

N C R C



SURE START BRAMLEY

Local Evaluation Report - Second Year

April 2002 – March 2003

Prepared By

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PREFACE

The local evaluators would again like to thank parents and staff at Sure Start Bramley and staff in partner agencies, and members of the Evaluation Steering Group, for their co-operation in the evaluation of Sure Start Bramley (year 2).

Thanks are also due to Anne Robbins who produced the report.

Brid Featherstone and Martin Manby

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1. Introduction

In the evaluation report for Sure Start Bramley for the period up to March 2002, the following priorities were identified for the year starting April 2002 in relation to evaluation:

- ◆ Further evaluation of the Family Support Service;
- ◆ Development work on the role of fathers and male carers in Sure Start Bramley;
- ◆ Facilitating community involvement in evaluating the local impact of Sure Start;
 - ◆ Ensuring that value for money and cost benefit issues were prioritised.

This report outlines the progress which has been made in the above areas and a number of additional activities which have been undertaken in relation particularly to work on post natal depression (see **Chapter 6**).

It is also important to note at the outset that in reviewing the recommendations made in last year's report, a key and welcome development has been the introduction of a computerised data gathering system.

Further evaluation of the Family Support Service

At the time of writing the report in 2002, it was anticipated that this evaluation would continue the work which had begun on evaluation of the family support service provided by the NSPCC. This did not prove possible due primarily to changes in the service offered by the NSPCC. However, family support services are provided by a range of providers within Sure Start Bramley, and an evaluation of one such service has been carried out by a parent researcher Michelle Potts (**Chapter 4** and **Appendix (iii)**).

Development work on the role of fathers and male carers in Sure Start Bramley

A piece of work has been carried out under the title 'What Works with Fathers?' Details of this work are contained in Chapter 2 and the copy of the report produced is contained in **Appendix (i)**.

Facilitating Community Involvement in evaluating the local impact of Sure Start Bramley

This has encompassed a number of activities. A local parent was recruited and supported in carrying out an evaluation of a family support service funded by Sure Start Bramley (Chapter 3 and Appendix). A conference for local parents and agencies was held in October 2002 which elicited views on Sure Start Bramley, the priorities for activities and evaluation and sought to recruit parents to the evaluation steering group. A survey of the views of partner agencies was also undertaken and details are contained in **Chapter 5**.

Ensuring that value for money and cost benefit issues are prioritised

This has become an important aspect of evaluative activities particularly since the beginning of 2003. An account of the activities undertaken and planned is provided in **Chapter 7**.

2. Sure Start Bramley: What works with Fathers?

Whilst no national targets have been set in relation to either the numbers of fathers who should be involved in the running of Sure Start programmes, or how many should be engaged with by the services provided, it is expected that programmes should actively address such issues. Sure Start Bramley requested that a specific piece of work should be undertaken by the evaluation team which looked at the literature on what works in engaging fathers generally, and what works in engaging specific groups of fathers. The groups identified by Sure Start Bramley were: first time fathers; teenage fathers; the male partners of those with post natal depression, and fathers where domestic violence was an issue.

Brid Featherstone undertook to complete this literature review and to offer some recommendations to Sure Start Bramley in terms of future work. A report was completed which drew on national and international literature, discussions with some of the organisations and professionals working in the field, and previous research undertaken by the author.

- A range of very positive possibilities for work was identified in the report in relation to first time fathers and the partners of those with post natal depression. In relation to the latter it was also identified that there were local resources to support this work and that it fitted extremely well with ongoing work being undertaken by Sure Start Bramley.
- It was felt that prioritising teenage fathers would be problematic as they appear to be an invisible group who are hard to reach, but that there was merit in thinking about and addressing the needs of young fathers. Examples of projects around the country where such fathers had been successfully engaged were offered in support of this view.
- It was felt, however, that to take on work which explicitly addressed domestic violence issues and fathers was to take Sure Start Bramley into very complex territory, and it was noted that the literature review had found that few community based programmes expressed confidence about doing such work.

- It was felt that it would be more feasible, and in line with Sure Start's targets, to consider doing work with fathers and male carers around their use of discipline with children. This is work which, in the experience of other projects, is often requested by mothers. There also seems to be some evidence of successful interventions here on the part of some organisations. Clearly, this work could lead into engaging with issues around men's use of violence more generally but if such work was to be undertaken, the evidence suggests that inter-agency approaches are vital in order to ensure safety and protection for all concerned. It was recognised that there was an urgent need for such work and that issues in relation to working with fathers around violence are seriously neglected. It was felt that this should be the subject of ongoing discussion and development, rather than immediate intervention.
- It was also suggested that consideration should be given to seeking the services of a consultant from one of the organisations currently working with fathers in order to inform the work undertaken by Sure Start Bramley.

The report was presented to Kathryn Shaw, Programme Manager, and it was agreed that there was a role for Brid Featherstone in offering an input in relation to the recruitment and selection of a male outreach worker, including contributions to the job specification for this post.

The report was also presented to the evaluation steering group where some discussion ensued particularly in relation to the possibilities and issues involved in engaging the partners of women with post natal depression.

3. "Sure Start as Others See Us"

Evaluation Conference: 2nd October 2002

An initial Evaluation Conference for Sure Start Bramley was held in March 2001. The SSB Board decided in June 2002 that a second Evaluation Conference on the theme of "*Sure Start as Others See Us*" should be held. The Evaluation Sub Group took responsibility for organising the Conference, which was held in Pudsey Civic Hall on 2.10.2002, and attended by some seventy local people, agency representatives and Sure Start staff. Members of the Sure Start staff, including the Outreach Team, took responsibility for promoting the Conference and ensured positive take-up. The local MP, John Battle, provided an up-beat introduction to the day. The Conference included interactive presentations on parents' and agencies' perceptions of Sure Start; a keynote speech by Ruth Gardner, a leading researcher in the area of Family Support; an interactive entertainment provided by pre-school children at Bramley Family Support's Story Time Group; a presentation on the First Year evaluation report; and small group discussions exploring the impact of Sure Start Bramley and ideas about its future direction.

A Conference Report prioritising comment and feedback from participants was written by the Parent Researcher (Michelle Potts) and Anne Robbins of the Nationwide Children Children's Research Centre and was distributed to the Board and to everyone who attended.

Thirty-seven participants completed evaluation forms. The level of enjoyment of the Conference and appreciation of Sure Start Bramley was high, and the venue and the creche provided were commended. Questionnaires received indicated that participants considered that SSB had been successful at involving parents and had made them central to its activities. Parents commented that Sure Start Bramley had changed their lives as parents *very much* (5) or *quite a bit* (9); two parents said *not at all*. Parents appreciated opportunities for increased contact with other parents.

Development Areas

Conference participants' comments about *what they thought Sure Start was doing less well* and *what kind of activities not available at present Sure Start should kick-start* are particularly important. Areas prioritised included:

- Involving fathers
 - Engaging hard to reach families / needier parents
- Encouraging / accommodating opportunities for parents of children over four.
 - Getting parents on to the Management Board
 - Extending school holiday activities

Parents also valued opportunities to become volunteers (including paid volunteers) and wanted these to be extended.

4. Evaluation of Bramley Family Support Service (BFS) by a Parent Researcher

Concept

In February 2002, while the first year evaluation report was being written, the Programme Manager discussed with the evaluators the scope for developing evaluation skills in the local community. The concept was to include a community perspective in the developing evaluation of Sure Start Bramley. Additional funds were allocated in the evaluation budget for 2003 / 04 for this purpose. During the spring / early summer of 2002 it was agreed that a part-time Parent Research Worker post should be established for a fixed term of twelve weeks or up to 200 hours should be created under the auspices of the NCRC's sister company, the National Children's Centre in Huddersfield. In order to make the opportunity known to the widest possible audience in the locality, an advertisement was drafted (see **Figure (i)**) and was circulated by letter to over 300 local parents on the Sure Start Bramley database.

Figure (i)

The advertisement is enclosed in a black border. At the top left is the 'Sure Start BRAMLEY' logo. To the right, it says '& CHILDREN'S CENTRE' and 'THE NATIONWIDE'. The main text reads: 'Wish to appoint a Part Time Parent Research Worker For a Fixed term of 12 weeks £9.00 per hour + Childcare Costs'. Below this, it states: 'We are looking for a local parent in our target area, as part time Parent Research Worker to work on our Local Evaluation Project - no formal qualifications are required, but you must be enthusiastic, willing to learn as training will be provided, and enjoy meeting and talking with people. Other skills, which would be useful, are:'. A bulleted list follows: '• Enjoy writing', '• Good organiser', and '• Knowledge of computers or an interest in learning'. At the bottom, it says: 'If you would like further information and/or interested in the post, please come along to the open session on Friday 6 September 2002 at 1pm - 2.30pm at the offices of the NSPCC, where further information will be given, and you will have the opportunity to ask questions, or ring Martin Manby on 01484 223422.'

At this point the Programme Manager and the evaluator agreed that the Parent Researcher appointed would undertake an evaluation of the services provided by the Bramley Family

Support Service (BFS), one of the main local agencies contracted by Sure Start Bramley to deliver child care services in the Sure Start area. The Programme Manager, the Bramley Family Support Service Co-ordinator and the evaluator held an open meeting attended by thirteen parents to discuss the project on 6.09.02. Training and support would be provided and the Parent Researcher would develop skills in questionnaire design, interviewing, assessing information and writing and presenting a research report. Interested parents were invited to submit applications for the post.

Research project

A thorough recruitment process was planned and implemented and a panel comprising the Programme Manager, the Bramley Family Support Service Co-ordinator and the evaluator interviewed short-listed applicants at the end of September 2002. The successful applicant (Michelle Potts) aged 22 was the mother of a three-year old boy, who had herself been a Sure Start service user. Her previous experience included work as a senior care assistant in a home for older people. She had also had experience of setting up a baby and toddler group, opening the service out to new members and involving parents in developing the service. She had sound educational qualifications up to A level and was working towards a degree in Health and Social Welfare with the Open University, which included experience of research methods. Her computer skills were well developed. Overall, the standard of applications was high and the appointment process provided opportunities to promote awareness of Sure Start in the locality.

