

Dads at Their Best

Learning from a Three-Year Pilot in Dudley



An independent evaluation
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About this Report

This report presents the independent evaluation of Dudley Dads at Their Best, a three-year pilot (2023–2026) developed by Dudley’s Family Nurse Partnership to strengthen father engagement in early-years services. The evaluation was completed in September 2025, around six months before the pilot’s formal end, to capture delivery by the original postholder. The independent evaluation was conducted by Frame for the Dudley Family Nurse Partnership (Shropshire Community Health NHS Trust). It was led by Rosa Robinson, an experienced social researcher and evaluator specialising in health and social inequalities. Her work focuses on incorporating lived experience into evidence and supporting systems change. Frame is a non-profit research and evaluation organisation specialising in turning evidence, insights, and stories into practical learning for policy and practice: <https://www.framecollective.org.uk>

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Executive Summary

Programme and Evaluation

Dudley Dads at Their Best (DDATB) is a three-year pilot (2023–2026) in Dudley, designed to strengthen fathers' involvement in the Family Nurse Partnership (FNP). Its key innovation was the creation of a dedicated Dads Worker role — the first of its kind in Dudley — to provide tailored support for young fathers, improve outcomes for mothers and babies, and embed father-inclusive practice in local services.

Frame, an independent research organisation, conducted a formative evaluation in 2024 and a summative evaluation in 2025. In total, 11 of the 26 fathers who engaged with the programme (42%) were interviewed, alongside 2 mothers and 5 FNP staff. This unusually high qualitative coverage for a pilot of this scale offers a rich and credible picture of the programme's impact.

Key Findings

The evaluation shows that DDATB met its short-term goals and generated clear medium-term outcomes, with emerging evidence of longer-term benefits.

- **Early engagement.** Fathers reported feeling welcomed and valued as parents in their own right, in a service that had previously focused almost entirely on mothers. Mothers confirmed that the presence of a dedicated worker legitimised men's participation.
- **Practical skills.** Fathers described learning core skills such as feeding, bathing and settling babies, which increased confidence and relieved pressure on mothers. Staff observed that even small successes quickly translated into greater involvement.
- **Safe emotional space.** For many men, DDATB was the first time they had been able to talk openly about their feelings. Fathers said this made them feel lighter and less alone; mothers and staff confirmed the wider benefits for family stability.

By the medium term, these early foundations had grown into more durable change:

- **Confidence and identity.** Fathers developed stronger parenting identities, moving from self-doubt to pride in their abilities.
- **Emotional wellbeing.** Several described healthier coping, including reduced reliance on substances and greater resilience.
- **Relationships.** Couples reported calmer, more supportive partnerships; staff described examples where relationships were preserved through ongoing support.
- **Personal growth.** Fathers highlighted gains in communication and openness, which extended beyond parenting into everyday life and work.

These outcomes were consistently corroborated by mothers and staff, strengthening validity through triangulation. Although the evaluation timeframe was too short to evidence sustained child outcomes, the data point towards long-term benefits:

- Fathers described determination not to repeat cycles of absence or neglect.
- Mothers reported stronger teamwork and less conflict at home.
- Staff observed cultural change within FNP, with fathers now visible and valued as equal parents.
- Aspirations for the future included stable work, secure housing, and being consistent, caring role models for children.

System-level Learning

The Dudley experience shows that success relied on more than appointing a worker. Four elements were critical:

- A multi-layered supervision model, protecting wellbeing and embedding learning across the team.
- Whole-team integration, so fathers were consistently visible in case discussions and planning.
- Flexibility in delivery, including walk-and-talks and visits outside working hours.
- A shift in culture, with reflective practice challenging assumptions about young fathers.

Challenges included reliance on mothers' consent for referrals, persistent distrust of professionals among some families, and the limits of a single post. Staff were clear that replication requires robust supervision, whole-team buy-in, and adaptation to local context — not simply funding a standalone role.

Implications

DDATB demonstrates that father inclusion is not a peripheral add-on but a service-wide culture change. It provides a practical model that:

- Improves confidence, skills and wellbeing for young fathers.
- Relieves pressure on mothers and supports family stability.
- Helps services see fathers as equal parents.

The approach aligns closely with national priorities such as Family Hubs¹ and Best Start for Life², and with public health goals of reducing adverse childhood experiences and strengthening protective factors in early years. With sustained investment, DDATB offers a credible pathway to systemic change in how services engage fathers.

Introduction

This report presents the summative evaluation of Dudley Dads at Their Best (DDATB), a three-year pilot programme (2023–2026) designed to strengthen fathers’ involvement in the Family Nurse Partnership (FNP). The evaluation concluded in September 2025 — approximately six months before the pilot’s planned completion, to capture learning from delivery by the original postholder. The programme introduced a dedicated Dads Worker role — the first of its kind in Dudley — to provide tailored support for young fathers and to improve outcomes for mothers, babies, and the wider family.

Frame, an independent research and evaluation organisation, carried out a formative evaluation in the first two years of the pilot (2023–2025). This final stage, conducted in September 2025, provides a summative account of programme delivery, the experiences of fathers, mothers and professionals, and the outcomes achieved so far.

The purpose of this evaluation is twofold:

- To inform the future development of father-inclusive practice in Dudley, and
- To contribute to national learning on how services can engage fathers more effectively in the early years.

Background and Context

Fathers play a vital role in children’s development, yet most early-years and family services have historically been designed with mothers at the centre. Research shows that fathers often feel overlooked or excluded from support, leaving their needs under-recognised^{3, 4}. Engaging fathers from the earliest stages benefits not only children but also mothers and the wider family^{5, 6, 7}.

Paternal mental health is one of the most significant yet neglected issues. Around 10% of fathers experience depression during the perinatal period, often alongside maternal depression⁸. Poor mental health in fathers is linked to lower engagement in parenting and poorer child outcomes⁹. In contrast, sensitive and active fathering can buffer the impact of maternal depression on family life and children’s development¹⁰.

