

Dads Matter Too **Next Steps**

This report follows the previous presentation to the committee of the evaluative report completed by the Institute of Public Care, Oxford Brookes, University. The findings noted that through examination of the cases and interviews with fathers and professionals, they were confident that a positive impact in terms of engagement was being achieved. This was as a result of worker persistence; workers having adequate time to build trusting relationships; workers providing bespoke support in terms of the nature of the interventions, and their flexibility around providing this outside of their core hours where required; and due to the skills and knowledge of the Dads Matter Too (DMT) workers.

Note: In health and social care, it's common to hear people who have trouble accessing or engaging with services referred to as "hard to reach", "service resistant" or "non-engaged".¹ Yet, these are often people who feel unheard and ignored, and are not getting the services they need. The responsibility for ensuring access and engagement with services should be with the agencies themselves, not the users (NSPCC, December 2022). The term engagement is used throughout this report for illustrative purposes only.

Based on the findings from pilot evaluation and subsequent service developments, evaluators recommend that:

1. There continues to be a dedicated Dads Matter Too key worker resource to engage and work with fathers who are persistently non-engaging. Experiences from the pilot suggest that, in specific circumstances and contexts, a dedicated worker for the father can be instrumental in achieving change and promoting positive outcomes for the children.
2. Drawing on the lessons from the pilot phase, good practice should also be incorporated into mainstream work with families to achieve sustainable and systemic change. Professional support and consultation for children's social workers offered by DMT key workers and training for this group are both promising elements. Broader sharing and mainstreaming of good practice across the Partnership should be considered, including with the involvement of DMT key workers sharing with other groups of professionals including for example Health Visitors and Midwives how they have involved fathers and 'top tips' for doing so based on the experience from DMT and the broader evidence base.

3. With reference to the characteristics of fathers involved in the pilot phase, the opportunity to refer them with relative ease into substance misuse, mental health and domestic abuse behaviour change support appear important. However, evidence on the effectiveness of the original multi-agency (commissioned) delivery model was limited and highlighted some potential barriers i.e. low take up. The new post-pilot arrangements will need to be monitored to understand their feasibility and effectiveness and to draw out any implications for the optimal way of providing these services (i.e. part of long-term commissioned services and/or some internal provision).
4. Oversight of how DMT is working should continue, including measuring the medium and longer-term impact and outcomes for individual fathers and families (for example using questionnaires and standardised measures) and incorporating a 'fathers' lens into regular practice audits of as well as the development of practice standards.
5. The partnership approach should be further strengthened – the continuation of the Steering Group beyond the pilot phase is welcome – to provide a multi-agency forum for coordination to drive good practice development and synergies across organisations. The Steering Group could also be asked to suggest ways in which the learning from DMT in Wiltshire could be shared more broadly, across the UK. Evaluators at IPC would be very pleased to support such dissemination activities.

Following on from the evaluation, in May 2023, it was agreed that DMT would continue outside of the formal project for a further period of time so that the learning gained could be shared and embedded across the service. This would happen alongside the research project Improving Safeguarding through Audited Father Engagement (ISAFE) the service subsequently agreed to take part in, which seeks to improve engagement with fathers and father-figures. It aims to address the widespread difficulty faced by statutory social work services in routinely and systematically engaging, assessing, supporting, and challenging men in families. ISAFE has been developed as a proactive approach enabling local authorities to lay the foundations for confident, systematic father-inclusive practice throughout their social care provision (Foundations, DfE 2023).

A re-cap of the findings from the project have been set out to provide context for the work that has followed.

Dads Matter Too (DMT) launched in March 2022 with 3 practitioners assigned to what was initially, a 12-month project. The practitioners were to work with fathers who had been deemed "hard to engage". The agreed eligibility criteria also stipulated that the father must be between the age of 16 and 30 and have a child under the age of 1. The service was available to families living in the West and South of the county and military families living in the East. A multi-agency professional group including Turning Point (substance use service), Fearfree (domestic abuse service) and Health Visitors and Midwives were provided with training by Future Men. The 3 practitioners also engaged in training in the Recovery Star (a tool for supporting and measuring change) so that progress could be measured.

