



The Family Hubs Fathers Project

Final report June 2024

Understanding mental health inequalities for fathers in Peterborough and recommendations for better support.

 **Mind**
Cambridgeshire,
Peterborough and
South Lincolnshire

Peterborough
**Family
Hubs** 

Reg. Charity Number 265087
Reg.in England Number 1082980

Executive Summary

The Family Hubs Fathers Project

Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind was commissioned by Peterborough County Council from the Family Hubs funding to produce the Family Hubs Fathers Project Final Report. The report provides insight and recommendations on how to improve the mental health experiences of fathers in Peterborough, co-produced using the experiences of fathers in conjunction with organisations that operate and support the population of Peterborough and surrounding areas.

Our approach centred around co-design and lived experience. From the outset, we wanted to understand Peterborough's demographic and what was already available for fathers to support them with their mental health. We recruited and trained three Community Conversation Facilitators, aged 18-35, who had become fathers in the past three years. Their role was to support other fathers aged 18-35 who had also recently become parents with up to three separate one-hour conversations. The conversations were based on the model of ethnography, with three broad conversation topics:

- What have been your mental health experiences?
- What are your experiences of being a parent?
- What support is available and valuable to you?

In conjunction with the first-person experiences of the Community Conversation Facilitators, we also developed a questionnaire that could be completed online or in person. Results from both the conversations and questionnaires were analysed thematically to draw five key themes. These became the cornerstone of the project insights and personas.

Themes:

- Lack of father-centric support and education
- Mental health struggles and stigma
- Financial stress and challenges
- Traumatic birth experiences
- Relationship dynamics

Throughout the project, it was important to understand how organisations in Peterborough had experienced mental health challenges for fathers, to highlight the challenges and similarities services face, and to provide recommendations to overcome them. To do this, we had separate in-depth conversations with colleagues across different roles within the community.

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Introduction

CPSL Mind

CPSL Mind (Cambridgeshire, Peterborough, and South Lincolnshire Mind) is an independent charity working as part of the Local Mind Network, sharing quality standards, branding, and knowledge. CPSL Mind delivers a range of services and projects that support individuals in their recovery from mental health problems, promote positive well-being across our local communities and campaign against stigma and discrimination.

This Report

This report provides an in-depth overview of the Family Hubs Young Fathers Project, commissioned by Peterborough Family Hubs. Using Community Conversation Facilitators and a questionnaire, we collected the mental health experiences of fathers who were between the ages of 18-35 who used Peterborough services and had become a father within the last three years.

The findings of our research, in conjunction with other organisations and businesses in and around Peterborough, provided key insights and recommendations for services to become more inclusive for fathers and fathers-to-be.

Project Overview



Background

Funded by Family Hubs, this project aimed to understand the mental health experiences of fathers/male caregivers. Initially, the research looked at young fathers/male carers between the ages of 18-25 years in Peterborough. However, it quickly became clear that initiatives such as the Teenage Pregnancy Strategy (1999-2010) had been successful in reducing the number of young fathers across the UK and Peterborough, with lasting effects, as the trend was still in decline. Therefore, to ensure we were supporting a wide demographic, we used data to highlight the age bracket where people are most likely to become fathers (aged 30-34) and expanded the scope of the project to 18-35-year-olds.

We hypothesised that some of the determinants that impact on fathers' mental health are:

- Work/Employment
- Paternity leave
- Social expectation
- Age
- Supporting other members of the family
- Support networks
- Religion
- Culture
- Sleep
- Stigma

Project Proposal

Initial Aims and Outcomes

The project utilised the Mind Service Design Toolkit, a successful previously used framework for projects in 2023; The [Boston Mental Health Equalities](#) project and the [Starting Well](#) project, to develop services that respond to mental health challenges sensitively. We aimed to emphasise the importance of lived experience, to talk to colleagues about their experiences within the community, and to work collaboratively across Peterborough to understand the biggest opportunities and challenges faced by fathers. The outcome was to produce a final report which highlighted the findings and recommendations from the project, sharing the learnings as widely as possible to inform project and service development and delivery.

Project milestones

Utilising the methodology of the Mind Service Design Toolkit, we delivered these project milestones:



About Mind's Service Design Toolkit

Overview

Mind's Service Design Toolkit is used at CPSL Mind to support new ways of thinking and to work in partnership with different people. The key principles centre around co-design, using people's lived experiences to shape recommendations. Inspiration for solutions is broad, inclusive, and co-produced, using innovations to overcome existing challenges.



1. Set up

Build an understanding of current assets: what is already strong in the community. Understand what we mean by community and what the challenges are.



2. Explore

Speaking to people in the identified communities to understand their experiences, challenges, and local strengths.



3. Generate

Using strengths-based approaches to dream big! Generating lots of innovative ideas.



4. Make

A period of modelling and testing small ideas with the community. A willingness to learn through failure and success.



5. Grow

Combining all the learnings to provide recommendations for local services to grow accessible mental health for everyone.

Set up

Community Background

As part of the ‘set-up’ stage of Mind’s Service Design Toolkit, we conducted research into Peterborough, both its population make up and current perinatal service provision for fathers aged between the ages of 18-35. The main focuses were:

- The number of parents in Peterborough
- Perinatal services for parents in Peterborough
- Mental health provision for parents in Peterborough
- Barriers to accessing mental health support for parents in Peterborough.

The key findings from our research showed that:

- In 2021, Peterborough 24.2% of the population was aged 18-35, 1% higher than the England and Wales of 23.2%.
- Although in decline, the conception rate of females between 15-17 years in Peterborough was 17.9 per 1,000 in 2021, compared to a total England and Wales conception rate of 12.8 per 1,000 (ONS, 2023b).
- In 2021 in England and Wales people were most likely to become fathers between the ages of 30-34, with 32.8% falling within this age range (ONS, 2023c). 60.2% of fathers had become a father before their 35th birthday.