Before starting work in mid October 2002, the Parent Researcher attended the SSB Conference held on 2.10.02 and this provided an early opportunity to make contact with parents and service providers. The Parent Researcher's first task was to assist in preparing a report on the Conference, including analysing parents' contributions. Successful completion of the SSB Conference report provided encouragement to the Parent Researcher.

The intention was to provide the Parent Researcher with as broad an experience as possible in the time available, encouraging the post-holder to use her talents and local knowledge and experience creatively at the same time as increasing her research skills. The Parent Researcher was encouraged to work flexibly to fit in with the research requirements and also with her own child care responsibilities. Before starting work the Parent Researcher had to

explore local child care facilities for her son. A child minder and members of her extended family looked after her son for part of the time she was working on the Project.

Initial meetings were held at Bramley Family Support Service in October to identify the focus of the research. The research project included analysing survey material previously collected at BFS. Supervision for the main project focused on developing the evaluation methodology including questionnaire design and also on ensuring that consent procedures for all participants were clearly established. Monthly supervision sessions and regular telephone contact was provided by the evaluator. The evaluation included direct contact with children under five using the BFS service and attempting to establish the views of hard to reach families. Detailed written records of supervision sessions were provided and the Parent Researcher acted promptly on advice received. Arrangements were made for the Parent Researcher to receive advice from a senior research fellow at the University of Huddersfield in developing a coding system for interview data. The Parent Researcher rapidly gained confidence in her interviewing skills and demonstrated a facility for making contact with service users (including children), and service providers. The SSB Deputy Programme Manager and the Outreach Team provided valuable contact and support to the Parent Researcher throughout the project. Field work for the evaluation, including interviews with twenty-five parents using the Centre, was mainly completed by December 2002, and the Parent Researcher drafted and amended the report between January and March 2003.

Overview

The Parent Researcher Project has now been completed and the evaluation report on Bramley Family Support Service is included as a stand-alone report in the evaluation outcomes for Year Two (2002 - 2003). The main targets set for the Project (appointing a local Parent Researcher, developing her research skills and producing an evaluation report relevant to SSB's core activities) have been achieved. Sure Start Bramley has provided a valuable demonstration project illustrating the potential for involving properly remunerated parent researchers in local evaluation.

The short-term nature of the project required the Parent Researcher to begin the research process almost immediately, with limited time available for initial reading and orientation.

The Project was successful because the Parent Researcher already had useful research skills, which she was able to apply almost immediately, and because she worked efficiently within deadlines. The Parent Researcher was encouraged to draw on her own experience

as a parent in Bramley in developing and writing the evaluation report. She valued the opportunity to develop her skills and work flexibly and on her own initiative. Finding suitable child care at the start of the project was taxing and costly. The evaluator was aware of tension between drawing on the spontaneity and freshness of the Parent Researcher's viewpoint, grounded in the local community, and pressure to produce a clearly written report to an acceptable standard within a short time frame. There will be opportunities for the Sure Start Bramley Board to reflect on the experience of appointing the Parent Researcher; and to consider how the community dimension of evaluating Sure Start Bramley might be further consolidated, for example in relation to the requirement to undertake a survey of user needs and satisfaction levels with local services in 2003 - 2004.

5. Survey of views of partner agencies

The purpose of this survey was three fold: to elicit the perceptions of a number of key agencies in relation to the impact of Sure Start Bramley so far; to identify what these agencies understood by mainstreaming; and to elicit their views on the possibilities for mainstreaming in the future.

This section is based on face to face interviews or e-mail discussions with managers in social services, early years and the West Leeds Primary Care Trust. A preliminary interview with Kathryn Shaw, Programme Manager, was also held in order to elicit her views on where Sure Start Bramley was placed in relation to these areas.

The Impact of Sure Start Bramley

This was considered to encompass two often interrelated issues. One aspect relates to perceptions of the impact of Sure Start on service provision generally in Bramley and the other relates to perceptions of the impact Sure Start has had on the respondent's own service.

In relation to the impact of Sure Start on service provision in Bramley, an important if predictable point was that it had increased the range of services of a supportive nature to families in the area. From a social services point of view this means concretely that there are more family support resources available, something which is of considerable importance. Of further importance was the view from social services that Sure Start staff had a very clear understanding of child protection issues, and that liaison arrangements in relation to such issues worked well.

However, the above must be located within a recognition that Sure Start Bramley covers a very small geographical area in terms of the remit of Social Services in West Leeds. Furthermore, as a national survey of family support services has pointed out (Henricson et al, 2001), there are considerable problems in terms of the patchy and uncoordinated nature of family support provision generally. Selective initiatives such as Sure Start do not address this and indeed can add to existing post code inequities. Clearly this is not an issue Sure Start Bramley can address and one respondent indicated that what was needed was that the services provided by Sure Start should become available to all.

One respondent felt that it had led to more integrated services in Bramley and a greater willingness to explore partnerships outside traditional boundaries.

The same respondent felt that *what* was delivered and *how* were integrally linked. It was felt by this respondent that *how* Sure Start delivered services has resulted in a questioning of the role of health visitors and has enabled the service 'to look more creatively at what it does to respond to the needs of children and families'.

All the respondents recognised that Sure Start 'goes about things in a different way' (the words of one respondent). For the social services respondent it did not appear this had impacted upon their ways of working. As already indicated this was not the view of the manager in health, who felt that Sure Start had impacted upon the way health visitors conceptualised their role.

The emphasis on the involvement of parents at every stage of the programme from management down was recognised as very different to how mainstream agencies were set up and operate. One respondent commented that it was a small group of parents who had had full involvement, and it was questioned how far there had been a wider impact upon parents generally. This was felt to be an issue which affected all community based projects rather than Sure Start Bramley specifically.

Overall, the respondents in the external agencies expressed a high degree of satisfaction with what Sure Start Bramley was doing and how it was doing it. Any areas of difficulty mentioned were felt relate to factors outside the control of Sure Start Bramley, such as the patchy nature of family support provision and the difficulties in reaching and involving a majority of parents in the area.

Mainstreaming – what is understood by the term?

Mainstreaming has not always been a very clear term and there are important tensions attached to differing meanings. For example, does mainstreaming imply that all agencies should operate as Sure Start does in terms of involving parents at every level of the organisation, and working with them on a voluntary basis? If so how suitable is that for agencies who have a statutory duty to engage families where there are child protection concerns? How would you develop the kinds of involvement of parents which are common in Sure Start, such as parents on management committees, in such agencies?

Does mainstreaming mean that all agencies should share the same purpose and ways of working as those pioneered by Sure Start particularly given that Sure Start itself is a time limited project.? Or does it mean that there is a continuum of services working together in more integrated ways than previously and engaging in ongoing dialogue about ways of working? In the latter framework, Sure Start organisational models would provide important learning for such an approach and would provide the groundwork for a future reconfiguration of services (such as children's trusts, for example).

Linked to the lack of clarity about these issues at a national level there has also been a lack of clarity about whether ways of working engaged in by Sure Start are already proven to be 'better' than what has gone before. If this is the case, should agencies already be changing to work more like Sure Start does? Or do the lessons of Sure Start, as it is developing now, need to be learned and applied in the future?

Furthermore, developments in relation to Sure Start since 2002 (which have expanded its age remit and established a new national unit) are central to the integration of services in relation to universal free early education and child care and will be provided with a local focus in the form of Children's Centres. It is as yet unclear how such centres will or will not overlap with existing Sure Start programmes and when they will come on stream.

What does mainstreaming mean in Bramley?

Respondents' replies, with differing emphases, demonstrated broad agreement that mainstreaming encompassed both changes *within* organisations in terms of how they worked, and in the relationships *between* organisations.

For one respondent in social services mainstreaming meant that their service should work more like Sure Start, although they had considerable doubts about whether this was achievable. This should happen alongside a reconfiguration of services generally to develop a more integrated approach to children and families.

For another respondent, mainstreaming meant that the services provided by Sure Start would become available to all, although they also indicated that a reconfiguration of existing services was needed.

For a third respondent, mainstreaming meant that statutory and voluntary agencies would refocus the way they delivered services in the light of successful practice exemplified by Sure Start programmes. It would, therefore, require the reconfiguration of budgets and service provision in order to deliver more integrated services and this was something the respondent felt confident would happen in the light of current government proposals and initiatives. The proposed development of children's centres, for example, was viewed as key in "rolling out Sure Start to all families living in greatest need".

One respondent indicated that due to the operational issues involved in establishing and running a complex project such as Sure Start, there was little time available at management board meetings to discuss longer term strategic issues, particularly in relation to mainstreaming. However, it was apparent that the funding streams available from Sure Start had facilitated cross agency working which was offering possibilities for workers in more established agencies to engage in more innovative ways of working, as well as for established agencies to fund such work themselves.

Note

It is clear that the expectation of Children's Centres developments will link into the Sure Start areas and Neighbourhood Nursery Initiative Nurseries within Leeds. There are 12 DETR index areas, which will all have a Children's Centre by the year 2010.

Revenue is available from 2004 - 2006 to establish this.

The Programme Manager is involved in the Steering Group to define the Leeds Strategy, which requires a proposal submitted by October 2003.

The Programme Manager and her Deputy are involved in the following:

- Promoting examples of good practice such as the reconfiguration of the Health Visiting Team and Multi-Agency Partnerships to provide Family Support Services.
- Talks to external agencies such as the Police, the Health Trusts, the Voluntary Sector and other regional areas.

- Inter-agency Support Groups such as Post Natal Depression and Women Experiencing Violence.

