

TESTING TIMES

Supporting fathers during the perinatal period and early parenthood

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About the Centre for Social Justice

Established in 2004, the Centre for Social Justice (CSJ) is an independent think tank that studies the root causes of Britain's social problems and seeks to address these through innovative policy recommendations to government.

The CSJ has changed the landscape of our political conversation by putting social justice at the heart of British politics. This has led to some of the biggest welfare reforms in a generation.

The majority of the CSJ's work is organised around five 'pathways to poverty', first identified in our ground-breaking 2007 report, *Breakthrough Britain*. These are: family breakdown; educational failure; economic dependency and worklessness; addiction to drugs and alcohol; and severe personal debt.

Our research is informed by experts and just as importantly charities working to tackle poverty across the country. These charities form our alliance of small charitable organisations focused on some of our biggest social problems and their work is fundamental to our understanding of the issues faced by our poorest communities.

The CSJ will continue to make the case to government and those developing policy for an ambitious approach to tackling poverty which focuses on the root causes of that poverty.

The CSJ Family Policy Unit

The CSJ was one of the first think tanks to set out the extent of family breakdown and its impact on poverty. When we first published *Breakdown Britain* in 2006 we discovered a country where family breakdown was widespread in our poorest areas. We have continued to look carefully at how family breakdown entrenches poverty and limits the life chances of children growing up in poverty.

The Family Policy Unit has been established within the CSJ to make the case for a more ambitious approach to strengthening families as part of a wider government poverty strategy.

Foreword

From Rt Hon David Lammy MP Co-Chair of the All Party Parliamentary Group on Fatherhood

This Centre for Social Justice report sets out just how much work there is to be done to promote active fatherhood, especially amongst working class fathers. For policy makers in government the findings in this report should be of concern. If fathers are largely absent during pregnancy and the first years of a child's life we should celebrate their role and value the contribution they make to supporting mothers and raising children. If most dads feel like a 'spare part' and too often ignored we are missing a valuable resource we can't afford to overlook.



This is hardly surprising if our measurements for public services overlook the role of fathers. No one wants more red-tape but we do want to send a clear message to everyone managing our health services and those focused on supporting children that dads matter.

The consequences of a father falling out of a child's life are hugely significant, and any government that is serious about tackling social mobility and improving the life chances of our children needs to take fatherhood seriously.

This report sets out some steps the government could take to improve engagement with fathers and what more our public services could do to provide that support. All political parties interested in social justice and supporting families should consider these recommendations carefully.

We are increasingly appointing champions across Government to take action and focus efforts, it's not unusual anymore for someone to be given a cross governmental role to kick start policy in an important area. The Prime Minister can put a marker down by appointing a Fatherhood Champion to take action to close the 'nappy changing gap' and oversee the introduction of a 'dad test' to make sure we're doing all we can to engage with fathers.

David Lammy MP

November 2019

Introduction

Anna Williamson



As a mum I instinctively understand how important dads are and how easy it is to overlook their important role in among the craziness of childbirth and the first few weeks and months of a new baby's life. Parenting is a team sport and like any team game is best when everyone does their bit.

When I speak to new mums the subject of dads always comes up and as this report from the Centre for Social Justices shows, the dads are almost around. In fact 85 per cent of babies born in the UK are born to couples, and most of them live together under the same roof. A great untapped resource.

There are few periods of life more intense (and in neuroscience terms more important) than the perinatal period and months that follow. The more we can help new fathers, help new mums and take on the share of parenting the better for everyone, especially mum in this chaotic time. As data from this report shows, mums turn to dads for support to get through. Supporting fathers is important for babies and important for mums.

The NHS and local services are never going to be able to do enough to replace dads, nor should they want to. The best thing we can do is help fathers help their new family. Unfortunately this report shows that too many fathers say they feel 'like a spare part' and simply fail to be recognised when they are in the room.

Polling commissioned by the CSJ shows new fathers are crying out for better social and emotional support in order to be the great fathers they want to be. We need to ensure they get the emotional and practical support they need. Attendance at parenting and antenatal classes is increasingly a middle class thing, with low income fathers half as likely to go to a parenting and antenatal classes as higher income fathers. Half of low income dads say they are just left to 'pick up' parenting by themselves. This report calls on the government to pick a champion to close this 'nappy changing gap' and make sure our public services engage better with fathers.

This report has a simple message to government and to local services from hospitals to children's centres – dads matter and we need to do much more to support them. That's why I'm backing the big recommendation in this report for a 'Dad Test' for public services which would ensure every time we inspect maternity wards, health visiting services and local children's centres we ask a simple question: what are you doing to help dads?

Anna Williamson

Anna Williamson is a TV and radio psychology expert and therapist and best-selling mental health and parenting author.

Executive summary

Developing ‘fatherhood policy’:

Supporting active fatherhood should be seen within the context of the Government’s approach to social reform. This report sets out the extent to which support for fathers during the ‘first 1000 days’ is “toothless”¹ and “more rhetoric than reality”.² This concern is backed by new polling evidence from the CSJ which found:³

- Almost seven out of ten (69 per cent) new fathers said they thought “fathers were made to feel like a ‘spare part’ during the pregnancy period”.
- Six in ten fathers told us that they had no conversations at all with a midwife about their role. When it comes to Health Visitors, approaching half (44 per cent) of all fathers told us they received little or no advice at all from them on their role as a dad.
- Only half (49 per cent) of new and expectant fathers say the NHS “caters well” for them, with 40 per cent saying that it doesn’t.
- More than four in ten (41 per cent) of fathers who have a nearby Children’s Centre have never been invited to, or attended, any Children’s Centre activity at all. This is despite a legal requirement for Children’s Centres to engage with fathers as a “hard to reach group”.

Why this matters

Evidence on the role of fathers and their role in supporting mothers finds that they have a significant influence on healthy behaviours in pregnancy and improve mental health outcomes following birth.⁴

The health service will never have enough workers or resource to be a round-the-clock support network for new mums. When new mothers are asked about support almost two thirds identify their partner as being their primary source of support, almost three times as much as the next option (their own mother) with only 5 per cent saying health care professionals.⁵

1 www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/first-1000-days-life-inquiry-17-19/publications/

2 Ibid.

3 CSJ/Survation poll of 1,011 fathers, 16–30 May 2018

4 ‘All Babies Count: the Dad project’, NSPCC, 2014

5 Today’s Mum: A research report on the lives of Irish mothers today, 2017

There is also strong correlation between active father engagement and improved childhood outcomes. Substantial and high quality father involvement from the month following birth are associated with a range of positive outcomes, including higher IQs at 12 months and 3 years.⁶

Most babies are born to couples

Whilst fathers generally feel the effects of exclusion from the pregnancy process and early parenthood, they are almost always present during this period.

- Birth registration data shows that 95 per cent of births in the UK are to couples (almost always mother and father), with 85 per cent of these parents living together at the time of birth.⁷
- Only one in ten births (71,917) were registered jointly by parents living at separate addresses, with only 36,122 (5.2 per cent) of births registered by the mother alone.⁸

Fathers are almost always 'in the room'

Fathers are increasingly being written out of everyday language, being referred to through vague generic terms such as "birthing partner".⁹ The intention of such phrasing might be to avoid causing offence, but it denies the reality of the pregnancy process and early days of parenting that fathers are almost always around.

According to the most recent (2014) National Perinatal Epidemiology Unit survey of mothers' views of maternity care, a substantial number of fathers were engaged in pregnancy, labour, and birth, with 82 per cent present for the early dating scan and 84 per cent for the anomaly or '20 week' scan. Similarly high numbers were present for the labour (82 per cent) and birth (87 per cent). This data builds on previous research indicating a high level of father attendance, such as the finding that two-thirds of fathers attend routine antenatal appointments and more than 9 in 10 are present 'at the scans and the birth'.¹⁰

Marriage

However family structure is changing with just over half (52 per cent) of births occurring within marriage or civil partnership. Almost a third (32 per cent) of babies were born to cohabiting parents¹¹ – a proportion which has tripled over a thirty-year period.

We should be concerned by the decline in children born to married couples. Cohabiting couples are around four times more likely to separate (for at least a month or more) by the time their child is aged 3 compared to married couples.¹² According to analysis by Prof. Steve McKay (University of Lincoln) and Harry Benson just over three quarters of mothers who parents who married before giving birth remain married by the time their child

6 Fatherhood Institute, *Fathers Infants Toddlers and Young Children*, 2012

7 ONS, 'Births by parents' characteristics in England and Wales: 2016

8 Ibid.

9 Fatherhood Institute, 'Who's the bloke in the room? Fathers during pregnancy and at the birth in the UK', 2018

10 National Perinatal Epidemiology Unit, 'Safely delivered: a national survey of women's experience of maternity care 2014'

11 ONS, 'Births by parents' characteristics in England and Wales: 2017

12 <https://www.ifs.org.uk/bns/bn107.pdf>

reaches their 15th birthday compared to a third of those who never marry.¹³ Moreover, these aggregate figures do not fully illustrate the importance of marriage in relation to social justice, with marriage rates significantly lower among lower income families compared to middle to high earning families.¹⁴ It is important for policy makers and anyone concerned with childhood outcomes to understand the difference between cohabitation and marriage.

Finding the money to support low income couples 'at risk'

The CSJ has identified around £200 million from the declining uptake of the Married Couple's Allowance which could be used to develop a fund to improve relationship quality at the point of pregnancy for couples 'at risk' of separation. We recommend that a targeting process (focused on unmarried couples and couples at risk of separation) is developed to help midwives engage couples in a discussion around the impact of having a child on the couple relationship and encourage uptake of relationship support services.

Fathers are largely invisible in inspection frameworks

In an analysis conducted by the CSJ of inspection frameworks related to maternity services, Health Visitors, and Children's Centres, we found few direct mentions of 'fathers'. In particular, within the inspection framework for maternity services, the word 'father' is conspicuously absent – despite the Department for Health and Social Care's own guidance strongly emphasising the importance of fathers.

To change this we recommend that the Secretary of State for Health and Social Care should announce a new range of metrics under the title, 'The Dad Test', to be applied to relevant inspection and commissioning frameworks for the perinatal period. To ensure this is delivered effectively a government-appointed fatherhood champion should oversee the development of a 'Dad Test' and require relevant authorities to make a statement on how they engage fathers within six months of the 'Dad Test' being applied.

Using digital communications to support fathers

Digital communication, particularly through the development of 'apps' offers expectant and new parents an efficient way to receive advice and ask for ad-hoc information. The use of geo-location technology through these 'apps' can help to bring fathers together and build social networks. We are recommending that the Department for Health and Social Care launch an Innovation Fund to support the development of a new fatherhood app at scale using grant funding and promotion through the NHS.

¹³ <http://marriagefoundation.org.uk/wp-content/uploads/2016/06/pdf-09.pdf>

¹⁴ Marriage Foundation, 'Establishing the facts about family breakdown: transforming the debate about marriage', [<http://marriagefoundation.org.uk/wp-content/uploads/2017/07/Establishing-the-facts-about-family-breakdown-1.pdf>]

Recommendations

Better targeting of couples at risk

1. Extending our recommendation made in *Fully Committed?* We recommend that a targeting process (focused on unmarried couples and couples at risk of separation) to help midwives engage all couples in a discussion around the impact of having a child on the couple relationship and encourage uptake of relationship support services.
2. A successor fund to the DWP 'Reducing Parental Conflict' programme should be developed by the Department of Health and Social Care and offered to couples 'at risk' of separation during the pregnancy and post-natal period using funds from the Married Couples Allowance budget.

Understanding family relationships at the point of birth

3. The government should collect data on family circumstances and income at the point of birth and publish an annual data set.
4. Hospitals should collect data on the attendance of partners (specifically using the term 'father' among other possible partners) to get an accurate record of active participation of fathers during the antenatal period. This data can be used to identify 'cold-spots' for investment in supporting father engagement.

Becoming dad friendly

5. Where appropriate permission is given from the mother, all official correspondence relating to the care and health of a child should be addressed directly to both parents, in the form: 'Dear Mr and Mrs ...'.
6. Health services, and other services related to the upbringing and care of new born children, should do a 'dad check' – as advised by the NSPCC in their 'Dad Project' report – to make sure that the resources they provide are accessible and appear open to new fathers. This check involves services reflecting on questions such as:
 - How are dads addressed in letters and materials, are they made to feel welcome?
 - What images are used – are dads represented and shown in a positive way?
 - How are consulting rooms set up (are both mums and dads included)?
 - Does the midwife or health visitor know dad's name and address him?
 - Are questions about the baby asked to mum and dad equally?
7. NHS England should roll-out schemes that increase the emotional support and advice available to fathers – such as the NSPCC-trialled 'Letter from a Midwife' – across all NHS England maternity wards. This should be supported with funding from a new 'Fatherhood Fund', paralleling the current 'Maternity Challenge Fund'.

8. NHS England should create a new 'Fatherhood Fund', mirroring the 'Maternity Challenge Fund', to support projects and schemes aiming to improve the experience of fathers during the pregnancy period and upbringing of the child. The fund should be backed up with £150,000 per funding round, and be allocated to projects which judged to help emotionally support, advise, and encourage fathers in the care of their child.

Improving inspection frameworks to reflect the role of fathers

9. NICE should review the evidence on father involvement throughout the antenatal and post-natal period and produce a single set of standards for health care professionals and commissioners focused on the role of fathers.
10. The best practice overview contained within the updated Healthy Child Programme 0–5 should be explicitly referred to by CQC inspection frameworks as a professional standard on the role of fathers.
11. Engagement with fathers and outcome measurements should be a core purpose of a Children's Centre or Family Hub.
12. Ofsted should conduct a 'rapid' inspection of Children's Centres' engagement with fathers. This inspection process will provide a national picture of engagement with fathers and encourage Children's Centres to improve where this is necessary. This should be overseen by a new fatherhood champion within Government, who should present the results of the 'rapid' inspection to Parliament and recommend appropriate improvements.

Developing a 'Dad Test'

13. The Secretary of State for Health and Social Care should announce a new range of metrics under the title, 'The Dad Test', to be applied to relevant inspection and commissioning frameworks for the perinatal period.
14. A government-appointed fatherhood champion should oversee the development of a 'Dad Test' and require relevant authorities to make a statement on how they engage fathers within six months of the 'Dad Test' being applied.

Birth Registration

15. All Children's Centres or Family Hubs should offer birth registration and use this as a way of signposting to relationship support and parenting support services.

Digital communications with fathers

16. The Department of Health and Social Care should scale the provision of digital communications to extend their reach using Maternity Assist and Dadapp as a template of good practice, so that every new father has access to online provision of guidance and a network of other fathers through social media.

chapter one

Introduction

1.1 Developing ‘fatherhood policy’

Supporting active fatherhood should be seen within the context of the Government’s approach to social reform. This report will set out the extent to which fathers are overlooked as a means of supporting mothers and new born babies in the perinatal period.

The ‘perinatal period’: The perinatal period describes the period surrounding birth, traditionally this includes the time from fetal viability from about 24 weeks of pregnancy and the period immediately following birth. In this report we use a wider working definition to refer to both the antenatal period (pre-birth) and early parenthood.