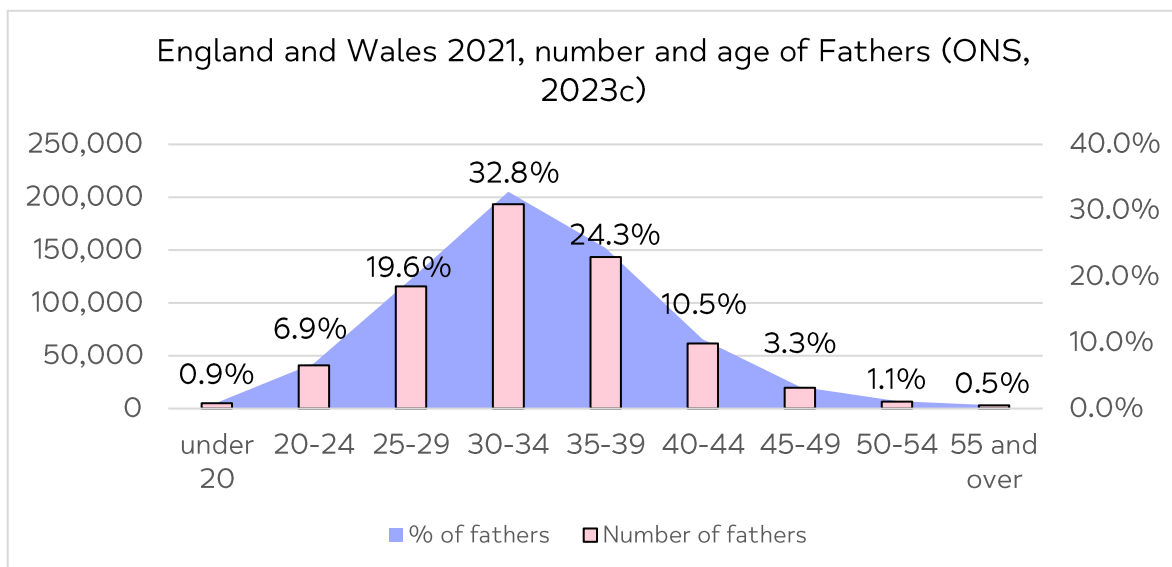


Figure 1. England and Wales 2021, number and age of Fathers (ONS, 2023c)

- The definition of a ‘young father’ can differ but usually refers to those who have children before the age of 25 (Davies and Hanna, 2021).
- Previous research studies have shown that fathers do feel mental health impacts from becoming parents in the UK (Andreasson et al., 2023; Baldwin et al., 2019; Åsenhed, Kilstam and Alehagen et al., 2014, cited in Baldwin et al., 2019, p.1).
- Since the beginning of the Covid-19 pandemic in the first quarter of 2020, perinatal services had to adapt their provision across the UK and beyond (Kasaven, Raynaud, Jalmbant, Joash, and Jones, 2023). Peterborough has been no exception. However, at the time of writing (May 2024) service provision was starting to recover, with an acknowledgement that it would take time to fully staff and regain the lost experience of the workforces before the pandemic.
- We identified that [Barnardo’s](#) were a key organisation in Peterborough that worked closely with Family Hubs to provide a universal offer of parental support through their Child and Family Centres.
- We also knew the importance of the services provided by [CPSL Mind’s](#) perinatal service, [Raham Project](#) and [NCT](#) providing support to families during the perinatal period across Peterborough.

Explore

Accessing fathers

The set-up of the project highlighted that although there are many fathers in Peterborough, they can be difficult to connect with. We experienced this first-hand when seeking to employ Community Conversation Facilitators aged 18-25, but also had some difficulty when the scope was broadened to 18-35. This posed two questions of significance: firstly, why are fathers difficult to connect with? And secondly, how can we connect with them better?

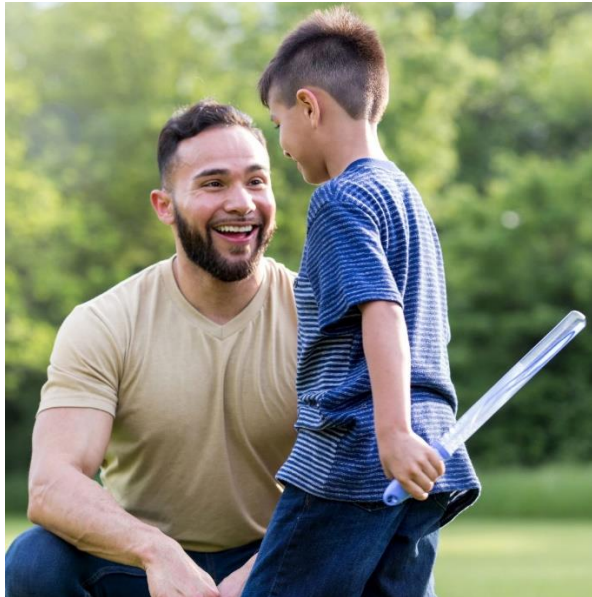
Community Conversation Facilitators

The project’s foundation was centred around co-design. To gain real-world authentic insights and experiences, we recruited three Community Conversation Facilitators, aged between 18-35, who had become a father in the past three years and had accessed Peterborough services. We asked each Community

Conversation Facilitator to have a conversation with three other fathers aged 18-35, who had become a father in the past three years and accessed Peterborough services to explore their experiences of fatherhood and mental health. The conversations were based on the model of ethnography and were unstructured, with three broad conversation themes. The themes were:

- What have been your mental health experiences?
- What are your experiences of being a parent?
- What support is available and valuable to you?

Training was provided for each of the Community Conversation Facilitators. It focused on the key themes, and listening skills, as well as highlighting the importance of safeguarding for both the Community Conversation Facilitators and the participants. Additional support was provided by the Project Lead throughout the project.



Community Conversation Facilitator participants

The Community Conversation Facilitators conducted nine conversations over the period of four weeks between January and February 2024. The mean age of the participants was 30.5 years old (ranging from 25-35 years), each giving at least an hour of their time to have a conversation about their experiences of mental health and fatherhood. Although the sample size was small, we encouraged conversations across different cultures that resulted in conversations with participants from British and Pakistani backgrounds. However, we also recognise that qualitative data and the sample size have limitations in their ability to generalise across populations, including (but not limited to) religion and cultural factors.

Questionnaire

To ensure that we had feedback from as many fathers as possible, we also created an online and paper questionnaire ([CPSL Mind, 2024](#)) which was live between October 2023 and January 2024. Consisting of 27 questions and taking approximately 6 minutes to complete, 86 fathers anonymously completed the questionnaire providing additional insight into mental health and parenting experiences. The results showed the age respondents had become fathers were ranged between 16-49, with the average reflecting the ONS (2023c) data of aged 30. The sample providing also included fathers who were inmates at HMP Peterborough as we felt it was important to capture all voices. We were extremely grateful to all of those who shared the questionnaire link with their colleagues, clients, friends, and family.