Stereotypes of young fathers as “feckless” are increasingly challenged. When services are designed to be inclusive and relational, young fathers engage positively and show strong motivation to be present in their children’s lives^{11, 12}. Local research highlights the same issues. The *Growing Up in Dudley* report found that fathers were often excluded from early-years services, indicating a gap in provision and the need to engage both parents¹³.

The FNP provides structured support for young mothers from pregnancy until their child is two. It has demonstrated positive outcomes in implementation studies and mixed but valuable effects in a large-scale randomised trial^{14, 15}, with more recent

research highlighting the importance of continued engagement and local adaptation in achieving positive impacts¹⁶. However, fathers within FNP caseloads are not always included, leaving a persistent gap in provision. In response, Dudley launched its own programme by drawing on emerging practices such as the Swindon Dads at Their Best pilot¹⁷. The key innovation was the creation of a dedicated Dads Worker role embedded within the FNP team. The role was designed to:

- Provide direct support for fathers,
- Encourage participation in FNP visits,
- Strengthen couple relationships, and
- Promote active and confident parenting.

By embedding this role in the FNP model, Dudley aimed to create a more inclusive and holistic service for young families.

Programme Description

Dudley Dads at Their Best (DDATB) is a three-year pilot (2023–2026) within Dudley’s FNP. Its central innovation is a dedicated Dads Worker role, introduced in October 2023, to:

- Provide direct support for young fathers,
- Encourage participation in FNP visits,
- Strengthen couple relationships, and
- Build confidence in parenting.

This was the first role of its kind in Dudley’s FNP team, developed in response to both national evidence on father engagement and local need. Dudley continues to face higher rates of child poverty than national averages. For example, child poverty in Dudley is estimated at about 32% in 2023 (versus ~20% in the UK)¹⁸, and local reports note that both absolute and relative child poverty remain persistent challenges¹⁹. The Dudley Early Help Strategy also identifies that children’s school readiness is lower than national norms and that rising child poverty is contributing to increasing need²⁰.

Against this backdrop of persistent disadvantage, the new role was designed to address the complex circumstances faced by young fathers in Dudley. The programme targeted fathers enrolled in FNP, many of whom experience multiple pressures such as financial hardship, relationship difficulties, low confidence, and poor mental health.

The Dads Worker offered both structured and flexible support, including:

- Core sessions on becoming a dad, emotional health, parenting skills, relationships and communication, bonding and attachment, safety, play and early learning, and future hopes around work or education; and

- Tailored one-to-one input on topics such as managing stress, building self-esteem, or addressing financial pressures.
- Fathers could join during pregnancy or after birth, with support adapted to their stage of fatherhood.

The role was fully embedded in the FNP team. The Dads Worker joined joint visits, reflective practice and team meetings, and was supported through a structured supervision model combining:

- Reflective supervision with a family nurse,
- Managerial supervision with a senior nurse manager, and
- Group sessions with psychology input.

By September 2025, 26 fathers had engaged with the programme.

Theory of Change

The DDATB programme was developed to address a well-documented gap: fathers are often marginalised in early-years and family support services. When fathers are invisible, potential risks may go unnoticed, opportunities for early support are missed, and gendered inequities in parenting are reinforced.

DDATB seeks to close this gap by embedding a dedicated Dads Worker within the FNP. The role offers tailored, one-to-one support for young fathers under 25, using motivational interviewing and trauma-informed approaches. Support is flexible and strengths-based, covering:

- Parenting skills
- Emotional wellbeing and coping
- Co-parenting relationships
- Practical challenges such as housing, finances, and work.

Four key assumptions underpin the programme:

1. Most fathers want to be involved and, with support, can act as protective factors for their children.
2. Early, strengths-based engagement builds confidence and positive parenting identities.
3. Supporting fathers directly benefits mothers, children, and wider family stability.
4. Workforce change is needed so fathers are consistently seen as resources, not risks.

The resulting theory of change anticipated outcomes across four levels:

Table 1: DDATB Theory of Change

Outcomes	Fathers	Children	Mothers/Partners	Services/System
Short-term	Feel welcomed, listened to; engage with DDATB. Gain parenting knowledge, skills, and confidence. Develop strategies for emotional regulation and well-being.	Risks identified earlier; more secure, responsive early care.	Experience reduced stress and feel more supported in co-parenting.	Begin to recognise and include fathers in practice.
Medium-term	Stronger sense of identity as parents. Improved mental health and resilience. Better co-parenting and partner relationships.	Benefit from more secure attachments; improved social, emotional, and cognitive development.	Report improved relationships, reduced conflict, and greater emotional support.	Workforce builds confidence in father-inclusive practice.
Long-term	Build secure attachments with children. Act as positive role models. Increased stability and aspirations.	Safer, healthier, and better prepared for early years education.	Benefit from more equitable, collaborative parenting.	Services evolve to include fathers consistently, a cultural shift towards father-friendly practice.

Methods

Evaluation Design

The evaluation was planned to span the full three-year pilot (2023–2026), with a formative review in 2024 and a final summative stage in 2026. To ensure findings reflected delivery by the original postholder, the summative stage was brought forward to September 2025. The final six months, delivered by a cover worker, were excluded from this evaluation.

Data Sources

The evaluation drew mainly on qualitative interviews, supplemented by programme data:

- **Fathers:** 11 of the 26 fathers who engaged with the programme (42%) were interviewed across two phases (2024 and 2025). Their accounts provided the core evidence of outcomes and programme experience.
- **Mothers/partners:** 2 mothers were interviewed in 2025. Their perspectives added important relational context, showing how fathers' involvement affected co-parenting, maternal stress, and day-to-day family life.
- **Staff:** 5 FNP professionals (the Dads Worker, family nurses, and supervisors) were interviewed. They contributed insight into how the role was embedded, the supervision model, and systemic barriers and enablers to father engagement.
- **Programme context:** referral and enrolment figures, and outcome tools (Parent and Baby Star²¹, PHQ-9²², GAD-7²³) provided background on participant needs. These were used descriptively rather than analysed in detail.

Sample and Participant Characteristics

Fathers

The 11 fathers interviewed were aged 18–26 and reflected varied life circumstances, including care experience, mental health difficulties, and insecure housing or employment. Only three were living with their child at the time. Seven reported co-parenting conflict, and five had experienced parental separation themselves.

