

Going the distance

fathers, health & health visiting



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'Going the distance': Fathers, health & health visiting

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him in the car. For the first three months it was just mummy ... He was difficult at first, but he got used to me a lot quicker than if the roles had not changed.

— an African-Caribbean father

5.1.6 Moral, religious and community responsibility

For many men, their religious and spiritual beliefs are very important in the way they see their roles as fathers:

I think I've a moral duty to bring them up morally, economically and socially, to make them a lot better than what I've been through....

— a Bangladeshi Muslim father

... I went to school in Pakistan where I'm from, so I was in a good education system. I learned a lot about my culture, my religion and the way of living in our communities. From there on I know what religion says and I teach my children the same way. I read the Koran and pray. My daughters were born in this country, all of them, and the younger ones still go to read the Koran now.

— a Pakistani Muslim father

On the other hand some men had quite different views. For example one man commented:

Yes, people can take the benefit of that, but I'm not a good Muslim, I'm not practising Islam, so I've got all the bad habits, but I can teach my child.... right and wrong

— a Pakistani father

Responsibility for some fathers also involves responsibility to, but also help from, the community they live within:

We always try to keep our family together, as a marriage... so we've seen in some other communities the split up and the lost kids and they can't control things... but as a Hindu we should keep the family part even though we have our ups and down. We should try and sort it out between us.

— a Hindu father

5.2 Theme two: Fathers' views about health visiting

5.2.1 What do health visitors do?

Fathers in the interviews were asked about the purpose of health visiting. Some men, particularly those men who were recruited for interview using community contacts, as distinct from those who were recruited through health visiting contacts, had little idea of what a health visitor was or did. Most men, however, believed that health visiting was a service for children or, alternatively, for women and children:

I thought they were all for the baby. Yes, so I did.

— a Sikh father

They always say 'How's mum, how's baby?'. You're just there to open the door really. That's what you seem to get all the time.... It tends to be mum. Baby. Thanks for opening the door. Goodbye.

— an African-Caribbean father

Some men had never met a health visitor, or had any contact at all, they suggested.

A few men suggested that they did not know what the health visiting service offered, or even were aware of questions they should ask:

We don't know anything that we should ask, what services they are providing. I thought until now that the health visitor used to come only for the baby and mother....

— a Bangladeshi Muslim father

Many men saw health visitors as providing a valuable service to their family:

For the kids, she's there for the kids. If we have any problems, we can talk to her, she'll help us, but she's mainly there for the kids. That's the way we like it.

— a Pakistani Muslim father

Well at first I thought it was a doctor who came out... Then the health visitor would come out. Now I know the health visitor comes out if you want to talk about your problems, and you can ask their advice.

— a Bangladeshi Muslim father

5.2.2 Health visitors' work with women and children

Most men that were interviewed valued, and expressed respect for, the way that health visitors work with women and children. Some men were very keen, in the group interviews particularly, to emphasise this:

It's a very useful service. My wife feels comfortable and supported.

— a Pakistani Muslim father

Small babies are vulnerable. Somebody needs to check on them.

— a Pakistani Muslim father

A small number of men described experiences regarding the help that health visitors had provided for their families. Often these men's partners or wives had health problems such as post natal depression, or there was a child within the family with a disability, or there had been a difficulty within the family regarding a child's development, health or behaviour:

A good health visitor is there when you need her. She's there to check mum's all right when she comes out of hospital, to check little one to see she's OK. Then we're down to women again, they're there to be a support to women, if she's suffering from post natal depression. Or whatever, it's another shoulder to cry on.

— a Bangladeshi Muslim father

5.2.3 Fathers' contact with health visitors: a valued service

Many men had never attended health visitor child health clinics. Most who had attended clinics generally spoke positively about their experience:

I felt welcomed

— a Sikh father

I think they are a bit more happy now to see more parents coming. Overall, they will go along with it, and not only just the mother come along. They'd prefer it if all the parents came along.

