

Wiltshire Council Evaluation of Dads Matter Too

Executive Summary

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Introduction

Traditionally, children's social care has tended to view mothers as the ones with the responsibility for children. This has led to criticism that social care approaches can be 'father-blind' and overlook the important role – both positive and negative – of fathers in children and family life (The Child Safeguarding Practice Review Panel, 2021).

Fathers in child protection systems are rarely "all bad" or "all good". They are important to children, and similarly to mothers. Most fathers present a combination of positive and negative factors (Brandon et al., 2019). Researchers have suggested that their importance and influence should be better recognised and work undertaken wherever possible so that children can stay safe and be involved with their fathers (Brandon et al., 2017, The Child Safeguarding Practice Review Panel, 2021).

The Dads Matter Too (DMT) Programme in Wiltshire

Dads Matter Too (DMT) is an evidence-informed multi agency programme aiming to identify, engage and support Wiltshire fathers and males who are in a caring role to children under 1 year. It was launched in 2022, initially as a pilot for 12 months (referred to as the 'pilot phase' in this report), then extended with local authority funding from May 2023 ('implementation phase').

DMT aims to improve outcomes for children in need by coming alongside fathers, actively addressing barriers to engagement and providing intensive family key-worker-led support designed specifically for fathers. The key theoretical underpinnings of the programme include that it should be:

- **Relationship-based** including an emphasis on creating a therapeutic alliance with fathers.
- **Trauma-informed** including through providing opportunities for fathers to reflect on their life journey and positive or damaging patterns and behaviours (and how they may want things to be different for their own child).
- **Educative**, including to improve fathers' understanding of their child's needs or, for example, the impact of frequent, intense and unresolved arguing on children.
- **Strengths-based and solutions focused**.
- **Person-centred, needs-led** (i.e. flexed to meet the needs of individual fathers).

The pilot was conducted in South and West Wiltshire¹ and, to be eligible to receive support from Dads Matter Too, fathers and males in a caring role had to:

¹ Fathers in the army were also eligible to take part from the North and East of the county.

- Be aged 16-30 years.
- Be considered 'hard to engage'.
- Have a child ('key child') under 1 year (including unborn) open to Early Help or subject of a Child in Need or Child Protection Plan.

The intervention was provided by DMT key workers (both male and female) with multi-agency support during the pilot phase, including a domestic abuse behaviour change worker at FearLess (formerly Splitz) and a substance misuse worker from Turning Point. The programme was also supported by designated practice leads from within Health Visiting, the Family Nurse Partnership and Midwifery Services. Stakeholders met regularly during the pilot phase to oversee the programme's implementation.

Overview of the evaluation

The evaluation team at IPC employed a theory-based evaluation approach to explore DMT's implementation and early outcomes for fathers and families during the pilot phase (March to December 2022). Based on the findings from the pilot evaluation, a draft report was shared with Wiltshire Council in March 2023 and later presented to professional stakeholders.

In addition to capturing the essence of the programme, its theoretical underpinnings and key elements (see above), the evaluation explored the following questions:

1. How many fathers (and families) were introduced to and worked with the Dads Matter Too Programme? What were their characteristics?
2. How well did the Dads Matter Too Programme engage with fathers and 'what worked' in terms of effective engagement?
3. What was the nature and quality of support provided by the programme to fathers (and families)?
4. What were the short-term outcomes and effects of the programme, if any, including on parents and parental behaviours, also on Child in Need systems (for example on levels of expectation that fathers should or will be involved, levels of understanding of the needs of fathers and confidence in working with fathers)?
5. What are the key supports for programme implementation and impact on whole-system change?

The pilot evaluation was mixed method and involved the collection and analysis of both quantitative and qualitative data including 30 case records, administrative information, interviews with eight fathers, four core team members and 13 professional stakeholders, as well as seven referring/case holding professionals (e.g. social workers).