Organisations

It was vitally important to gain an understanding and awareness of the organisations and services in and around Peterborough, to form a complete picture of the services available, accessibility and reach. We spoke to 24 organisations during the project, which included:

- Anna Tarrant (Professor at the University of Lincoln)
- Barnardo's
- Birth Reflections
- Centre 33
- Cross Keys Homes
- Dad Pad
- Family Nurse Partnership
- Fatherhood Institute
- Health Visiting Team
- Integrated Care System Maternity and Neonatal Strategy
- Lions Barbers Collective
- National Literacy Trust
- NCT
- North East Young Dads and Lads
- Pathway to Parenting
- Perinatal Mental Health – CPFT
- Perinatal Mental Health – NWAFT
- Perkins
- HMP Peterborough
- Peterborough NHS Public Health
- Romsey Mill
- Teenage Pregnancy Specialist Midwives
- Mumma Hub
- The Raham Project

Stakeholder meeting

Once the insights had been collated, a meeting was held with key stakeholders in Peterborough, where we shared what we had found, before moving into the 'generate' phase of the project. To do this, we used personas and asked, 'how

might we?’ questions, developed directly from the insights, to generate ideas. Choosing to co-produce in this way, meant that voices from the key stakeholders, as well as the participants, were front and centre to the ideas, opportunities, and solutions.

Key Project Insights

What are insights?

Insights were the key findings that came from our research developed using the information gathered through the conversations, the questionnaire and talking to organisations and services in Peterborough. We were looking for insights that were revealing, thoughts and ideas that were repeated as well as information that was revelatory.

A thematic analysis of nine conversations was conducted using the conversation data collected from the work of the Community Conversation Facilitators. Time and care were taken at this stage to fully understand and explore the in-depth lived experiences of the participants, capturing the details meaningfully. Once the questionnaire responses were analysed, the findings were combined as there were significant overlaps in themes that emerged:

Father-centric support and education

- Fathers didn't feel prepared enough for fatherhood.

"I would like to have some more "training" though I am not entirely sure what that would look like, I just felt constantly as though I am not ready, or that I didn't know what to do once my child was first born"

- Fathers felt excluded.

"[father] felt excluded from important moments during his wife's childbirth, contributing to feelings of loneliness and isolation"

- Fathers wanted more support.

"Fathers needed more support, more coffee, and gaming catchup sessions to speak about experiences and their journey in mental health"

Mental health struggles and stigma

- Mental health stigma still exists.

"Despite his own mental stress, [he] refrained from seeking help to avoid social services' involvement with his children"

- Becoming a parent impacts mental health.

"Following the birth of his child, [he] noted significant shifts in his mental health"

Financial stress and challenges

- Financial pressure affects mental health.

"Concerns about meeting the demands of parenthood, financial worries, and the impact on personal and professional life"

- Fathers want paternity leave.

"I couldn't even financially afford to take "paternity" leave as the statutory paternity pay wouldn't have been enough to even cover half of our monthly out goings"

Traumatic birth experiences

- Fathers experience birth trauma.

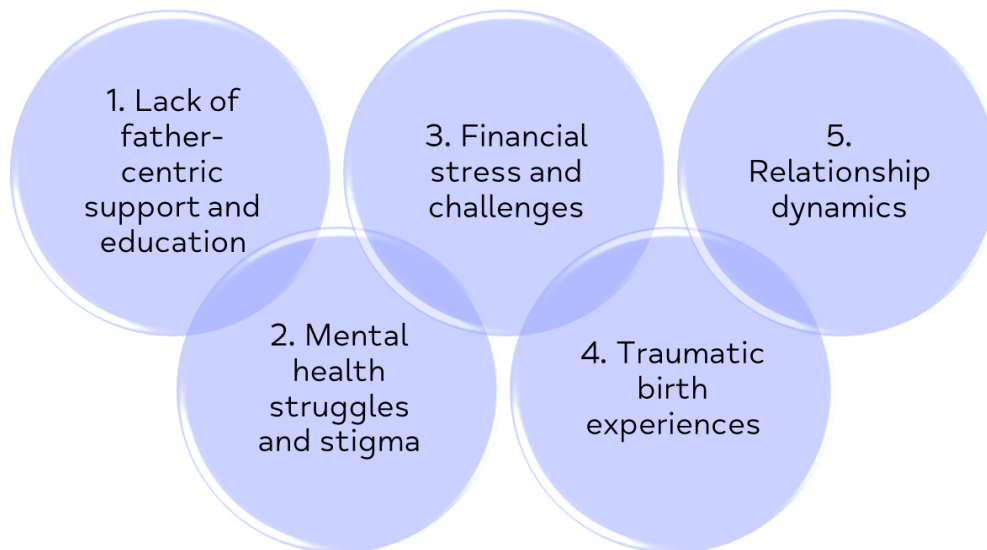
"The bad thing experienced shocked as a home birth was on the cards but on the day of birth shortage of staff and wife showing signs of infection they went into hospital. After 10 hours, no one could come home to examine his wife"

Relationship dynamics

- Relationship changes are challenging.

"Couple rifts...affect your wellbeing and mental health"

Key Themes



Creating Personas

Our next step was to take the common themes and insights gained through the Community Conversation Facilitator conversations and the questionnaire to create two ‘personas’, whom we have named Yusuf and Jack. A persona is an imagined person, created using the insights and experiences of the real people we spoke to.

Yusuf and Jack present some of the most common experiences and feelings that were shared with us about mental health and fatherhood. These personas were used in the stakeholder meeting to underpin new ideas, which were developed as part of the ‘generate’ stage. It meant that a strong person-centred approach was taken at every step to co-design ideas that needed to be tested in the ‘make’ stage.



Photo by [Nathan Dumlaog](#) on [Unsplash](#)



Yusuf's Story

Yusuf is 32 and comes from a Pakistani heritage. He grew up in a family where discussions around mental health were considered taboo. He was raised with traditional gender roles, where men do not express vulnerability or seek mental health support. Yusuf feels as though his cultural background makes it more difficult to share mental health issues, as they can be seen as signs of weakness.

Yusuf's parenthood journey was unexpected and challenging. His wife often spoke of mental health awareness and the importance of emotional support, but this is not something that comes naturally to him. Despite attempts to prepare for their first child's birth through reading and seeking advice from their family, Yusuf found himself overwhelmed during the perinatal period.

