensure that trained facilitators are supported by line managers so they can allocate sufficient time to the HTGC role.

- Consideration should be given to using veteran fathers in the recruitment process, for example, by veteran dads visiting antenatal sessions to discuss their experience of attending HTGC.
- A 'snowball technique' should be developed whereby HTGC participants are given publicity materials after the session and encouraged to tell other expectant fathers about their experience of HTGC in order to target harder to reach groups, particularly those who are not accessing mainstream parenting services. The 'snowball technique' is an important element in the US version of HTGC, 'Boot Camp for New Dads'.
- Targeted community-based outreach work should take place to increase awareness of HTGC and to facilitate access by harder to reach groups.
- Parallel sessions for partners of expectant and veteran dads should be considered to facilitate take up and to support less confident fathers in accessing early years settings.
- Incentives for HTGC participants should be considered to facilitate take up and to acknowledge time given, particularly in the case of veteran fathers.
- Marketing information needs to be targeted in a style that is appropriate for the intended audience, for example, different approaches may be needed for young fathers.
- Personalised invitations to known fathers may enhance the take up rate more than 'mass marketing'. Feedback from sessions for young parents (not HTGC) has noted the importance of a handwritten and personal invitation.

- Publicity information needs to be clear about what fathers can get out of the session, in other words, what is in it for them.
- Distribution of flyers and posters should be displayed at non-mainstream parenting locations, e.g. local sports centres and sporting events, as well as children's centres, to reach out to men who are not currently accessing services. Use of the local media to raise publicity may also be appropriate.
- Contact details to enquire about HTGC should be clear on any marketing and publicity materials. The identification of a designated recruitment lead at each site may aid this process.
- Session dates and times need to be considered to appeal to a range of dads-to-be and veterans – working dads (including shift workers); stay at home dads etc, and session locations need to be convenient and accessible.

### Engagement with fathers

- Regular contact with expectant fathers should be maintained in the period between initial enquiry and HTGC session to ensure interest is not lost and to support access to any other appropriate services.
- A system should be developed to ensure follow-up contact with expectant fathers after the HTGC session, both to facilitate the transition to veteran father and to ensure continued engagement and signposting on to other services.
- Fathers who wish to do so (and some may not) should be supported to stay in contact following the session.
- Outreach work should be undertaken to identify young, vulnerable and other hard to reach fathers who could benefit from HTGC.

- Consultation with fathers should take place to ascertain preferred days, times and locations to attend HTGC and sessions should be developed to meet the needs identified, including offering HTGC in community and/or workplace settings.
- Consideration should be given to how expectant fathers can be signposted on to follow on 'stepping stone' services after attending HTGC. Suitable provision, offered at times accessible by working fathers, should be developed if it does not currently exist.
- Local services should be developed to become more father-inclusive.
- HTGC sessions should include information on other services for fathers and children (what exists, how to access provision and why this is important) either as a discussion point in the session or via an information pack for each participant. An information pack could also include information on specific medical conditions, e.g. meningitis, and details of online support services such as the Fatherhood Institute ([www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)) and Dad Info ([www.dad.info](http://www.dad.info)) websites.

### Session content

- HTGC facilitator training should incorporate guidance for trainees on use of the current icebreaker (participants' reflection on their own experience of being fathered) to ensure they are adequately prepared and have the necessary skills to support any participants with negative experiences. It is also suggested that participants are invited rather than expected to share their personal experiences.
- Sessions should include coverage of other local provision for fathers and children (and the benefits of attending to increase motivation) with details being provided in a pack that can be retained for easy reference.
- Trainees should be strongly encouraged to plan for 2-3 hour sessions (as per FI recommendations) to ensure all content can be covered comfortably in the time available. This will further support the addition of session content on local service provision but will need to be balanced against the time commitment that is possible from expectant and veteran fathers, particularly in relation to evening sessions.
- Development of a further session postnatally for fathers, following on from the antenatal HTGC session, should be considered. This could be either solely for fathers, or for fathers and their partners jointly. Benefits might include reinforcement of the positive impact of HTGC, and greater potential for encouraging fathers to engage in mainstream and father-only services.

### Evaluation

- The importance of evaluating the impact of HTGC should be incorporated into facilitator training to ensure it is embedded into the HTGC process and accepted and understood by facilitators.
- A system for co-ordinating individual site evaluation and collating county-wide information should be developed with the assistance of the research and evaluation coordinator.
- Six or 12 monthly review days should continue to be organised to bring together facilitators from across the county to network and share experiences.