Between March 2022 and March 2023, 50 fathers were approached by the DMT workers. 10 fathers did not engage despite significant attempts. The project team were therefore able to successfully engage with 40 fathers, 80% of fathers who had been deemed as being “hard to engage”; between them these fathers had a total of 65 children.

A review of the data informed that of the fathers that did engage, in 18 of the cases (35 children) the level of concern reduced, and they stepped down to a lower level of service, for example Child in Need stepped down to Support Services. The level of concern and service remained the same in 17 cases (22 children) and increased in 5 cases (8 children). Subsequent tracking has informed that of the initial cases, 55% have stepped out of Children’s Services completely.

In addition to the impact on children, use of the recovery star enabled practitioners to measure the progress made by fathers with enhanced ratings being achieved at the end of the intervention in regard to management of their physical and mental health; their independent living skills; their support networks and community engagement; their use of time; their relationships, addictive behaviours and housing, their sense of identity, self-esteem, hope and trust.

Dads Matter Too has since continued with 2 full-time workers. In continuing the project, the geographical and age limitations in respect of the fathers was removed, opening up the provision to all of the SASS teams. As a result of adjusting the eligibility, the threshold for referrals was increased to families whereby the child was subject to a child protection plan/pre-proceedings. Priority was also given to fathers who had experienced a previous child removal or who were themselves care experienced (this accounted for 33% of the fathers we worked with during the pilot).

The intervention workers have since worked with a new cohort of fathers. In total, 20 fathers have closed to date, who between them have 27 children. 11 of these fathers engaged (55%). Of these 11 cases, 5 have closed to Children’s Services; threshold has reduced in 2 of the cases, remains the same currently in 2 cases and increased in 1 case. The DMT workers are currently working with 13 fathers, 9 of whom are demonstrating good engagement and 2 inconsistent engagement, the remaining 2 are new cases.

In addition to their direct work, since the pilot concluded, the DMT practitioners have provided consultations to workers within the SASS teams who are having difficulty engaging fathers who do not fit the criteria for DMT. They have also provided mini training sessions with more planned to take place in early 2024. The team attended the Community Care Live Event with two of the fathers who shared their experiences with approximately 180 audience members. In March 2024, the team are due to present at an SVPP workshop, and they will also be delivering a session in respect of engaging with fathers.

Another avenue that has been progressed, which has been a real success, has been the development of a group for fathers which has been named “Lads to Dads”. This weekly group has been available to all fathers, not just those working with DMT, and was developed after practitioners highlighted a gap in service provision for fathers. Fathers with children aged 2 and under were invited to attend. Each of the 8 sessions had a theme i.e. mental health, relationships, the expectations placed on fathers etc. It took place online at lunchtime so that it was accessible by fathers who work. The DMT workers have reflected how initially, the fathers were quiet and hesitant about sharing their views, however as the group has progressed, they engaged really well, shared their experiences, and offered support and advice to other fathers. They also set up a WhatsApp group so that they can support each other outside of the group. Towards the end of the initial group, the fathers have been introducing their children on screen. At the end of the group, some of the fathers opted to meet in person.

While there have been many positives of the work undertaken to date, what has become apparent is that reaching a point of engagement is much harder when the father’s child had become subject to child protection planning. There was more resistance and even with the tenacious attempts by workers, it took a lot longer to engage these fathers and several of them have not engaged, with this being reflected in the figures above (55% engagement achieved as opposed to 80% when the criteria did not include threshold).

It is acknowledged that occupying a place of hopelessness has become the norm for many of these fathers with a position of hope being perceived as an unusual and unsafe place for them to be; the additional pressure that child protection planning can introduce can add to the fathers’ feelings of being overwhelmed. It also appeared that being introduced to fathers at a time when statutory child protection processes were initiated, reduced the fathers trust in workers as they could be seen to be part of the process that is there to monitor their care of their child, as opposed to a form of support that could assist them in achieving their goals. The new cohort of fathers are in many ways different from the cohort during the pilot (which included cases at Support and Child in Need) with an increased prominence of more complex issues including high levels of mental health difficulties. Some were subsequently sent to prison, others were at a point of crisis, some engaged to a degree, but it became apparent quickly that they were not at a point of seeking to make changes in their lives. While our workers have subsequently been able to engage a number of these fathers, it has reinforced the importance of practitioners engaging fathers and adopting a father inclusion standpoint from a very early point.