These activities aim

- to enable areas out of the Sure Start nominated target map to develop similar work and benefit from the experience of Sure Start Bramley / sharing resources and ideas.
- linking to the local strategic partnerships to endorse the Sure Start perspective for e.g. EYDCP partnership, Children's Centres and Children's Trusts.
- to help Children's Fund and Extended Schools to build on Sure Start's pre-school focus to extend provision to the over 4's.
- to help Statutory Services to engage practitioners, managers and executive officers in a debate about service changes and about how refocusing and redirecting services can benefit families and agencies.

Key themes

'Mainstreaming' can be interpreted in a range of ways. However, there was a considerable level of agreement that it encompassed change within and between existing organisations.

Overall, it was obvious that for some organisations such as Early Years, that proposals at a national level in relation, for example to children's centres, were already assisting the process of reconfiguring services. Social Services, by contrast, seemed less clear about what the future held. This related partly to the considerable difficulties experienced by Social Services in the recruitment and retention of staff in West Leeds, and in the Leeds area generally. It was considered that such internal difficulties needed tackling before more widespread changes could be undertaken. There seemed to be no plans in Leeds to bid for the piloting of children's trusts, which is one way that the reconfiguration of services could be attempted.

Summary

There was a high degree of satisfaction expressed in relation to what Sure Start was doing and how it was doing it. In relation to the complex notion of mainstreaming there was a broad level of agreement that this should involve a reconfiguration of services. For organisations such as Early Years this process was already underway and had received considerable impetus from governmental initiatives. The future for organisations such as social services looked less clear and this was compounded by their staff recruitment and retention difficulties. It was reported that there are no plans currently to bid to pilot a children's trust which may be a reflection of such difficulties but does mean that opportunities for reconfiguration are less readily available.

6. Development Work: Support to mothers experiencing post-natal depression

Support to mothers experiencing post-natal depression has been identified as a priority activity by Sure Start nationally. The first year evaluation report included commentary on group work support for mothers experiencing post-natal depression and described a small research project undertaken by Bramley Health Visitors using the Edinburgh Post-Natal Depression Scale and a qualitative questionnaire available for completion by mothers assessed as vulnerable. This year's report covers aspects of further development work in this area by Sure Start Bramley in 2002 / 2003.

Questionnaire Evidence from first time mothers visited by health visitors

Following the discussion between Health Visitors and the NCRC reported last year, Edinburgh Post-Natal Depression (EPND) Questionnaires were completed between January and July 2002. At that point one of the Health Visitors who had been mainly involved with the research project obtained a new job as Sure Start Bramley Deputy Programme Manager and it was decided to suspend the research at that stage. Results from the completed EPND forms are summarised in the **Box (i) below** :

Box (i)

Sure Start Bramley: January - July 2002 Edinburgh Post Natal Depression Scale Questionnaires		
48 Completed questionnaires (Time 1)		
38 First child visits; 4 Second child visits; 6 missing data		
41 White British; 1 Black British; 1 "Mixed Race"; 1 French Asian; 4 missing data on ethnicity		
8 Teenage Parents (aged 16-19)		
4 Young Parents (aged 20, 21)		
<i>EPND Scores</i>		
	%	
Score 0 - 3	= 7	14.6
4 - 6	= 11	22.9
7 - 9	= 14	29.2
10,11	= 6	12.5
12+	= 10	20.8

Out of those who scored 12+ on the EPND scale, seven were White British and three were from ethnic minorities. Out of the teenage parents, one had an EPND score of 12+. Out of the parents aged 20, 21, five had EPND scores of 12+.

Comment

The EPND Scale is a screening tool to assess parental vulnerability and is designed for repeated use. In the Bramley research all questionnaires were completed once only, mainly in the two months following birth. Persons recording scores of 12+ are considered on the EPND Scale to be vulnerable or likely to need further support.

From the limited data available the clearest practice implications would appear:

- From the sample of parents surveyed, about one fifth had scores of 12+, indicating vulnerability to post-natal depression
- A surprising finding was that young parents (aged 20, 21) appeared to be equally or more vulnerable than teenage parents
- Numbers of parents from ethnic minorities were low; these parents appeared more likely to be isolated and vulnerable

NCRC Questionnaires

Questionnaires were designed by the NCRC to explore social support available (copies were included in last year's report). Thirteen NCRC questionnaires were completed. Out of these, four had EPND scores of 12+ and a further three had EPND scores of 10+. These questionnaires are analysed in the **Box (ii)** below:

Box (ii)
Analysis of Questionnaires

- ❖ Respondents felt well supported or fairly well supported by their families.
 - ❖ Most respondents said that they did not feel isolated.
- ❖ All thirteen respondents were positive about having *someone to talk to about how I feel*. Seven considered that this would be *very helpful*; five considered that this would be *fairly helpful*; and two considered that this would be *a bit helpful*.
- ❖ All thirteen respondents considered that being part of a group programme for mothers would be helpful. Seven said that this would be *very helpful*; three said that this would be *fairly helpful*; and three said that this would be *a bit helpful*.
- ❖ Eleven respondents said that practical help with managing the home would be helpful. Five of these said that such help would be *very helpful*; one said *fairly helpful*; and five said *a bit helpful*.
- ❖ Eleven respondents said that practical help with child care would be helpful. Out of these eight said that this would be *very helpful*; one said *fairly helpful*; and two said *a bit helpful*.
- ❖ Twelve respondents said that opportunities to go out / be involved in community activities would be helpful. Seven said that this would be *very helpful*; two said that this would be *fairly helpful*; and three said that this would be *a bit helpful*;
- ❖ Four respondents said that opportunities to get a job / increase income would be helpful. Two said that this would be *very helpful*; and one each said that this would be *fairly helpful* and *a bit helpful*.

Comment

Responses indicated that these mothers mainly felt well supported by families and friends. All were positive about having *someone to talk to about how I feel*; and all considered that being part of a group programme for mothers would be helpful. Most would have welcomed opportunities to be involved in community activities and would have found practical help with managing the home and with child care helpful.

Discussion with Health Visitors

Results of the local research were discussed with three Health Visitors and the evaluator at 17.07.07 at Bramley Health Clinic.

The Health Visitors considered that the EPND Scale could be helpful in confirming where a mother was vulnerable. For some other mothers, some of the questions could seem intrusive. The Health Visitors considered that it was fairly easy for mothers completing the scale not to give honest answers, usually in the direction of understating their level of depression. For example, one mother completed the scale with a zero score and asked her Health Visitor whether this meant that she could come off Prozac. The EPND research recommended that for mothers with scores above the cut-off point, a series of four supportive visits should be offered; and the Health Visitors considered that such extra visits could be sufficient to provide support for some mothers. Their impression was that high numbers of mothers were prescribed anti-depressants by their GP. The Parent and Child Unit (previously known as Malham House) was a resource that was available for people with mental health problems, although demand was high and the service was not always available.

The Health Visitors considered that lack of support to mothers was a critical factor. One of the Health Visitors had been visiting one of the few mothers from ethnic minority groups who had been isolated and depressed. For families living in poverty or in poor standard housing, the demands of a new baby could trigger mental health problems. Members of extended families generally did not recognise Post-Natal Depression. The Health Visitors referred to two mothers who had completed the EPND scale and had used the questionnaires to prove to their husbands that they were depressed. Some parents welcomed recognition of their problem. Others found the label of Post-Natal Depression stigmatising and were reluctant to go to their GP or to tell their family. The Health Visitors recognised that mental health problems could be particularly serious in deprived areas (they referred by name to a large Bramley Council housing estate).

Parents' comments that they felt well supported by family and friends contrasted with Health Visitors' observations that families were frequently unsupportive to mothers and lacking in understanding about Post-Natal Depression. Health Visitors were not convinced by questionnaire replies indicating that parents generally did not experience isolation. Exploratory interviews might have revealed a different picture. The majority of respondents interested in *going out / being involved in community activities* could also be linked to parents feeling isolated and wanting new experiences. Lower number of parents indicated an interest in *getting a job / increased income*: for most parents with new infants, getting work would not be a high priority; for many it would be unrealistic, with high numbers of families having no access to employment at all.

PND Group Work Programme: April 2002 - March 2003

Four Post Natal Depression (PND) Groups have been held for mothers in the Bramley area over the past year. Each of the four groups has been run by the same three facilitators (an NSPCC Children's Service practitioner, a member of the Outreach Team and a Health Visitor). Most participants have been referred by Health or Social Services professionals (mainly Health Visitors). A minority of participants have been self-referred. For each group twelve mothers have been assessed (by home visit). The average attendance for each group has been seven participants. Groups have lasted for ten weekly sessions. One group ran from June to October, straddling the school holidays. A Friday afternoon drop-in group has also been provided, attended by one of the facilitators, and with participants contributing to the service offered.

The facilitators' (interviewed by the evaluator on 14.04.03) view was that participants' experience of Post Natal Depression was frequently triggered by either social problems (for example isolation or debt); or by separation or bereavement. The facilitators have adopted a social support model, emphasising opportunities for creative activity (e.g. cookery, aromatherapy, crafts) and encouraging sharing of experience in a confidential setting. Facilitators have not sought out information about participants' access to medication. Liaison with referring agencies has been maintained, accessing specialist support, for example from the Parent and Child Unit, as required. The facilitators have also liaised with closely with Home Start who have provided a supportive visiting service in some cases. Facilitators have also provided one to one support where appropriate. Participants have commented on limited understanding about Post Natal Depression by their partners and other family members.

Funding

The facilitators have been allocated time by their agencies to run and support the groups. An important development this year has been that the West Leeds Primary Care Trust has allocated funding to pay for two creche workers.