This research will encourage the Government to consider developing a ‘Dad Test’ within the inspection frameworks for public services focused on the perinatal period. This follows criticism from academics and the Fatherhood Institute that support for fathers (and by extension fathers supporting mothers and children) is “toothless”. In a recent submission to the House of Commons Health and Social Care Committee’s ‘First 1000 Days of Life’ inquiry, the Fatherhood Institute highlighted the extent of support for engaging fathers (as they point out, often referred to as “mothers’ partners”) among professional bodies and leading medical organisations. However, they emphasise how “such well-meaning exhortations have failed to result in widespread changes in practice, leading to criticisms that father-inclusive policy-making to date has been more rhetoric than reality”.¹⁵

1.2 Excluded fathers

This oversight is felt by fathers. In 2016, the CSJ conducted a national opinion poll of UK fathers. The results showed the extent to which fathers felt excluded and under-supported, with only 25 per cent of fathers saying that they felt that there was enough support to help them play a positive role in family life (78 per cent said that there is less support available to fathers than for mothers). Nearly three out of five dads – 57 per cent – said that they felt emotionally unsupported when they first became a father.¹⁶ This is compounded by official NHS advice to frontline practitioners. In evidence recently submitted to a Parliamentary

¹⁵ www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/first-1000-days-life-inquiry-17-19/publications/

¹⁶ Centre for Social Justice, *Annual Fatherhood Survey*, 2016 [www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/10/Annual-Fatherhood-Survey.pdf]

inquiry, the Fatherhood Institute highlight how “NHS Pregnancy Notes direct the healthcare professional to ask her the questions relating to him: his age, his citizenship status, his employment status, his mental health, medical issues in his family, whether ‘anyone at home’ smokes or whether there are drug/alcohol issues ‘in the home’”.¹⁷ This is often despite (as we will show) fathers being present in the room.

1.3 Closing the ‘nappy changing gap’

Our research uncovered a ‘nappy changing gap’¹⁸ between lower and higher income fathers during the perinatal period. Fathers in the lowest income bracket (<£20,000) were less than half as likely to attend parenting or antenatal classes as those in the highest income bracket (>£70,000): 31 per cent vs 71 per cent. Despite this, when fathers were asked ‘how useful they found these classes’, 87 per cent of low income fathers found parenting and antenatal classes useful, compared to 65 per cent of higher income fathers.¹⁹

The CSJ’s 2016 survey found that NHS antenatal classes are dominated by middle to higher earners, with almost twice as many fathers living in households with an income over £40,000 attending these classes compared to fathers living in the poorest households with incomes under £20,000 (42 per cent vs 24 per cent of attendees). Middle and higher income parents also purchase private classes through organisations like the National Childbirth Trust (NCT), with almost four in ten fathers in households with incomes over £70,000 attending private classes in addition to NHS services.²⁰

This gap also extends to access to information and support. When asked whether there was any information or guidance provided for new fathers, 55 per cent of low income fathers said they were left to “pick it up themselves” compared to only 29 per cent²¹ of higher income fathers.

1.4 Why this matters

The positive engagement of a father has beneficial impacts on mothers and babies. An NSPCC review of evidence on the involvement of fathers found that:

Women whose partners remain involved during pregnancy are more likely to attend antenatal care, take better care of their health and deliver healthier babies. Research shows that fathers’ attitudes and behaviour play a significant role in, for example, whether mothers give up smoking or breastfeed their baby. The speed at which a woman recovers from postnatal depression is also linked to the quality of her relationship with her partner.²²

17 www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care-committee/inquiries/parliament-2017/first-1000-days-life-inquiry-17-19/publications/

18 *Daily Telegraph*, ‘The nappy change gap: how parenting preparation for new fathers is becoming a middle class preserve’, 18 August 2016 [www.telegraph.co.uk/news/2016/08/17/the-nappy-change-gap-how-parenting-preparation-for-new-fathers-i/]

19 Centre for Social Justice, *Annual Fatherhood Survey*, 2016 [www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/10/Annual-Fatherhood-Survey.pdf]

20 *Ibid.*

21 *Ibid.*

22 Sally Hogg, ‘All Babies Count: the Dad project’, NSPCC, 2014, p. 6

There is a strong correlation between active father engagement and improved childhood outcomes. Substantial and high quality father involvement from the month following birth are associated with a range of positive outcomes, including higher IQs at 12 months and 3 years.²³ When fathers are involved in their children's early lives, children will score higher on measures of cognitive development by the age of five months; by the time they are toddlers they will have better problem-solving abilities; and at the age of three they will have higher IQ scores.²⁴ School readiness in young children is directly related to the sensitivity and nurturing shown by their father in the early years.²⁵ This trend continues throughout a child's school life.²⁶

Research cited by the Department for Work and Pensions shows that children with highly involved fathers do better at school, have higher self-esteem, and are less likely to get into trouble in adolescence.²⁷ A study published earlier this year found that the children of active fathers were up to 28 per cent less likely to suffer behavioural problems in their pre-teen years compared to children without a father figure at home.²⁸

According to recent research from the University of Edinburgh, children growing up in low income households have significantly improved chances of escaping poverty, and a reduced poverty risk of 25 per cent where they have an active father figure at home.²⁹

In 2011, the Coalition Government published a policy statement on supporting families in the early years, which set out evidence that a poor parental relationship can be a significant barrier to good parenting, with more parents splitting up in the first years after the birth of a child than at any other time.³⁰ It also stated that fathers who are involved in the care of a child early on are almost a third less likely to separate from the child's mother.

Fathers and maternal post-natal depression

The health service will never have enough workers or resource to be a round-the-clock support network for new mums. When new mothers are asked about support almost two thirds identify their partner as being their primary source of support, almost three times as much as the next option (their own mother) with only 5 per cent saying health care professionals.³¹

According to the Fatherhood Institute around 70 per cent of new mothers "turn to their partners for emotional support."³² This research also identifies poor relationship quality and engagement from fathers as drivers of postnatal depression.

23 www.fatherhoodinstitute.org/wp-content/uploads/2015/12/Fathers-in-the-first-1001-days-PDF-1.pdf

24 Boba, The Importance of Dads [<https://boba.com/blogs/boba-reads/the-importance-of-dads>]

25 Fatherhood Institute, Fathers Infants Toddlers and Young Children, 2012

26 Dr. Gary Chapman, Dad Matters, 2014

27 Department for Work and Pensions, Father Engagement Seminar, 29th February 2016

28 Charles Opondo, Maggie Redshaw, Emily Savage-McGlynn and Maria A Quigley, 'Father involvement in early child-rearing and behavioural outcomes in their pre-adolescent children: evidence from the ALSPAC UK birth cohort' [accessed via: <http://bmjopen.bmj.com/content/6/11/e012034.full> (15/09/17)]

29 Dr Gary Clapton, Dad Matters, 2014

30 See: Government policy paper: 'Supporting families in the foundation years', 2011. [www.gov.uk/government/publications/supporting-families-in-the-foundation-years]

31 Today's Mum: A research report on the lives of Irish mothers today, 2017

32 www.fatherhoodinstitute.org/2018/fatherhood-institute-research-summary-fathers-and-postnatal-depression/

Perinatal mental health expert Jane Hanley writes that “the influence of fathers during the child’s infancy when mothers are suffering from perinatal illness cannot be [overestimated]. Where parent-infant bonding is an issue, it is found that the interaction of the father is crucial.”³³ An evidence review by the Fatherhood Institute found that “mothers report that fathers are their main source of emotional support after the birth” and “that their ability to cope with the new baby is related to their partner’s ability to do likewise.”³⁴ This is mirrored in an Australian study of mothers reflecting on their own postnatal depression, which found that fathers were a “critically important source of support”.³⁵ Another Australian report sets out the common sense in engaging both partners in working through depressive symptoms, noting that “the father’s functioning as a support person is key, since depressed new mothers receive more support from their partner than from any other individual, including medical staff”.³⁶

Early prenatal care

Supporting and engaging with fathers should be considered important for their impact upon perinatal health outcomes for mothers. The importance of fathers (who are overwhelmingly in a couple with the mother at birth) should not be considered in isolation. Women are forty per cent more likely to receive prenatal care in the first trimester of when the father is involved in the pregnancy.³⁷

Smoking cessation

Fathers can support smoking cessation among pregnant mothers. Research shows that the most significant influence on a mother’s smoking is her partner’s smoking, and that she is most likely to give up if he gives up and helps her to stop.³⁸ A major longitudinal UK survey on smoking among pregnant women found that smoking by a pregnant woman’s partner was by far the biggest predictor of her current smoking status.³⁹ Another study found that active father encouragement reduced maternal cigarette consumption by 36 per cent.⁴⁰

33 Jane Hanley, ‘Fathers and postnatal depression’, *Nursing in Practice*, 2013 [www.nursinginpractice.com/article/fathers-and-postnatal-depression]

34 Fathers Direct, ‘What Good are Dads?’ 2000, p. 3

35 <http://research.healthtalkaustralia.org/early-parenthood/social-support-during-experiences-of-antenatal-and-postnatal-depression>

36 D. Holopainen, ‘The experience of seeking help for postnatal depression’, *Australian Journal of Advanced Nursing*, 19:3, 2002, pp. 39–44

37 L. Martin, M. McNamara, A. Milot, T. Halle, and E. Hair, ‘The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking’, *Maternal Child Health Journal*, 11, 2007, pp. 595–602

38 C. M. McBride, D. H. Baucom, B. L. Peterson, K. I. Pollack, C. Palmer, E. Westman, et al., ‘Prenatal and postpartum smoking abstinence: a partner-assisted approach’, *American Journal of Preventive Medicine*, 27:3, 2004, pp. 232–38

39 G. Penn and L. Owen, ‘Factors associated with continued smoking during pregnancy: analysis of socio-demographic, pregnancy and smoking-related factors’, *Drug and Alcohol Review*, 21:1, 2002, pp. 17–25

40 Martin et al., ‘Effects of father involvement during pregnancy’, pp. 595–602

chapter two

Fathers are present during the perinatal period

2.1 The role of fathers during pregnancy

The UK has a serious problem with family breakdown following the onset of parenthood. When we talk about family breakdown, in practice this almost always means the loss of a father figure from the family home. Across the UK, 2.7 million children – almost one in five of all dependent children – have no father figure at home. Over a million children have little or no contact with their birth father.⁴¹

Despite this almost all biological fathers are in a couple relationship with their child's mother at the point of birth, and therefore fathers will also usually be present throughout the pregnancy period. The Fatherhood Institute describes the period of pregnancy as a 'golden opportunity'⁴² for father engagement. Fathers are largely positive (83 per cent) about their partner's pregnancy, with only 14 per cent reporting being 'unhappy or having mixed feelings'.⁴³

According to the most recent (2014) National Perinatal Epidemiology Unit survey of mothers' views of maternity care, a substantial number of fathers were engaged in pregnancy, labour, and birth, with 82 per cent present for the early dating scan and 84 per cent for the anomaly or '20 week' scan. Similarly high numbers were present for the labour (82 per cent) and birth (87 per cent).⁴⁴

Fathers might be 'in the room' but their engagement is limited

The NPEU survey found that only a third of fathers attend antenatal classes, indicating an important gap between being present and taking an active and supportive role during pregnancy.⁴⁵ Our own survey of fathers, outlined in Chapter Two below, records a higher figure of 56 per cent, still significantly below the proportion present at the birth.

41 Centre for Social Justice calculations, based on 2016 ONS data

42 Fatherhood Institute, 'The Costs and Benefits of Active Fatherhood' 2008, p. 15. [www.fatherhoodinstitute.org/uploads/publications/247.pdf]

43 Ibid.

44 National Perinatal Epidemiology Unit, 'Safely delivered: a national survey of women's experience of maternity care 2014', 2015, p. 52. [www.npeu.ox.ac.uk/downloads/files/reports/Safely%20delivered%20NMS%202014.pdf]

45 Ibid.

The NPEU survey shows about four in ten fathers seeking information about pregnancy, labour, and the birthing process. More than half participated in making decisions about antenatal screening (56 per cent) and decisions required during labour (50 per cent). First-time mothers were more likely to have partners who were engaged in information-seeking.⁴⁶

Studies suggest there are sustained benefits of utilising fathers as a resource during the antenatal period. Studies find a significant correlation between fathers' attendance at the birth and their subsequent involvement in monitoring infant health by participating in 'well child visits'.⁴⁷

The Royal College of Midwifery (RCM) advises its members that "engaging with fathers regardless of age and social circumstances increases the likelihood of positive changes to lifestyle and subsequently the health and wellbeing of mother, baby and the father himself".⁴⁸

Despite most fathers being a visible physical presence, the engagement of health services with fathers has been described by the Fatherhood Institute as "patchy" and dependent "on the motivation and skill of individuals".⁴⁹

2.2 Fathers are playing their part in looking after their children and their attitudes to childcare are changing

Fathers are not only a physical presence in the perinatal period, but they are also increasingly taking on childcare responsibilities. The Modern Families Index – a major annual survey of working parents – found in 2018 that 46 per cent of fathers either shared childcare duties equally with their partner, or did the majority of parenting, and almost half (43 per cent) of younger fathers would be "happy to take a pay cut if it meant spending more time with their families".⁵⁰

Attitudes towards childcare are also changing

According to the latest British Social Attitudes survey, support for a traditional division of gender roles has declined over time, though substantial support remains for women having the primary caring role when children are young. In 2017, only 8 per cent of adults believed that a man's job is to earn money and a woman's job is to look after the home and family – down from 48 per cent in 1987. However, 33 per cent of adults still think that a mother should stay at home when there is a child under school age, compared with 64 per cent in 1989. Across all adults, almost three quarters (71 per cent) believe that a mother with a child under school age should either stay at home or work part time.⁵¹

46 Ibid.

47 Fathers' role in the Care and Development of Their Children: The Role of Pediatricians', M. Yogman, C. Garfield, Committee of Psychosocial Aspects of Child and Family Health, 2016. [<http://pediatrics.aappublications.org/content/138/1/e20161128>]

48 Royal College of Midwives, 'Reaching out: Involving Fathers in Maternity Care', p. 4. [www.rcm.org.uk/sites/default/files/Father%27s%20Guides%20A4_3_0.pdf]

49 Sheriff and Hall, 2014, cited in Fatherhood Institute, 'Fathers in the first 1001 days', p. 1. [www.fatherhoodinstitute.org/wp-content/uploads/2015/12/Fathers-in-the-first-1001-days-PDF-1.pdf]

50 Bright Horizons, Working Families, 'Modern Families Index' p. 27, 2018

51 British Social Attitudes: The 30th Report, 'Gender Roles An Incomplete Revolution?' 2013. [http://www.bsa.natcen.ac.uk/media/38457/bsa30_gender_roles_final.pdf]

While there is significant ‘generational-replacement’ in the data, with younger adults much less likely to subscribe to traditional views than their parents or grandparents, a significant majority (59 per cent) of 26–35 year olds believe that the most desirable way for a family with a child under school age to organise work and family life is either for the father to be the primary ‘breadwinner’, or a modified version of this model where the father works full time and the mother part time. These figures rise to almost seven in ten (68 per cent) for 36–45 year olds, with both age groups being the most likely to be starting families. There is virtually no support (6 per cent in both age groups) for both parents working full time.⁵²

A survey commissioned by the Department for Business, Innovation and Skills in 2015 found that only 21.8 per cent of UK adults felt that, if money was not an issue, the main responsibility for looking after children should be the mother’s, with over half (52.5 per cent) saying it should be shared equally. A quarter (24.9 per cent) of 24–35 year olds felt that if money was not an issue, mothers should take the main responsibility for looking after children.⁵³

Analysis conducted by academics from Manchester University suggests that “fathers are more likely than mothers to have traditional attitudes about the mother’s parenting role: one quarter (24 per cent) of mothers and one third (34 per cent) of fathers with at least one dependent child under the age of one agreed that children suffer if the mother has paid employment before the child starts school”.⁵⁴ This research found that nine in ten mothers and fathers combined agreed that a father should be as closely involved in the child’s upbringing as the mother.⁵⁵

Despite this strong preference for mothers as the primary carers in families with young children, fathers want to play an active role in family life. When the NSPCC and YouGov surveyed British men in 2014, almost all (95 per cent) felt it was “important for dads to be involved in looking after their babies”.⁵⁶ This builds on evidence from previous surveys, which found that new fathers take their caring role seriously, often prioritising it over being a ‘breadwinner’.