Parents were identified by the programme team and invited to take part voluntarily. The aim was to capture depth and diversity of perspectives, not statistical representation. Findings should therefore be understood as illustrative of fathers' experiences, rather than representative of all DDATB participants or young fathers more broadly.

Table 2 (over page) summarises the main characteristics of the 11 fathers interviewed:

Table 2: Participant characteristics

Characteristic	Number of fathers (n=11)
Aged 18–21	6
Aged 22–26	5
Living with their child	3
Care experienced (LAC)	5
Mental health difficulties	9
Substance/alcohol misuse noted	4
Not in education/employment (NEET)	7
Learning difficulty reported	3
Co-parenting conflict reported	7
Parental separation experienced	5
Ethnic background (self-described)	White British (6), Pakistani (1), Black African (1), Mixed heritage (3).

Mothers/partners

Two mothers were interviewed in 2025, adding valuable relational context. Their accounts illustrated how fathers' involvement affected daily family life, maternal stress, and co-parenting relationships. These perspectives helped to corroborate, nuance, or challenge the changes fathers themselves described.

Staff

Five FNP staff were interviewed, including the Dads Worker, family nurses, and supervisors. Their accounts provided system-level perspectives: how the Dads Worker role was integrated into the team, how the supervision model sustained practice, and what organisational and cultural conditions enabled or constrained father engagement.

All participants were invited to take part voluntarily. Fathers and mothers are referred to by pseudonyms, while staff are described by their professional roles. Together, the perspectives of fathers, mothers, and staff provided a triangulated view of impact, strengthening the validity of the findings at individual, family, and service levels.

Data Collection

Semi-structured interviews were conducted by an independent evaluator in August 2025. All participants chose telephone interviews, lasting 30–40 minutes. Consent was confirmed at the start, and participation was voluntary. Parent participants received a £15 voucher in recognition of their time.

Data Analysis

Transcripts were coded thematically using both deductive (theory-of-change framework) and inductive (emerging themes) approaches. Triangulation across fathers, mothers, and staff strengthened validity by showing where perspectives converged or diverged.

All participant names have been anonymised throughout this report. Fathers and mothers are referred to by pseudonyms, while staff are referred to by their professional roles (e.g. ‘Family Nurse’, ‘Supervisor’, ‘Dads Worker’).

Credibility

Several steps were taken to ensure the evaluation’s credibility and trustworthiness:

- Independence was maintained: interviews were conducted by a researcher not involved in delivery.
- Voluntary participation and confidentiality helped build trust.
- Triangulation across fathers, mothers, and staff added robustness: fathers described change, mothers corroborated or challenged it, and staff explained mechanisms and system-level context.

Fieldwork Conditions

Interviews often took place while parents were caring for young children. Interruptions (e.g. settling babies) reflected the realities of new parenthood but did not undermine the richness of the data.

Limitations

The evaluation also has a number of limitations that should be considered when interpreting the findings:

- Findings rely on self-report, so they cannot provide quantified measures of impact.
- Only two mothers were interviewed, limiting the breadth of family perspectives.
- Child outcomes were not measured directly; links are inferred from parental accounts and wider literature.
- The final six months of the pilot, delivered by a cover worker, were not included.

Findings

The evaluation was conducted in two phases across the three-year pilot:

- **Year 1: Formative evaluation (2024).** Six fathers were interviewed to assess how the newly established Dads Worker role was received and to identify early outcomes. Five core themes emerged:
 1. Practical parenting skills and increased confidence
 2. Emotional regulation and wellbeing
 3. Strengthened relationships and co-parenting
 4. The importance of a supportive Dads Worker
 5. External challenges, such as housing and financial pressures
- **Year 2–3: Summative evaluation (2025).** A further five fathers, two mothers, and five FNP staff were interviewed, providing relational and system-level perspectives. This allowed for triangulation and a fuller assessment of outcomes over the duration of the pilot.

Together, these two phases provide a credible evidence base for assessing the programme's theory of change and overall impact. Several themes identified in Year 1 — such as improved father confidence and co-parenting — were consistent across both phases. Others, such as cultural change within the FNP team and examples of sustained father involvement, became more evident as the programme matured.

By September 2025, 26 fathers had engaged with the programme. Interviews with 11 of these fathers (42% of the cohort), alongside two mothers and five staff members, provide unusually high qualitative coverage for a pilot of this scale. This breadth of perspectives offers a rich and credible picture of how fathers experienced the programme, and how their involvement affected family relationships and service delivery.

The following sections present the findings against the short-, medium- and long-term outcomes set out in the theory of change.

Baseline Context

Fathers' Starting Points

Family Star assessments and programme records show that many fathers began the programme facing multiple pressures — poor mental health, unstable housing, insecure employment, and limited support networks. Several were care-experienced, which shaped both their expectations of services and their determination to provide a more stable childhood for their own children.

Interview accounts reinforced this picture. Fathers often reported low confidence, patchy knowledge of childcare, and financial strain. Yet despite these challenges, they consistently expressed strong commitment to their children and motivation to “do better.” This determination was a key lever for engagement.

Fathers’ Hopes at the Start of the Programme

When asked what they hoped to gain from DDATB, fathers described both practical needs and aspirations for personal growth. Examples are shown in Table 3, below.

Table 3: Dads’ hopes and aspirations at the start of the programme

Theme	Examples of hopes expressed by dads
Emotional wellbeing	“Better mental health”; “Coping strategies with different emotions”; “To have better emotional health.”
Family relationships	“Feel more like a family”; “Better communication with partner and son”; “Support my wife with the baby and in pregnancy.”
Parenting skills	“Know how to do things practically, e.g. baby changing”; “Understand the needs of the baby.”
Support with life challenges	“Support with housing”; “Support with employment”; “How to set boundaries with son.”
Personal growth	“To be more physically active”; “To gain insight into how becoming a dad will impact me personally.”

These hopes illustrate how fathers saw the programme as a route to support not only with parenting, but with broader wellbeing and stability.