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## Appendices:

- Appendix one** - Dads-to-be pre-session questionnaire
- Appendix two** - Veteran dads pre-session questionnaire
- Appendix three** - Facilitator pre-session questionnaire
- Appendix four** - Dads-to-be post-session questionnaire
- Appendix five** - Veteran dads post-session questionnaire
- Appendix six** - Facilitator post-session questionnaire
- Appendix seven** - Questionnaire administration instructions
- Appendix eight** - Dads-to-be three-month follow-up interview schedule

## Dads-to-be - Pre HTGC Session Evaluation (Q1)

Hit the Ground Crawling is really new in the UK and the Fatherhood Institute wants to find out what dads-to-be really think about it. We would be very grateful if you could spare a few minutes to answer a few questions. **All your responses will be treated confidentially & you don't need to put your name on the questionnaire.** There are no right or wrong answers - we would just like to hear what you think about this kind of session and about being a dad in the future. **This form should be filled in BEFORE you attend the Hit the Ground Crawling Session & handed to the session facilitator.**

**For each of the following statements, please indicate whether you agree, strongly agree, disagree or strongly disagree (by circling your chosen response):**

**Please only choose one response for each statement:**

I feel confident about being helpful/useful during the birth

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I feel confident about my ability to care for my new baby

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I feel confident about dealing with a crying baby

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I feel confident about bonding with and loving my new baby

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I understand the emotions of the baby's mother and how to support her after the birth

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I feel confident about developing co-operative ('team') parenting with the baby's mother

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I feel confident about being able to create a safe environment to protect my baby

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

**As before, for each of the following statements, please indicate whether you agree, strongly agree, disagree or strongly disagree (by circling your chosen response):**

I am happy about the practicalities of childrearing such as finances/where we will live

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I am happy about how much time I expect to spend with my baby

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

I am worried that I will have less time to socialise with friends after my baby is born

Strongly Agree  
1

Agree  
2

Disagree  
3

Strongly Disagree  
4

I feel my experiences with my own parents have prepared me well for fatherhood

Strongly Agree  
4

Agree  
3

Disagree  
2

Strongly Disagree  
1

**What do you expect the benefits of the session to be?**

(Please tick all that apply)

- Increase confidence in my role as a dad
- Increase my knowledge about how to look after my baby
- Learn how to support my partner during pregnancy and labour
- Learn how to improve our relationship after pregnancy
  
- Learn more about my feelings about the pregnancy
- A chance to meet and learn from other dads
- Learn how to cope with this huge change in my life
- Find out about what is on offer for dads locally in my area
  
- Any other benefits (please specify):

**Thank you very much for your time in completing this questionnaire - Please hand it to the session facilitator at the HTGC session**

## Dads ('Veterans') – Pre HTGC Session Evaluation (Q1)

The Fatherhood Institute wants to find out more about why you decided to become involved in the Hit the Ground Crawling (HTGC) sessions & would be very grateful if you could spare a few minutes to complete the following questionnaire. **All your responses will be treated confidentially & you don't need to put your name on the questionnaire.** There are no right or wrong answers - we would just like to hear what your thoughts so we can make any necessary changes to improve the sessions.

**Age:** under 18  18 - 25  26 - 40  40+

**Are you currently (please circle relevant response):**

Working full-time

Working part-time

Studying full-time

Looking for work

Looking after the house/children

Other: (please specify)

**How would you describe your ethnicity?**

White

Indian

Pakistani/Bangladeshi

Mixed

Black Caribbean

Black African

Chinese

Other

**Are you living with the mother of your child(ren)?** Yes  No

**How old are your children?** .....

**Why did you decide to become a 'veteran' and take part in this session with new dads ('dads to be')?**

**How have people reacted to you becoming a 'veteran' (e.g., reactions from partner, friends, professionals etc)?**

**What do you feel are the main potential benefits of dads-to-be learning from other, more experienced dads? (Please tick all that apply)**

- Increased confidence in their role as a dad
- Increased knowledge about how to look after their baby
- Learning how to support their partner during pregnancy/labour
- Learning how to parent co-operatively with the mother
  
- Provides a chance to meet and learn from other dads
- Learning how to cope with this huge change in their life
- Finding out about what is on offer for dads locally in their area
  
- Other (please specify): .....