Fathers and time spent looking after their pre-school children

Recent analysis by the ONS of time spent on childcare from 2000 to 2015 shows a small (4.7 per cent) increase in the total time spent by fathers on caring for their pre-school children. This analysis of the UK Harmonised European Time Use Survey (HETUS) between 2000 and 2015 shows that fathers whose youngest child was of pre-school age spent a total of 90.7 minutes per day caring for their child in 2015, compared to 86.7 minutes per day in 2000.⁵⁷

52 British Social Attitudes Survey 2013, pp. viii, 125. [www.bsa.natcen.ac.uk/media/38723/bsa30_full_report_final.pdf]

53 Department for Business, Innovation and Skills, Shared Parental Leave: Public Attitudes, January 2015

54 <https://www.workingfamilies.org.uk/workflex-blog/what-should-mums-and-dads-do-changes-in-attitudes-towards-parenting/>

55 Ibid.

56 Research carried out by YouGov: the total sample size was 1,187 adults, of which 660 were fathers. Fieldwork was undertaken between 24– 25 March 2014. The survey was carried out online. The figures have been weighted and are representative of all UK men aged 18+. Data referenced in NSPCC report, ‘The Dad Project’, p. 8. [www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-dad-project.pdf]

57 ONS, ‘Changes in the value and division of unpaid care work in the UK: 2000 to 2015’, 2016, p. 6

When time spent on childcare is broken down into 'primary childcare' (feeding, waking, supervising at the playground, looking after a sick child and other unspecified childcare), and 'developmental childcare' (reading to or playing with children; helping children with homework), mothers and fathers of pre-school children have similar time divisions, spending about a third of their childcare time on 'developmental care' (35 per cent for fathers and 31 per cent for mothers) and two thirds on 'primary care' (65 per cent for fathers and 69 per cent for mothers).⁵⁸

The most recent National Perinatal Epidemiology Unit survey found that more than half of fathers were highly involved in the tasks associated with caring for babies, with many regularly changing nappies (67 per cent), comforting a crying baby (72 per cent), playing with children (82 per cent), and helping or providing support with feeding (65 per cent). Many fathers and partners help with childcare, with more than half overall (62 per cent) reporting doing this 'a great deal'. Fathers and partners of first-time mothers were significantly more likely to be involved in all these aspects of care than those of mothers who had previously given birth.⁵⁹

A recent survey of fathers for Fathers Network Scotland found that a little over half of the fathers of younger children do half or more of the childcare, with another 44 per cent saying that they do some, and only 3 per cent doing none at all. When asked about time spent reading to young children, 64 per cent of respondents said that they read to their children "most days", including 34 per cent who read every day.⁶⁰

Socio-economic differences can also be found within this. A major review of parenting by the Social Mobility Commission found that while the time fathers spent reading to their children increased from 37 per cent to 71 per cent, the gap between fathers with a 'high socio-economic status' and fathers with a 'low socio-economic status' widened, from 15 to 26 percentage points (this is so called 'Gruffalo time').⁶¹

An analysis of the 2005 UK Time Use Survey for the Fatherhood Institute found that only 29 per cent of couples were equally sharing the load of work and childcare. Since then, the direction of travel has been one of more, not less father involvement. In 24 per cent of two parent families, the father did most of the childcare on at least one of the days covered by the survey. During the week, 22 per cent of couples with a child aged under five shared childcare, with each parent doing at least a third, and 37 per cent⁶² did so at weekends. On average, fathers of under-fives spent about the same time as mothers on reading, playing and talking with their children at weekends.⁶³

58 Ibid.

59 National Perinatal Epidemiology Unit, 'Safely delivered: a national survey of women's experience of maternity care 2014', 2015, pp. 52–53. [www.npeu.ox.ac.uk/downloads/files/reports/Safely%20delivered%20NMS%202014.pdf]

60 Reka Szaboki, 'Father's Day Survey 2017 Analysis', 2017 [https://d3n8a8pro7vhm.cloudfront.net/fathersnetwork/pages/3026/attachments/original/1497624593/Survey_Dads_2017_Analysis_Published_160617.pdf?1497624593]

61 Social Mobility Commission, *The childhood origins of social mobility: socio-economic inequalities and changing opportunities*, 2016

62 Ibid.

63 Fatherhood Institute, 'Time Use and Childcare', 2005, p. 1

There are significant variations according to income level

Analysis of the 2015 HETUS data set reveals differences in time spent on childcare by parental incomes, with higher income parents spending 85 minutes per day in total childcare on their pre-school aged children compared to 63 minutes by low income parents.⁶⁴ Low income fathers in particular spend 39 minutes compared to 56 minutes for higher income fathers.⁶⁵ When 'primary childcare' is differentiated from 'developmental childcare', a similar pattern is observed.

Without a better qualitative understanding of these patterns (particularly around working patterns) it is hard to identify the reasons for these differences. This data emphasises the need for the development of 'fatherhood policy' to be targeted at areas where father engagement is likely to be lowest.

Weekend dads

Another study looking at fathers' time spent on childcare revealed a big differential between weekday and weekend childcare, with fathers spending around 238 minutes with their children during the week, and 432 minutes at weekends. This analysis also found an upward trend in father time spent on childcare activities, with fathers performing childcare activities for an average of 61 minutes on weekdays (up from 49 in 2000) and 83 minutes on weekend days (up from 61 minutes).⁶⁶ A similar analysis of the UK Time Use Survey by the Fatherhood Institute found that, on average, fathers of children under five almost double the time they spend with their children, from 80 minutes a day during the week, to 150 minutes a day at weekends.⁶⁷

Fathers looking after children alone

Fathers in the UK are also increasingly looking after their children alone, without their partner present. HETUS data shows that the proportion of childcare that fathers undertook in the absence of their partner on weekdays increased from 49 per cent in 2000 to 57 per cent in 2015, and at the weekend from 38 per cent to 48 per cent.⁶⁸ One study points to 50–60 per cent of new fathers in couple families undertaking regular 'solo' care "several times a week".⁶⁹

64 Based on CSJ calculations, using data from ONS, 'Changes in the value and division of unpaid care work in the UK: 2000 to 2015', 2016, Figure 5: Average daily minutes of childcare provided by gender of parent, equivalised household income band, and age of their youngest child in household [www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/articles/changes-in-the-value-and-division-of-unpaid-care-work-in-the-uk-2000-to-2015]. The 85 minute/33 minute averages were calculated by adding up the average number of daily minutes of primary and developmental childcare provided by *both* mothers and fathers – first, for the low income category, and then for the high income category – and then dividing by four for each income grouping (finding the mean average for each income category). The 39 minute/56 minute averages calculated by adding up the average number of minutes per day spent by fathers on both primary and developmental care – first for low income fathers, and then for high income fathers – and then dividing by two, finding the mean average by income group.

65 Based on CSJ calculations, using data obtained by the ONS, Figure 5 (ibid.)

66 Data from the 2015 Harmonised European Time Use Survey presented in 'Father involvement in the UK: trends in the new millennium', Families and Societies working paper series, 2017, pp. 3, 5 [www.familiesandsocieties.eu/wp-content/uploads/2017/02/WP70Henz2017.pdf]

67 Fatherhood Institute, 'Time Use and Childcare', 2005, p. 2

68 'Father involvement in the UK: trends in the new millennium', Families and Societies working paper series, 2017, p. 5 [www.familiesandsocieties.eu/wp-content/uploads/2017/02/WP70Henz2017.pdf]

69 Fatherhood Institute, 'Cash or carry? Fathers combining work and care in the UK', 2017, p. 35. [www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Cash-and-carry-Full-Report-PDF.pdf]

Mothers still do most of the childcare, but fathers do more paid work

Figures compiled by the ONS show that fathers typically spend almost half an hour looking after their pre-school children for every hour spent by the mother. In 2015, fathers whose youngest child was of pre-school age provided on average childcare proportionate to 45.5 per cent of that provided by mothers – in 2000, the same proportion stood at 41.4 per cent.⁷⁰

However, it is impossible to assess this time accurately without comparing to the time spent in paid work with the time spent on unpaid care and household tasks. Paid working patterns show that fathers are still spending more time in the workplace, where there is a notable gender divide in working patterns.

For couple families with young children, the most common division of labour is a father in full time work and a mother in part time work.⁷¹ Labour market data shows that 84 per cent of fathers with children under four are in full time work, compared to 28 per cent of similar mothers. A little over a third (36 per cent) of mothers with children under 4 work part time, compared with 6 per cent of fathers. More than one in four (26 per cent) mothers with young children are full time mothers (“looking after the family or home”) compared to just under 2 per cent of fathers.⁷²

Three quarters (75 per cent) of mothers who are economically inactive due to looking after the family or home are not looking for work and do not want a job of any sort. Just over half (55 per cent) of the significantly smaller number of fathers who are economically inactive due to family or home responsibilities say that they would not like to work and were not looking for a job.⁷³

The more children a family has, the more likely it is that one parent (almost always the father) will take on ‘sole breadwinning’ responsibilities while the other parent (almost always the mother) takes on a full time childcare role. The likelihood of a father taking on sole breadwinning responsibilities almost doubles (from 16 per cent to 31 per cent) when a couple has three or more children. Another trend – with both parents working full time – can be observed for couples with only one child, where 40 per cent both work full time compared to couples with three or more children, where the proportion drops to around 16 per cent. Across all work patterns, men are significantly more likely to be working rather than caring.⁷⁴

This pattern is reflected in the attitude of mothers towards paid work, with over nine in ten mothers in part time work saying that they do not want a full time job (only 6 per cent say they are working part time because they can’t find full time work).⁷⁵ According to a recent Department for Education Childcare Early Years Survey, most mothers (54 per cent) would

70 ONS, ‘Changes in the value and division of unpaid care work in the UK: 2000 to 2015’, 2016, p. 6

71 ONS, ‘Families and the Labour Market, England: 2017’, 2017, section 6. [www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2017#mothers-with-a-youngest-child-aged-between-three-and-four-years-old-have-the-lowest-employment-rate-of-all-adults-with-or-without-children-and-are-the-most-likely-group-to-work-part-time]

72 ONS, ‘Families and the Labour Market, England: 2017’, 2017 [www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2017]

73 Ibid., Figure 18

74 Ibid.

75 Ibid., Figure 16

rather work fewer hours and spend more time with their children, and 36 per cent said that if they could afford to give up work altogether, they would prefer to stay at home and look after their children.⁷⁶

2.3 Family structure at birth

In 2016 there were 696,271 live births in England and Wales.⁷⁷ Of these births, 84 per cent of babies were registered by parents who were married, in a civil partnership, or cohabiting – a proportion that has remained unchanged since 2003.⁷⁸

Whilst fathers generally feel the effects of exclusion from the pregnancy process and early parenthood, they are almost always present during this period; 95 per cent of births in the UK are registered by mother and father together, with most parents (85 per cent) living at the same address.⁷⁹ According to research conducted by the Fatherhood Institute, of the 15 per cent of fathers who live in separate households, two-thirds have been described by the mother as “romantically involved” or “friends”, leaving just 5 per cent (one couple in twenty) who say they are “not (or no longer) in a relationship”. This evidence builds on earlier research indicating that 95 per cent of biological parents were in some form of couple relationship at the time of birth.⁸⁰

In 2016, just over half (52 per cent) of births occurred within marriage or civil partnership, a lower proportion across all age groups compared with 2006.⁸¹ It is important to recognise that within this figure there will be a significant socio-economic differential, with lower income families much less likely to be in a married relationship than middle or higher income couples (the so called ‘marriage gap’ which measures difference in marriage rates between low income and higher income couples).

Almost a third (32 per cent) of babies were born to cohabiting parents – a proportion which has tripled over a thirty-year period. The proportion of births to married couples has declined from 519,673 (78.6 per cent) in 1986 to 364,521 (52.4 per cent) in 2016.⁸²

76 Department for Education, ‘Childcare and early years survey of parents 2014 to 2015’, 2016, p. 29 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/516924/SFR09-2016_Childcare_and_Early_Years_Parents_Survey_2014-15_report.pdf]

77 ONS, ‘Births in England and Wales: 2016’, 2017, p. 2 [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2016]

78 ONS, ‘Births by parents’ characteristics in England and Wales: 2016’, 2017, p. 2 [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2016]

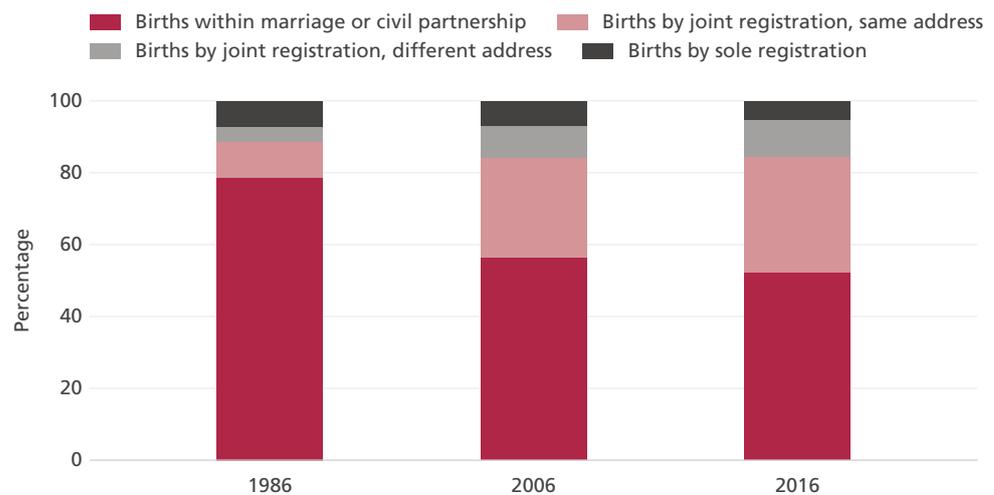
79 ONS, ‘Births by parents’ characteristics in England and Wales: 2017

80 Fatherhood Institute, ‘Who’s the bloke in the room? Fathers during pregnancy and at the birth in the UK’, pp. 5, 3 [www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Whos-the-Bloke-Executive-Summary.pdf]

81 ONS, ‘Births in England and Wales: 2016’, 2017, p. 2 [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2016]

82 ONS, ‘Births by parents’ characteristics in England and Wales: 2016’, 2017 [www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2016]

Figure 1: Live births by family structure⁸³



Only one in ten births (71,917) were registered jointly by parents living at separate addresses, with only 36,122 (5.2 per cent) of births registered by the mother alone.⁸⁴

Understanding Society data from 2010–11 shows that half of all family breakdowns that occur by the time a child is 15 happen within the first two years of a child's life (24 per cent of separating couples do so by the time of their child's second birthday with 48 per cent doing so by age 15).⁸⁵

Other data sources show a significant 'family breakdown gap' where separation is far more likely to occur in poorer households

- Almost half of all children are no longer living with both their parents by the time they sit their GCSEs. However, for children in our poorest communities, the same proportion have already seen their parents split up by the time they start primary school.⁸⁶
- A teenager growing up in the poorest twenty per cent of households is two thirds more likely to experience family breakdown than a teenager in the richest twenty per cent of households.⁸⁷

In most other major areas of Government policy, particularly education and health, prevention is seen as a priority. This should be equally true for families. Helping to build stronger and more stable relationships is particularly important in the poorest areas, where relationship breakdown is most concentrated.