Evaluation

Participants complete the Edinburgh Post Natal Depression scale at the start and end of each programme, and a satisfaction questionnaire to record their views when each

programme has been completed. An evaluation review meeting is held with the NSPCC Children's Services Manager and the facilitators after each group has been run to identify practice improvements. These reviews have confirmed the importance of the three facilitators being consistently available at each session (some difficulties were experienced with the 2002 summer time group where a combination of two of the facilitators supported each session). Leeds University is planning to undertake research comparing the outcomes of the Sure Start Bramley PND Groups, which focus on creative activities and opportunities, with similar groups where the emphasis is on physical recreational activities.

*Satisfaction questionnaires for three of the groups are analysed in **Appendix (ii)**.*

Comment

The Post Natal Depression Groups run by Sure Start represent a valuable addition to local services, with opportunities for shared learning, integrated with other services provided by Health (Parent and Child and Unit, Health Visitors and Community Psychiatric Nurses) and family support services including the Sure Start Outreach Team and Home Start). Important steps have been taken towards mainstreaming the service through sharing costs between agencies. A Resource Pack has been developed which was promoted at a seminar for professionals and parents in March 2003. Health practitioners in neighbouring areas are now planning to use the Pack to develop their own Post Natal Depression Groups. Parents helped to plan the March seminar and contributed to Workshops. Five participants who have completed the programmes have offered their services to be trained as Home Start volunteers (Home Start frequently supports mothers with Post Natal Depression). Another parent who completed the programme has subsequently been registered as a child minder and recruited as one of the creche workers supporting the groups. Parents are involved in a PND Interest Group. Information sessions are planned for partners of participants, which accords with recommendations made in the literature search about the role of males in Sure Start. The group facilitators and the NSPCC Children's Services Manager considered that Sure Start Bramley had made a crucial contribution to developing and co-ordinating the initiative. The facilitators have confirmed their intention that three PND groups will be held in the next financial year (with some possible changes of facilitator).

*Comments from participants at the Bramley PND Seminar in March 2003 are included in **Appendix (ii)**.*

7. Value for Money

Sure Start nationally has been indicating for the past twelve months that local Sure Starts would be expected to undertake Cost Benefit Analyses in their areas. Confirmation has been received that during the next financial year (2003 - 2004) a significant service element within local Sure Starts' budgets will need to be subjected to analysis of this kind. To prepare for this exercise discussions were held between the Sure Start Programme Manager, Deputy Manager, Administrator and Treasurer and the local evaluators in February and March 2003 (meetings on 3.02.03 and 7.03.03. To start with, Sure Start officers had reservations about how Value for Money concepts could be applied to Sure Start. Sure Start cannot be measured by the number of persons contacted. Sure Street frequently has multiple contacts with service users and takes a holistic approach to the lives and needs of parents / children. Measuring how service users benefit from involvement with Sure Start is a complex task. An initial contact, for example with the Outreach Team, can lead to opportunities for parents to join in and contribute to a range of activities and opportunities; isolated and needy parents can move on to participate in service initiatives and can contribute by sharing their experience with others, working as volunteers or by taking responsibility for developing new community associations, being involved as Management Committee members and forming local pressure groups.

Quantifying the benefits of partnership arrangements also presents problems. An illustration are outcomes from Sure Start Bramley funding a Health Visitor for one day per week. Benefits include new Health Visitors being integrated within Sure Start, and Sure Start impacting positively on practices to involve parents in Health Clinics and in developing peer support groups, for example to promote breast-feeding. Health Visitors have been fully involved in innovative initiatives to support mothers experiencing post-natal depression. They have worked closely with members of the Outreach Team to promote healthier lifestyles (e.g. smoking cessation classes) and there have been benefits from Sure Start and the Health Visitor Team sharing the same boundaries. These closely integrated service developments produce valuable but not easily costed results.

Transparent approach to budgeting

The Programme Manager has described how Sure Start Bramley has adopted a transparent approach to funding issues and has encouraged staff, local parents and partner agencies to be well informed about funding issues. This approach is described in **Figure (ii)**.

Figure (ii)

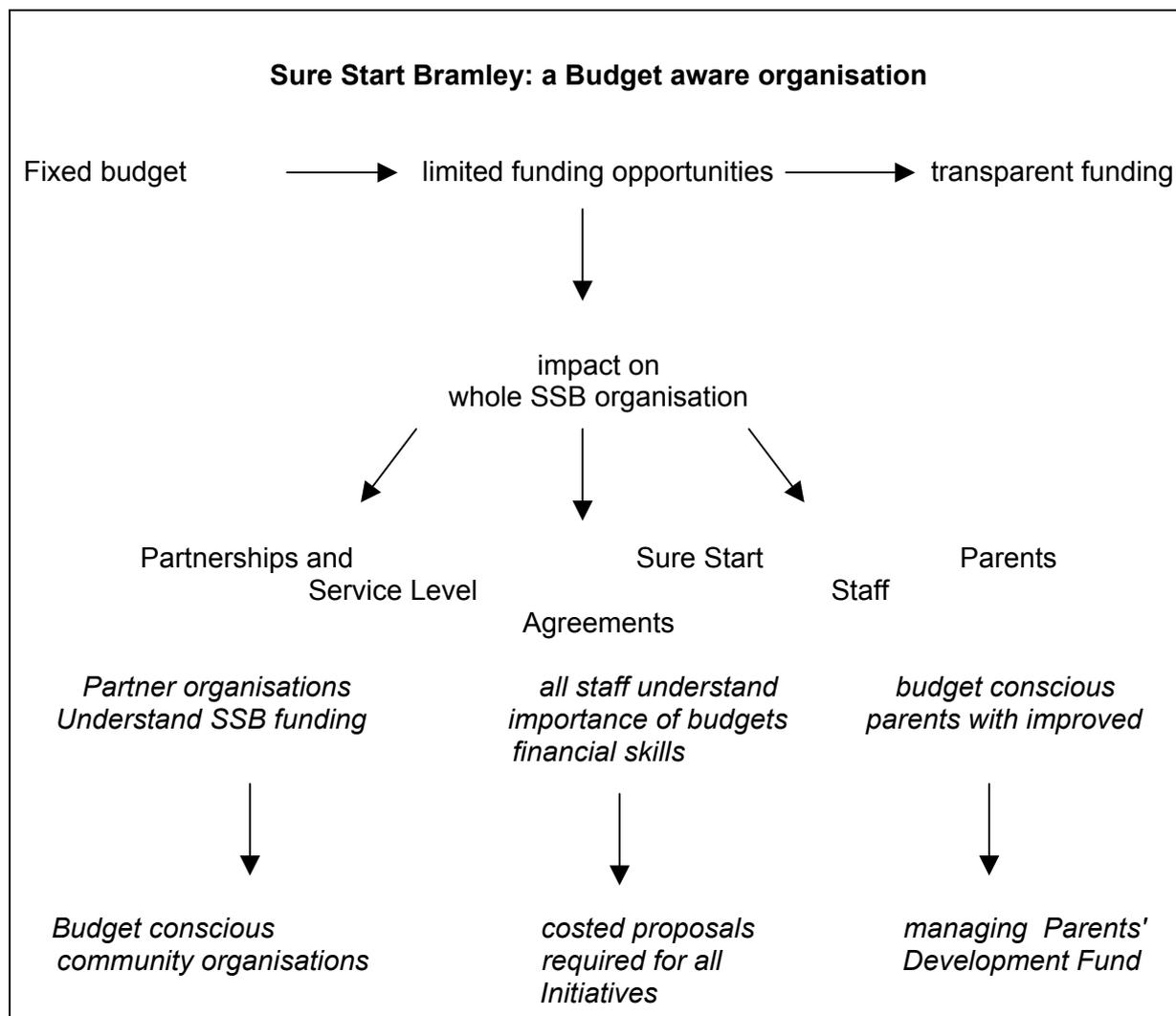


Figure (ii) refers to SSB's fixed budgets which were agreed in 2001 for the next eight years, with limited scope for variation. Knowledge about budget issues is widely shared within the Organisation. All staff are encouraged to understand the importance of financial issues, an example being that members of the Outreach Team are required to produce costed proposals for all initiatives. A Parents' Development Fund (£10,000 per annum) has been established, enabling local parents to have delegated responsibility and to allocate funding

to initiatives and local projects. Parents have been given training on accounting procedures and using bank accounts. SSB's preference for a transparent approach to funding puts pressure on partner organisations to do the same. One local community association developed a poor reputation with regard to accessing records and receipts; some parents felt confident enough to challenge the association, leading to radical changes in community structures.

Partly because SSB has had limited funds available, successful negotiations have been held to encourage other agencies to contribute to new service developments. A Primary Care Trust has contributed funding for creche workers to support future Post-natal Depression groups. SSB has recently established a Child Care Sub Group and costs of sustaining the group have been shared with other agencies from the outset. An important principle is that where statutory agencies bid for Sure Start funding, SSB expects options for mainstreaming to be considered at a very early stage (sooner than for voluntary organisations).

The transparent approach to funding issues also underpins Service Level Agreements (SLAs) with local organisations. In one instance SSB was able to save a substantial amount on rents being charged by one of its major contractors through extended face-to-face negotiations. Negotiations of this kind have to take account of the wider contributions of voluntary organisations to the local community, as well as services directly provided to Sure Start Bramley. Service Level Agreements have been carefully monitored by SSB: in one instance, a contract with a national voluntary organisation providing family support was terminated after clear evidence had been collated about failure to achieve targets.

Implications

Preliminary discussions have been useful in identifying good practice in SSB in promoting understanding about financial issues. Developing the concept of a cost-conscious workforce, and a cost-conscious local community is a radical initiative and there would be benefit in sharing good practice in this area with other agencies. There may be opportunities to further develop good practice models in the context of forthcoming Cost Benefit exercises.

8. Recommendations arising from Year 2 Evaluation Report

Work with Fathers

SSB should ensure that a male Outreach worker is recruited as soon as possible; and that this appointment improves levels of awareness and skill regarding the contribution of fathers in all areas of SSB's work.