— a Pakistani Muslim father

Some individuals felt embarrassment or uncertainty about attending health visitor clinics, other men less so:

It's all part of life, no problem

— a White father

Health visitors are welcoming, but some of the mothers are worried. They're thinking 'Where's mum, why's she not here?'

— a White father

Some fathers suggested that health visitors had been involved in problem solving, active listening, or health promotion within their families, particularly where a child was ill or had a disability:

improved emotional and social support for parents which needs, it is argued, to be underpinned by partnerships with parents, partnerships that are family centred, based within local communities, and focus upon the needs of disadvantaged parents. Indeed the Acheson Report also recommends an enhanced role for health visitors within local strategies created to support parents. Work with fathers is necessary, feasible, and practically possible. Burgess and Ruxton (1996) in their discussion of the literature regarding specific support for fathers confirm the importance of development of strategies to promote the accessibility of existing services, but also to develop innovative ways of targeting services and practice with fathers. Furthermore we have argued elsewhere that there is good evidence that health promotion with men is feasible and possible if services are innovative, and sensitised to men's heterogeneous and specific needs (Williams and Robertson, 1997). Indeed the work of Levine and Pitt (1995) in the USA, where projects to develop fathers as parents are more fully evaluated than in the UK, indicates that even where fathers may have been traditionally alienated by public services, success is possible if services are reflexive and empowering.

The starting point, however, for any service development requires senior management support for its success. The first recommendation therefore addresses this requirement.

Recommendations: NbC

- 1 *NbC Director of Nursing and Chief Executive to produce a strategy by Fathers Day, 2000, to promote, and resource, the accessibility of existing health visiting services for fathers. Strategy, however, needs to acknowledge and confirm that women within local families are generally the main carers for children, which needs to be valued and supported by local services. It is essential therefore not to undermine practitioners commitment to work with women as partners regarding family health, but to complement and reinforce that work by seeking out opportunities to develop fathers as carers, providers of social support, and as health promoters.*
 - 1.1 *The above strategy to confirm that the main focus of health visiting practice with families continues to be with women who care for children.*

However as there is negligible reported development work with fathers within community health services (either nationally or locally), strategy should include local, collaborative, small scale experimental research, audit and health promotion projects with fathers, responding to local need. Development of local alliances within communities or networks of workers, the unemployed, ethnic groups, 'villages', parenting networks, religious organisations, and voluntary organisations is certainly necessary for effective practice. Local community health profiles, or the development of primary care group health improvement plans will indicate important foci for health promotion. Examples of possible health promotion foci include: mental health promotion for children and parents, postnatal depression in women *and* men, suicide in young men, diabetes and coronary heart disease, smoking in pregnancy and in low income groups generally, and testicular, prostate and lung cancers. Evaluation and dissemination of health promotion work with fathers is essential both locally and nationally, and provides NbC with opportunities to develop its local and national profile as a trust able to respond innovatively, flexibly and creatively to changing community health needs.

- 1.2 *The above strategy to provide resources to ensure small scale, time limited, practice, development or research projects are developed to target fathers both as parents and/or as men with health needs.*

"Going the distance" asked local fathers about their views, and findings indicate processes of exclusion have taken place. Strategy therefore needs to be produced by a multi-disciplinary partnership that includes managers and professionals, but also local fathers.

- 1.3 *The above strategy to be produced by a partnership of managers, professionals, and fathers.*

Recommendations: Small Heath, Aston and Nechells

Managers, fathers and health visitors have identified the need for training for local professionals. A meeting of fathers and health visitors (December 1998) suggested that a holistic family assessment was essential to involve fathers in family health issues. Transparency of models of assessment, the concept of fatherhood as responsibility, and fathers' functional conceptions of health are all important issues for training and education, if we are to improve communication with fathers, and promote the accessibility of existing services.