Evidence from the Early Intervention Foundation highlights the importance of the relationship between parents as the "primary influence" on future life chances and long term outcomes for children.⁸⁸

83 www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2015

84 Ibid.

85 Understanding Society 2010–11

86 Centre for Social Justice, 'Fully Committed? How a Government could reverse family breakdown', 2014, p. 15

87 Ibid.

88 www.eif.org.uk/publication/what-works-to-enhance-inter-parental-relationships-and-improve-outcomes-for-children-3/

In 2016 the Department for Work and Pensions announced its intention to invest £39 million in a programme for reducing parental conflict, targeted at workless families. Half of all family breakdown occurs before a child's second birthday, a crucial period in both the life of the child and the relationship between the parents. There is an opportunity for the Department of Health and Social Care to develop a second fund to improve relationship quality at the point of pregnancy for couples 'at risk' of separation.

Marriage

It is important to understand the difference in relationship formation with married couples. Marriage offers a much better chance of staying together than cohabiting. Parents who are married before they have a child are far more likely to stay together and nearly all parents (93 per cent) who stay together until their children reach 15 are married.⁸⁹

Moreover, these aggregate figures do not fully illustrate the importance of marriage in relation to social justice, with marriage rates significantly lower among lower income families compared to middle to high earning families.⁹⁰

If the Government wants to address family stability and promote stronger relationships as part of a wider social justice strategy, it cannot afford to be neutral about marriage. References to marriage have almost disappeared from Government policy documents, despite evidence that it provides the most stable form of relationship.

Politicians are reluctant to talk confidently about the institution of marriage. This reticence is not shared amongst the public. Levels of support for promoting marriage are strong, with both support for the institution of marriage and active tax policies to promote it:

- Almost half of the public (45 per cent) feel that marriage has become less important over the last few decades and agreed that this was a bad thing, including 47 per cent of adults in social grades C2DE.⁹¹
- Only a quarter of adults were happy to see the decline of marriage as an "important" institution.⁹²
- When people are prompted to consider the role of Government in supporting marriage, more than seven out of ten (71 per cent) agreed that "marriage is important and government should support married couples", including over two-thirds of adults in social grades C2DE (70 per cent) where family breakdown is highest. Only one in five (19 per cent) adults in Britain disagree with this statement.⁹³

Governments shouldn't be neutral on supporting marriage as a relationship form. In reforms to Relationships and Sex Education in schools, recent legislation requires that young people should learn about "the nature of marriage and its importance for family life and the bringing up of children".⁹⁴ There is no reason why this principle (which is stated

89 <http://marriagefoundation.org.uk/research/>

90 Marriage Foundation, 'Establishing the facts about family breakdown: transforming the debate about marriage'

91 CSJ/YouGov poll of 1,665 adults, 31 July–1 August 2017, 'Over the last few decades, do you think marriage has become less important in society?'

92 Ibid.

93 CSJ/ComRes poll of 2,026 adults, 2–3 August 2017, 'To what extent do you agree or disagree with the following statements? Marriage is important and the Government should support couples who get married'

94 https://consult.education.gov.uk/psh/relationships-education-rse-health-education/supporting_documents/Draft%20Regulations%201.0%20for%20HAC.pdf

in law) should not be extended to couples during the pregnancy process. Professionals can play an important role in discussing the impact of childbirth on the couple relationship and help couples (especially unmarried couples) reflect on their relationship at the point at which it is likely to come under the most significant strain.

In 2014 the Coalition Government announced that Health Visitors would be required to provide relationship advice and support to new parents as part of a review into Health Visiting practice.⁹⁵ This followed a CSJ recommendation to place a new duty on Health Visitors to consider the couple relationship within their role. We would recommend this duty and consideration is extending to maternity services and the role of midwives.

Recommendation 1

Extending our recommendation made in Fully Committed?⁹⁶ We recommend that a targeting process (focused on unmarried couples and couples at risk of separation) is developed to help midwives engage couples in a discussion around the impact of having a child on the couple relationship and encourage uptake of relationship support services.

The age of the mother affects her likely family relationship

Family instability is strongly associated with the age of the mother at birth. 4.8 per cent of women under twenty who gave birth in 2016 were married or in a civil partnership, compared to over two thirds (67 per cent) of mothers aged 30–39.

According to research conducted by the Fatherhood Institute, only 2.2 per cent of mothers under twenty have a new partner at the time of the birth, and of these mothers, one in ten of the biological fathers attends the birth; one in four enters his name on the birth certificate; and one in four is still in touch with infant and mother nine months later.⁹⁷

Births registered to same-sex couples remain rare

In 2016, there were 1,404 births registered to same-sex couples (1,011 in a marriage or civil partnership, 393 not in a civil partnership or married), which represents 0.2 per cent of all live births. Within this figure, fathers are still largely present, with only one baby in a thousand registered to two women.⁹⁸

The government fails to collect data on income differentials

According to the answer to a Written Question placed by Baroness Eaton in 2017 official data on births and family circumstances does not record family incomes, and thus misses the opportunity to prioritise social policy.⁹⁹

95 www.nursingtimes.net/clinical-archive/public-health/health-visitors-to-offer-families-relationship-advice-says-pm/5073981.article

96 www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/CSJJ2072_Family_Breakdown.pdf

97 Fatherhood Institute, 'Who's the bloke in the room? Fathers during pregnancy and at the birth in the UK', 2018, p. 5 [www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Whos-the-Bloke-Executive-Summary.pdf]

98 ONS, 'Births by parents' country of birth, England and Wales: 2016', 2017, p. 11

99 Written Statement by Baroness Eaton, House of Lords, HL1592

However, a government data set from 2010–11 indicates significant disparities, with 52 per cent of children aged 0–5 in low income families living with both parents compared to 84 per cent who live in high income families.¹⁰⁰ By failing to record family income data, policy makers are failing to ensure support is directed at couples with the highest need.

Recommendation 3

The government should collect data on family circumstances and income at the point of birth and publish an annual data set.

2.4 A Relationship Support Fund

The CSJ has identified around £200 million from the declining uptake of the Married Couple's Allowance which could be used to develop a fund to improve relationship quality at the point of pregnancy for couples 'at risk' of separation.

Funding for new programmes to improve family relationship quality and reduce separation could come from the savings made through the declining draw on the budget for Married Couple's Allowance, as suggested by the CSJ in a 2018 Budget Submission.

The Married Couple's Allowance (MCA) is available for couples married or in a civil partnership that are living together, providing one of them was born before 6 April 1935. The MCA is a tax relief worth about 10 per cent of taxable pay for the higher earning partner (if the marriage was before 2005 the husband's income is used). The benefit has upper and lower limits for both the amount of tax relief that can be claimed and how much can be earned, and is worth between £336 and £869.50 per year.¹⁰¹

Due to the age-limited nature of MCA, Government expenditure on this tax relief is declining rapidly and is likely to disappear altogether within the next decade.

As the number of eligible couples decreases, the relief too will decrease until the cost is £0. Using the cost of MCA from the last five years, we have projected the cost for the next four years and calculated the amount saved as the costs decrease, using the 2018–2019 cost of £165.9 million as a baseline.¹⁰² The CSJ recommends maintaining expenditure on MCA at 2018/19 levels and re-allocating the difference between this level and the amount claimed over a three-year period.

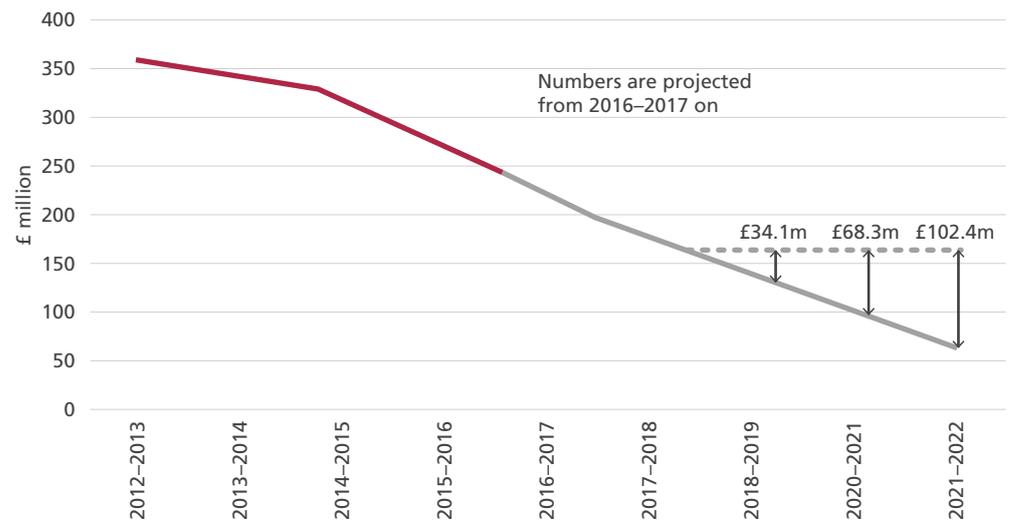
The chart below projects a decreasing draw down on the budget for the Married Couples Allowance over a three year period. It is anticipated that this fund would provide £34.1 million in year 1, £68.3 million in year 2 and £102.4 million in year 3 (approximately £200 million in total). This recommendation would be cost neutral to HM Treasury and existing claimants would continue to receive MCA payments.

¹⁰⁰ DWP, 'Percentage of children living with both birth parents, by age of child and household income; and estimated happiness of parental relationships', 2013, p. 5

¹⁰¹ www.gov.uk/married-couples-allowance/eligibility

¹⁰² www.gov.uk/government/statistics/main-tax-expenditures-and-structural-reliefs

Figure 2: Fall in government expenditure on Married Couples Allowance (MCA)



Recommendation 2

A successor fund to the DWP 'Reducing Parental Conflict' programme should be developed by the Department of Health and Social Care and offered to couples 'at risk' of separation during the pregnancy and post-natal period using funds from the Married Couples Allowance budget (as set out above).

chapter three

CSJ/Survation polling of fathers

3.1 CSJ/Survation polling of fathers

Methodology

In 2018, the CSJ and Survation conducted an opinion poll of 1,011 UK fathers with children under five, to better understand their views, and their engagement with public services during the perinatal period. This survey was unweighted, due to the absence of external data on the demographic distribution of fathers across the UK.¹⁰³

There is limited evidence on the attitudes of men during the perinatal period, and this survey is one of the few to ask men directly about their own experiences. The poll found evidence that a significant majority of fathers feel excluded from the process of childbirth and early parenthood, despite almost always being present in maternity wards and taking an active role in the care of their children.

Men are largely around

According to our poll, just over half (57 per cent) of new fathers said they attended routine antenatal appointments offered by the NHS.¹⁰⁴ This contrasts with other research which points to much higher levels of paternal attendance at antenatal appointments. Other surveys report a lower figure of around a third of respondents. No official figures are maintained or collected on paternal antenatal attendance, something the government should consider changing if we aim to encourage the active participation of fathers.

The National Perinatal Epidemiology Unit survey of mother's views of maternity care show that a substantial number of fathers were engaged in the pregnancy, labour and birth, with 82 per cent¹⁰⁵ present for the early dating scan and 84 per cent¹⁰⁶ for the anomaly or '20 week' scan. Similarly high numbers were present for the labour (82 per cent) and birth (87 per cent).¹⁰⁷

103 CSJ/Survation poll of 1,011 fathers, 16–30 May 2018

104 Ibid.

105 National Perinatal Epidemiology Unit, 'Safely delivered: a national survey of women's experience of maternity care 2014', 2015, p. 52

106 Ibid.

107 Ibid.

One recent large-scale sample of 1,873 of men who have become fathers in the last five years found that 94 per cent attended “at least one antenatal appointment”, and almost all attended ultrasound scans and the birth.¹⁰⁸

This discrepancy could be explained by the different terminology used within questions, with some surveys asking about ‘antenatal appointments’ in general (implying attendance at all appointments), and others asking about specific ‘milestone’ appointments such as the dating scan or twenty week scan.

As there is no official record of father attendance taken at appointments, it is not possible to establish the exact number of fathers attending these appointments. Nonetheless, the available evidence suggests that the number is likely to be very high.

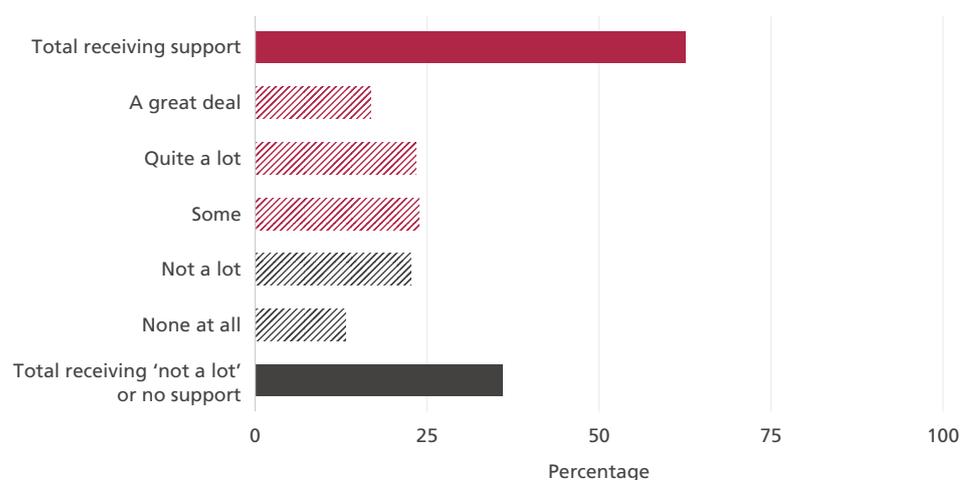
Recommendation 4

A fatherhood census: Hospitals should collect data on the attendance of partners (specifically using the term ‘father’ among other possible partners) to get an accurate record of active participation of fathers during the antenatal period. This data can be used to identify ‘cold-spots’ for investment in supporting father engagement. This fatherhood census would help to understand the engagement with and views of fathers as well as support delivery of services.