The birth was a traumatic experience, with both his wife and baby becoming unwell. It left Yusuf feeling conflicted, isolated, and unsure of how to care for his family, with moments of panic about what he should do. Subsequently, his wife suffered from postnatal depression, which he didn't recognise the signs of, and felt unable to provide the support to his wife's changing emotional needs. This put a significant strain on their relationship, leading to misunderstandings and conflicts.

Yusuf's lack of awareness of professional mental health resources in Peterborough made it difficult for him to seek support. He was constantly worried about the health of his baby, sleep deprived, and experiencing significant stress and anxiety. Despite this, Yusuf was hesitant to acknowledge his own mental health struggles. When he thought about where he might go for support, he briefly considered Google or an appointment with his GP but then changed his mind.

Both Yusuf and his wife relied on family support to navigate the challenges of parenthood but felt unable to openly discuss mental health issues. The lack of targeted support for fathers and the emphasis on maternal wellbeing in healthcare settings left Yusuf feeling overlooked and unsupported in his journey as a new father. He was aware that his wife was given information on where to get help during checkups and appointments, but he often couldn't attend and had never been signposted to anything for fathers.

Yusuf wishes that there were places in the community that could provide culturally sensitive mental health resources. Education and awareness campaigns should promote mental health discussions, providing accessible support, with options for private and discreet access. He has suggested ideas such as father's coffee mornings, gaming sessions or a phone number available to fathers to ask for advice, promoted within new-parent packs, but also at barbers, football clubs and local gyms.



Jack's Story

Jack is 29 years old and grew up in Peterborough in a family that regularly talked about mental health. He believes that mental health conversations are becoming more normalised throughout society, but that many men still face stigma and find it difficult to open up about their feelings.

Jack's transition into parenthood was marked by a mix of excitement and anxiety. While he felt relatively stable in terms of mental health before becoming a father, he didn't know how to prepare and was unsure of where to get support if he needed it. Once the baby arrived, the realities of sleep deprivation, financial strain, and the demands of childcare took a toll on his emotional wellbeing. Jack struggled with feelings of self-doubt and isolation but also felt that if he admitted this, it would make him a failure. He often questioned whether he was good enough for his child and felt like he was letting them down.

Despite recognising the importance of mental health, Jack found it challenging to prioritise his own wellbeing amidst the demands of parenthood, supporting his partner and his work responsibilities. Jack often felt 'shut out' and excluded, as much of the professional information provided both before and after the birth, was directed at his partner or baby. After the birth, he felt overwhelming feelings of joy, love, and fulfilment, but was unable to take paternity leave as he couldn't afford it, missing out on bonding with his baby. During this time, he was rarely asked about how he was feeling and his absence during the first months was difficult for both him and his partner.

Jack relied on informal support networks, such as family and friends, to navigate the emotional challenges which he felt was beneficial. However, he believed that more targeted support and education for fathers could help alleviate feelings of isolation and stress. Checklists and more information on what is 'normal' could have been helpful, as well as being involved in mental health discussions around the impact of fatherhood. He would have liked to be invited to an informal group or event aimed at fathers, to open discussions and promote talking. Realistic expectations of what fatherhood is like, would have been helpful to hear, both before and after his baby was born, acknowledging that everyone makes mistakes.

Jack's partner will soon return to a full-time job. Both Jack and his partner have discussed how Jack will take more of an equal role in childcare responsibilities. However, Jack doesn't know how he will balance this with work commitments and the pressure to support his family financially. He wants employers and managers to be more understanding of family needs for both mothers and fathers. He also feels strongly that there is increasing pressure for fathers to take more of an active role, but that if "fathers do 50% of the parenting, then the services available and the support should be at the very least 20% aimed at fathers".

‘How Might We?’ Questions

Using the persona’s, we used ‘how might we?’ questions to explore ideas in the ‘generate’ phase.

Theme	Insight	Evidence	How might we?
Father-centric support and education	Fathers didn't feel prepared enough for fatherhood	<p>"I wish more support groups and pregnancy classes were available"</p> <p>"When we first found out, you go through this sudden self-doubt that makes you feel as though you can't do it"</p> <p>"Better preparation ahead of time - more discussion about the realities of parenthood"</p> <p>"There was nothing physical ever provided, and though I know there is no manual on how to parent, there should be something in play to set guidance over certain areas to ease your early concerns"</p> <p>"I...struggled mentally to cope with the constant doubt and lack of self-belief in my knowledge on parenting"</p>	Help fathers feel prepared for parenthood?
	Fathers felt excluded	<p>"[He felt] excluded from important moments during his wife's childbirth, contributing to feelings of loneliness and isolation"</p> <p>" I don't think that it is widely accepted that men are essential in the birth of their own children and that mum and baby are all that matters"</p> <p>"The father isn't considered when a new baby is being born"</p>	Ensure that fathers are included?
	Fathers want support	<p>"I think if there was a young father's group, for young fathers it would normalise the behaviour of things and show you that you are not alone"</p> <p>"No support was offered"</p> <p>"Fathers needed more support, more coffee, gaming catchup sessions to speak about experiences and their journey in mental health"</p> <p>"I would have really liked a "Father's Group""</p> <p>"If there was a group you could turn to, and you could hear other stories, it would certainly help future young fathers from feeling like they are bad, or feeling like their feelings are wrong"</p>	Ensure there are services that fathers can use?

Theme	Insight	Evidence	How might we?
Mental health struggles and stigma	Mental health stigma still exists	<p>"Mental health is a taboo in the Pakistani community"</p> <p>"Despite his own mental stress, [he] refrained from seeking help to avoid social services' involvement with his children"</p>	Remove mental health stigma in Peterborough?
	Becoming a parent impacts mental health	<p>"The pressure of being a father has weighed heavy and I have felt at times as though my daughter deserves better"</p> <p>"I did go to the doctor after my daughter was born to discuss my own mental health and get on the waiting list for a therapist"</p> <p>"Following the birth of his child, [he] noted significant shifts in his mental health"</p> <p>"It has been mentally draining throughout the pregnancy with constant worry and stress for children and mother"</p>	Provide fathers with mental health support?
Financial stress and challenges	Financial pressure affects mental health	<p>"Grappled with personal struggles, including feelings of inadequacy and stress, while trying to provide for his family"</p> <p>"Concerns about meeting the demands of parenthood, financial worries, and the impact on personal and professional life"</p>	Alleviate fatherhood pressures?
	Fathers want paternity leave	<p>"I couldn't even financially afford to take 'paternity' leave as the statutory paternity pay wouldn't have been enough to even cover half of our monthly out goings"</p> <p>"He wished for longer paternity leave to provide more support to his children and their mother"</p> <p>"[he] desired extended paternity leave to spend more time with his family, especially considering the absence of family support in the UK"</p>	Support fathers to take paternity leave?