- 2 *NbC General Manager for Small Heath, Nechells and Aston to coordinate training for health visiting teams within Small Heath, Nechells and Aston, and also health visitor community practice teachers within NbC by September 1999*

One of the most surprising findings of the audit was that fathers rarely identified parent education as a point of contact for them with the local health visiting service. Formal evaluation, locally, of existing parent education services to ascertain fathers views is necessary.
- 3 *NbC General Manager to coordinate an audit of existing parent education in Small Heath, Nechells and Aston to ascertain fathers views about effectiveness of services by Fathers Day, 2000*

I understand that pilot evening and weekend clinics are being undertaken within NbC. Findings reported here suggest that fathers who do paid work or involved in business may find these alternatives more accessible and acceptable.
- 4 *NbC General Manager to coordinate the evaluation of existing health visiting evening 'out of hours' child health clinics by Fathers Day, 2000*

This project was, as far as I am aware, the first of it's kind in the UK. This indicates the scarcity of knowledge about fathers' health and parenting needs. Further research and audit with fathers is essential to develop our knowledge about potential important allies for health improvement. I intend to undertake a small , in depth, qualitative research project with fathers, who are on low income, regarding their experience of social support. However to complement the ongoing work on community health profiling within NbC a structured needs assessment, using a larger sample, may enable NbC to gain further insight into local fathers' health needs, views about services, and further information about health promotion opportunities within families and communities.
- 5 *NbC General manager to coordinate a structured needs assessment with local fathers in Small Heath, Nechells and Aston by Fathers Day 2000*