Our research shows a significant lack of engagement with fathers

Almost seven out of ten (69 per cent) new fathers said they thought “fathers were made to feel like a ‘spare part’ during the pregnancy period”, with only 14 per cent disagreeing with this statement. Despite an overall pattern in our survey of greater engagement among younger fathers aged 18–24, almost eight out of ten of these fathers (78 per cent) agreed with the statement.¹⁰⁹

Figure 3: Question: To what extent do you agree or disagree with the following statement? “Fathers are often made to feel like a spare part during the pregnancy period”



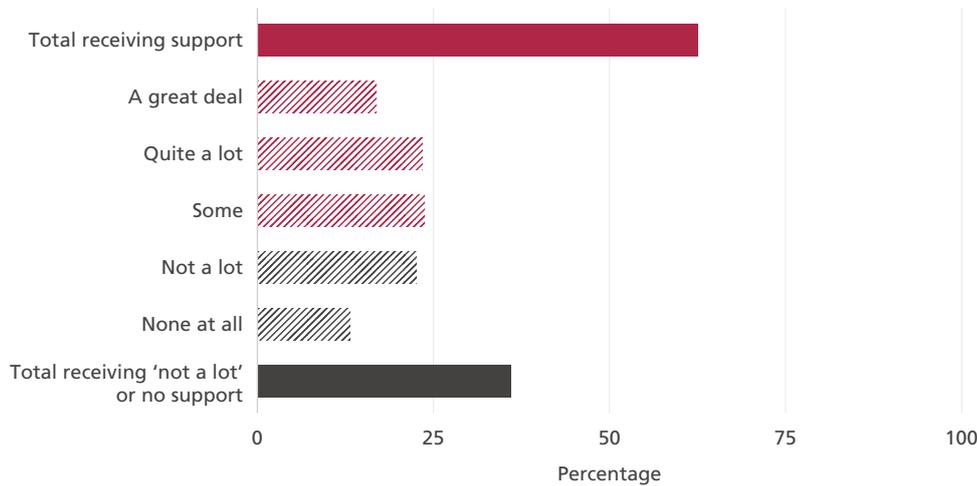
Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

108 Online survey by the Fatherhood Institute/Fathers Network Scotland, May 2018

109 CSJ/Survation poll of 1,011 fathers, 16–30 May 2018

When we asked fathers whether they received any support at all from someone other than a partner, friend, or family member, more than a third (36 per cent) said they received “not a lot” or “none at all”.¹¹⁰ The response to this question suggests that support for fathers is limited.

Figure 4: Question: How much support did you receive from anyone other than your partner, friend or a family member to prepare you for fatherhood?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

Maternity services are failing to engage with fathers

- Only a third (33 per cent) of fathers reported any healthcare professional talking to them about their role as a father. Healthcare professionals are much more likely to talk to younger fathers, with half of fathers aged 18–24 reporting a conversation on fatherhood with a healthcare professional. More than half (53 per cent) of first time fathers reported that a healthcare professional did not have a conversation with them about their role as a father.¹¹¹
- In a YouGov survey of fathers commissioned by the CSJ in 2016, only 22 per cent of fathers with children under five went to a midwife or doctor for advice or guidance on becoming a father, with most relying on informal networks or family members.¹¹²
- In the same survey, about four in ten newer fathers with children under five said that they received little or no practical support before becoming a father for the first time, with a similar number saying the NHS caters badly for the needs of fathers.¹¹³

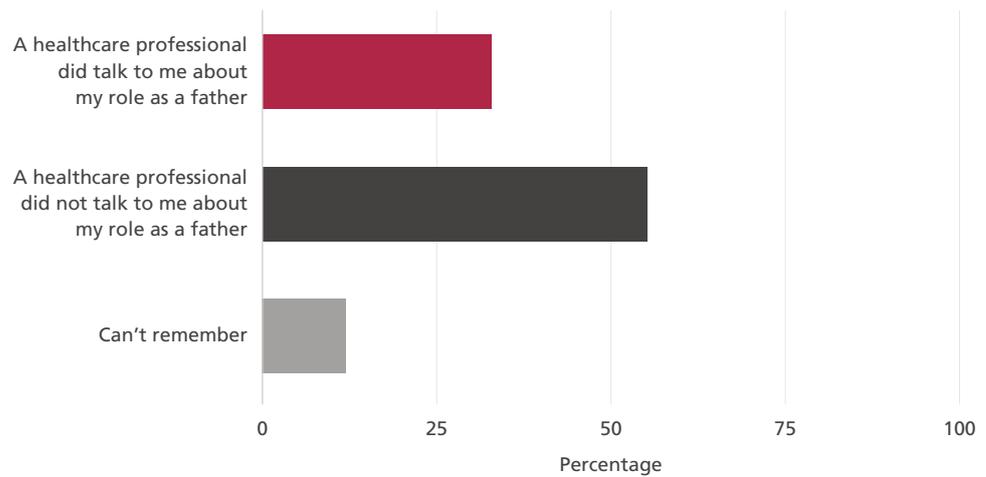
¹¹⁰ Ibid.

¹¹¹ Ibid.

¹¹² www.centreforsocialjustice.org.uk/core/wp-content/uploads/2017/11/The-forgotten-role-of-families-why-its-time-to-find-our-voice-on-families-1.pdf

¹¹³ Ibid.

Figure 5: Question: Before the birth of your most recent child, did a healthcare professional talk to you about your role as a father?

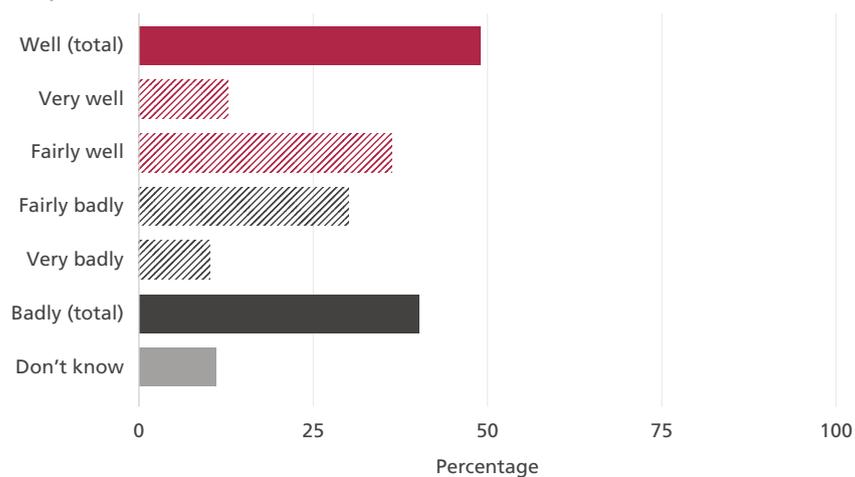


Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

- When fathers who attended routine antenatal appointments were asked about their experiences, a similar proportion (37 per cent) reported that the medical staff talked to them about their role as a father, with 57 per cent saying that healthcare professionals did not talk to them about their role – including a similar number of first time fathers (54 per cent).¹¹⁴

Just less than half (49 per cent) of new and expectant fathers say the NHS “caters well” for them, with 40 per cent saying that it doesn’t. Generally, fathers are split on the extent to which the NHS is supportive of their role, with only about one in eight expressing strong satisfaction with the NHS. There is slightly higher overall satisfaction with the NHS among younger fathers than those aged over 25.¹¹⁵

Figure 6: How well or badly do you think the NHS caters for the needs of expectant/new fathers?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

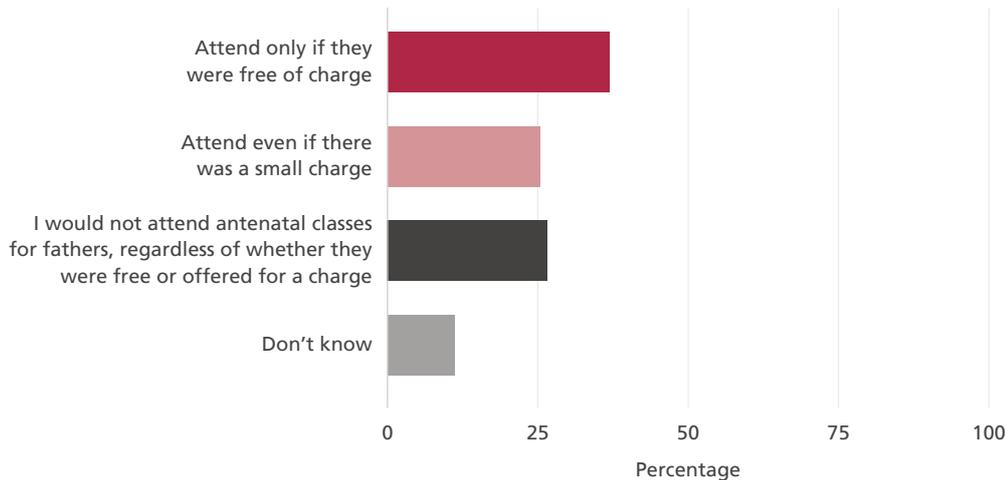
114 Ibid.

115 Ibid.

Fathers are very willing to attend antenatal classes

Six in ten (62 per cent) fathers responding to our survey said that they would attend antenatal classes aimed specifically at fathers if they were offered, with a quarter (25 per cent) even being willing to pay a small charge to do so.¹¹⁶

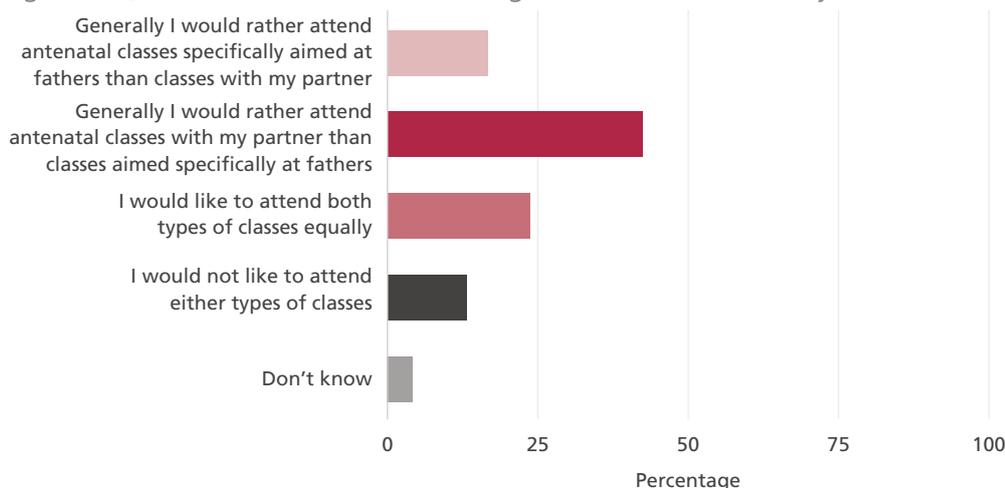
Figure 7: Question: Some hospitals offer antenatal classes aimed specifically at expectant fathers. If you were expecting another child, and this was available, would you...?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

There is also willingness to attend antenatal classes which are aimed equally at mothers and fathers, with 42 per cent expressing a preference for attending a class with their partner, and just under a quarter (24 per cent) expressing a willingness to attend either equally.¹¹⁷ These results show an active cohort of fathers who are prepared to engage in classes offered by hospitals.

Figure 8: Question: Which of the following statements is closest to your view?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

¹¹⁶ CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

¹¹⁷ Ibid.

Case study: Dads to Be

Dads to Be is a charity offering antenatal classes to first time dads. It has been operating across hospitals in South London for almost ten years, providing a unique single session for dads only in the months before the birth. These classes offer a supportive and private environment for dads to be to discuss their worries and concerns about fatherhood with other men in the same situation.

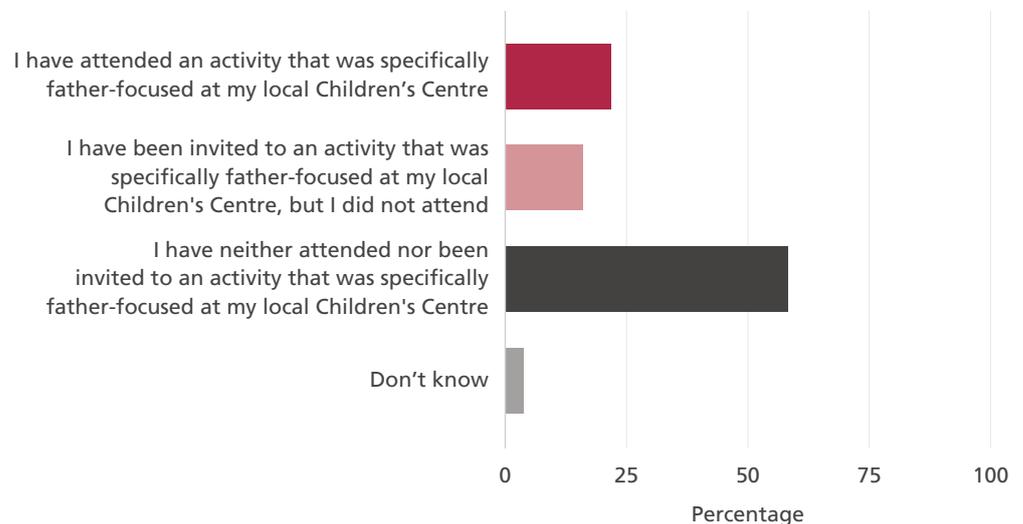
The interactive workshop is led by a volunteer dad and a professional midwife based at the relevant hospital, and caters for up to 60 dads at a time. The workshop emphasises the dad's role through this life changing event and covers a range of topics, including how to prepare for parenthood, the birth itself, and reshaping family life with a new child. Its emphasis on the long term goals of family life and maintaining the relationship between the mum and dad, particularly in the tough early years, is almost unique among antenatal classes, but is crucial for children's long term outcomes.

Children's Centres are failing to engage with fathers

Despite a requirement for Children's Centres to engage with fathers as a "hard to reach group", only around six in ten fathers (57 per cent) are aware of a local Children's Centre, and 38 per cent of those aware have been invited to a *father specific* activity.¹¹⁸

More than four in ten (41 per cent) of fathers aware of Children's Centres are completely absent from them, having never been invited to, nor attended, any activity at all.¹¹⁹

Figure 9: Question: Have you attended or been invited to a father focused activity at your local Children's Centre?