Service Monitoring Context

Internal programme data indicates that around one quarter of referred fathers enrolled directly, with others having more limited or indirect contact through FNP visits. These figures provide useful context but were not independently verified. The findings presented below are based primarily on the qualitative interviews.

Short-term Outcomes

The programme's theory of change identified three critical short-term outcomes: early engagement, practical skills, and safe spaces for emotional support. Evidence from fathers, mothers, and staff suggests that these were largely achieved.

Engagement and Motivation

The theory of change highlighted early engagement as a critical short-term outcome. Early trust and inclusion were essential foundations — without them, it was much harder for fathers to move on to building skills, confidence and stronger relationships. Interviews confirmed that the dedicated Dads Worker was central to this process, particularly in a service that had historically focused on mothers.

Fathers described entering the programme with strong intrinsic motivation — a desire to “step up” for their children and to get support for themselves, but little confidence in how to do so. *“I’m not usually the type to ask for help, but as a first-time dad I had no clue. I didn’t want to get it wrong.”* (Zayn, Dad).

Mothers often played a role in encouraging men to engage. Layla remarked: *“It would be nice for my partner to understand as well, not just me.”* Similarly, Freya observed: *“Dads sometimes need advice and help too because it’s not all about the mums.”* Their accounts highlight how the presence of a worker for fathers legitimised men's participation in what was otherwise seen as a mother-focused service.

Staff confirmed these patterns. Family Nurses noted a clear difference when the Dads Worker was involved: *“They stay, they ask questions, and they’re more invested. Those without the Dads Worker tend to leave the room — they don’t see it as being for them.”* The dedicated role therefore reduced drop-off and increased engagement with visits that fathers might otherwise have avoided.

However, engagement was not automatic. Maternal gatekeeping, complex family dynamics, and wider distrust of professionals all continued to shape who came forward. The Dads Worker described using persistence and flexibility — meeting dads early in the morning before shifts, late in the evening, or on walk-and-talk sessions — to overcome these barriers. These approaches were often the difference between fathers disengaging and remaining involved.

Several fathers also suggested that opportunities to connect with other men in similar situations would add value, with interest in peer groups or drop-ins alongside one-to-one sessions. While this was not part of the pilot model, it highlights an appetite for peer support that could complement the Dads Worker role in the future.

Practical Skills and Preparation

Another short-term outcome identified in the theory of change was equipping fathers with the basic skills and confidence needed for hands-on care. For many men interviewed, DDATB was the first time they had received structured guidance on everyday parenting tasks such as feeding, bathing, and settling a baby.

Several fathers described these sessions as transformative, giving them both reassurance and practical competence. Cian explained: *“The last session we did was focused on feeding properly and changing the nappy. I’d never done it before, so it was great to learn.... I’m all prepared now... I know what I’m doing when it arrives.”* (Cian, Dad). Zayn added: *“She taught me different methods for settling — change him first, then feed him...”* (Zayn, Dad). Rafi reflected on the same theme: *“I grew confidence to put him to sleep.”* (Rafi, Dad).

Mothers noticed these changes in very tangible ways. Freya reflected: *“He was struggling to settle the baby at night, but with the advice and practice, he’s been settling him great. He’s also become more confident with bath time, trying different methods until he found what worked.”* (Freya, Mum). Her account highlights how the programme not only boosted fathers’ skills but also relieved some of the pressure on mothers.

Staff confirmed this progress, describing how fathers quickly grew more capable and confident once shown what to do. One Family Nurse recalled: *“He held that baby beautifully — really careful and gentle. At that moment, he was doing better than the mum, who seemed more nervous. It was amazing to see.”*

These examples show that the programme met its short-term goal of improving preparedness for caregiving. By increasing fathers’ confidence with day-to-day tasks, DDATB laid the groundwork for more active involvement over the longer term and gave mothers greater confidence in sharing care.

Safe Space and Emotional Support

A third short-term outcome in the theory of change was creating spaces where fathers could talk openly about their feelings and experiences. For many men, DDATB was the first time they had been offered such support. Fathers described relief at being listened to without judgement and often noted how unusual it was for them to share emotions at all.

Elliot explained: *“Sometimes it’s like you’re on your own with everything. Having someone there made me feel like I didn’t have to keep it all inside anymore.”* (Elliot, Dad). Cian similarly reflected: *“Normally I don’t really talk about it. I keep it to myself. But it felt good to let someone know and to have someone listen.”* (Cian, Dad). Another father described the immediate impact of these conversations: *“When I spoke to her,*

she helped me straight away. I came away feeling lighter and happier, like I could get on with my day.” (Rafi, Dad).

Mothers recognised the value of this outlet, especially during times of strain in their own relationships. Layla recalled: *“When we weren’t speaking, he still spoke to [the Dads Worker]. She helped him a lot by being someone he could open up to.”* (Layla, Mum). Her perspective underlines how relational support for fathers can have ripple effects for couple stability and maternal wellbeing.

Staff also highlighted the importance of these safe spaces. A supervisor described the Dads Worker role as *“a missing piece of the puzzle; you get a fuller picture when you hear his side too.”* Having fathers’ voices in the mix gave the team a more complete understanding of family life, which in turn supported more effective case management.

Creating this kind of space required persistence and flexibility. The Dads Worker explained that some men were more comfortable with informal approaches such as walk-and-talk sessions or meeting in public places. This adaptability meant that conversations which might never have happened in a formal setting could instead take place in a way that felt safe for fathers.

Short-term Outcomes Summary

Overall, the programme consistently achieved its short-term goals. Fathers felt welcomed, gained confidence in caregiving, and had safe spaces to talk about their mental health. Mothers and staff corroborated these changes, noting visible improvements in confidence and co-parenting. While not all fathers engaged equally, these early experiences of being heard and supported created a foundation for building resilience and stronger family relationships in later stages of the programme.

Medium-term Outcomes

The theory of change anticipated that as fathers built early trust, skills, and confidence, this would lead to more durable changes in their identity, wellbeing, relationships, and communication. Evidence from fathers, mothers, and staff suggests these outcomes were widely observed.

Confidence and Father Identity

At the start of the programme, many men doubted whether they would be “good enough” fathers. Several described feeling nervous, unprepared, or unsure they could live up to the responsibility. As they progressed, small successes — from holding a baby correctly to being reassured by the Dads Worker — shifted these doubts into confidence and pride.