Theme	Insight	Evidence	How might we?
Traumatic birth experiences	Fathers experience birth trauma	<p>"The bad thing experienced shocked as a home birth was on the cards but on the day of birth shortage of staff and wife showing signs of infection they went into hospital as after 10 hours as no one could come home to examine his wife"</p> <p>"Thankfully all was fine in the end but there was of course a state of panic, and moments where I didn't know what to do or where to be"</p> <p>"I wasn't quite sure what to expect, and because the cord got wrapped around my daughter's neck, we had to have an emergency c section. The doctors and nurses who helped that day was outstanding"</p>	Provide support for fathers experiencing birth trauma?
Relationship dynamics	Relationship changes are challenging	<p>"Parenthood can put a lot of strain on your relationship, so working as one team and communication is key"</p> <p>"I think that during pregnancy, men should be offered something that sets them up emotionally, mentally and physically to be a father, including explaining what changes in your life may occur and how to cope with that change in dynamic in your own life, relationships and your thoughts"</p> <p>"Marriage or couple counselling as communication breaks down and quality time as a couple"</p> <p>"Couple rifts does affect your wellbeing and mental health"</p>	<p>a) Provide relationship support for fathers?</p> <p>b) Provide spaces for parents to explore their relationship changes with support?</p>

Generate

Stakeholder Ideas

Once the insight themes, personas and ‘How Might We?’ questions had been shared and discussed in the Stakeholder meeting, the stakeholders collaboratively developed ideas that we could take into the ‘Make’ phase of the project. The concepts were captured using post-its and flipchart paper and sub-divided into each theme heading. Once all the ideas had been generated, everyone voted for what they felt were the best ideas, using a mix of stickers (on-the-day) or an online poll (for up to two weeks afterward). We encouraged people from across the system to participate, to capture as many voices as possible. Below are the ideas and the number of votes each one received:

Father-centric Support and Education

Ideas	Votes
Groups and services at different days/times/venues, including weekends and evenings	24
Start conversations earlier - at school PHSE	22
Antenatal programme that includes father more - at times that suit them	21
Bring support into workplaces	20
Mentoring - men supporting men	18
Specific literature and promotion aimed at fathers	14
Location of information in "bumping spaces" e.g., barbers	13
Weekly dads' group	13
Work based information pack - once dad talks about pregnancy/time off	10
Time and date of courses or information sessions that work for dads	7
Dad only antenatal programme	7
Commissioning specific links to fathers and outcomes	7
Accessible online contact - TikTok, Influencers	6
Gaming groups with chat function (see NEYDL https://www.cypnow.co.uk/best%20practice/article/young-dads-films-give-advice-for-better-parenting)	6
Text-line service and/or phone support	5
1-2-1 support	5
Baby massage for dads	4
Having access to right professional to gain information	3
Digi dads on a loop in family hubs (https://www.digidad.uk/videos/)	2
Diverse workplaces	1
Linking a clinical record	1

Mental Health Struggles and Stigma

Ideas	Votes
Campaign for dad's mental health/you have an important role/you are important	24
Dads included on all checks - they are asked how they are - GP/maternity/health visiting	22
Positive messages in dads 'bumping spaces' - Gym/barber	15
Regular 'Dad's groups', informal, accessible times	14
Support at work	12
Baby change facilities accessible to dads	10
Employee's explicit offer to both parents - particularly father, needs etc.	9
"Role model" promotion - safe spaces to talk	6
Use of social media to promote positive mental health	4
'Boxing Futures' - new dads?	3
Dad's Champion	2
Sponsored Content Online - Influencers (Sponsored by Family Hubs???)	1
Promotion	0

Financial Stress and Challenges

Ideas	Votes
Policies which enable dads to take time off work for appointments/antenatal education	37
Work with employers - CPSL Mind consultancy offer	18
Family Friendly Policies plus - why it is good for business	15
Employment - Father Champions (similar to health, LGBTQ+, etc)	13

Traumatic Birth Experiences

Ideas	Votes
Similar to 'birth reflections' but for men - time to talk through the birth	27
Treated as a parent in hospital - kept informed and asked about feelings	22
New birth visits to both mum and dad	17
A father's advocate on maternity wards	19
Preparation - what to expect	13
Further training for health professionals - importance of using father's language	13
Joint consultation after birth	10
SANDS triage if link to perinatal loss	3

Relationship Dynamics

Ideas	Votes
Antenatal workshops but NOT focused on baby but the parents' relationship and how it may change	34
Campaign 'normalising'/anti-stigma regarding parenting struggles as new parent. Targeted at dad too	16
Access to couples counselling/therapy for new parents	13
More spaces for mum and dad to attend together - Market place setting (Sat am at children's centre)	9
New birth visits	4
Couples' drop-in (relationships)	5

Make

To move from the 'generate' to 'make' stage of the project, we needed to approach the ideas with an open mind, recognising that some ideas were more difficult to test than others within the project timelines. Using the ideas generated from the stakeholder meeting, we balanced testing ideas that were popular with what we could test quickly, to support our recommendations. These are what we tested:

Father's module in the Peterborough 'Pathway to Parenting' course

Introduced to Peterborough in January 2024, Pathway to Parenting (P2P) is an antenatal course designed and delivered to support parents-to-be in their journey to parenthood and beyond. We recognised that as part of these important courses, there is scope to develop and test additional material specifically aimed at fathers. Therefore, we reached out to the Cambridgeshire and Peterborough Healthy Child Programme and together we agreed that the idea warranted further exploration. CPSL Mind's perinatal team will work alongside the Cambridgeshire and Peterborough Healthy Child Programme teams throughout 2024 to explore and test father-centric content as part of their courses.

Information sharing across services.

Using contacts across the perinatal system and the 'How Are You Peterborough' ([HAY Peterborough](#)) network, we looked at whether services, organisations and businesses that have attendance from fathers (but are not labelled as a 'parent group') might be the best places to share support information. As an example, [Buds Fitness](#) displayed mental health support leaflets and information where gym users place their bags. They found they were replenishing the information on display, and

that people were discreetly taking information away with them. Further suggestions included local barbers, baby change facilities, beer mats, gyms, and soft play centres.