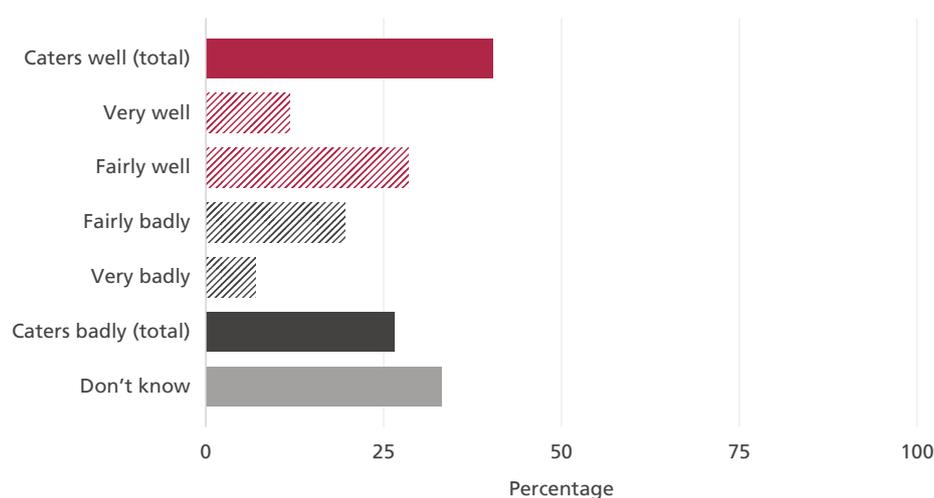
Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

118 Ibid.

119 Ibid.

About 60 per cent of all fathers are either unsure about how well their local Children's Centre caters for the needs of new fathers, or think it caters badly for them. 40 per cent felt that their local Children's Centre caters well for their needs. When our results isolate how many children the father has, only 9 per cent of first time fathers express strong satisfaction with Children's Centres.¹²⁰

Figure 10: Question: How well or badly do you think your local children's centre caters for the needs of new fathers?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

The decline in Children's Centres 'in pram pushing distance'

The Sure Start children's centre programme was introduced in 1998 with the intention of providing services for young people and their families "under one roof". The initial programme was targeted at the most disadvantaged areas in England, and was later extended to all areas. In August 2009, there were 3,632 centres, with more than half (54 per cent) in the most disadvantaged 30 per cent of areas.¹²¹ This represented the 'high water mark' of Children's Centres across England.

A recent study by the Sutton Trust and Oxford University indicates that as many as 1,000 Sure Start children's centres may have been shut down in England since 2010, representing a 30 per cent reduction in this period. According to the report, Children's Centres are often no longer in "in pram-pushing distance."¹²² This decline in the availability of local Children's Centres is likely to be reflected in our survey.

Health Visitors are failing to engage with fathers

When we asked fathers if they received any guidance on being a father from their Health Visitor, 44 per cent said that they received "not a lot" or "none at all", with a further quarter saying they received "some". This compares with 31 per cent who said they

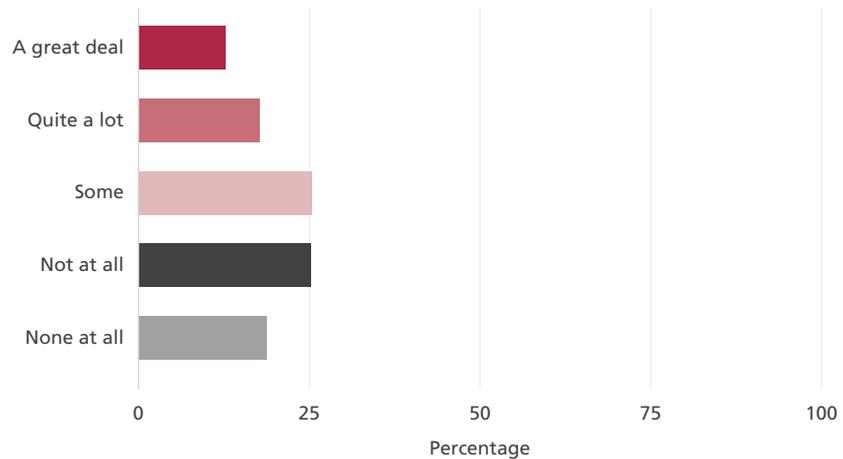
¹²⁰ Ibid.

¹²¹ www.suttontrust.com/newsarchive/1000-childrens-centres-closed-since-2009/

¹²² Ibid.

had received either “a great deal” or “quite a lot” of support. This question revealed a significant age differential, with Health Visitors being more likely to engage with younger fathers than older ones, although engagement with first time dads (regardless of age) remains in line with the overall low figures.¹²³

Figure 11: Question: How much advice or guidance on being a father did you receive from your Health Visitor following the birth of your child/children?



Source: CSJ/Survation poll of 1,011 fathers, 16–30 May 2018.

Recognising fathers

The way in which new parents are addressed by Health Visitors, medical professionals, and local authority staff has been shown to have a big impact on the extent to which fathers engage with and participate in services aimed at them. Indeed, the Institute of Health Visiting (IHV) reported that a health visiting team in Lincolnshire managed to increase the participation rate of fathers in their Primary Birth Visit from 20 to 70 per cent, simply by changing the way in which they addressed new parents in their invitation letter. Instead of addressing the family as ‘Dear Parent’, they wrote “Dear new Mum and Dad”, and emphasised their intention of making an “appointment that is convenient for you both”.¹²⁴

By addressing official correspondence in a specific manner, fathers are made aware that their role in the upbringing and wellbeing of their new child is valued, and that healthcare officials are “addressing the issue of men’s involvement in parenting”. The consequence of using generic terms such as ‘parents’, and not explicitly addressing fathers, is that fathers become “overlooked and implicitly excluded”; the word ‘parent’ is often read as meaning ‘mothers’, thus discouraging paternal participation and engagement.¹²⁵

As such, addressing each of the parents explicitly – preferably by ‘Mr and Mrs *Surname*’ – greatly encourages participation by fathers, who often – consciously or unconsciously –

123 CSJ/Survation poll of 1,011 fathers, 16–30 May 2018

124 Institute of Health Visiting, ‘Engaging with Fathers’, 2014, p. 1, citing Suffolk County Council, ‘Guide to Delivering a Father-Inclusive Workforce’, 2010.

125 Fatherhood Institute, ‘How to talk about “mums and dads” without excluding “non-traditional” families’, 2014 [www.fatherhoodinstitute.org/2014/how-to-talk-about-mums-and-dads-without-excluding-lgbt-parents/]

end up regarding letters addressed to 'parent' as not relevant to them. What seems key, then, is gathering and using information about everyone in the family, to avoid falling into the trap of using generic, vague terms of address, that exclude the father.

Recommendation 5

Where appropriate permission is given from the mother, all official correspondence relating to the care and health of a child should be addressed directly to both parents, in the form: 'Dear Mr and Mrs ...'.

Recommendation 6

Health services, and other services related to the upbringing and care of new born children, should do a 'dad check' – as advised by the NSPCC in their *Dad Project* report – to make sure that the resources they provide are accessible and appear open to new fathers. This check involves services reflecting on questions such as:

- How are dads addressed in letters and materials, are they made to feel welcome?
- What images are used – are dads represented and shown in a positive way?
- How are consulting rooms set up, are both mums and dads included?
- Does the midwife or health visitor know dad's name and address him?
- Are questions about the baby asked to mum and dad equally?¹²⁶

NSPCC/YouGov poll (2014)

In 2014, the NSPCC commissioned YouGov to conduct an opinion poll of British men as part of their 'Dad Project'. This poll found dissatisfaction with maternity services and paternal exclusion within the perinatal period:

- 76% of dads agreed that it is important that midwives support dads as well as mums.
- 43% of dads agreed that midwives are not very good at including new dads in maternity care. This is in particular contrast to surveys of women answering on behalf of their partners, who report much higher levels of satisfaction (80 per cent) in the quality of communication from midwifery and medical staff.
- 58% of dads agreed that it is common for dads to feel left out after their baby is born.
- 68% of dads agreed that if dads were more involved during pregnancy, they would be more involved during the rest of their child's life.
- 81% of dads agreed that they need to know more about what to expect when their first baby is born.
- 83% of dads agreed that being more prepared would make it easier for new parents.¹²⁷

¹²⁶ NSPCC, 'All babies count: The Dad Project', p. 13 [www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-dad-project.pdf]

¹²⁷ YouGov poll for NSPCC: total sample size was 1,187 adults, of which 660 were dads. The fieldwork was undertaken in March 2014. The survey was carried out online. The figures have been weighted and are representative of all GB men (aged 18+). NSPCC, 'All babies count: The Dad Project', p. 8 [www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-dad-project.pdf]

chapter four

Inspection frameworks during the perinatal period

4.1 How fathers are referred to within existing inspection frameworks and good practice guidelines

Language around families matters, where this is associated with strong levels of identity and implied responsibilities. Fathers are increasingly being written out of everyday language, being referred to through vague generic terms such as “birthing partner”. The intention of such phrasing might be to avoid causing offence, but it denies the reality of the pregnancy process and early days of parenting that fathers are almost always around.

A recent report from the Fatherhood Institute raised concerns over terminology, with the word ‘father’ almost always being replaced by some other term such as ‘woman’s partner’ or ‘mother’s partner’.¹²⁸ This ignores the reality of fathers actively being present, as well as the evidence that encouraging fathers to step up to their role should be encouraged.

In an analysis conducted by the CSJ of inspection frameworks related to maternity services, Health Visitors, and Children’s Centres, we found few direct mentions of ‘fathers’. In particular, within the inspection framework for maternity services, the word ‘father’ is conspicuously absent – despite the Department for Health and Social Care’s own guidance strongly emphasising the importance of fathers.

National Maternity Review 2016

In 2016, Baroness Cumberlege completed a comprehensive review of maternity services as part of the NHS ‘Five Year Forward Plan’. The review underlined the importance of engaging fathers, describing them as a “forgotten but a vital part of the picture” and citing evidence from fathers who reported feeling “excluded” and “that their role had not been recognised”. The report criticised maternity services for missing opportunities “to support the family”. The review also referenced the view of women and the extent to which “they relied on their partner to support them in pregnancy and with the care of the baby and the NHS needed to recognise this and help their partners to help them.”

¹²⁸ Fatherhood Institute, ‘Who’s the bloke in the room? Fathers during pregnancy and at the birth in the UK’, 2018 [www.fatherhoodinstitute.org/wp-content/uploads/2017/12/Whos-the-Bloke-in-the-Room-Full-Report.pdf]

In recommending changes to the delivery of maternity services, the report also recognised the “additional support that might be needed for fathers to play a supportive role in the birth process, particularly during the antenatal stage”.¹²⁹ However, the review stopped short of making a recommendation that maternity services should be required to adapt their practice to recognise ‘fathers’ and engagement with them.

4.2 Inspection frameworks for maternity services

CQC Inspection Framework for Maternity Services and Gynaecology

The inspection framework for NHS hospitals related to Maternity Services contains no mention of the word ‘father’ at all, despite having a section devoted to “meeting people’s individual needs” (R2).¹³⁰ Inspectors are instructed to assess how services take into account the needs of different people on the grounds of:

- Age
- Disability
- Gender
- Gender reassignment
- Pregnancy and maternity status
- Race, religion or belief
- Sexual orientation¹³¹

Parenting support is provided as a ‘prompt’ within this section, which encourages inspectors to ask what parenting support services are offered.¹³²

Section C2 of the framework requires inspectors to ask: “are people who use services and those close to them involved as partners in their care?” However, there is no requirement to talk directly to partners (or ‘fathers’).

Where inspection of community midwifery services does exist, there is no expectation that fathers or family members will be considered.

Section C2 requires inspectors to consider:

Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates).

How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment?¹³³

129 National Maternity Review, *Better Births: Improving outcomes of maternity services in England*, 2016, pp. 2, 33, 36. [www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf]

130 Care Quality Commission’s Inspection Framework: NHS acute hospitals, p. 49 [www.cqc.org.uk/sites/default/files/Inspection%20framework%20%20NHS%20Hospitals%20maternity%20and%20gynaecology.pdf]

131 Ibid.

132 Ibid.

133 Ibid., p. 44

Reference to the provision of facilities for fathers to stay overnight with their partner is prompted with the framework, with inspectors encouraged to ask what facilities exist to enable this.¹³⁴

National Institute for Health and Care Excellence (NICE) guidelines

This inspection framework is complemented by NICE guidance, which provides best practice standards for health professionals.

The Health and Social Care Act (2012) sets out a clear expectation that the providers of healthcare services should consider NICE quality standards in the planning and delivery of those services. NICE quality standards underpin the planning of services.

NICE guidance on uncomplicated pregnancies and post-natal care contains scarcely any reference to ‘fathers’, or their role in supporting women and children during this period.¹³⁵

NICE describes its guidance on uncomplicated pregnancies as ‘woman centred’,¹³⁶ despite guidance from the Department of Health broadening this definition to “woman-focused and family-centred”, in ‘Maternity Matters’.¹³⁷ This oversight leads to guidance around the antenatal and post-natal period overlooking the role of fathers, something which is explicitly criticised in the 2004 framework for maternity services.¹³⁸

In the NICE guideline, there are eleven quality statements associated with post-natal care. They make no reference to either partners or fathers, despite specific standards on maternal mental health and emotional well-being, where fathers could play an important role. In quality statement 11 – on parent/baby attachment – some reference is made to the role of “parents” having attachment issues, but this is limited in scope and suggests no specific engagement with anyone other than the “main carer”.¹³⁹

The guidance on ‘antenatal care for uncomplicated pregnancies’, does not mention fathers or even partners being present during this period in any of the 143 standards.¹⁴⁰

The National Service Framework for Children, Young People & Maternity Services (2004) sought to apply standards to maternity services over a ten-year period from 2004. It “supported a cultural shift in all service provision to include fathers in all aspects of a child’s wellbeing”.¹⁴¹

134 Ibid., p. 47

135 National Institute for Health and Care Excellence, ‘Antenatal care for uncomplicated pregnancies’, 2008 [www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-uncomplicated-pregnancies-pdf-975564597445]

136 Ibid., p. 5

137 Department of Health, ‘Maternity Matters: Choice, access and continuity of care in a safe service’, 2007, p. 2 [http://webarchive.nationalarchives.gov.uk/20130103035958/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf]

138 Department of Health, ‘National Service Framework for Children, Young People and Maternity Services’, 2004 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199957/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Maternity_Services.pdf]

139 For a full list of these quality statements see NICE, ‘Postnatal care’ [www.nice.org.uk/guidance/qs37/chapter/list-of-quality-statements]

140 National Institute for Health and Care Excellence, ‘Antenatal care for uncomplicated pregnancies’, 2008 [www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-uncomplicated-pregnancies-pdf-975564597445]

141 Royal College of Midwives, ‘Reaching out: Involving Fathers in Maternity Care’, p. 3

A section of the framework outlines the importance of fathers for child development and supporting mothers:

The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long well-being and outcomes of the child (regardless of whether the father is resident or not). Pregnancy and birth are the first major opportunities to engage fathers in the appropriate care and upbringing of their children.¹⁴²

Primary Care Trusts and local authorities are required to ensure that:

- parent support programmes include targeted provision of information and support to fathers as well as mothers.
- staff are trained in the importance of supporting fathers and have the skills for engaging with fathers as well as mothers.

The 2004 framework expects maternity services to be welcoming to fathers and to “[engage] fathers and partners through services as part of preparation for parenthood”.¹⁴³

Standard 5 includes direction to ensure “Parenting education and family support services, including preparation for the birth and around the time of the birth, routinely include fathers”.¹⁴⁴

The evidence from our survey of fathers using maternity services suggests that these standards are not being met. In the new ten-year planning process launched by the Prime Minister (alongside significant extra funding) in 2018, there is no mention of fathers in the consultation documents focused on maternity and ‘early life’ stages.