Cian reflected on this change: *“At first, I wondered if I would be a good dad, but as the sessions continued, I began to feel capable. Now I believe I will be alright when she*

arrives." (Cian, Dad). Several fathers described a similar journey, moving from nervousness at the start to feeling more secure in caring for their babies. Rafi echoed this theme in relation to bedtime routines: *"I grew confidence to put him to sleep."* (Rafi, Dad).

Mothers noticed these shifts too. Freya explained: *"He gets up earlier to play with him, feed him, and is always active with him now."* Layla described her partner as "a better person" because of the support.

Staff accounts corroborated these changes. One Family Nurse observed: *"You can see the difference. The dads who work with [the Dads Worker] stick around, ask questions, and show more confidence. It truly changes how they perceive themselves."*

Together, these perspectives show how early practical support grew into something deeper — a stronger sense of identity as fathers, with visible effects on their behaviour and relationships.

Emotional Wellbeing and Coping

A second medium-term outcome was improved emotional wellbeing and healthier coping. Fathers described how having someone to talk to reduced stress and gave them strategies to manage day-to-day pressures. Zayn reflected: *"I was just bottling everything up before. When I started talking, it felt like a weight off — like I could breathe again."* (Zayn, Dad). Elliot described a deeper shift in how he managed difficulties: *"I don't smoke weed anymore and I'm not drinking... now I'm dealing with things like an adult man should."* (Elliot, Dad).

Mothers also noticed these changes. Layla reflected that her partner had become calmer and more patient during the postpartum period, describing him as *"more understanding with me and my postpartum. He's different with me now, calmer, more patient. It feels like he's grown up, like he's become a better person."* (Layla, Mum).

The Dads Worker identified recurring challenges such as poor mental health, financial strain, and relationship breakdown, but emphasised that the programme helped fathers reframe their roles: *"So many dads put pressure on themselves to provide, and it damages their self-esteem. Helping them realise they're just as important in other ways is what makes the difference."* (Dads Worker).

These outcomes closely align with the programme's medium-term goal of enhancing emotional wellbeing and resilience among fathers. By providing essential support and guidance, the programme helps men recognise and embrace their diverse roles beyond financial provision. This shift in perspective not only boosts fathers' self-esteem but also promotes healthier family dynamics. While this evaluation did not monitor child outcomes directly, research evidence links improvements in fathers' mental health and relationship quality with positive child development.

Relationships and Co-Parenting

Fathers described how the programme improved communication and reduced conflict with partners, creating a greater sense of teamwork in parenting. Luca explained: *“I’m more understanding with her now — I don’t get wound up like I used to. I know what she’s going through and I try to be there for her.”* (Luca, Dad). Zayn highlighted the difference in how he and his partner managed new responsibilities together: *“It feels more like a partnership now — we know what each other is doing, and it’s less stressful for both of us.”* (Zayn, Dad). Elliot reflected that the support helped him break old patterns: *“Before, I would just shut down when we argued. Now I take a breath and actually talk — it’s changed how we get through things.”* (Elliot, Dad).

Mothers confirmed these changes in family dynamics. Freya said: *“It’s not that we’re constantly worrying anymore. If we need help or advice, we can message the Dads Worker instead of Googling and panicking. It just feels more like a team now.”* (Freya, Mum). Layla echoed this, describing her partner as calmer and more supportive since the baby’s arrival: *“He’s more understanding with me and my postpartum. He’s different with me now, calmer, more patient. It feels like he’s grown up, like he’s become a better person.”* (Layla, Mum).

Staff also saw the impact on couples. A Family Nurse described one case where the couple had separated but later reconciled: *“They split for a while, but because they both still had programme delivery we were able to keep things going. They’re back together now, which I don’t think would have happened otherwise.”* (Family Nurse).

These outcomes align closely with the programme’s medium-term goal of strengthening co-parenting relationships and family stability. By supporting men to communicate more openly, manage conflict, and share responsibilities, the programme contributed to safer, more supportive home environments. Evidence from the wider literature shows that such improvements in parental relationships are associated with better developmental outcomes for children.

Personal Growth and Communication Skills

Beyond parenting, several men spoke about broader changes in themselves. Fathers who had once struggled to express themselves — some describing stammering or avoiding conversations — reported being more confident and open, both with professionals and in everyday life.

Elliot shared: *“When I started talking to people, I used to stutter and couldn’t get my words out. Now I can express my thoughts. It’s made a difference, not just with [the Dads Worker] but with everyone.”* Cian added: *“I don’t normally talk about it, but here it felt normal. I didn’t feel judged.”*

Mothers noticed the same shift. Freya explained: *“He talks to me differently now — calmer, more open. It makes things easier between us and with the baby.”* Layla also observed that her partner was “less shut down” and more willing to share how he felt, which helped them work better together as parents.

Staff provided clear examples of these changes in practice. Family Nurses described fathers being more proactive during visits — asking questions, offering to demonstrate skills, or reflecting on how they were coping. One explained: “You can see them growing in confidence, not just with the baby but in themselves. They start off quiet, but by the end they’re leading the conversation.” A Supervisor added: “It’s not only about parenting — it’s life skills. They’re more articulate, more willing to engage, and that has knock-on effects for everything else.”

These wider gains in communication and self-confidence show that DDATB was not only about developing parenting skills. It also gave fathers tools to navigate relationships more effectively, to express themselves openly, and to be recognised by both family members and professionals as capable, valued individuals.

Medium-term Outcomes Summary

Across the medium-term outcomes, fathers’ voices, mothers’ accounts, and staff perspectives consistently pointed to progress. Fathers developed a stronger parenting identity, improved coping strategies, and became more patient and communicative partners. Mothers described feeling less stressed and more supported, while staff observed fathers taking a more active role in visits and family life. These gains show that early changes had begun to embed into more durable shifts in identity, wellbeing, and family stability.