Creating spaces to discuss and talk about fatherhood.

Fathers work and access organisations, services, and businesses across Peterborough, yet there is still work to do to connect and communicate paternal mental health messages and support between sectors. By developing relationships and networks, CPSL Mind worked with an established group of employees who were part of an internal parent network at Perkins. CPSL Mind's Perinatal team delivered an online 'Dads Perinatal Mental Health Lunch and Learn' with overwhelmingly positive feedback. 100% of fathers either agreed or strongly agreed that "Workplace sessions like this would help to provide a space to be asked about my mental health and share experiences". By reaching into workplaces, services, and organisations to offer support, mental health gaps can be bridged.

Supporting fathers through trauma

Birth Reflections is a specialist clinic that provides a space for parents to reflect on a birth that may have left them with unexplained questions or thoughts, including birth trauma. At the time of writing, although partners are encouraged to attend with the birthing person, fathers cannot directly access this service without their partners. Therefore, there is a mix of attendance from fathers and partners, with those that do attend often attending in support of their partner, rather than for themselves. We reached out to Birth Reflections to ask them about support for fathers, and they recognise that this is an area that they would like to expand but are constrained by funding and staff limitations. However, we explored the idea of testing supplementary support from a volunteer father's 'mentor' or 'champion', who is available during birth reflection clinics in a separate space. This service would not seek to reflect on a father's specific birth in the same way as a Birth Reflections session but provide a supportive space for fathers to ask advice and share experiences.

Family-friendly policies

During this project's lifetime, CPSL Mind has recognised that there were improvements that could be made to their family policies, which included paternity leave. By creating spaces for fathers to discuss paternity leave, being flexible with paternity leave (including extensions using annual leave), introducing an EAP (Employee Assistance Programme), and providing two-weeks full pay instead of statutory pay, we have tested new ways to support parents. Creating spaces that encourage open conversations about becoming or being a father, have important positive mental health impacts on employees in significant moments of their lives.

Grow

Proactive Perinatal Inclusion for Fathers

When we talked to organisations and community-based professionals, it was clear that although there are services available across Peterborough that fathers would be welcome to attend, there has historically been a focus on the birthing person in parenting literature, courses, media representations and service design. The language, focus and information across perinatal systems are aimed at (and often only shared with) the birthing person, impacting on how fathers feel, their parental and relationship expectations, and their ability to access support.

“The entire pregnancy and childcare journey, fathers’ mental health is forgotten or irrelevant. No one says to a dad "make sure you are being looked after" but everyone tells the dad to look after the mum and give her breaks etc even if you're an extremely involved parent.”

Professionals and organisations should recognise that fathers may be missing at appointments or courses for reasons that can include employment commitments and relationship breakdown. This does not mean that they will be or are ‘absent’ from a child’s life, or that becoming a parent will not impact them or their mental health. Therefore, it is important to find ways to share information that does not rely on the birthing person, as well as ensuring that fathers (and the impact of becoming a father) are recognised within the information, including images and language, as well as signposting for support.

An example provided by a professional as part of this project shared how language can validate and prioritise fathers during Health Visiting home visits and appointments. Instead of saying to fathers “you’re welcome to stay”, saying “I came to see you” is inclusive and empowering, expressing the importance of fathers and acknowledging that becoming a parent impacts everyone involved.

Also, no provision for birth trauma could be accessed by fathers, without the birthing partner. From the people we spoke to, we feel that more needs to be done to support fathers confidentially, with options available that do not include the birthing person.

We Recommend

- All perinatal services need to acknowledge the importance of fathers and seek to actively include them across the system. This includes the language used, how information is shared, promotion, media representation and available support for fathers.

Accessible Support for Fathers

Most of the services aimed at supporting parents in Peterborough take place Monday to Friday, between the hours of 9:00-17:00. Our research highlights a mismatch between the accessibility of parent groups and the days of the week that suit fathers. 61% of the respondents to our questionnaire indicated that Saturdays and Sundays were the best days of the week for parents' groups, with 72% selecting that they wanted a group face-to-face (CPSL Mind, 2023). Yet, we only found one group ([Sat-a-dads](#) (run by Barnardo's)) that was specifically for fathers with children aged 0-12, which is run once a month on a Saturday at the Honeyhill Child and Family Centre. The high attendance of this group is a testament to the need for services to be accessible to fathers, but there is still a gap to be filled. More services, both new (co-designed and co-produced) and existing, need to be available at times that work for fathers, in spaces that make them feel comfortable.

“Societal expectations for male care givers [are] very different to female care givers and when a male steps into some female dominated environments they can experience very different things.”

“[I] regret about not spending enough time with [my] children previously due to work commitments”

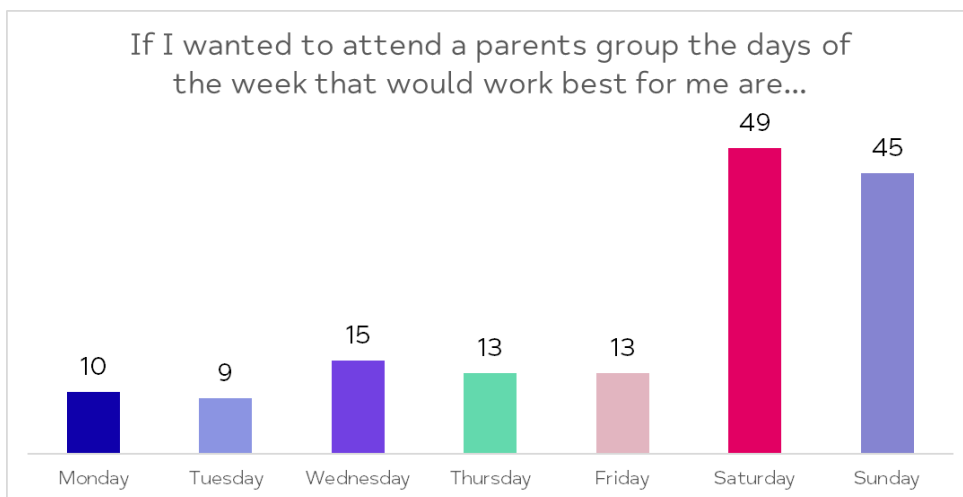


Figure 2. [CPSL Mind \(2024\)](#)

We Recommend

- More groups and services are accessible to fathers throughout the week, including offering sessions at weekends.