**What advice or information for new dads can you offer, based upon your own experience?**

**What advice or information would you have liked when you were preparing to become a dad?**

**How are you, mum and baby doing? How involved are you with your baby?**

**What aspects of fatherhood have been most rewarding for you?**

**What aspects of fatherhood have been most difficult for you?**

**Thank you very much for your time in completing this questionnaire**

## HTGC Evaluation – Project Worker/Facilitator – Pre-Session (Q1)

The Fatherhood Institute has commissioned an independent evaluation of the HTGC sessions in Staffordshire & would be very grateful if you could spare a few minutes to complete this questionnaire. **All your responses will be treated confidentially & you don't need to put your name on the questionnaire.** There are no right or wrong answers - we would just like to gather your feedback to enable any necessary changes to be made. **Please complete this questionnaire BEFORE the first session takes place.**

**How would you describe the goals of the HTGC project?**

**What do you think the main benefits are for:**

**a) Dads to be?**

**b) Veterans?**

**How satisfied are you with the recruitment process for HTGC?**

**(Please circle relevant response)**

**a) dads-to-be**

Completely Satisfied	Fairly Satisfied	Not Sure	Fairly Dissatisfied	Completely Dissatisfied
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**b) 'veterans'**

Completely Satisfied	Fairly Satisfied	Not Sure	Fairly Dissatisfied	Completely Dissatisfied
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**Please explain your answer:**

**How prepared do you feel to run the HTGC session?**

**(Please circle relevant response)**

Fully Prepared	Fairly Well Prepared	Not Sure	Fairly Unprepared	Completely Unprepared
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**In relation to setting up and running the HTGC session, do you feel you have received adequate support from your:**

**Line manager?**

**Colleagues?**

**Other agencies?**

**Fatherhood Institute?**

**In setting up the session, is there anything else, not already covered, that has run smoothly/worked well so far?**

**Have there been any other barriers/difficulties to setting up the session?**

**How successful do you feel HTGC will be in helping dads access other mainstream services that traditionally engage more with mothers (e.g., parent & toddler/baby groups; children's centres; health visitor services etc.)?**

**Please add any other comments below:**

## Dads-to-be – Post HTGC session Evaluation (Q2)

The Fatherhood Institute would really like to know what you thought about the Hit the Ground Crawling (HTGC) session & would be very grateful if you could spare a few minutes to complete the following questionnaire. **All your responses will be treated confidentially.** There are no right or wrong answers - we would just like to hear what you think of the session so we can make any necessary changes to try & help more dads-to-be get this kind of support. Thanks for your help.

**On a scale of 1 – 10 (where 1 is not useful at all, and 10 is excellent), how would you rate the HTGC session overall?**

1      2      3      4      5      6      7      8      9      10

**What aspects of the session were most helpful to you?  
(Please tick all that apply)**

- Improving my confidence in my role as a dad
- Improving my knowledge about how to look after my baby
- Learning how to support my partner during pregnancy & labour
- Learning how to improve our relationship after pregnancy
  
- Learning more about my feelings about the pregnancy
- The opportunity to meet and learn from other dads
- Learning how to cope with this huge change in my life
- Finding out about what is on offer for dads locally in my area
- Any other benefits (please specify): .....

**How would you rate the person/people who ran the session?  
(Please circle your chosen response)**

Excellent                      Good                      Fair                      Poor

**Was there anything that was unhelpful, or anything that was not covered in the session that you would have liked to see included?**



**How did you first find out about the HTGC session?**

**Whose idea was it to attend the HTGC session? (eg, your idea; partner; friend)**

**Is there anywhere else that you could get this kind of support as a dad-to-be without HTGC?**

Yes  ..... No   
(Please state where)

**Have you used any other services for support as a dad-to-be?**

Yes  ..... No   
(Please state where)

**Do you think there are enough resources and/or sources of support available for dads-to-be?**

Yes  No  Don't Know

**Have you read any books or leaflets about pregnancy?**

Yes  No

**Have you found information about pregnancy on the internet?**

Yes  No

**Was any of this information specifically for dads?**

Yes  No

**For each of the following statements, please indicate whether you agree, strongly agree, disagree or strongly disagree (by circling your chosen response):**

I feel confident about being helpful/useful during the birth

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I feel confident about my ability to care for my new baby

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I feel confident about dealing with a crying baby

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I feel confident about bonding with and loving my new baby

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I understand the emotions of the baby's mother and how to support her after the birth

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I feel confident about developing co-operative ('team') parenting with the baby's mother

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I feel confident about being able to create a safe environment to protect my baby

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I am happy about the practicalities of childrearing such as finances/where we will live

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I am happy about how much time I expect to spend with my baby

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

I am worried that I will have less time to socialise with friends after my baby is born

Strongly Agree	Agree	Disagree	Strongly Disagree
1	2	3	4

I feel my experiences with my own parents have prepared me well for fatherhood

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

What do you think about the HTGC approach - dads to be learning from other dads in a mostly male environment?