Long-term Outcomes (Anticipated)

The Theory of Change identifies fathers’ consistent presence and care as a critical long-term outcome, bringing benefits for children’s attachment, maternal wellbeing, and overall family stability. Although the evaluation timeframe was too short to demonstrate sustained impacts, fathers, mothers, and staff described changes that point to these longer-term possibilities.

Sustained Father Involvement and Commitment

Many fathers expressed a determination not to repeat the cycles of absence or neglect they themselves had experienced. Several described how support from DDATB had given them the confidence to remain consistently present. One father explained that the programme had helped him stay engaged even when relationships were strained, saying: *“Before, I would just shut down when we argued. Now I take a breath and actually talk — it’s changed how we get through things.”* (Elliot, Dad).

Cian also reflected on how early doubts had given way to lasting confidence: *“At first, I wondered if I would be a good dad, but as the sessions continued, I began to feel capable. Now I believe I will be alright when she arrives.”* (Cian, Dad).

Staff confirmed these shifts, describing fathers who were “more sensitive and communicative with their babies” and who took pride in their role. A Family Nurse recalled: *“When he held that baby it was lovely to see... really tender, better than the mum at that moment. You could see how confident and careful he was, which isn’t what we would have expected at the start.”* (Family Nurse).

Supervisors noted that changes extended beyond childcare into wider life: *“One dad started going to football again and kept his job on despite everything going on with his anxiety. That’s massive for him, and you could see it gave him confidence in himself and in being a dad.”* (Supervisor).

These accounts suggest the programme is laying strong foundations for sustained father involvement, central to the ToC ambition of improving children’s wellbeing and family stability.

Family Stability and Co-Parenting Futures

Another anticipated outcome was stronger couple relationships and co-parenting. Fathers and mothers described how DDATB had reduced conflict and created a greater sense of teamwork. Freya said: *“It’s not that we’re constantly worrying anymore. If we need help or advice, we can message the Dads Worker instead of Googling and panicking. It just feels more like a team now.”* (Freya, Mum).

Layla explained that her partner had “changed as a person,” becoming more supportive and less prone to conflict: *“He’s more understanding with me and my postpartum. He’s different with me now, calmer, more patient. It feels like he’s grown up, like he’s become a better person.”* (Layla, Mum).

Staff echoed these accounts. A Family Nurse recalled a young couple: *“They split for a while, but because they both still had programme delivery we were able to keep things going. They’re back together now, which I don’t think would have happened otherwise.”*

The Dads Worker also reflected on how men’s perspectives shifted: *“So many dads feel the only thing that matters is bringing in money. They put themselves under so much pressure to provide. What’s been amazing is when they start to realise they’re just as important to their child’s life in other ways — being there, playing, caring. If they feel they are just as important, that’s amazing.”*

Together, these perspectives indicate that DDATB not only strengthened father–child bonds but also reduced stress for mothers and encouraged healthier co-parenting. Although child outcomes were beyond the scope of this evaluation, research

consistently shows that when parents experience improved mental health and stronger couple relationships, children benefit in their social and emotional development.

Aspirations for the Future

The ToC also highlights longer-term gains in fathers' economic stability and personal development. Several fathers described aspirations that went beyond immediate parenting challenges. Zayn shared: *"Eventually I want to find a full-time job and be able to stand on my own two feet. I want to build up my family properly, have a stable home and give them what I didn't have."* (Zayn, Dad).

Others focused less on material goals and more on breaking cycles of absence. Elliot explained: *"I don't want my child growing up without a dad, because that's how I grew up. I know what it feels like and I don't want my son to feel that way."* (Elliot, Dad).

Staff observed that these aspirations were underpinned by new experiences of support. One Supervisor explained: *"It gives dads the experience of being supported. A lot of them have never had that before. Once they've had it, they're more likely to reach out again if they need to. That's huge."* (Supervisor).

These accounts align with the ToC's vision of fathers moving into employment, education or training, improving mental and physical health, and providing stable, nurturing homes for their children.

Long-term Outcomes Summary

Although the timeframe was too short to evidence sustained long-term impacts, triangulated accounts from fathers, mothers, and staff point strongly in this direction. Fathers spoke of breaking cycles of absence and committing to consistent involvement; mothers described calmer, more supportive relationships; and staff noted cultural changes in how men were included by the service. Together, these accounts suggest that DDATB is laying firm foundations for enduring improvements in father-child relationships, family stability, and service culture.

These emerging long-term outcomes build directly on the foundations laid in Year 1, making it important to consider how findings compare across both phases of the evaluation.

Comparison With Year 1 Findings

The first-year evaluation (November 2024) was formative and based solely on interviews with fathers. It identified five core themes: parenting skills and confidence; emotional regulation and wellbeing; relationships and co-parenting; the importance of a supportive programme worker; and the influence of wider challenges such as financial strain, housing insecurity, and stigma.

Parenting skills and confidence were a central theme in Year 1. Several fathers described moving from doubt to competence. Tyler recalled: *“I thought I wasn’t going to hack it... I was really worried about what kind of dad I would be.”* Others highlighted the reassurance of learning practical tasks. Kyle explained: *“I’ve learned so much from the course, like how to change a nappy, how to make up bottles, how to bath him.”*

Emotional wellbeing was another prominent finding. Fathers said the programme gave them space to share feelings they would usually keep hidden. Jayden described: *“She’s kind and understanding; she always gives me a listening ear.”* Callum added: *“[The Dads Worker] taught me to just step out and take a breath... I come back calmer, and he calms down too.”*

Relationships and co-parenting also improved. Fathers described feeling more supported and less in conflict with their partners. One explained: *“We’ve both come to an agreement about who does night feeds and who does day feeds... it’s helped us work together.”* (Jayden). Jake reflected: *“It’s helped show me that... we are together. We’re not working against each other.”*

The **supportive role of the Dads Worker** was consistently emphasised. Callum described her as *“not only here to help with the programme, she’s like a friend. I can be honest with her. That’s made all the difference.”* Fathers often contrasted this with the stigma they faced elsewhere. Tyler admitted: *“It’s hard to ask for help when you feel like you’re supposed to have it all figured out.”* Jake added: *“There’s this idea that dads should just ‘man up,’ but that doesn’t help when you’re actually trying to figure things out.”*