Sure Start Conference (October 2002)

SSB should ensure that recommendations from parents at the conference are prioritised and actioned including:

- Involving fathers
 - Engaging hard to reach families / needier parents
- Encouraging / accommodating opportunities for parents of children over four
 - Getting parents on to the Management Board
 - Extending school holiday activities

Views of Partner Agencies

SSB should contribute to promoting dialogue and developing a common language and shared working between statutory and voluntary sector agencies.

SSB to consider promoting an event / seminar on mainstreaming Sure Start services. The SSB Board should allocate time for strategic discussion about mainstreaming, including partner agencies.

Post Natal Depression - Development Work

SSB should consider commissioning a detailed evaluation of the impact of PND group work on participants, in order to maximise learning and benefits from this initiative.

Community Involvement in Evaluation / Parent Researcher Project

The consumer survey required in 2003 / 04 should build on the experience of the Parent Researcher project, using and developing the skills of local parents.

Value for Money / Cost Benefit Analysis

SSB should comply with the requirements for Cost Benefit Analysis from Sure Start (nationally); and at the same time promote its existing model of good practice regarding transparency of financial issues, delegation of financial responsibility and involving the community appropriately in financial decision making.

9. Evaluation Plans for 2003 - 2004

These are currently being discussed with the SSB Programme Manager and the Evaluation Sub Group.

Elements required by Sure Start naturally include a community survey measuring parents' level of satisfaction with services in the Bramley Sure Start area; and a Cost Benefit Analysis on a significant element of Sure Start's activity.

Other areas being discussed include:

- Mainstreaming: regional development work
 - Consultancy on male worker (BF)
- PND Group Work: review of evaluation methodology
 - Development work on counselling service
- Evaluation of Speech and Language contribution to Sure Start Partnership

What works with fathers? Briefing paper for Sure Start (Bramley)

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Introduction

This briefing paper is concerned with the following groups of fathers:

First time fathers
Teenage fathers
Fathers and domestic violence
Partners of those with PND

Inevitably there is overlap between these categories of fathers. For example, teenage fathers are often first-time fathers and there may also be a link between first time fatherhood and postnatal depression. Clearly, violent behaviour can occur across all the categories.

Whilst we need to be aware of these overlaps, there is considerable support for the idea that services should target men with specific needs rather than try 'to be all things to all men' (Lloyd, 2001). A mapping exercise, for example, carried out by the Fathers Plus project of Children North East, a children's charity covering the North East of England (Richardson, 1998) supports the notion of targeting. Their audit of group work with fathers throughout the North East of England uncovered a wide range of projects which are grouped under community-based group work, work in custodial settings and academic and research activities. One conclusion from the survey is that the most effective group work should target men with specific needs, such as young fathers and separated fathers.

However, as this literature review demonstrates, there is still limited evidence on 'what works' with specific groups of fathers. This paper, therefore, begins by summarising some of the lessons which are emerging generally from fathers' projects in the UK. These are then drawn on to inform the discussion in relation to specific groups of fathers.

Conclusions from the literature on 'what works with fathers' more generally

Lloyd (2001) notes from his research into **ten** established projects that there are common themes which were significant in understanding why these projects worked and lasted. I have used these, in conjunction with my own experience, to compile the following:

- **Projects were very clear or became very clear about their purpose**

Lack of clarity, for example, about why one is setting up a group can result in difficulties in recruitment. A lot of groups which are successful focus on an issue or a specific category such as young fathers.

- **Fathers were reached when a multi-faceted targeting approach was used.**

Men do not use general services such as GPs as much as women and they do not use child care services either. The use of traditional routes to reach fathers is likely to meet with limited success. Suggestions from projects include the use of the local radio, advertising in pubs, on the internet, in sports facilities, local cafes. 'Word of mouth' is possibly the best means of recruitment but of course relies on at least some men having positive experiences and then passing on that information, so this is slightly 'chicken and egg'. Female partners can be a source of referral. Agencies are also a source of referral but care would need to be taken to ensure that such referrals were appropriate and fitted with the services Sure Start was prepared to offer.

- **The projects 'liked fathers' and communicated that to both fathers and other agencies and were positive about the contribution fathers could make.**

It is easy to see men and fathers solely as problems and risks and there is evidence that they are and can be. But they can be positive resources for children and for mothers and share the tasks of bringing up children. They can also be a resource which is often overlooked when mothers are struggling with caring for children.

- **Projects recognised that recruitment of fathers took time and needed to be sustained**

Resilience is key. Engaging fathers requires both optimism and the ability to plod on when a lot of effort appears to yield poor results. This echoes some of the general issues raised when trying to engage communities generally with Sure Start but it can be sharply posed when trying to engage fathers.

- **They understood what motivated fathers to get involved**

There will be diverse reasons for getting involved. 'A crisis' can provoke the desire, for example, when a father is likely to lose contact with his children or become the sole carer. Sometimes, it can be due to a change in the family's situation. One father I interviewed who became involved in Supardads had taken on the bulk of the child care because of the mother's employment position and wanted to meet other adults to get a break. He was put off by the woman-dominated atmosphere of other facilities and welcomed the project for fathers because he did not feel so unusual as a male carer there.

•There were identifiable skills and attitudes common to project workers - these included knowledge of fathers and fathering *but*

Although women express clear preferences often in terms of the gender of workers, this is not as clear cut in relation to men. It is important that Sure Start is not wholly staffed by women in order to give a general signal about gender equity and stop men feeling that 'it is not for them'. An important barrier in terms of engaging men in more traditional resources has been the perception that they are primarily for women and children as there are no men around in any guise. Sure Start needs to be aware of that in terms of its general culture. However, women can and do work successfully with men around fathering issues and men do not always wish to work with other men. This is partly because of homophobia but also because many men prefer to talk to women about issues such as relationships and child care as they see them as more qualified in these areas. There would appear to be some evidence that young childless women workers can face barriers in engaging men because they are not perceived to have enough expertise. However, overall, the attitude of the worker is more important than their gender.

•There was a recognition that fathers were also men and programmes and recruitment strategies were adapted to take this into account

It goes without saying that stereotypes and assumptions about men are important to understand and reflect upon. 'Many people still believe that men are unable or unwilling to express their emotions, or unable or unwilling to explore their roles as men and as fathers.' (Lloyd, 2001, p. 86). There is evidence emerging from the projects around the country that such assumptions are untrue. However, clearly men and fathers are diverse and vary in their interest in or ability to engage with fathering issues. Moreover, they differ in how far they identify with stereotypes around masculinity. Local knowledge in relation to particular cultures is clearly vital here but also needs to be reflected upon carefully. For example, there are assumptions that working class men are more chauvinistic than middle class men. The evidence from projects does not bear this out. There are also assumptions that because large numbers of African-Caribbean women are headed by a lone mother, then there is either not a man involved or he is not interested in being involved. Again this needs to be questioned as the research on such family forms reveals quite a complex picture and that degrees of involvement vary.

What works with first time fathers

An interesting piece of research from Australia with first time fathers challenges many common assumptions about masculinity and fatherhood (Lupton and Barclay, 1997). For example, having a baby was identified as a highly emotional process by men from a variety of backgrounds and there was little evidence of men feeling they should repress their emotions about becoming a parent or of feeling unable to acknowledge how important it was to them emotionally. Moreover, models of fatherhood increasingly champion men's ability to express affection for children openly and to be more involved with their children. A recent piece of research with first time fathers in East Anglia by Henwood (2002) would concur with this. This

research suggests that there is an 'involved father' model which is much more widely available than hitherto and invested in more widely by men from diverse backgrounds. This model however poses difficulties because of the tension between being involved and economically providing, which is still seen as an important aspect of the father identity.

Until recently there was little support at a policy level for either men or parents generally wishing to combine childcare and work. This government has introduced the right to paid paternity leave and from next April both parents have the right to request from employers that they work more flexible hours. They have recently announced a publicity campaign to make men aware of their entitlements (news report in FatherWork, Summer, 2002).

Becoming a parent is an important transition in both men and women's lives. There seems to be research evidence to support the view that with better preparation for fatherhood and parenthood, the attachment between father and child, as well as between father and mother can be greatly strengthened. In addition there seems to be some evidence that better preparation facilitates fathers becoming more involved post birth (McKeown, Ferguson and Rooney, 1998).

Furthermore, there seems to be some evidence which would suggest that difficulties can arise if fathers are not prepared or supported. In a very accessible book on fathering which offers quite useful guidance to 'would be' fathers, fathers and agencies, Cohen (2001) looks at the anxieties surrounding the transition to fatherhood. He stresses the importance of partners sharing their anxieties about the changes in their lives, a point which is also made by Relate (quoted by Rice, The Independent on Sunday, June, 9, 2002). In one study on first-time fathers, 62 percent were found to be suffering themselves from 'baby blues'. This was not depression as such but an agitated state of mind resulting in erratic behaviour. Relate argues that young and old fathers alike may be affected. It's been called the 'Peter Pan Syndrome' which emerges particularly when men become fathers for the first time. Some leave, some turn into domestic tyrants or regress into a second childhood of their own (Rice, The Independent on Sunday, June, 9, 2002).

The National Childbirth Trust provides some information material for fathers to be and has recently conducted research with 817 new fathers. Forty per cent did not feel they got the information they want about what will happen during pregnancy and birth (Singh and Newburn, 2000). They wanted more information about topics that ranged from their partners' mood swings to how to cope with the baby crying, to sex after childbirth. Women were men's main source of information about pregnancy, birth and postnatal issues. The research found a third of men were unable to attend antenatal classes because of work commitments, 10 per-cent had no idea there were classes they could attend. Younger fathers between 15 and 19 were embarrassed at the idea of attending. A third of those who did attend felt they were totally ignored.

The National Childbirth Trust study went back to the men six months after the children were born – only 53 per cent answered and these were likely to be those most involved – most said the birth had been a wonderful experience. However, the

study found many men across classes anxious about balancing family and work commitments.