The evaluation was intended to encompass a 12-month period. However, as is normal with this type of pilot programme, there were some delays in starting the implementation phase and in initially recruiting fathers into the intervention. Therefore, the evaluation captured experiences from a shorter implementation period with a smaller than anticipated overall number of participants and few closed or closing cases. The findings presented in this report therefore provide a snapshot of early implementation and effects of the programme.

Key evaluation findings from the pilot phase

In its pilot phase (up to the end of November 2022) 30 fathers were introduced to the Dads Matter Too Programme.

- The average age of fathers involved in the programme was 24 years and the majority were White British.
- Over one third of the fathers were working at the time of their involvement in DMT.
- One half of the DMT interventions commenced antenatally: between 21 weeks to just a few days before birth.
- At the start of the DMT intervention, approximately two thirds of key children were subject of a Child in Need Plan and approximately one third were subject of a Child Protection Plan. There were multiple risk factors (mostly parental mental ill-health, domestic abuse and neglect) present in all cases and, in most of these, risks were attributable to both the mother and the father.
- Approximately two thirds of fathers were cohabiting with the mother at one point during the intervention but, on the whole, families experienced considerable relationship turmoil, often ending in their separation during the DMT involvement.
- The majority of fathers whose history was recorded had extensive and significant adverse childhood experiences including domestic abuse, parental abandonment, neglect, physical abuse, and parental substance misuse. At least one third of the fathers were care experienced (two thirds of those with recorded history).

Most fathers had not been engaging with any service when they were introduced to Dads Matter Too. Pressures on fathers to earn money and support their family emerged from the evaluation as one of the barriers to their engagement.

The pilot phase was successful in engaging fathers traditionally perceived by services to be 'hard to engage' for example because of their (young) age and vulnerability. Approximately two thirds of fathers recruited into the pilot engaged with Dads Matter Too. Given the cohort's characteristics and their history of non-engagement, this is considered to be a high success rate.

Fathers also perceived the programme positively, as "something new and different", specific to them and, as such, "worth trying". It seems that the name 'Dads Matter' helped in this respect. The flexibility was highly valued, for example in that the support could be provided out of normal working hours. However, the skills of workers and their key attributes including empathy and non-judgemental attitude were what kept some fathers involved beyond an initial contact.

Four programme/practice features were identified during the pilot phase as instrumental to engaging fathers effectively in the intervention: persistence; relationship and trust building; bespoke support for fathers; and skills of the key workers. A key learning has been that it takes time to build a trusting relationship, also that a significant motivation and 'draw' for fathers to being open to support was the prospect of connecting or re-connecting with their child/children.

Evaluators explored the content and quality of support provided by DMT key workers during the pilot phase by reviewing the key child's case notes in Liquid Logic and undertaking qualitative interviews. The evidence suggested that the programme offered

support for fathers in relation to their holistic needs including housing, debt, employment, mental and physical health, and involvement with the police / criminal justice system as well as parenting. However, relatively few fathers were referred to the domestic abuse change worker or substance misuse worker using the dedicated pathway for two main reasons. On the one hand, the relatively small size of the cohort and their needs meant that demand was limited. Interviews with programme leaders suggested that there was also a degree of mismatch between needs and what these services would offer (e.g. lack of evening appointments etc.).

According to case holding professionals, DMT contributed to Child in Need and Child Protection Plans positively and strengthened the overall work with the family, plugging gaps for example where the father had not engaged well with the child's social worker or where they identified that the father might need specific forms of support. Effective coordination and communication between the lead social worker and the DMT worker were instrumental in this. Fathers interviewed for the evaluation spoke highly of the quality and content of support they received from the programme and valued both the relational / therapeutic and practical aspects of the key worker support that were tailored to their needs. It was helpful to have someone to hear their story and provide targeted help for mental health, substance misuse and other factors getting in way of their parenting but also their own life. It was also helpful to use the Recovery Star to set goals and agree an action plan.

Evidence gathered by the evaluation in the pilot phase suggested that the programme had the potential to achieve positive outcomes including improved paternal:

- Engagement with professionals and (ex) partners.
- Involvement in childcare and co-parenting.
- Positive communication and conflict resolution in the family.
- Emotional health and wellbeing including developing better coping mechanisms.