At some HTGC sessions, the facilitators are female - does this matter to you?

Would you prefer to attend this kind of session with the mother of your baby or do you prefer a dads-only space?

Do you think you are more likely to make use of other parent & child services now (e.g., parent and baby/toddler sessions; visits from health visitors etc) as a result of attending HTGC?

If yes, why?

If no, why not?

Would you recommend the HTGC course to other dads to be?

Yes / no / don't know

The next few questions are for monitoring purposes only to ensure HTGC is reaching a wide range of dads to be:

Your Age:    under 18                18 - 25                26 - 40                40+   

Are you currently (please circle relevant response):

Working full-time

Working part-time

Studying full-time

Looking for work

Looking after the house/children

Other: (please specify)

**How would you describe your ethnicity?**

White  Indian  Pakistani/Bangladeshi  Mixed

Black Caribbean  Black African  Chinese

Other Ethnic Group: .....

**Are you living with the mother of your baby?** Yes  No

**What is the due date of your baby?** .....

**Do you have any other children?** Yes  No

If yes, please state age(s) .....

**We would also like to interview some dads-to-be in about 3 months (after your baby has arrived) to find out how useful the information from this session has been - if you would be willing to take part in a short telephone interview with Claire, the researcher - please fill in your name & contact telephone number:**

**Name:**

**Telephone No:**

**Mobile No:**

**Best day/time to call:**

## **Dads ('Veterans') - Post HTGC session Evaluation (Q2)**

The Fatherhood Institute would like to hear your views on the HTGC session & would be very grateful if you could spare a few minutes to complete the following questionnaire.

**All your responses will be treated confidentially & you don't need to put your name on the questionnaire.** There are no right or wrong answers - we would just like to hear what your thoughts so we can make any necessary changes to improve the sessions.

**What do you think worked well in the HTGC session?**

**Is there anything that needs to be changed for future sessions?**

**How does being the 'voice of experience' make you feel?**

**What are the personal benefits for you of being a 'veteran' and helping new dads to be?**

**Thank you very much for your time in completing this questionnaire**

## **HTGC Evaluation – Project Wkr/Facilitator – Post-Session (Q2)**

The Fatherhood Institute has commissioned an independent evaluation of the HTGC sessions in Staffordshire & would be very grateful if you could spare a few minutes to complete this questionnaire. **All your responses will be treated confidentially & you don't need to put your name on the questionnaire.** There are no right or wrong answers - we would just like to gather your feedback to enable any necessary changes to be made. **Please complete this questionnaire AFTER the session takes place.**

**Do you think the goals of the HTGC session were met?  
(Please try and explain why/why not)**

**What aspects of the session worked well?**

**What was the impact of the session on the dads to be and the veterans?**

**Was there anything that didn't work so well or anything you would change for future sessions (either practical things or session content for example)?**

**I am satisfied with the recruitment process for HTGC  
(Please circle relevant response)**

**Strongly Agree**

**Agree**

**Disagree**

**Strongly Disagree**

**I am happy with the numbers coming through the programme**

**Strongly Agree**

**Agree**

**Disagree**

**Strongly Disagree**

**What strategies were used to recruit dads/dads to be?  
Which ones worked best / worst?**

**Do you think you are reaching the dads who really need support?**

**What has been the impact on you personally as a result of running the session  
(e.g., workload, level of support, level of training received)?**

**Do you think HTGC has been successful in signposting dads to other more  
mainstream services?**

**Do you think HTGC will lead to more awareness about and systematic  
engagement with fathers throughout your agency - or is there a risk that work  
with fathers will remain or become a marginalised activity?**

**Please add any other comments below:**

## HTGC Evaluation - Instructions for Questionnaire Administration

There are 3 groups of 'participants' in the evaluation:

- dads to be
- 'veterans'
- project workers/session facilitators (staff)

All dads to be & veterans at each of the 4 sites should be asked to participate in the evaluation. At each of the 4 sites - the project staff/session facilitator(s) should also participate in the evaluation. Each of the 3 groups has its own set of questionnaires. If there are any literacy issues it is ok for staff to read out the questions to dads/dads-to-be & scribe their responses on their behalf.

### Stage One - Pre HTGC Session

The first questionnaire (coded as Q1 at the top of the page) must be completed **prior** to the HTGC session - by all 3 groups of participants.

For dads to be & veterans it will be helpful (not least in terms of timing so the evaluation element does not disrupt your session) if questionnaires can be administered **before** the day of the session - with instructions for the completed questionnaire to be brought with them on the day. Please make sure you also have a batch of spare Q1 questionnaires for any dads who forget to bring it with them on the day (& make sure it is completed before session begins). Staff should also complete their questionnaire prior to the day of the session.