Possible ways forward for Sure Start (Bramley) in relation to first time fathers:

- A simple leaflet for first-time fathers could be developed outlining their entitlements in relation to paternity leave and flexible working. This should be displayed prominently in All Sure Start facilities.
- The information leaflet for fathers developed by the National Childbirth Trust should be displayed prominently.
- Links could be made with the National Childbirth Trust to ascertain their activities in the local area/region.
- Consideration could be given to developing a group for expectant fathers (perhaps run in conjunction with the Trust) as a concrete Sure Start initiative in relation to fathers. However, this would need to be considered alongside the other possibilities outlined in this paper in relation to other services. In my conclusion I offer a view on what I feel the most feasible and realistic priorities for action by Sure Start Bramley should be.

Teenage fathers

We have few statistics here in terms of numbers nationally. Furthermore, there is not a lot of research into working with teenage fathers. They are invisible as a group. We have no way of knowing how many there are, how many maintain close relationships or what form these relationships take. In part this is because the law requires a mother's details to be recorded at birth, but nothing needs to be included about the father. Unmarried fathers have no legal right of contact with their children currently. Ninety per cent of teenage births occur outside marriage and more than half of all teenage relationships break down. Research reveals that they are more likely to be affected by unemployment, poor housing and a lack of education.

It would appear, although we cannot be definite about this, that women are more likely to be teenage parents than men, as the fathers of children born to teenage mothers are usually older than the mothers (Burghes et al, 1997).

A lot of what is researched is concerned with young fathers, which can include teenage fathers, but also those in their early twenties. Given the paucity of research about teenage fathers specifically this briefing will focus on young fathers for a number of reasons:

- This research does contain specific references to teenage or adolescent fathers
- There is some local evidence from an evaluation of a project in Huddersfield (Supardads) that a focus on teenage fathers is too narrow to build service developments around, partly because they are so invisible and it may be more

fruitful to develop a focus on 'young fathers' which may include teenage fathers if they are available (Featherstone, 2000)

Marsiglio and Cohan (1997) have conducted a literature review within psychology and primarily focussed on the US, which looks at the issues for those who have children when they are adolescents or in their early 20s. They argue that, from both a life course and developmental perspective, many of the circumstances surrounding young fathers' paternity differ from those related to the general population of fathers. These are the kinds of differences which can be apparent:

- They have not finished their formal education
- They have not secured steady employment
- Invariably, the pregnancies are unplanned
- They are at different stage of psychological development in terms of the life cycle as well as lacking opportunities to accumulate material including financial resources.

When young men become parents, they are often still developing the capacity for abstract and logical thought that is necessary to cope with complex social and psychological situations. Thus they may be confronted with paternal responsibilities before they have the cognitive and emotional maturity to handle them effectively (Marsiglio and Cohan, p. 229). Furthermore, it is argued that they will often experience a self-centredness that may prevent them from putting the needs of their children ahead of their own. This affects the expectations they may have of their children because they are often unaware of young children's, especially infants', developmental stages. Crucially, this can mean they have unrealistic expectations of their children. This may reflect social as well as cognitive immaturity since they may have little experience of being around and caring for children.

It is also argued by Marsiglio and Cohan that the typical path of males' gender role development represents another instance in which young men's developmental course and the responsibilities of parenthood interact to the detriment of young fathers' children. 'Adolescent boys are often confused as they confront their new found sexual maturity and struggle to form their own adult male identity. This anxiety prompts many boys to cling to traditional masculine gender roles by aggressively distancing themselves from feminine activities' (p,229). Thus to the extent to which they adopt traditional gender roles and devalue feminine qualities, they are likely to be ambivalent about child rearing responsibilities.

However, it is important to note that little research has been done to test out these assumptions as most studies of young parents still focus exclusively on young mothers.

Moreover, it is important not just to look at young men in isolation but to locate them within their familial and social contexts. Crucially, the relationship with the mother affects their ability to be or stay involved with their children. Such relationships, particularly for very young men and women, tend not to be long lasting. Furthermore, wider kin such as grandparents play an important role either facilitating or hindering such involvement. Their peer group is important also.

Negative depictions of teenagers and young fathers are increasingly being contested by research and the evidence emerging from some of the young fathers' projects looked at below. Current research being conducted by Bristol University School for Policy Studies argues that they should and can be helped to make the transition from 'father-to-be' to involved parent. In support of this the work of midwives and of parenting classes in prisons has been offered (Clarke, *The Independent* on Sunday, June 9, 2002).

Parenting classes that have been driven by the needs of the fathers have shown encouraging results according to some writers (Dallas, Wilson and Dalgad, 2000). Daniel and Taylor (2001) note developments in the US where in ten cities three year demonstration programmes have been established where job support agencies and community based organisations work in partnership to provide support to young and impoverished fathers. Also a young fathers programme in Arizona encourages young poor fathers to understand and undertake the financial, emotional and legal responsibilities of fatherhood (Valois, 2000). It shows that adolescent fathers remain involved with their children and take their financial responsibilities seriously but practitioners may need to help them pursue educational or vocational qualifications in order to give them a realistic opportunity to actually undertake the responsibilities (Elster and Lamb, 1986).

A key difficulty encountered in the US is that the child support enforcement system is perceived as complex, punitive and fraught with bureaucratic barriers. Child support demands come when young men's prospects for employment are poorest – many have not even finished high school. Fathers must choose either to quit school and seek full-time employment, stay in school and struggle to support their children or engage in illegal activities to acquire money.

A key difficulty in this country is that unmarried fathers do not have parental responsibility although it is planned to change this shortly. They are also subject to the Child Support Act in this country. Consequently, when they are approached by professionals seeking to engage them, such professionals may be viewed with suspicion. This was the experience of Supardads in Huddersfield as the men sometimes felt that they were being sought out for child support purposes.

One project in this country, Mancroft Advice Project, offers information, advice and counselling to young people aged between 11 and 25. It has run a group for young fathers since 1993 which was started at the request of some young fathers themselves.

This has been a 'talking group' for much of the time with an initial focus on their needs as young men, not parents. Over time fathering issues have come to the fore particularly for those wishing to have more contact with their children. Feelings about their lack of self worth have been a recurrent theme for the group.

Over seven years, the group has gone through a number of phases with a core of 5 staying involved. It has at times functioned as a therapeutic group and whilst this was uncomfortable, it helped the fathers to become more focused and respectful of each other. The group received funding at one point which resulted in a range of

initiatives including a Young Men's Fact Pack. This Fact Pack gives information on legal issues, services and facilities. Legal issues are important as many require information about their rights as fathers or, more accurately, their lack of rights often.

There was some media publicity attached to the Fact Pack – this challenged assumptions that all young fathers are irresponsible and drew attention to how often they feel misunderstood and on the edge of their children's lives. A summary of this project's work is contained in Lloyd (2001).

According to the workers the key outcomes have been:

- The young men established or maintained contact with their children
- They learned from their mistakes so those that have gone on to father other children have been active from the beginning
- The young men shared a belief in the importance of being a 'good father' and while they struggled to live out that belief, the group has supported it.
- They gained new skills and grew in confidence
- Their identities as fathers were valued

Some of the issues raised in this project are replicated in the findings of an evaluation of Supardads, a project in Huddersfield which had as one of its targets young unemployed fathers (Featherstone, 2000). This project seemed to successfully engage a core of young men, the majority of whom were white. Legal issues were important and some of the young men were both ignorant of their rights and felt very powerless. This project had a number of strands: a drop in group on one day for fathers and their children (and partners or ex partners), individual casework which was also on a drop in basis, and activity sessions. One of the issues that emerged from this work was the importance of not ignoring the needs and rights of men's partners. It could be dangerous to encourage young men to assert their rights to contact without having an understanding of the woman's views. The worker did encourage women to use the facility and did get involved in meetings with both men and women about contact arrangements. A further issue which emerged was the importance of building up trust with young men who tended to be suspicious of professionals. This is replicated in the research conducted by Ormiston Children and Families Trust (Pugh, 2002).

Ormiston Children and Families Trust conducted research into the needs and views of fathers residing in East Anglia where trust projects were established. The aim of the research was to gain a clearer picture of what fathers want from the services the trust provides and their role in the care and upbringing of their children. The study was conducted in two stages. The first stage involved surveying a total of 87 fathers from four target groups: lone carers, fathers who have used a service, fathers whose families have used a service, and fathers who had no contact. Eighty seven responded to a questionnaire, the vast majority of whom were white. The second stage sought a more detailed understanding of fathers' views through focus groups and individual interviews. Thirty seven fathers were interviewed. An overall age breakdown is not provided in the report

But there is a breakdown of 25 fathers interviewed throughout 2001 which shows that fathers' ages ranged from 17 to 47, nine were under 25 and three under 20. The data on young fathers contained in the report indicates 'that all the very young fathers, though proud of their status and keen to be supportive to their children, felt somewhat isolated and lacking in confidence about being a father. Some lacked family support, either because they had moved away from their home town or had grown up in care or had families with problems of their own. They commonly talked of feeling stressed, and hinted at anxieties about losing control and resorting to violence towards partners or children' (p. 15).

Generally, all the men were asked about attitudes to seeking help. They identified the following issues as barriers: male pride, fear of failure, and past experiences, Even where they overcome the hurdles they were often put off by aspects of the service provided which did not meet their needs. These included: feeling greatly outnumbered by women users, no male staff, and activities not appealing to men or not male friendly.

What those who did participate think is important, clearly. They were far more likely to access services if they are perceived to be for their children's benefit and not for their own. A 21 year old said that his main motivation was to get help with bringing up his boy differently from his own experience. The conclusion from Ormiston was that, for example, classes aimed at 'boosting your child's brain power' are far more likely to attract men than anything that hints at a problem within the parent. This has also been found by the Pen Green Family Centre in Sheffield where sessions held under this title and run by a professor proved attractive to fathers.