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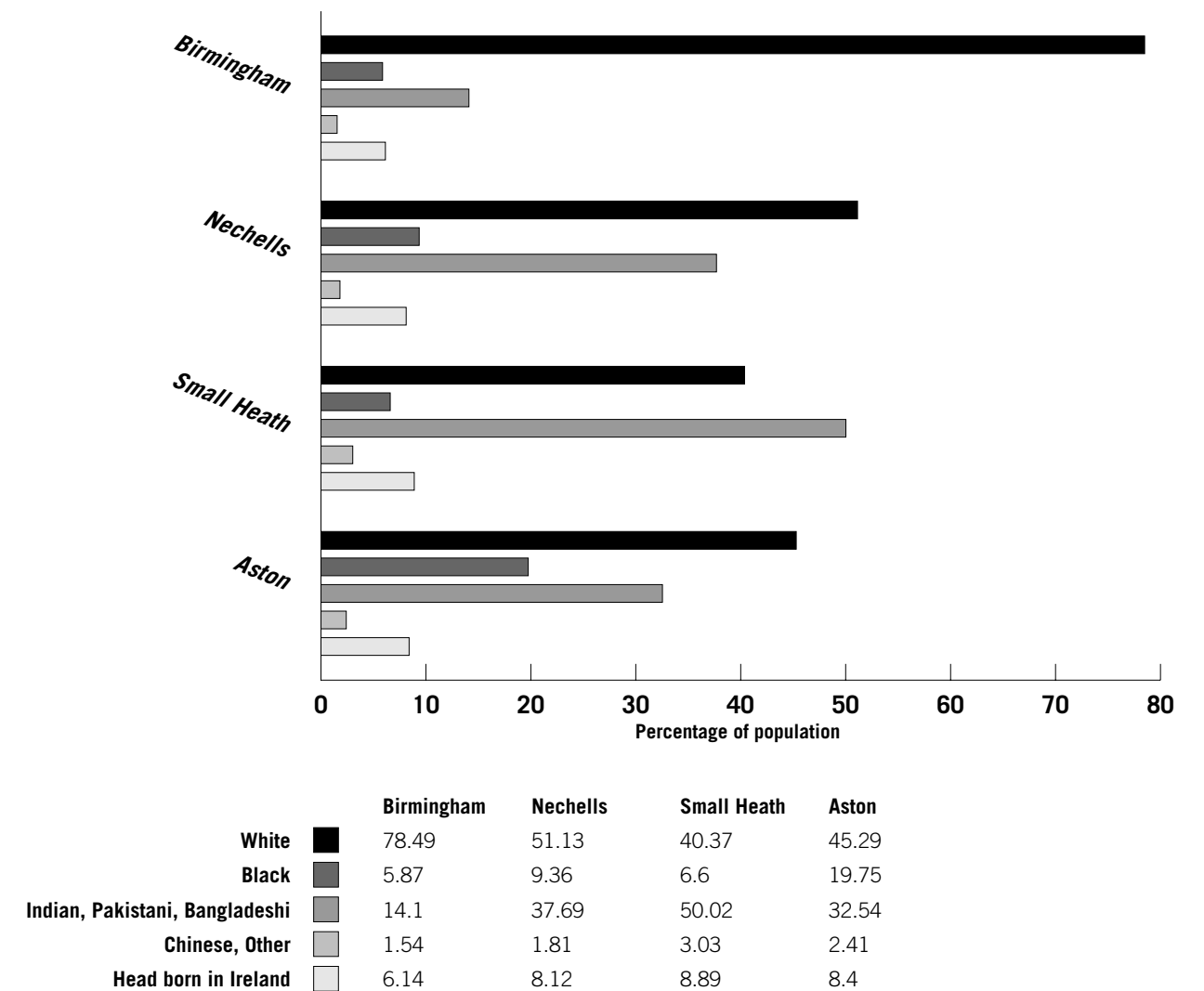
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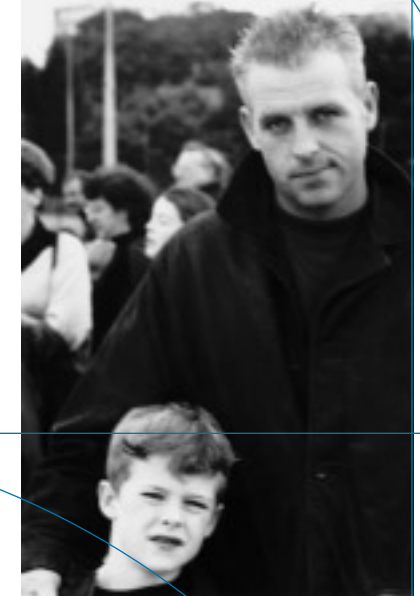
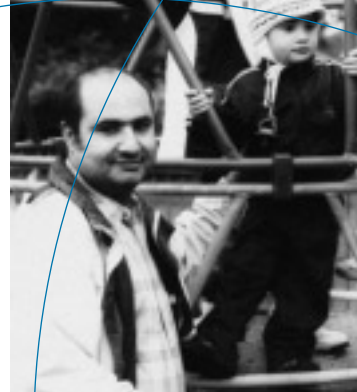
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Appendix one: Ethnic groups within Small Heath constituency

Percentage of residents by ethnic group. Source: NbC, 1995



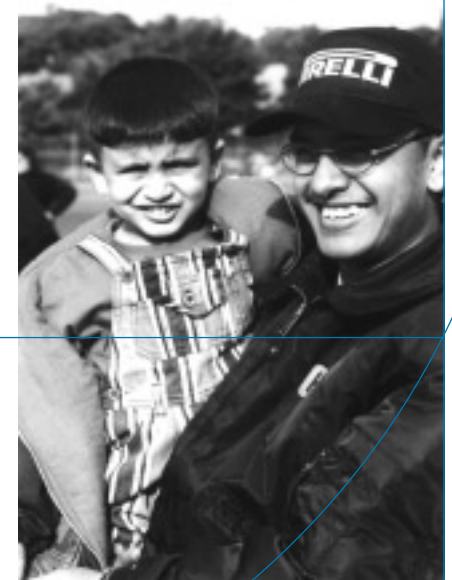
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