A further reflection has been that while the project was established for fathers of children under the age of 1, due to the additional vulnerability identified for children of this age, there have been requests for support in engaging and working with fathers who are particularly difficult to engage with, particularly challenging and anti the local authority for older children. This has evidenced that in addition to operating at the threshold of child protection, the current provision is not entirely reflective of the need within the service in terms of criteria relating to the child’s age.

Within Wiltshire, 3 of the Support and Safeguarding Teams were provided with ISAFE training in respect of their engagement with fathers (SASS East; North and West 2). A baseline audit was completed on cases from these teams prior to the training taking place and a review audit was completed some months after the training so that any impact of the training could be captured. In November 2023 feedback was provided in respect of the research undertaken pending their full evaluation which is due in the Summer of 2025. Managers whose teams received the training fed back that while there were some logistical issues, the training provided to their teams in respect of engaging with fathers had been positively received. The 2 teams that acted as the comparison team (SASS South and West 2) expressed a keenness to be able to access the same training with our Principle Social Worker taking this forward.

The ISAFE presentation informed that of the 4 local authorities whose data had been examined to date, Wiltshire had the best starting point in terms of the % of fathers named on the child's records; the % of fathers whose contact details were recorded on the system and the % of fathers invited to the initial and review child protection conferences.

Following the 3 SASS teams receiving the ISAFE training, there was an additional increase in the % of cases that contained contact details for fathers and also, the % of fathers that attended the initial and review child protection conferences.

The qualitative perspective has been gained through our standard auditing process between March and September 2023, auditors have been asked to consider our engagement with fathers across 20 different themed audits with a focus on assessments, case recordings, planning and reviews. 429 responses have been received in respect of this key line of enquiry, 7% were graded outstanding in this area; 76% good and 17% developing. It is of note that SASS South, who did not receive the ISAFE training, still achieved 85% good and 2% outstanding gradings within this key line of enquiry while West 2 who also did not receive the training achieved 71% good and 12% outstanding gradings in this area. This shows how embedded practice is with fathers already in Wiltshire.

Next Steps

As outlined, Dads Matter Too continued outside of the formal project to provide an opportunity for learning from the project to be embedded while the ISAFE training was provided. With feedback from ISAFE having been provided (and considered alongside our general audits), now is an appropriate time to consider the next steps in terms of our Dads Matter Too provision.

Acknowledging that DMT was never intended to become a permanent specialist team, as we want to progress the culture change on a wider system scale, we will continue to embed this across all SASS teams. Being embedded within the SASS teams will introduce additional learning/shadowing opportunities. We know that intervention is

more beneficial in CiN than the threshold of child protection or above, its effectiveness is at a much lower level, specifically at Support level.

We are a local authority demonstrating positive practice in regard to our work with fathers and it is hoped that if fathers receive reinforcement that they are important from their initial contact with services (including universal services), we may in the future reach a point at which we will experience fewer hard to engage fathers.

The Integrated Care Board BANES, Swindon and Wiltshire multi agency Safeguarding Unborn Babies and Under 1s Steering group sitting within the Safeguarding Vulnerable People's Partnership arrangements. continues to work on whole system and practice improvements across the partnership including a focus on how we engage and work with fathers within health agencies particularly. A recent audit identified that this remains an area of focus with the findings from the Dad's Matters Too Project supporting these improvements. Partner agencies will also be asked to provide assurance and an assessment of their current work in this area in engaging/working with fathers and partners. We will continue to support partners learning. There is multi agency virtual summit for Safeguarding Unborn Babies and Under 1's planned for the 4th March which includes learning on how we work with and engage fathers, this will include consideration of the term engagement and alternatives to this we could use in Wiltshire as a partnership.

We have received a number of enquiries about the project from other Local Authorities following the session at Community Care event and these will feed into our profile and support within the region and nationally and our Sector Led Improvement offer.

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Appendix

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