

# Supporting New Fathers Project Proposal for Phase 2

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## Why do new Dad's need additional support?

- Sadly, we still have cases of non-accidental injury to children in Somerset despite our best efforts. Men are more likely than women to be the perpetrator of harm to children
- In 70% of cases of Abusive Head Trauma the person causing harm is the father or male carer
- UK analysis of convicted infanticides – baby was more likely to be killed by father than mother in 2:1 ratio
- Many of the men featuring in these incidents have history of trauma, ACEs, ADHD, anger issues, anxiety and depression and so struggle to manage the demands of a new baby. If this unmet need is not addressed, then families will continue to struggle, and children are more likely to come to harm

## What are we proposing?

- To offer a health coach (or equivalent) appointment to any man who is about to, or has just become a Dad and either has additional vulnerabilities or is asking for help (even if they have other children already)
- To provide them with a safe space to discuss any concerns and difficulties
- To screen for mental health, substance misuse, safeguarding and domestic abuse issues
- To signpost to appropriate support and services
- To share public health messages about ICON and Safe Sleep
- To provide helpful information (Dad Pad, Dad Matters coordinator)

## Learning from Pilot Project in Bridgewater

- Engaging men has been very difficult and so a universal service is unlikely to be effective at this point, despite 400 births over the 6-month pilot we only had a 6 referrals, so any new service is likely to start very small
- Fathers want services designed by them and for them, not just tacked on to a service for mum
- Men want to have these conversations near to home from services with whom they already have a relationship
- It takes time to build trust and confidence for them to attend so starting to mention it early is helpful
- Men are not so good at proactively seeking help and so having someone already involved with the family suggesting the service is helpful
- For the men that do have additional vulnerabilities or unmet need it is a really valuable service

## Case study 1

- Mark has poor mental health after a difficult childhood and uses drugs and alcohol to manage his symptoms. There are several agencies involved with the family and he is getting some help with his mental health but not his substance misuse. He is worried about the effect his addiction will have on his new baby.
- After chatting to the health coach, he was signposted to the Drug and Alcohol services, they talked through safe sleep and ICON and support services for men. He really found it helpful to have one to one time just for him and has continued seeing the health coach for mental health and wellbeing support.

## Case study 2

- Steven's wife had a difficult labour that ended in an emergency caesarean section. She was quite unwell afterwards and Steven had to care for her and the baby as well as deal with his feelings about what had happened.
- He became quite tearful talking to the health coach as this was the first time anyone had really talked to him about what happened from his point of view. He was worried that he was not bonding with the baby, about his relationship and the effect on his work. Having a safe space to talk this through really helped and he was supported to request a debrief of the labour from the MW so he could understand what happened, as well as signposted to Dad's groups that he could attend with his baby to help with bonding.

## Why do we want to do this?

- To ensure that fathers with additional vulnerabilities or who ask for help, have specific tailored support just for them
- To find unmet need and address it early with the right support so that families thrive
- To provide new fathers with the tools to safely care for a new baby
- To reduce the risk of non-accidental injury to young babies who are very vulnerable
- Heath coaches are uniquely place to have the time to allow men to talk, they can then signpost and support. They will not be asked to do anything they are not qualified to do

## How do we propose to do this?

- Maternity system will identify expectant fathers with additional vulnerabilities and alert the GP via the “Social Information” booking form
- Health visitor, GP and other professionals (eg social worker) will also alert team if they feel the father in a family needs additional support
- Men can also self-refer if they want help
- Practice can then contact the new father and offer them an appointment
- In the future the practice may decide to offer this to every new father, but we are focussing on those with additional vulnerabilities for now. This is because numbers will be low and it give us a chance to learn and grown the service in a manageable way



## How do we propose to get there?

- The ICB will develop and deliver some training for health coaches and a toolkit of resources for new fathers, in conjunction with SASP who worked with us on the pilot
- Once the health coaches feel ready to go, we will ask relevant professionals across Somerset to identify and refer men into the project and men can also self-refer
- It would be helpful if practices could record the number of men they are seeing and feedback to the ICB quarterly so if it starts to have a greater impact on workload, we can consider the options

## Now over to you

- **Before we go any further, we are asking that you discuss this in your PCN and practice teams and let us know whether you think this model will work; if so, how you propose to implement it and if you have any questions, concerns or ideas**
- Please can you feedback any comments to [joanne.nicholl@nhs.net](mailto:joanne.nicholl@nhs.net) by 19<sup>th</sup> April and put “Phase 2 Fathers Project” in the subject heading. We will then feedback to you and discuss things again before going any further