There were also early signs that the programme could have a positive effect on fathers' addictive behaviours, community supports, physical health, use of time, self-esteem, trust and hope (other key areas in the Recovery Star).

There was not enough information during the pilot phase about the likely effects of the intervention on risks to the child. In five cases (16.6%), the risk level for the key child decreased substantially as indicated by case de-escalation or closure. Most of the fathers in these cases had a positive engagement with DMT. Furthermore, in some of the cases where risk had increased and the case was escalated (e.g. from Child in Need to Child Protection), this was not associated with any increased father-related risks.

The implementation of Dads Matter Too during the pilot phase was effectively supported by a dedicated and highly skilled and supervised core team, and a multi-agency Steering Group providing opportunities for developing better understanding and coordination across the partnership.

DMT incorporating the DMT Steering Group contributed to a growing recognition of the importance of involving fathers across agencies in Wiltshire. The commitment to improving work with fathers was shared by all partners represented in the Steering

Group and evidenced by various initiatives, such as dedicated resources for fathers in the health visiting service, a website for dads, training initiatives and increased awareness of fathers' needs.

Summary of further implementation of DMT and recommendations

Based on available and emerging evidence during the pilot phase, the independent evaluation concluded that Dads Matter Too was a viable intervention showing real promise of positive impact and outcomes in working with vulnerable fathers in children's social care. On this basis, IPC evaluators recommended that the programme should be continued with some notable adaptations to incorporate learning from the pilot.

From May 2023, DMT was rolled out with funding from Wiltshire Council, incorporating a number of adaptations arising from the pilot phase:

- The programme was extended to include all of Wiltshire without any additional condition.
- Eligibility was amended to include fathers of any age but key child must be subject of a child protection plan or above.
- DMT support was limited to six months, this to be clearly communicated at the start of the intervention.
- Coordination and collaboration with social workers was strengthened, including professional support to facilitate better engagement with fathers.
- Training is scheduled to take place in October and November by the support workers across social care teams to continue with awareness and embedding of practice with fathers.
- Consultations are being undertaken to provide a reflective space to discuss barriers to engagement and how these can be overcome.

Pre-birth work continued to be a priority, recognising the momentum and windows of opportunity that present during this period. However there was no change in the formal eligibility criteria in terms of the key child's age (under 1).

Family Nurse Partnership has identified father champions within the service and has father inclusion as an item on the team agenda. Midwifery is looking at developing information packs that will be sent to fathers following booking and Children's Centres will be arranging a father inclusive forum towards the end of the year while also offering a parenting course called Baby and Me, where the emphasis will be on fathers. Bi-monthly focus groups have been arranged so that the momentum of ensuring and promoting father inclusive practice in Wiltshire is kept.

Information about the sustainment of paternal and family outcomes has remained anecdotal, but it appears that positive impact has been sustained for many fathers and no escalation of risk has been reported within any of the relevant cases regarding fathers on the programme. However, evaluators recommend that longer-term monitoring and regular programme feedback should remain a part of the implementation to ensure that programme impact and outcomes are well-documented and evidenced.

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.

Next steps

Since DMT commenced an approach was made by the Fatherhood Institute to Wiltshire Council to be involved in their Improving Safeguarding Through Audited Father Engagement (ISAFE) work. The primary outcome is father engagement practices among social workers in children's social care services. This work is being undertaken across all of the 5 Support and Safeguarding teams. The evaluation of this work is due in November 2023 and will be considered alongside the findings of DMT in order to make final recommendations for future practice across the partnership.

This report is being shared with the following forums to discuss the partnerships response to the learning and how this will be taken forward. The governance of the work therefore sits ultimately with the Safeguarding Vulnerable People's Partnership (SVPP).

- Families and Children's Systems Assurance Group – 12 September 2023

- SVPP Executive – 14 September 2023
- Under 1s Steering Group - 27 November