Connecting with the employment sector

Existing narratives across organisations and services mention difficulties in connecting with fathers, even though we know from this project (and previous studies) that fathers are often at work during the week. This makes connecting and communicating paternal mental health messages more challenging when following typical perinatal communication routes. By developing professional relationships that bridge the gap between sectors, we can provide father-focused mental health support and information directly to the audience it is designed for. Importantly, we need to demonstrate that doing this provides a tangible benefit for both the individual, the public and VCSE sectors, as well as the private sector. From the feedback we have received, becoming a father is significant, changes in routine, expectations, and a new person/people to consider can (and often are) life-changing – which is likely to have some impact on a person’s work. By providing support both inside and outside of the workplace, we can work together to facilitate the transition, improving well-being. This could be comfortable spaces for fathers to talk to other fathers, ‘lunch and learns’ or drop-in sessions with a ‘father mentor’ at work.

Would you feel more valued as an employee if your workplace provided resources or sessions focused on improving well-being, including around personal subjects such as being a parent?

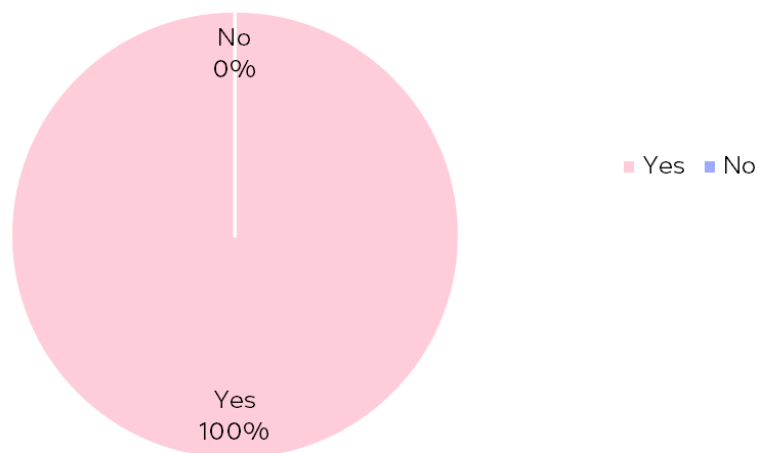










Figure 3. Feedback from CPSL Mind Dads Wellbeing session delivered to the National Employee Parents Network.

We Recommend

- Establishing relationships with employers to connect with and support fathers in the workplace. This includes information sharing,

Different Communication

The ways that people engage and communicate are different. We found during the project that the methods used across the perinatal network are not as successful as they could be at connecting with fathers or fathers-to-be. Therefore, new approaches are recommended where information is shared in a different way to engage as many people as possible. This includes accessible digital content, building on the existing DadPad ([Google Play](#)/[App Store](#)) offer in Peterborough, which removes literacy and language barriers. Short video content such as [Digidad](#), created, narrated, and animated for young fathers by young fathers have engaged parents in the north-east (Way et al., 2023). However, the suggested ideas were not limited to videos, other suggestions were:

-  Discreet access is really important...A phone number or email/qr code on a small poster offering support at barber shops, local gyms, football clubs etc where men tend to go would help. 
-  to provide informal drop-ins or Q&A time to talk about their own or mum/baby queries without mum and/or baby present 
-  A role model [to] explain what to expect during the first year...from a diverse range of fathers in terms of age and race 
-  Have...youtube shorts or an FAQ of the most common things that dads worry about, such as how do I support my partner with breast feeding, what ways can I cope with night feeding? 

We Recommend

- Communicating in a variety of different ways to engage as many fathers as possible.
- This could be in the form of short videos, created, narrated, and animated by fathers for fathers.

Antenatal support for fathers-to-be

Antenatal support is still limited for parents-to-be in Peterborough, acknowledging that the Pathway to Parenting course was introduced in January 2024. However, the lack of information available to fathers presented a significant challenge for the fathers that participated in our research. Fathers expressed that they were anxious and unprepared for fatherhood, worried to make mistakes, felt the need for role models, whilst trying to hide their insecurities to support the needs of the birthing person and child(ren). Therefore, more must be done to include information specifically aimed at fathers with the antenatal period, including in antenatal classes. This should include acknowledgement of the possible emotional and mental health impacts for fathers (including the possibility of postnatal depression in fathers), with places to signpost for support. Including all those with parenting responsibilities within these courses provides recognition that fathers have significant and important roles when parenting, whilst acknowledging that there may be emotional impacts on them too.

“ I think that during pregnancy men should be offered something that sets them up emotionally, mentally and physically to be a father, including explaining what changes in your life may occur and how to cope with that change in dynamic in your own life, relationships and your thoughts. ”

“ ...reassurances that it's ok to make mistakes...there is no such thing as a perfect parent...Sign posting to dedicated support for fathers ”

“ ...give partners a checklist of signs / symptoms to look out for their own mental health and their partners that is 'normal' and what is beyond 'normal' during the 1st 6 months and where to go for support if needed ”

We Recommend

- Father specific information in antenatal programmes, on what to expect both practically and emotionally, how to ask for support, and acknowledgement and signposting that a person's mental health may be affected by becoming a parent.

Family-Friendly Policies

Fathers told us that they want to be a part of their child's lives and highlighted the shifts in societal attitudes to both wanting and being expected to have more involvement in the upbringing of their children. However, they also shared that there are significant barriers to fulfil new expectations when contending with employment and service provision, which impacts on their mental health. Many fathers shared they could not afford paternity leave, that time off from work for a child's illness was difficult to ask for or obtain, that access to services and the provision for fathers are not available and that mental health is still stigmatised. Therefore, we need to do more to support fathers through employment policy, to create spaces to talk about becoming or being a parent and recognise the mental health impacts that becoming a parent can have.

to promote to employers that the world has changed, and many more dads now want to do more with a new family and so this may increase the pressure on their mental health and so to acknowledge this and equal rights and understanding i.e., flexi / time off if little one is ill

More open about the mental health on fathers, not just the mothers. Encourage more discussion about life after becoming a parent. Getting men to open up more and talk to other fathers.