Case study: A letter from your midwife

Despite evidence that fathers are largely present during the birth and perinatal period, 57 per cent feel emotionally unsupported when they first become a father. Midwives, being routinely in contact with fathers, and having already developed an intimate understanding of the child and its home life, are ideally placed to help advise and encourage fathers on how to support their partner during and after pregnancy, and care for their new born child.¹⁴⁵

The NSPCC, in their 2014 *Dad Project*, outlined a series of different measures to reach out to fathers, treating them not merely as “mums’ supporters”, but as carers who should be engaged with and involved in the birth and upbringing of their child in their own right. One of these measures was engaging with medical staff to help encourage and emotionally support fathers, by providing a new channel of communication, advice, and support between midwives and fathers.

142 Department of Health, ‘National Service Framework for Children, Young People and Maternity Services’, 2004, p. 11 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199957/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Maternity_Services.pdf]

143 Ibid., p. 14

144 Department of Health, ‘National Service Framework for Children, Young People and Maternity Services: Core Standards’, 2004, p. 74 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf]

145 National Perinatal Epidemiology Unit, ‘Safely delivered: a national survey of women’s experience of maternity care 2014’, 2015, p. 52 [www.npeu.ox.ac.uk/downloads/files/reports/Safely%20delivered%20NMS%202014.pdf]; Royal College of Midwives, ‘Top Tips for Involving Fathers in Maternity Care’, p. 4 [www.rcm.org.uk/sites/default/files/Father%27s%20Guides%20Top%20Tips%20A5_3_0.pdf]

In particular, the NSPCC tested the idea of creating a “set of postcards and wallet cards” which could assist midwives when it came to involving and supporting fathers during the period of pregnancy and beyond. The cards would include tips, quotes, or a ‘dad fact’ on one side, and on the other side, a blank space within which the midwife could write a personal message for the father. The postcards provide a means to address fathers individually, make notes about upcoming appointments, and prompt conversations about fatherhood, child raising, and family life. Midwives from Guy’s and St Thomas’ Hospital who participated in the testing of this project reported that fathers and couples, especially teenage ones, really appreciated the personal, practical advice provided by the postcards.¹⁴⁶

Recommendation 7

NHS England should roll-out schemes that increase the emotional support and advice available to fathers – such as the NSPCC-trialled ‘Letter from a Midwife’ – across all NHS England maternity wards. This should be supported with funding from a new ‘Fatherhood Fund’, paralleling the current ‘Maternity Challenge Fund’.

‘Maternity Challenge Fund’

NHS England allocates funding through the ‘Maternity Challenge Fund’ to encourage projects and health trusts to use feedback to drive improvements in the experiences of new mothers and their families during maternity care, with the aim of making maternity services safer, kinder, more professional, and – importantly – more “personalised”. In the latest funding round, a total of £150,000 was distributed through the fund.¹⁴⁷

Recommendation 8

NHS England should create a new ‘Fatherhood Fund’, mirroring the ‘Maternity Challenge Fund’, to support projects and schemes aiming to improve the experience of fathers during the pregnancy period and upbringing of the child. The fund should be backed up with £150,000 per funding round, and be allocated to projects which judged to help emotionally support, advise, and encourage fathers in the care of their child.

4.3 Inspection frameworks for Health Visitors

The Care Quality Commission inspection framework for Community Health Services (which covers Health Visitors) sets out guidance for inspectors on services provided to babies, children, young people and their families in their homes. This document makes no reference to fathers or the role of fathers in supporting mothers and children. Inspectors are encouraged to seek the views of people who use services, including ‘parents’.

¹⁴⁶ NSPCC, ‘All babies count: The Dad Project’, pp. 3, 16 [www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-dad-project.pdf]

¹⁴⁷ NHS England, Maternity Challenge Fund [www.england.nhs.uk/mat-transformation/implementing-better-births/maternity-challenge-fund/]

Although fathers are often recognised as a “hard to reach group” , this catchall phrase is unlikely to include many fathers or the voice of fathers as partners or parents. Section C2 of the framework focuses on the involvement of service users, and prompts inspectors to ask how services involve parents (but not expressly ‘fathers’).

Within the guidance to inspectors sections C2.5–C2.6 provide an opportunity to engage directly with partners and fathers:¹⁴⁸

C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

C2.6 Are people’s carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?

This section, without being explicit about engagement with fathers, comes the closest to alluding to their role and requiring some reference to it. Among the prompts to inspectors, the framework asks if clinic letters are “routinely copied to CYP *and their parents/carers?*” The CSJ has consistently argued that letters relating to children should be addressed to both parents (where permission is given by the mother). NICE Quality Statement 13 refers to sharing information related to the care of the mother, but this is not extended to information about the care of children.¹⁴⁹

NHS Healthy Child Programme 0–5

The Healthy Child Programme (HCP): *Pregnancy and the First Five Years of Life* (DH Oct 2009) sets out the key priorities for both commissioners and providers of community health services during the perinatal period. The programme is embedded within the CQC framework. The HCP was updated in 2014 and this revised guidance is clear about the important role of fathers:

The contribution that fathers make to their children’s development, health and wellbeing is important, but services do not do enough to recognise or support them. Research shows that a father’s behaviour, beliefs and aspirations can profoundly influence the health and wellbeing of both mother and child in positive and negative ways.

Maternity and child health services are used to working mainly with mothers, and this has an impact on their ability to engage with fathers. Fathers should be routinely invited to participate in child health reviews, and should have their needs assessed.

The updated HCP shifts the standards towards “working routinely with both mothers and fathers (whether they are living together or not)”. It requires “the involvement of fathers” as part of the Universal Schedule of visits and monitoring for new babies up to the age of 30 months.

There have been significant changes in parents’ expectations since the National Framework for Children, Young People and Maternity Services was published in 2004. In the updated HCP, there is a major emphasis on supporting parenting by:

148 Core service: Community health services for adults, Care Quality Commission, 2017, p.20 [www.cqc.org.uk/sites/default/files/Next%20Phase%20CHS%20Adults%20Core%20Services%20framework.pdf]

149 Quality Statement 13: Sharing information with partners, family members and carers, NICE, 2012. [https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-13-sharing-information-with-partners-family-members-and-carers]

- Making support more available for both mothers *and fathers*.
- Supporting strong couple relationships to ensure stable and positive relationships within families.
- Ensuring that contact with families regularly involves and supports fathers (including non-resident fathers).
- Supporting the transition to parenthood – especially for first time mothers *and fathers*.
- Stressing the importance of attachment and positive parenting in the first few years of life in determining future outcomes for children.

The updated HCP sets out a ‘best practice’ guide to engaging fathers:

- From the beginning, promote the father’s role as being important to his child’s outcomes.
- Make it explicit that the HCP is there for the whole family – including the father – and demonstrate this by providing suitable seating for him as well as for the mother. Address him directly, encourage him to speak and make it clear that you are listening.
- Arrange meetings, services, groups and reviews to maximise the possibility of fathers attending. Stress the importance of their presence to both them and the mother.
- Include positive images of fathers from different ethnic groups and of different ages in the literature that you produce and display.
- Record fathers’ details – including those of non-resident fathers. Most mothers will give this information willingly, and two in three pregnant women who are not living with the father of their child describe him as “a good friend” or as their partner.
- Include an assessment of the father’s needs as well as the mother’s, as these will have a direct impact on both the mother and the child.
- Include an assessment of the father’s health behaviours (e.g. in relation to diet, smoking, and alcohol or drug use), asking him directly wherever possible. These behaviours have a direct impact on both the mother and the child, and specifically on the mother’s own health behaviours.
- Signpost fathers to all of the relevant services.
- Make sure that fathers (as well as mothers) have information about, for example, the benefits of stopping smoking and strategies for doing so. Where possible, provide fathers with this information directly (rather than second hand, via the mother) and ensure that it also incorporates information on their role in relation to their child.
- Offer antenatal preparation to fathers, including at times that will be convenient for working fathers (e.g. evenings). This will also make it easier for working mothers to attend.

Responsibility for public health commissioning for 0–5 year olds, specifically health visiting, was transferred from NHS England to local authorities on 1 October 2015. The Healthy Child Programme was updated in 2016 (and again 2018), bringing together government guidance including the Healthy Child Programme 0–5. This document sets out commissioning standards to “help parents develop and sustain a strong bond with children”.

Under the 2012 reforms to NHS structures, local authorities are responsible for commissioning public health services for children aged 0–19. All families with babies are required to receive five Health Visitor checks before their child reaches two and a half years old according to the Healthy Child Programme 0–5 years. These visits include helping

fathers to understand their role (as described above). Of the 21 “outcome measures for the transformed health visiting service model” set out in this updated commissioning guidance there is no direct mention of fathers.

NICE guidance on social and emotional wellbeing in the early years directs Health Visiting services to:

- “...where possible, focus on developing the father-child relationship as part of an approach that involves the whole family. This includes getting the father involved in any curriculum activities.”
- “...try to ensure both parents can fully participate in home visits, by taking into account their domestic and working priorities and commitments.”

NICE guidance on post-natal care up to eight weeks after birth encourages commissioning services and community healthcare professionals (largely community midwives and health visitors) to ask “families or partners... to tell their healthcare professional about any changes in mood, emotional state and behaviour that are outside of the woman’s normal pattern”.

This guidance also specifically directs engagement with fathers:

- “Group-based parent training programmes designed to promote emotional attachment and improve parenting skills should be available to parents who wish to access them.”
- “Healthcare providers should offer fathers information and support in adjusting to their new role and responsibilities within the family unit.”

Recommendation 9

NICE should review the evidence on father involvement throughout the antenatal and post-natal period and produce a single set of standards for health care professionals and commissioners focused on the role of fathers.

Recommendation 10

The best practice overview contained within the updated Healthy Child Programme 0–5 should be explicitly referred to by CQC inspection frameworks as a professional standard on the role of fathers.

4.4 Children's Centres

Children's Centres are inspected under the framework for inspecting Sure Start Children's Centres in England in Part 3A of the Childcare Act 2006 (as amended by the Apprenticeship, Skills, Children and Learning Act 2009).¹⁵⁰ There is only one specific mention of 'fathers' within the inspection framework for Children's Centres, which refers to fathers as a "target group" for additional support and tailored interventions. In previous government publications, fathers have been referred to as "one of the hardest to reach groups".¹⁵¹

Recommendation 11

Engagement with fathers and outcome measurements should be a core purpose of a Children's Centre or Family Hub.

This inspection framework largely refers to 'parents', which is defined as including fathers. The overall effectiveness of Children's Centres is assessed partly upon the extent to which they enable "access to services by young children and their families".¹⁵²

Under the 2006 Act and the associated inspection framework:

- Inspections are required to act "in the interests of young children, their parents and prospective parents"¹⁵³ (fathers not directly mentioned but included within the term 'parents').
- Inspections focus on "users' needs"¹⁵⁴ ('user' is defined as anyone using the centre, including fathers as a target group). This requirement includes assessing how effective the Children's Centre is in making arrangements for target groups, including fathers, to access their services. There is an additional requirement to make resources available to support these target groups.
- Inspections will be accountable in order to provide parents and prospective parents with an independent assessment of their local centre.¹⁵⁵

Inspectors are directed to consider how effective Children's Centres are in bringing together services to support target groups and outcomes including "improved parenting" (including the role of fathers) and helping parents to understand their responsibilities.¹⁵⁶

150 Ofsted, 'The framework for Children's Centre inspection', 2014, p. 1 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/409678/The_framework_for_childrens_centre_inspection_from_April_2013.pdf]

151 Department for Children, Schools and Families, 'Sure Start Children's Centres Communication Toolkit', p. 13 [<http://webarchive.nationalarchives.gov.uk/20130321060823/www.education.gov.uk/publications/eOrderingDownload/DCSF-00222-2008.pdf>]

152 Ofsted, 'The framework for Children's Centre inspection', 2014, p. 5 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/409678/The_framework_for_childrens_centre_inspection_from_April_2013.pdf]

153 Ibid., p. 7

154 Ibid., p. 8

155 Ibid.

156 Ibid., p. 12

Supplementary guidance goes even further by requiring inspectors to evaluate how a Children's Centre "helps parents and carers to develop and extend their parenting skills" – including the parenting skills of fathers.¹⁵⁷

This includes a substantial amount of detail on encouraging outreach work and developing "parenting programmes and/or other forms of family and parenting support aimed at developing and improving parenting skills". These family-based interventions are targeted at "mothers, fathers and other primary carers". No measurement is made specifically of father engagement with these programmes.¹⁵⁸

Inspectors are directed to assess the effectiveness of parenting support so that parents:

- "feel able to manage relationships with their children and other family members more effectively".
- "have a better understanding of their child's emotional needs and how to create a supportive and nurturing home environment".
- "are interested in and know how to encourage and stimulate their child's learning and development".
- "feel able to manage their child's behaviour".
- "have an increased understanding of how to keep their child safe from harm".¹⁵⁹

Case study: The National Childbirth Trust (NCT)

NCT's antenatal courses are delivered across the UK on a paid-for basis and in some areas on a commissioned basis, where they are free at point of access for expectant parents. Courses are designed to meet the needs of both parents in helping them prepare for parenthood. NCT courses help expectant parents to think through new challenges in a supportive environment and build a local support network of new parents.

The majority of fathers attending NCT antenatal courses (>90%) report increased confidence in: making decisions around birth, feeding and early parenting, knowing where to go for support, becoming a parent and caring for their new baby.

Building a social support group is an important long term part of attending an NCT antenatal course and offers fathers an important social network of local dads during early parenthood. As many men as women say they felt supported by the group and will stay in touch with other parents.

NCT Antenatal

Antenatal was set up in March 2009 in St Neots, Cambridgeshire to provide antenatal education just for dads. The group was established by Jenny Barrett, a local NCT antenatal teacher.

It aims to offer good quality antenatal education that helps fathers-to-be feel less marginalised, more involved and better prepared for fatherhood. The sessions are open to all fathers expecting their first baby and fathers who already have children.

157 Ofsted, 'Subsidiary Guidance', 2014, p. 14 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/379472/Children_27s_20centre_20subsidiary_20guidance.pdf]

158 Ibid., p. 9

159 Ibid., p. 5

The Antenatal classes are free, and take place at a local Children's Centre. Each course consists of a two-hour session one evening a week, timed to accommodate working fathers-to-be, for three weeks.

The sessions focus on pregnancy, supporting partners during birth and becoming a new father. Men are encouraged to speak openly about their feelings about themselves and their partners, and the sessions provide them with a great opportunity to voice concerns that they might feel uncomfortable about raising with their partner present. All the men receive new fatherhood packs containing leaflets from NCT and the Fatherhood Institute.

Dads-only sessions provide an opportunity to explore having a baby from a father's perspective. Prompt questions encourage fathers to open up about their feelings and expectations of fatherhood.

In the third session, fathers who have previously attended the group, and whose babies have since been born, return to the group with their new babies, but without the baby's mum, to speak to the expectant fathers.¹⁶⁰

Mantenatal Course structure

Week 1

- How the fathers-to-be are feeling about the pregnancy, and any changes they have noticed in themselves, their partners and those around them.
- The physical changes in mothers-to-be.
- An overview of labour.

Week 2

- Men's hopes and fears for the labour and birth.
- Practical tips on how they can support their partner.

Week 3

- Early postnatal life as a father.