Year 1 findings showed that even in its earliest phase, the programme was building fathers’ skills, confidence and emotional wellbeing, while also exposing persistent external pressures. **The 2025 summative evaluation confirms and extends these findings.**

Fathers again reported growth in confidence, parenting skills and wellbeing, and this time mothers corroborated these changes through their own observations. Freya, for example, described how her partner had become more confident with bath and bed times, *“[He was] trying different methods until he found what worked.”*

Staff perspectives added another dimension, explaining the mechanisms behind these changes and describing cultural shifts within the team. One Family Nurse reflected: *“Supervision has been a safe space for [the Dads Worker], but it’s also benefited us. We’ve learned a lot from her cases and it’s changed how we think about dads.”*

New Insights in Year 2

In addition to confirming the Year 1 findings, the 2025 evaluation introduced several new insights that broaden the evidence base:

- **Triangulated evidence.** Perspectives from mothers and FNP staff validate and deepen the Year 1 themes, providing a fuller picture of impact.
 - **From pregnancy to parenting.** Year 2 interviews included a higher proportion of fathers whose babies had already been born, offering insight into early parenting as well as preparation for birth.
- System-level learning.** Staff highlighted referral processes, supervision models, unconscious bias and sustainability — offering concrete lessons for replication and scale.

Taken together, the two years of evaluation provide a consistent and credible evidence base that the *Dads at Their Best* programme improves fathers' confidence, parenting skills and wellbeing; strengthens relationships and co-parenting dynamics; and embeds new practices within FNP that make fathers more visible and valued. These consistent themes across both years reinforce the programme's Theory of Change, showing that early engagement, practical support, and safe spaces for fathers can translate into sustained improvements for families when embedded in a supportive system.

System-level Findings

Integration with FNP

Staff consistently described the Dads Worker as a “missing link” that made the FNP service feel more complete. The role relieved pressure on nurses — who otherwise found themselves triangulating between parents — and gave fathers a professional in their own right.

A supervisor explained: *“The dad now has a dedicated professional, someone just for him. It completely rebalances the power — he’s not just there because of mum, he’s there in his own right.”* A managerial supervisor echoed this, describing the role as *“a missing piece of the puzzle that helped the team see the whole family, not just mothers.”*

Integration was achieved through joint antenatal visits, team meetings, and inclusion in training and away days. These structures, staff said, *“kept fathers consistently visible on the agenda”* and gave the team a fuller picture of family life. As one supervisor summarised, *“It feels more joined up now. Before, dads were invisible in the system. It fills the gap we knew was there but didn’t have a way to plug.”*

Taken together, these accounts show that the role was not simply an add-on, but a catalyst for cultural change, reshaping how the FNP team saw and worked with fathers.

Supervision and Support Structures

The Dads Worker role was described as rewarding but demanding, with fathers frequently disclosing mental health issues, trauma, and safeguarding concerns. Staff

agreed it would have been unsustainable without the carefully designed supervision model.

The Dudley model provided multiple layers of support: reflective supervision with a Family Nurse; managerial supervision with a senior FNP nurse; group reflective supervision with psychology input; and regular team meetings to integrate the role into service planning.

The Senior Nurse Manager explained: *“The Dads Worker was new to the team and the client group, so she needed both safe reflective space and clear management oversight. Reflective supervision ensured the role did not become overwhelming, while management supervision embedded accountability and alignment with FNP standards. Group supervision with psychology was crucial in extending learning beyond the Dads Worker herself — making fathers a shared agenda across the whole team.”*

Other staff saw the benefits too. A Family Nurse reflected: *“Supervision has been a safe space for [the Dads Worker], but it’s also benefited us. We’ve learned a lot from her cases and it’s changed how we think about dads.”*

This evidence suggests supervision was not only protective for the worker but also a mechanism for embedding father-inclusive practice across the whole team.

Recruitment and Engagement Systems

Recruitment of fathers was initially slow, partly because it was new for nurses to routinely collect fathers’ details and because referrals relied on mothers’ consent. Processes improved as the approach became embedded.

The Senior Family Nurse Manager reflected: *“At the beginning, we thought referrals would flood in, but they didn’t. Now we’ve built it into recruitment from day one, [the Dads Worker] always has a record of what dads are in the system, and we frame it as something every dad gets. It’s an opt-out choice, not opt-in, which makes a big difference.”*

Flexibility was critical for retention. As the Dads Worker explained: *“Some visits I’ve had to do really early before a dad’s shift, sometimes later in the evening. I’ve met dads in their lunch breaks, or in public if home conditions weren’t suitable. Walking and talking often works better — it feels less formal and helps them talk more freely. Without that flexibility, some visits would have been impossible.”*

Staff described how this flexibility, alongside joint antenatal visits and walk-and-talk sessions, made the programme accessible and created space for fathers to be heard.

Barriers and Challenges

While the Dads Worker role has achieved significant successes, several challenges remain that limit engagement and sustainability. These challenges highlight both the personal circumstances of families and the systemic issues within services.

Mothers as Gatekeepers

Several staff members described how a mother's willingness or reluctance to share a father's details could entirely determine whether he was offered support. *"If mum won't give dad's name, you can't really work with him. It stops before it's even started."* (Family Nurse). This gatekeeping was particularly evident in cases where relationships had broken down or where mothers felt protective due to previous conflict. While some fathers were eventually engaged through persistence, others remained absent from support altogether because of this barrier.

Distrust of Professionals

A second barrier was distrust of professionals, often rooted in family history. A supervisor explained: *"His family just don't trust professionals — that's the background he comes from. That makes engagement hard, because even when he wants to take part, the pressure from family is not to."* (Supervisor). This lack of trust is not unique to fathers but reflects wider structural inequalities where families with negative experiences of services are less likely to engage.

Complex Family Structures

Staff also described the challenge of working with multiple father figures — for example, a biological father and a stepfather. The Senior Family Nurse Manager reflected: *"You sometimes find yourself with two dads in the frame, and that complicates things for everyone. Whose role is supported? How do you manage loyalties and boundaries?"* (Senior Family Nurse Manager). These complexities required flexibility and careful navigation to avoid exacerbating tensions.