We Recommend

- Family friendly policies across all employers to acknowledge the significance of becoming a father including paternity leave, caring responsibilities, and spaces for open and honest conversations about parenthood with fathers and fathers-to-be.

Summary of Recommendations

- Proactive Perinatal Inclusion for Fathers
- Accessible Support for Fathers
- Connecting with the employment sector
- Different Communication
- Antenatal support for fathers-to-be
- Family Friendly Policies

Key Learnings and Challenges To Delivery

Key learnings

During the project, all professionals have been supportive in giving time to the project, even when their time was limited, we really appreciate this. This demonstrates the evident dedication across all professions and organisations to support the population of Peterborough and surrounding areas. Without this collaborative approach, the project could not have been delivered as it has.

All the professionals, organisations, and parents we talked to were passionate about the mental health of fathers and how they experience parenthood. There was a recognition that as societal attitudes had changed, so must the support available for fathers.

Although not a surprise, we learned that fathers love, and often openly share their love for their children. It was evident throughout the project how much joy and happiness children bring to fathers' lives, and in some cases what a surprise that feeling had been in their journey into parenthood.

Once fathers had been given a platform and reason to share their story, there was a lot to say. Some of the Community Conversation Facilitator conversations exceeded

the amount allocated to talk, where fathers shared their experiences in a space that they had never been given before.

Birth expectations can be different dependant on culture. During the project it became apparent that cultural-normative approaches are sometimes taken for granted. Some fathers do not have access to information about birth and what to expect, a subject that can remain unspoken about until the event which can cause anxiety and shock. Therefore, services and organisations need to be aware that knowledge levels can differ dramatically from person-to-person.

Challenges

Connecting with fathers, particularly younger fathers aged 18-25 was difficult, even when advertising paid roles. We tried different routes and found that those we did connect with, were unable to commit to the project. On reflection, we (and other services) have still got a vast amount to learn about the challenges that face young fathers, and how to engage with them. The timing of the project did not provide enough time to delve into the reasons for this. However, there are important factors that are still to be uncovered about how services can, connect, build trust, and support young fathers.

Perinatal services were still feeling the impacts of COVID-19, and in some cases were only in the beginning stages of recovering from workforce declines during the pandemic. It was also acknowledged that the amount of experience had also been affected and that it would take time to re-build this.

Funding limitations can stop some services from actively promoting their offering, worried that they would be unable to cater for more people than they already supported. Without being overt about services available (such as Sat-a-dads), the number of fathers and their children that attended was meeting maximum capacity within budget constraints. This feels like a missed opportunity, that many more people could be supported with more resource and promotion.

For some of the fathers we talked to, they were unsure of whether they should be labelled as a 'father' or 'dad'. For fathers who did not live with their children, there were questions of identity, unsure if they fit the criteria of being a 'real' father. Recognising this is important, as identity is formed and reinforced by the messages people receive. If services and organisations do not actively support fathers (even if they absent) through their discourse and messaging, they are inadvertently reinforcing messages that they are less important than mothers and birthing people.

We learned that fathers feel forgotten and overlooked but are not often raising these issues because they do not want to take away from maternal wellbeing, sharing that they recognise the importance of this. Also, messages relayed to fathers

reinforce their integral part in the well-being of the birthing person as well as the baby, which can be interpreted as their mental health needs as less important.

Fathers are often used in the same sentences as ‘risk’, which can change the perception of fathers and their roles. This report acknowledges that elements of risk occur for both fathers and birthing people, but that this should not be the default position when speaking with or about fathers.

Acknowledgements

We would like to thank everyone who has contributed to this report and acknowledge that the list shared below is not exhaustive.

All Community Conversation
Facilitators

All involved at Perkins in Peterborough

All participants that shared their
experiences with the Community

Conversation Facilitators

All questionnaire respondents

Alex Seeberg

Alison Mackie

Allan Hughes

Anissa Ladha

Anna Tarrant

Bernadeta Beecroft

Bev Stephens

Bhagyashree Pendse

Billie Brockbank

Carina Hoskinson

Claire Leslie

Claire Webb

Debbie Coletti

Egle

Emma Morton

Eva Acs

Faiza Reham

Fiona Kerr

Fran Macklin

Gulraiz Raza

Helen Baker

Helen Freeman

Janine Titman

Jen Anker

Judith Cork

Karen Woodcock

Kat Band

Kate Allan

Katy Fox

Kerrie Johnstone

Kerry Smith

Kev Stoodly

Kimberly Temple

Liam Baker

Lisa Clissett

Lisa Gibson

Lisa Ives

Lucy Johnson

Magdalena Mucha

Maxine Wallis-Redworth

Mumtaz Rajabali

Nicholas Crippa

Pam Setterfield

Rebecca Neil

Robyn Macklin

Saman Farooq

Sharon Pearson

Sherrie Bosett

Sian Cowell

Suzanne Smith

Thom Gartrell

Walid Ali

Zainab Chagani

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Appendix

Questions asked in the questionnaire 'Parental experiences from the perspective of a father/male caregiver' ([CPSL Mind, 2024](#)).

1. What is your age?
2. What is your gender?
3. What is the closest town/city to where you live?
4. Where did you see the questionnaire?
5. Are you a father?
6. Do you have parental responsibilities?
7. If yes, at what age did you become a father or gain parental responsibilities?
8. I received mental health support before becoming a father/having parental responsibilities.
9. I received mental health support after becoming a father/having parental responsibilities.
10. I do not feel comfortable asking for mental health support.
11. I would/do feel comfortable attending group mental health support services.
12. I would not/do not feel comfortable attending one-to-one mental health support services.
13. I would/do feel more comfortable talking in a group or one-to-one session if it was run by someone of the same gender.
14. I do not feel that there is stigma around mental health.
15. I know how to access mental health support.
16. Where would you go to access support?
17. During the pregnancy, I was asked about my mental health.
18. During the birth, I was asked about my mental health.
19. After the child was born, I was asked about my mental health.
20. I have attended baby and toddler groups with my child(ren).
21. I feel/felt confident taking my child(ren) out on my own to baby and toddler groups.
22. I have spoken to someone about my mental health that is not a mental health professional.
23. I would benefit/have benefitted from sharing my experiences as a father with others.
24. If I wanted to attend a parent's group, the days of the week that would work best for me are...
25. If I wanted to attend a parent's group I would want the session to be...
26. If I wanted to attend a parent's group I suggest this/these venues:
27. How could mental health be improved for fathers/those with parental responsibilities?



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