The suspension of inspections of Children's Centres

In 2015, the then Minister for Childcare, Sam Gyimah, announced a temporary suspension of Ofsted inspections of Children's Centres while a consultation on the future of Children's Centres took place.¹⁶¹ Three years later, this consultation is yet to happen and the suspension has not been lifted, so that no Children's Centre has been inspected for over three years.¹⁶²

This 'inspection freeze' has been criticised for "undermining" Children's Centres by Action for Children's investigation of the closure of Children's Centres.¹⁶³ Another major report from the Sutton Trust found that the suspension of Ofsted inspections was one of the drivers behind local authority decisions to close Children's Centres.¹⁶⁴

¹⁶⁰ www.nct.org.uk/sites/default/files/related_documents/Barrett%20Mantenatal%20antenatal%20course%20for%20fathers%205-6_0.pdf; 'Mantenatal – an antenatal course for fathers', Working with parents, 2009.

¹⁶¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/466149/Sam_Gyimah_letter_Ofsted_Inspection_of_Sure_Start_Children_s_Centres.pdf; Ofsted Inspection of Sure Start Children's Centres, Sam Gyimah MP, 2015.

¹⁶² www.cypnow.co.uk/cyp/news/2004780/inspection-freeze-undermines-childrens-centres-charity-warns

¹⁶³ Ibid.

¹⁶⁴ www.suttontrust.com/research-paper/sure-start-childrens-centres-england/

The future of Children's Centres is an important issue that is beyond the scope of this report, which focuses on ensuring that inspection frameworks provide for high quality engagement with fathers. Regardless of any discussion of lifting the suspension of inspections, we would encourage the Department for Education and Ofsted to look closely at tailored assessment of paternal engagement services. This process would identify where good engagement and practice is not happening, and encourage Children's Centres to improve where this is required. This 'rapid' inspection of engagement with fathers should be overseen by a new fatherhood champion within Government as discussed below.

Recommendation 12

Ofsted should conduct a 'rapid' inspection of Children's Centres' engagement with fathers. This inspection process will provide a national picture of engagement with fathers and encourage Children's Centres to improve where this is necessary. This should be overseen by a new fatherhood champion within Government, who should present the results of the 'rapid' inspection to Parliament and recommend appropriate improvements.

Birth Registration in Children's Centres

Birth registration at Children's Centres or Family Hubs maximises a key opportunity at an important life stage to publicise what happens in the Hubs and emphasise the importance of dads to families.

The Field Review on Poverty and Life Chances recommended registering births in Children's Centres to ensure that all parents in a local community come through its doors, and the DfE has promised to investigate the benefits of the mandatory system proposed in amendments to the Children and Families Bill 2013.¹⁶⁵ The DfE has also confirmed to the Sure Start All-Party Parliamentary Group that no legal or regulatory changes are necessary to enable birth registrations in Children's Centres, although the practice is not widespread.¹⁶⁶

Data from the Children's Centre Census indicates that 15.7% of Centres currently offer birth registration, but extending the practice across the country would enable Children's Centres to extend their reach yet further and support even more families.¹⁶⁷

Registering births in Children's Centres or Family Hubs would facilitate data sharing across health and children's services, enabling longer term planning.¹⁶⁸ Data shows that centres offering birth registration are generally better at reaching vulnerable parents and involving them on an ongoing basis, than those which do not.¹⁶⁹

¹⁶⁵ F. Field, *The Foundation Years: preventing poor children becoming poor adults*, (London: Cabinet Office, 2010)

¹⁶⁶ APPG Sure Start, 'Best Practice for a Sure Start: The Way Forward for Children's Centres', 2013, p. 13

¹⁶⁷ www.basw.co.uk/system/files/resources/basw_23838-9_0.pdf, p. 22

¹⁶⁸ J. Goff et al., *Evaluation of Children's Centres in England, Strand 3: Delivery of Family Services by Children's Centres* (Oxford: Department for Education and University of Oxford, 2013)

¹⁶⁹ APPG Sure Start, 'Best Practice for a Sure Start: The Way Forward for Children's Centres', 2013, Annexe A – 'Evidence presented by Department for Education to APPG inquiry', p. 26

Universal birth registration in Children's Centres or Family Hubs would alert all new parents to the support services available, and may also help to reduce any stigma still associated with coming through the doors.¹⁷⁰

As Chair of the Government's Ministerial Group on family support from conception to age two, Andrea Leadsom suggested that she is considering this recommendation.¹⁷¹ We would encourage the group to adopt this recommendation.

Recommendation 15

All Children's Centres or Family Hubs should offer birth registration and use this as a way of signposting to relationship support and parenting support services.

¹⁷⁰ Ibid.

¹⁷¹ www.nurseryworld.co.uk/nursery-world/news/1165143/mps-to-review-family-support-for-a-childs-first-1001-days

chapter five

A Dad Test

5.1 A Dad Test for the perinatal period

As we have seen, the gap between best practice guidance and inspection frameworks leaves fathers partially or largely absent (in at least name).

Our opinion poll indicates that new fathers often feel like “a spare part” during the perinatal period, and more could be done to support their role in supporting their partners and new born children.

Recommendation 13

The Secretary of State for Health and Social Care should announce a new range of metrics under the title, ‘The Dad Test’, to be applied to relevant inspection and commissioning frameworks for the perinatal period.

Recommendation 14

A government-appointed fatherhood champion should oversee the development of a ‘Dad Test’ and require relevant authorities to make a statement on how they engage fathers within six months of the ‘Dad Test’ being applied.

A Dad Test within inspection frameworks

CQC Inspection Frameworks

A new test should be applied to CQC inspection frameworks relating to maternity services and community health care, specifically asking inspectors to assess the provision made for engaging fathers, adopting the best practice guidance in the 2009 Healthy Child Programme as a measurable criteria for assessment. This should be a discrete section of the CQC inspection framework with a title indicating that its focus is on fathers.

The NHS Outcomes Framework

Government reforms to the NHS in 2010–12 created a series of performance indicators covering care and outcomes. The aim of these new performance measurements – the NHS Outcomes Framework – is to provide national level accountability for commissioned

services across the NHS. The Outcomes Framework sets out national outcome goals that the Secretary of State uses to monitor the progress of NHS England, although it does not specify how these outcomes should be delivered.

Standard 4.5 seeks to measure “patient experience of maternity services measured by scoring the results of a selection of questions from the National Maternity Services Survey”. Although the preamble to the metric states its intention to “Improve women’s and their families’ experience of maternity services”, the methodology behind the survey does not refer to the experience of fathers or partners.

Standard 4.5 should be extended to include questions directed at fathers and partners, to measure engagement during the antenatal period, developed within a new 4.5i measurement.

NICE

NICE Standards provide much of the evidence base for inspection frameworks and the standards on which these frameworks depend. NICE should develop a comprehensive set of standards relating to the role of fathers across the perinatal period that can be adopted within inspection frameworks. NICE should be required to develop this standard and amend their understanding of the maternity process to refer specifically to the role of fathers throughout the perinatal period.

Ofsted – Children’s Centres

Guidance for Children’s Centres on the involvement of fathers is limited to their being a ‘target’ group. Father engagement should be considered fundamental to the work of Children’s Centres.

A new requirement for Children’s Centres to demonstrate that they effectively engage with local fathers should be developed as a discrete measurement of performance, removing fathers from a list of “hard to reach groups” and giving them a special status reflecting their importance and ubiquity. This will also raise the profile of fathers within inspection requirements.

5.2 A fatherhood champion within government

Government structures are becoming more thematic, challenging the existing silos of Government departments. The idea of appointing ‘champions’ to address cross-departmental issues is becoming increasingly established within Government. In recent years the Government has established the role of ‘recovery champion’ to address issues around addiction and oversee the delivery of a Government drugs strategy.¹⁷² Similarly the Government loneliness strategy has been led by the appointment of a “loneliness

172 <https://publicappointments.cabinetoffice.gov.uk/wp-content/uploads/2017/09/170911-Recovery-Champion-Candidate-Pack-FINAL.pdf>

Minister".¹⁷³ Theresa May recently also appointed the first "Suicide Prevention Minister" to look at policy making in relations to this area.¹⁷⁴ We believe that this is a welcome development and a positive reaction to the compartmentalised nature of government.

The Government should appoint a 'fatherhood champion' with a cross-departmental brief (possibly sitting within the Cabinet Office) to oversee the delivery of these changes. A fatherhood champion in Government could be announced on Father's Day to close the "nappy changing gap" and take responsibility for delivery of a new 'Dad Test' alongside other measures. The champion would be a peer or senior MP, appointed with the authority to make change happen across Government.

A new fatherhood champion should be given the full backing of the Prime Minister to:

- Oversee the development and application of new Dad Test measurements. The fatherhood champion should make an annual statement on the delivery of services focused on supporting fathers.
- Work with local services to identify individuals willing to promote the role of fathers and oversee policy statements and delivery in their area.
- Work with officials to identify areas of need or 'cold spots' identified for intervention and encourage better official data collection to focus support (using funds identified from the Married Couple's Allowance as outlined in this report).
- Evaluate programmes targeted at fathers with a view to widening delivery of 'what works'.

5.3 Digital communication with fathers

Digital communication, particularly through the development of 'apps' offers expectant and new parents an efficient way to receive advice and ask for ad-hoc information and support from professionals and other parents (especially nearby parents and those at a similar stage of parenthood or pregnancy). The recent develop of parenting 'apps' raise the possibility of efficient and targeted advice from health professionals.

One established digital communication tool is Maternity Assist developed by Professor Mary Steen and Duncan Fisher OBE in consultation with midwife managers and Liverpool Women's NHS Foundation Trust. Maternity Assist provides online advice and information to expectant parents. By registering details for both mother and father (also grandparents where appropriate) information is disseminated and addressed to both parents individually.¹⁷⁵

In recent years (and with the near ubiquity of smart phones) mobile apps for expectant and new parents have developed offering new opportunities to communicate directly with parents and use geo-location technology to bring local parents together and form local, social networks for support and advice. The best 'apps' operate at scale to ensure there are sufficient users to enable local networks to develop. They also provide a platform for real time online discussion among (or 'chat') between parents and the ability for targeted

¹⁷³ www.bbc.co.uk/news/uk-42708507

¹⁷⁴ www.bbc.co.uk/news/health-45804225

¹⁷⁵ Maternity Assist, How it works [accessed via: <http://mary.coolgel.co.uk/index.php/how-it-works> (31/01/14)]

advice from professionals. The market for fathers is less developed and the Department of Health and Social Care should consider how grant funding through an Innovation Fund could enable the development of an 'app' targeted at fathers at scale.

Case Study: Mush

Mush was launched in April 2016 by two mothers, Katie Massie-Taylor (ex-city based financial trader) and Sarah Hesz (ex-advertising executive) who met in a playground when they had young babies. They had felt isolated at the time, much like the 90% of new mums who feel lonely as a new mum¹⁷⁶ but their meeting changed their outlook completely.

Having transformed their enjoyment of motherhood, they knew that mums shouldn't rely just on chance meetings to build a local social network of mum friends, so they created Mush.

Mush is a totally free app where users sign up and create a profile (age of children, location, 'about me', interests and a photograph) and immediately see mums nearby who they can message and meet up with. It has so far created 1.5 million friendships.

It is extremely safe (only showing distance between users, not showing full names) and yet it differs from the traditional 'faceless' mum forums because users are accountable, local and meet up in real life. This is an online tool that facilitates offline meet-ups, first and foremost. Which is why it always had to be an app.

In addition, it gives users access to meet-ups (mums organise 'playdates'), advice (questions around baby or mum topics) and local tips (so that they are in the know about products and services locally). This is the user generated 'feed', but Mush also provides witty and reassuring articles about the stage a mum is at, directly to the user when she needs it.

Mush has UK-wide traction (circa. 100k monthly users) and is about to embark on a scale-up phase. Helping them are an army of health visitors who have seen the positive impact of Mush first hand. It is venture capital funded with the ambition of being the UK's most trusted platform for mums. Their first monetisation will come from a premium subscription with additional services behind a paywall, however the core services will remain free to ensure scale and delivery. By 2020 it is anticipated 50 per cent of the UK's new mums will be on Mush

Using the example of Mush (above) a new fatherhood 'app' could be developed through an Innovation Fund and delivered at scale through promotion by midwives during the pregnancy process and email communication through the collection of data at the point of birth registration.

As with Mush (and other similar apps – see DadApp, below) users initially create an online profile which allows for targeting and segmentation. This profile also allows users to connect with each other based on similar interests and geography.

An 'app' developed through an Innovation Fund would conduct initial market research to understand the differing needs of fathers (and then different groups of fathers) as well as the right 'tone of voice' and branding to engage most effectively with fathers.

¹⁷⁶ Channelmum report, 2017

The CSJ is aware of emerging digital platforms aimed at fathers including the ‘Dadapp’ launched in 2018. Dadapp is a mobile application that utilises geo-location to allow fathers to connect and meet with other fathers nearby. The aim of Dadapp is to create a ‘social first’ and sustainable enterprise that connects fathers and helps them to openly discuss the challenges of fatherhood, under the strapline “fluent in fatherhood”. Dadapp is a developing concept that utilises modern communication to bring fathers together in real life and deliver practical advice directly. The CSJ would recommend an Innovation Fund would support the development of a new fatherhood app at scale using grant funding and promotion through the NHS.

A new at-scale ‘app’ for fathers would have three functions:

1. **Using geo-location technology:** Through the use of embedding geo-location technology users will be able to find local fathers at a similar stage of the pregnancy process or parenthood and encouraged to make ‘real world’ connections and social groups.
2. **‘Chat’:** At scale chat functions allow parents to talk to other parents in real time (at any time of the day or night) to ask questions and share concerns. This function would provide a library of conversations and connect fathers together to discuss fatherhood and talk about the experience of early fatherhood.
3. **Targeted advice and guidance:** Using data collected through the user profiles health professionals, local maternity services and (where available) Children’s Centres would be able to target advice and guidance. This provides an opportunity to speak directly and efficiently to fathers and target this communication. Government could also use this to provide positive messages to fathers through high profile influencers. Midwives based in the community could use this data to connect parents to other relevant help such as a youth service for young parents and local parental support networks. Information about other services, such as benefits, housing, and finances could be communicated directly to users through the same means.

Recommendation 16

The Department of Health and Social Care should use an Innovation Fund (led by a new fatherhood champion in government) to scale the provision of digital communications aimed at new fathers so that every new father has access to online provision of guidance and a network of other fathers, both online and in their local area.

Conclusion

Closing the ‘nappy changing gap’ should be a priority consideration for policy makers reviewing plans for the NHS over the next decade and looking at how best to support families in the early years.

It should be near-impossible to consider how to support families in the earliest period without specific reference to fathers and their role in supporting both mother and newborn child; unfortunately this too often happens. This is equally true of those providing

public services in this period. We have established how far inspection frameworks diverge from the strong support for fatherhood shown in policy documents and best practice guidance, and this should be addressed in order to make change a reality for most fathers, and especially for low income dads.

This report provides new data directly from fathers setting out how far removed they feel from 'family support' and the extent to which their role offers potential solutions to many policy issues faced by those making policy to support mothers and children. This policy 'blind spot' should be addressed through a renewed understanding among professionals of the role of fathers throughout the perinatal period. Using the maxim "what gets measured, gets done" a new 'Dad Test' within inspection frameworks should be introduced.



10 Greycoat Place
Westminster
London
SW1P 1SB

www.centreforsocialjustice.org.uk
@csjthinktank