Bias and Assumptions Within Services

Both staff and fathers acknowledged their own assumptions. One Family Nurse admitted: *"At first, I never mentioned that she was female when I talked about the role. I thought dads would want a male worker. But actually, that was my own bias. The dads didn't care at all."* (Family Nurse). A father, Rafi, said: *"I kind of assumed it would have been a female because I feel like they are more educated about these issues than men. I think I'm probably more comfortable talking to a woman in that context."* These examples illustrate that recognising and challenging bias — from both professionals and fathers — is vital for sustaining engagement.

Capacity Limits

Finally, staff reflected on the challenge of scale. With only one Dads Worker in post, reach was inevitably limited. As the Senior Family Nurse Manager acknowledged: *“She’s one whole-time equivalent. Even though she’s part of our team, she’s still isolated as the only one doing that work.”* (Senior Family Nurse Manager). This created risks of burnout and meant that, even with strong systems, only a limited number of fathers could realistically be reached.

Sustainability and Replication

Staff were clear that replicating the Dads Worker role successfully requires more than simply funding a post. The lessons from Dudley highlight that sustainability depends on embedding the role within a relational model such as FNP, with robust supervision and whole-team buy-in.

Gender was not seen as the determining factor for success. Although the Dads Worker in Dudley was female, staff stressed that what mattered most were her relational qualities — empathy, communication, and clear boundaries. As one supervisor explained: *“It’s not about gender, it’s the right person. You need someone who can build relationships, communicate well, keep boundaries, and relate to young men on their level.”* (Supervisor, Family Nurse).

The Senior Family Nurse Manager emphasised the importance of moving beyond short-term pilots: *“You need buy-in from the whole team. That’s been key here — embedding it in the culture. And you need to remove the time-limited pilot feel. It has to be sustainable.”* (Senior Family Nurse Manager).

Flexibility was described as non-negotiable. The Dads Worker reflected: *“The role has to be flexible and inclusive if you want dads to engage. That’s been our strength in Dudley — adapting as much as possible to suit their lives and circumstances.”* (Dads Worker). She added: *“It’s about meeting dads where they are — whether that’s early mornings, late evenings, or walking and talking if home isn’t comfortable. That’s what keeps them coming back.”* (Dads Worker).

The Senior Family Nurse Manager described the wider impact: *“It’s been the most wonderful opportunity to grow a service, to see dads become visible where they weren’t before, and to know we’ve changed the culture.”* (Senior Family Nurse Manager).

The evaluation therefore suggests that replication is not about lifting the role wholesale into another area, but about adapting the **core principles**: embedding father inclusion into routine practice, ensuring strong supervision, maintaining flexibility, and cultivating a culture that consistently values fathers as equal parents.

Implications for Practice and Policy

The Dudley experience shows that success depends on more than appointing a Dads Worker. Local areas need to plan for the structures, resources and culture that enable a practitioner to thrive and fathers to engage.

Essential Foundations

- **Multi-layered supervision.** Dudley combined reflective supervision, managerial oversight and group sessions with psychological input. This protected the worker's wellbeing, supported safe decisions and gave the whole team a forum to learn about fathers' experiences.
- **Whole-team integration.** The Dads Worker joined every team meeting, contributed to case discussions and attended away-days, ensuring fathers were visible in all aspects of service delivery.
- **Planned supervision from the outset.** Staff reflected that supervision should be designed before recruitment, not bolted on later, so accountability and safeguarding are clear from day one.
- **Culture change.** Reflective practice benefited the entire team, helping nurses question assumptions and embed father-inclusive thinking across routine work.

Capacity and Sustainability

- **Limits of a single post.** Experience in Dudley showed the constraints of relying on one worker. Even with strong systems, a single post can only reach a fraction of local fathers and risks isolation. Expanding provision, or linking across neighbouring services, may be needed for long-term impact.

Opportunities for Innovation

- **Peer support.** Fathers expressed interest in connecting with others, suggesting potential for group sessions or drop-ins alongside one-to-one work.
- **Community partnerships.** Links with sports clubs, charities or Baby Banks could provide natural entry points and extend reach.
- **Systematic data capture.** A key learning from Dudley was the importance of recording fathers' details from the outset. Staff felt this reduced gaps in engagement and provided a clearer basis for monitoring outcomes.
- **Broader adaptation.** The model could be extended beyond FNP into universal health visiting and early-help services, helping to normalise father inclusion.

These lessons show that replicating the DDATB approach is not about lifting a post from one place to another. It requires a place-based approach, careful resourcing, and internal structures tailored to each team's skills and capacity. Above all, it calls for a

deliberate whole-team culture shift so that fathers are consistently recognised as equal parents.

Conclusion

Over two years of evaluation, the Dudley Dads at Their Best (DDATB) programme has shown that recognising and supporting fathers in their own right leads to measurable gains in confidence, practical parenting skills and emotional wellbeing, and helps strengthen relationships within families. Mothers described stronger co-parenting and more stable relationships, while FNP staff observed a cultural shift in practice: fathers are now visible and valued as equal parents.

This progress reflects deliberate design. A dedicated Dads Worker, multi-layered supervision and full integration into the FNP team created the conditions for success. Flexible, father-friendly delivery — meeting men early, on their own terms — proved critical to sustained engagement. The evaluation demonstrates that father inclusion is not a peripheral add-on but a service-wide culture change.

DDATB provides a practical model for engaging fathers, a group still marginalised by many mainstream services. National evidence shows that active father involvement improves children's outcomes, including wellbeing, school readiness and family stability. The programme also aligns with current national priorities such as the *Family Hubs* and Start for Life programme, including the Government's *Best Start for Life* strategy. By strengthening protective factors — secure attachment, parental mental health and stable family relationships — which wider research associates with lower risk of adverse childhood experiences, the programme supports the broader public-health goal of building family resilience and safe, nurturing early-years environments.

With continued adaptation and investment, the DDATB programme offers a credible pathway to systemic change in how early-years services engage fathers, ensuring they are visible, supported and confident in their vital role in their children's lives.

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Note: References are listed at first mention in the report; subsequent mentions refer to the same source.

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