In terms of staff attitudes, the Ormiston research found that many fathers have low expectations of how they would be received as men. They wanted time to get to know staff, opportunities to observe them at a distance and check people out before committing themselves to getting involved. Several mentioned that that they would want to know about the qualifications of staff.

Possible Ways forward for Sure Start (Bramley) in relation to teenage fathers:

- It would be unwise to develop a strategy solely around teenage fathers as all the evidence would suggest that they are hard to reach.
- However, there is merit in considering a specific orientation to young fathers.
- This would need to be flexibly organised initially in order to test out needs and levels in interest.
- One possibility is to have a drop in facility one afternoon a week which is aimed specifically at young fathers and where their children are also welcome. The aims would be: to offer a specific facility for fathers and their children; an advice and information slot; and the opportunity to meet with other young fathers. Play activities would be available and two workers would be needed initially. One could deal with particular issues on an individual basis with men and the other could be available to introduce men to each other, organise an informal chat session (initially). This could become the nucleus of a more formal group.

- Another possibility is to have an ongoing drop in session along the lines set out above but to have at least half the session formally organised around a topic. Although clearly some topics would need to be chosen by workers to get the programme going, every effort should be made to elicit fathers' views on what they would like covered.
- Given the issues raised earlier about the complexity of contact issues and the dangers of conflicts between adult partners, consideration could be given to ensuring that once a month at least, female partners or ex partners were welcome.

Domestic violence

Specific programmes aimed at changing men's violent behaviour were first developed in the USA and Canada and have been variously developed in the UK. The most well known is the Domestic Abuse Prevention Project in Duluth, Minnesota (Pence, 1988). These programmes have been run on pro feminist lines and have used cognitive behavioural methods to get violent men to accept personal responsibility for their behaviour. They are often court mandated.

The work remains contentious because it is argued that ineffective interventions could leave victims in greater danger, divert perpetrators from more severe criminal justice sanctions and lose many participants through non completion of the project (Mullender and Burton, 2001). Issues such as compliance have been dramatically improved in one American project by rigorously applied court reviews at the beginning, middle and end of the process. In the UK, Respect (2000) provides minimum standards and good practice guidelines, including an emphasis on the safety of women and children.

According to Mullender and Burton, who have conducted an international literature review, the evaluation of effectiveness is notoriously difficult for a range of methodological reasons. They argue that partner reports on repeat violence and quality of life are now emphasised in the more sophisticated evaluations as the most reliable measures. Findings from the USA suggest modest success in reducing overt violence with the most dangerous time being the first six months after the group and a hard core of men continuing regularly to inflict serious injuries.

Dobash et al (2000) evaluated some of these programmes in the UK and found them to have some success in reducing violent behaviour (Dobash et al, 2000). But according to Mullender and Regan the British research needs to be treated with caution because of the size and number of studies conducted.

It would appear that in terms of process, it may well be the adoption of group work process that obtains the best results rather than a simple instructional format. Dobash et al (2000) studied what men said had most effect upon them in two programmes in Scotland. It was not only specific aspects of the content but also the discussions in the groups which was influential. Skills cannot be learned from a manual. Adequate training and professional experience are crucial ingredients.

Furthermore, inter-agency working is vital in terms of ensuring the safety of women and children.

'Work with perpetrators will only ever be one part of the domestic violence picture and of secondary importance to meeting the needs of women for emergency services, outreach and after care. It should not take a disproportionate amount of public funding. However, there is modest cause to believe that it can work with some men and that the group work skills of practitioners are an extremely valuable asset to a society aiming to confront collusion with the denial and minimisation of violence' (Mullender and Burton, p. 93).

Work with perpetrators clearly involves looking at their roles as fathers. However, there is little evidence of fathers' groups addressing the issue of domestic violence or service initiatives which specifically focus on violent men as fathers. There is also evidence that some well- established fathers' projects do not see this work as falling within their remit.

Some projects work with anger and discipline issues. NEWPIN is a national voluntary organisation set up in 1980 which helps parents under stress 'break the cyclical effects of destructive family behaviour'. Through a network of 16 local centres, it aims to provide long term emotional support to enable both parents and children develop their potential. It is to some extent focussed therefore on parents' violence towards children rather than their violence to their partners. It has been involved in fathers' work since 1994. This emerged from a recognition that 'lack of support for men to develop positive, close relationships with their children was a major social problem with damaging social consequences for the whole family'. The work was developed in conjunction with a man who had worked at a local domestic violence project for men. It was a group work programme of considerable intensity, 35 weeks and two and a half hours long.

Since the initial programme the project has developed substantially. There is now a separate fathers' centre with two full-time workers (based in a Sure Start area). There is an eight week and a nine month programme. A gender and race mix operates in terms of facilitators.

Tensions have emerged in NEWPIN in relation to this work. Their core activities have always been with women and children and often involved child protection and domestic violence issues. Consequently, concerns about women's safety have been raised by the work with men. These tensions have been openly addressed and are worked with in terms of the organisation of services

On the fathers' course run by the Rugby Parents' Centre violence and discipline have been common themes of the course, although this is focussed on violence to children. Fathers have mentioned having difficulties with anger and partners have suggested the course as a way of dealing with their tempers.

Other services such as Pen Green Family Centre in Sheffield, who have a well established gender strategy and do a considerable amount of work with fathers

have consciously not worked with men who are violent to women as it is believed that they need a more specialist service.

A recently published book from the US (Bancroft and Silverman, 2002) looks at parenting issues in relation to men who 'batter women'. They use the terminology batterers and battering and I will adopt their terminology for the purposes of outlining their conclusions. According to the authors 'improved intervention with battering fathers has the potential to contribute to emotional and physical safety for women and their children and in the long term to improve the quality of life for batterers themselves' (p. 188). However, it is clear that they do not see this work as being carried out just with the men themselves. They argue for the following:

1. The need to be aware of the effects of domestic violence on family interaction patterns, including the dynamics of the relationship between mothers and children, the relationships among siblings and the interactions between family members and the outside world. Statements made by batterers to professionals or by their family members cannot be taken at face value. Dynamics within the family sometimes are revealed to contrast sharply with original appearances. In some families affected by domestic violence, children may see the batterer as likeable and the mother as depressed and mistrustful and the siblings may have bitter tensions among themselves. Another family may see the mother and children united with little apparent internalisation of the abuse. The authors argue for the need to be aware of abuse related trauma and traumatic bonding.
2. A batterer's behaviour towards his adult partner in itself reveals important information about his parenting – battering of the mother needs to be understood as a parenting decision and reflects on his ability to think well about his children's safety and well-being.
3. It is important to be aware of differences between batterers but this is complex as some of the men least violent to adults have been the most psychologically injurious to children.
4. Risk does not end when the relationship does.

They argue that batterer programs generally need to expand their level of attention to children's issues particularly with respect to the parenting of batterers and to weave that awareness into all of their counselling and policies. The curriculum of each batterer programme should include the following:

- Education on appropriate parenting.
- Education on the effects on children of exposure to domestic violence.
- Identification and confrontation of behaviours that undermine the mother's parenting authority or that damage her relationship with the children.
- Identification and confrontation of behaviours that involve using the children as weapons against their mothers.

- Education on the effects of child sexual abuse and the proper respecting of children's boundaries.

According to the authors, batterer programs should contact any current or past partners of the batterer with whom he has children to inquire about his conduct as a parent and to find out whether he is involved in ongoing litigation regarding custody and visitation. The program should inform the mother of any arrests that the batterer has had for domestic violence offences of which she may not be aware. The program should provide the battered mother with any information she requests regarding the batterer's participation in the program and history of offences (with the exception of confidential information collected from other current or past partners). Programs need to develop links to programs for children exposed to domestic violence and to children's services. Batterer programs should advocate for the protective needs of children alongside other agencies.

Possible Ways forward for Sure Start (Bramley) in relation to fathers and domestic violence

This is complex territory and it is not accidental that community based programmes have not felt able to take on work with fathers around domestic violence. My own view is that it would be more feasible and in line with Sure Start's overall targets to think about doing some work with men around parenting which looked at their use of discipline and their anger. This work would key into issues around their use of violence to children and partners. This could be developed further over time through links with the Leeds Inter Agency Project and could become more clearly focused on domestic violence. Clearly, an inter-agency approach is central here.

Work with fathers whose partners are struggling with Post Natal Depression (PND)

There does not appear to be much activity specifically with men who are the partners of women suffering from Post Natal Depression or this work is not well documented. It is clear, however, that projects working with fathers contain families where post natal depression is an issue. For example, one project which worked with fathers suffering from depression run by a male counsellor at a doctor's surgery (The Blackburn And Darwin's Fathers' Project) did include work with a father worried about his partner who had post natal depression following the birth of a child with Downs Syndrome. Another had taken on caring responsibilities because of his wife's difficult childbirth. The group helped the men to feel valued and to feel they had a role to play.

In order to compile this briefing I spoke to Nick Davison who is a community psychiatric nurse at Leeds Parent and Child Unit. He and a colleague, Debbie Hemmingway, do one-off home visits to men whose partners are suffering from depression or psychosis following childbirth. This visit offers information and advice to men in relation to what treatment their partners are receiving and the issues that may be raised for the family. Ongoing support is not offered to the men. There are

plans to produce a leaflet for male partners but this leaflet will be designed specifically for users of this service.

Both Nick and Debbie would be happy to offer advice and support if Sure Start (Bramley) did set up a service for male partners.

Possible Ways forward for Sure Start (Bramley) in relation to fathers and PND:

Given the importance of tackling Post Natal Depression to Sure Start generally and the work already done in this area with women, **I think an initiative in relation to male partners is potentially the most useful and feasible for Sure Start (Bramley) to consider.** There are people locally who would be willing to advise and there is a wealth of knowledge on the subject of post natal depression. It would need planning and thought in terms of the specific needs of male partners. However, if it started as a support group then the issues identified by the men themselves could form the basis of future work.