To ensure confidentiality & willingness to openly share views it is suggested that an envelope is supplied with each questionnaire to allow participants to be sure that sessional staff will not see their individual comments. Prior to the start of the session - please collect all the individual envelopes & place in a larger envelope marked with your site number (1 = Rugeley; 2 = East Staffs - Burton; 3 = Staffordshire Moorlands - Rural; 4 = Burntwood) & labelled 'pre-session evaluation forms'. Staff (project worker/facilitators) pre-session evaluation forms should also then be added to this envelope.

### Stage Two - Post HTGC Session

Post-session (coded Q2) evaluation forms should be completed by dads to be; veterans & project workers/facilitators at the end of the HTGC session - please try & ensure everyone completes the evaluation form before leaving (it might be an idea to leave 5 mins at the end for this when you are planning the session timings). **If anyone leaves without completing the post-session evaluation form it is important that you arrange to get this completed soon after the session.** The completed forms should again be sealed in individual envelopes to ensure confidentiality and then all the site responses put in an envelope marked with site number & labelled 'post session evaluation forms'.

The complete batch of pre & post session questionnaires from all 3 groups of respondents should then be sent by each site co-ordinator (with site details included - so I know which site the batch is from) USING RECORDED DELIVERY to:

Claire Fraser, Research Consultant, 27 Bank Lane, Holmbridge, Holmfirth, West Yorkshire HD9 2NG (If there are any queries, please don't hesitate to call me -01484 680420/07940587434)



## Dads-to-be - 3 mth follow-up - Telephone Interview Schedule

(N.B. Check with project worker on safe arrival of baby before calling)

- Ice breaker
  - Congratulations on becoming a dad
  - Establish name/gender of baby
  
- What would you say has been the longer term impact of the HTGC session?  
  
(Prompts for use by interviewer if not covered above):
  - Confidence as a dad?
  - Getting more involved as a dad?
  - Skills learned/advice given?
  - Being more supportive towards mother of baby?
  
- What did your partner think about you attending HTGC?
  
- Have you stayed in contact with any of the other dads from the session?
  
- On a scale of 1 - 10 (where 1 is not involved at all, and 10 is completely involved), how involved would you say you are in caring for your baby?
  
- What has influenced (helped / hindered) this level of involvement? Can you give me an example?
  
- On a scale of 1 - 10 (where 1 is very difficult and 10 is very easy) how easy or difficult has it been to work as a 'parenting team' with mum?
  
- What has been difficult? Can you give me any examples?
  
- On a scale of 1 -10 (where 1 is struggling to cope and 10 is coping fine), how well would you say you deal with any stresses or difficulties as a parent?
  
- What kind of support has there been for you & the mother of your baby?

- What is your knowledge of services for families and children in your area?
- Have you accessed any services for parents?
  - If so, which? Dad only sessions? Or for both parents?
  - What did you think?
- If no, why? If because none available (due to dad's working hours or lack of provision etc.), what would he like to see available for dads? If don't want to access services as a dad, why not?
- Are you planning on remaining involved with the HTGC programme as a 'veteran dad'?

Why?                      Why not?

- If they do plan to remain involved, how do you feel about handing your baby over to another dad to be to hold? (or how was it if they have already been a 'veteran')
- Have you told any other 'dads to be' about HTGC?
- What kind of response have you had?
- Is being involved in parenting, openly discussed amongst other dads/dads to be? Is fatherhood something you would talk about, when you're with your friends?
- Just finally, a couple of demographic questions:
  - Are you living with mother/baby?
  - Are you working? (FT/PT/studying)?
- Any other comments?
- Thanks & close - all the very best for the future

## The Fatherhood Institute

The Fatherhood Institute is the UK's fatherhood think tank.

The Institute (charity reg. no. 1075104):

- collates and publishes international research on fathers, fatherhood and different approaches to engaging with fathers
- helps shape national and local policies to ensure a father-inclusive approach to family policy
- injects research evidence on fathers and fatherhood into national debates about parenting and parental roles
- lobbies for changes in law, policy and practice to dismantle barriers to fathers' care of infants and children
- is the UK's leading provider of training, consultancy and publications on father-inclusive practice, for public and third sector agencies and employers

The Institute's vision is for a society that gives all children a strong and positive relationship with their father and any father-figures; supports both mothers and fathers as earners and carers; and prepares boys and girls for a future shared role in caring for children.

### The Fatherhood Institute

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Registered charity number 1075104