Summary

1. This briefing summarises some of the lessons emerging from fathers' projects on 'what works' generally.
2. It identifies themes from the literature which address issues in relation to: first-time fathers, young fathers (including teenagers), fathers and domestic violence, and the partners of women with post natal depression.
3. ***It makes recommendations about how Sure Start (Bramley) might develop initiatives in relation to each category.***

Overall conclusions

It would appear that the strategy of targeting specific groups of fathers is increasingly recognised as the most positive way forward. However, there are general lessons about the culture and attitudes of workers which need to be taken on board by organisations wishing to work with fathers, irrespective of what category they fall into.

It would appear that apart from domestic violence, there are clear possibilities for developing initiatives in relation to all the groups identified for targeting by Sure Start (Bramley) and these are outlined in this paper.

My own view is that, although there is little written specifically on work with partners of women with PND, this is a very fruitful area to investigate as a first step for Sure Start (Bramley). Local support is available to facilitate this work and there is already a considerable amount of expertise in relation to PND in the area.

In relation to domestic violence, it is argued that tackling this issue through setting up a specific initiative for fathers who are violent to women would take Sure Start into very complex territory and oblige very resource intensive interventions in relation to ensuring the safety of women and children. However, the example of projects around the country which look at men's anger and use of discipline towards their children is a way into this issue. This would still raise issues about safety and would need careful planning and support.

Overall, given that all involved with Sure Start (Bramley) are still at a relatively early stage in their thinking about working with fathers, consideration could be given to employing a local consultant to help plan the work programme and/or offer ongoing support. I have ongoing contacts with David Bartlett from Fathers Direct (a national organisation, set up by the Home Office, to facilitate work with fathers) who is involved in offering such support to Sure Start projects. Fathers Direct is also offering a consultancy service nationally to Sure Start. David is based locally and has worked in the past with NEWPIN, the project identified in this paper as having considerable experience of

working with men around anger and discipline issues. He is also aware of the breadth of work emerging around the country and the lessons emerging from this work.

In the Appendix to this paper I also identify other resources which could be drawn on as well as relevant reading material.

Appendix A

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Key organisations

**Fathers Direct can be contacted at www.fathersdirect.com
David Bartlett can be contacted on d.bartlett@fathersdirect.com**

Their address is Herald House, Lambs Passage, Bunhill Row, London, EC1Y 8TQ

Working with Men can be contacted via Trefor Lloyd, 320 Commercial Way, London, SE15, 10N

NEWPIN, The Fathers' Centre, The Amersham Centre, Inville Road, London, SE17, 2HY

Ormiston Children and Families Trust can be contacted via Gill Pugh, 333 Felixstowe Road, Ipswich, Ipswich, IP3 9BU

Appendix (ii)

Support to mothers experiencing Post-natal Depression

Satisfaction Questionnaire Results (group work) and Comments from the March 2003 PND Seminar

Questionnaire Results from PND Groups

Group 1 started on 19.04.02 and ran for 7 sessions;

Group 2 started on 7.06.02;

Group 3 started on 6.09.02;

Group 4 started on 10.01.03;

All of them ran for 12 sessions.

Each group started with 10 participants and ended with 6 or 7.

The Satisfaction Questionnaires are from Groups 1 - 3.

Four participants from three of the Post Natal Depression groups held in 2002 / 03 completed satisfaction questionnaires. Results are as follows:

- i) Ten out of the twelve participants were referred to the group by Health Visitors; one by Sure Start; and one by a Specialist Day Centre.
- ii) Ten of the participants said that the aims and objectives of the group were explained to them; two said they were not.
- iii) All of the twelve participants said that the venue for the group was easily accessible for them; and that they found the facilitators friendly and approachable.
- iv) Participants were asked whether they felt the group made their own decisions. Nine of them said *Yes*. One said *No* and one was *Not Sure*. One participant did not respond.
- v) Participants were asked whether there was anything about the group that they would change. Five of them said *Yes*. Of these, four suggested that the course or the sessions should be longer; two suggested *better furniture*. Seven of the participants said that there was nothing they would change.

- vi) Participants were asked whether there was anything else they would have liked to have covered in the group. There were four positive responses. One participant wanted the course to cover *child behaviour management*, but only if the course was longer; one asked for *more ideas for coping with young children and anger management*; one suggested *baby massage and alternative remedies*; another participant responded *have your hair done*.
- vii) Participants were asked whether they found the group helpful. All of them said Yes. Five of them referred to the *support* they received from the group or from the workers. One referred to *space, time to be yourself*. One said the group was so *enjoyable...didn't want to stop coming*. One described the group as *supportive, friendly and fund*. Three participants felt less isolated: *...because I saw other people; seeing other people, not feeling isolated; finding out that I am not in the same boat (sic) nor going mad*.
- One said that the group *listened, like a friend*. Another participant said that *the group made me feel slightly better*. Another participant referred to *friendships between participants; a reason for getting out of the house at least once a week*.
- viii) Participants were asked whether they thought twelve weeks was long enough for the group to run. All twelve replied No. One suggested that the group should run for between sixteen and eighteen weeks.
- ix) Eight of the participants from two of the groups were asked whether they would use a "drop-in" facility when the group was over. Six said that they would. One said *maybe, depending on times and child care*. The eighth replied *not ready yet*.
- x) Participants were asked how they were feeling at the end of the programme. One said *great*; one said *much better*; and two said *okay*. Eight participants gave mixed responses, as follows:
- *A bit better. I have good days and bad days.*
 - *More positive, but nervous that the group is finishing.*
 - *Not as bad as I usually feel. I am seeing and talking to people with (sic) my illness.*

- *I'm still up and down; the group cheers me up.*
 - *I am not feeling too bad, although not too good.*
 - *Okay sometimes, but I still have a few "low" days.*
 - *Today - very well; but the past few weeks have been very difficult, with a number of very low days.*
 - *Up and down (I am in the process of moving house).*
- xi) Participants were asked whether there was any other help and support which they felt they needed. Three replied *No*; One said *I already get support from (specialist Day Centre), but all other support is appreciated*. Five participants were looking for more help. Their responses were:
- *Continue to go to the group.*
 - *I feel as though I could benefit from more sessions.*
 - *Yes I would like some more help and support for a while longer as I don't want to get really low again.*
 - *On-going support.*
 - *Yes, more confidence.*

Three participants made no response.

- xii) Lastly, participants were asked whether they would ask to be re-referred if they felt the need. All twelve of them responded *Yes*.

Comments from one of the group work facilitators

Facilitator 1 advised that participants for all four groups completed the EPND Scale at the start of the group. Her recollection was that all had scores of 17 or above, including some in the range 22-25.

Facilitator 2 has taken responsibility for completion of the EPND questionnaires, including obtaining end of programme questionnaires for Groups 3 and 4. Facilitator

1's recollection was that while some participants' scores remained about the same, most showed a clear reduction to scores of 12 and under.

Note

Facilitator 2's comments indicate that participants all had moderate to high EPND scores at T1. While comments about reduced scores for Groups 3 and 4 at T2 are generally encouraging, the evidence base for the reductions in EPND scores needs to be firmed up.

Comments from the March 2003 PND Seminar

The following are a selection of comments collated by Workshop leaders and of comments from participants at a seminar run by Sure Start Bramley for parents and agency staff on 6th March 2003.

Workshop 1

Explored the best way of supporting women with PND and highlighted support from people who are experiencing PND; and the role of midwives - first port of call.

Workshop 1 explored whether the Edinburgh Post Natal Depression Scale was useful for identifying women with PND. Comments collated included:

- *Hard enough to admit what's going on in your head, even harder to write it down.*
 - *Women lie - don't want people to know how bad (they feel).*
 - *Found some of the questions alarming.*
 - *Fear of someone in the family reading (the questionnaire).*
 - *Stigma of a mental health illness.*
- *Parents do not answer the EPDS questions accurately for fear of losing their child or being deemed an unfit mother.*
- *Questions about whether the EPDS covers symptoms such as panic attacks.*

Workshop 2

Explored the impact of PND on partners. Comments included the following:-

- *Male partners sometimes feel pushed out, they are trying to find a new role; experience loss of the former relationship; confused; feel torn between the breadwinner role and parent role - work can be worrying or a relief away from the PND isolation.*
 - *No-one to talk about how it is to have a partner with PND.*
 - *Lack of information and responses for men.*
 - *Men sometimes feel there is no place for them in any discussion.*

Agencies need to include male partners, keep them in mind in all responses.

Next steps should include producing a straightforward leaflet for men; home visits in the evenings to include fathers.

Workshop 3

Considered the best way of identifying women with PND and issues about the Edinburgh PND Scale.

- *Some women with PND feel differently at different times of the day and week.*
- *Need for more explanation about the EPDS and for the mother to have a relationship with the Health Visitor or midwife.*
 - *Explore using the EPDS ante-natally.*
- *Issues about ownership of the EPDS: could parents make decisions about their needs based on knowing their own score.*

Comments from Parents

- *Health Visitors and midwives should get involved at the ante-natal stage.*

- *My own experiences (as a parent) have given the "professionals" a broader insight into PND.*
 - *More ante-natal awareness.*
 - *More support and information for partners.*
 - *24-hour telephone helpline.*
- *...there are different kinds of depression which can be a lot worse than your own.*
- *Thinking outside the "box" about partners and the whole family...about what mothers need and what they find helpful (not always what professionals think they need).*
- *...depression is a very personal and unique experience for each individual.*
- *...with more understanding and awareness I can empower myself and others in dealing with depression.*
 - *Need for buddying schemes.*
 - *...the true experts are the women / mothers.*

A local Health Visitor emphasised "ensuring home visits are more "couple" focused".

Considerable interest was engendered at the Seminar in replicating the Post Natal Depression group work programme in neighbouring areas.