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# CURRENT POLICY in the UK

## Specifying Engagement with Fathers

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As at February 2013



# FATHERS IN GOVERNMENT POLICY

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- Policy that refers to ‘parents’ is generally intended to mean *both* parents. However, unless ‘fathers’ or ‘couples’ are specified such policy is generally interpreted in a ‘father-blind’ way by commissioners and practitioners, leading to sole or main engagement with mothers. For this reason, we identify in the following slides policy or guidance in the UK relating to the delivery of health and family services that actually specifies ‘fathers’ or ‘couples’. The italics throughout are our own.

# SCOTLAND

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## National Parenting Strategy (2012)

Engagement with fathers is featured throughout this document which includes the statement:

“Encouraging and supporting fathers to play an active role in their child’s upbringing is key if we are to improve the health, wellbeing and life chances of Scotland’s children and young people. As such, making our policies and services more ‘dad-friendly’ is a priority – including addressing fathers’ wishes to see more men working in children’s services.”

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# ENGLAND

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- In England, the Coalition Government (from 2010) has sought to limit the amount of policy and guidance 'from the centre'.
  - Nevertheless, some key policies from the previous administration remain (i.e. have not been archived) and new policies or guidance in families and children's services have been introduced which specify engagement with fathers or couples.
  - In addition, National Institute for Health and Clinical Excellence ('NICE') guidelines included here have weight across the UK.
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## **The Coalition - our Programme for Government: Freedom, Fairness, Responsibility (May, 2010)**

“The Coalition is committed to:

- encouraging shared parenting from the earliest stages of pregnancy
  - reducing gender inequalities at work
  - achieving a better gender balance in the early years workforce,
  - ensuring that both men and women use couple relationship support services
  - reviewing the Family Justice System”
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## The Children Act (1989)

- Fathers are parents under the Act *irrespective of whether they have Parental Responsibility*, so they should be involved in case conferences etc, where decisions are made

## The Framework for the Assessment of Children in Need and their Families (DH, 2000)

- Assessors must: ‘take all reasonable steps to gather information about, and from, *all relevant family members, whether resident or not*, and requires them to be *clear about the roles played by fathers or father-figures.*’
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## **The National Service Framework for Children, Young People & Maternity Services (DH, DfES 2004):**

- “maternity care should be *mother focused and family centred*’ and practitioners should ‘engage systematically *with fathers and mothers* to improve children’s wellbeing”

## **National Institute for Health and Clinical Excellence (NICE) (2006) Clinical Guideline: Routine postnatal care of women and their babies:**

- “Postnatal care in the community should provide mothers *and their partners or companions* with information about how to nurture babies and what to expect at different ages, including growth and child development.”
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## Maternity Matters (DH, 2007):

- “High quality maternity care is not just about good professional care that ensures a healthy and safe pregnancy. It also involves access to a wide range of varied services that should work in partnership to help equip mothers *and fathers* with the skills they require to become confident and caring parents.”

## Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care (2007, DH & DCFS)

- Services are required to: “develop a culture in which the starting point is that young fathers’ involvement in the pregnancy and birth is beneficial for the mother and child and that services should be designed so that they are *inclusive of young fathers, rather than one which starts with the presumption that the young father is a problem*”.
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## Child Health Promotion Programme (Update, 2008)

**Increased focus on pregnancy** “and the need for mothers and fathers to be supported during this time”. [9, 13, 34]

**Greater focus on parenting support, understanding parents’ priorities, goals and aspirations [8, 13]:**

- “Supporting mothers and fathers to provide sensitive and attuned parenting, in particular during the first months and years of life.”
  - “Supporting strong couple relationships.”
  - “Supporting the transition to parenthood, especially for first-time mother and fathers.”
  - “Ensuring that contact with the family routinely involves and supports fathers, including non-resident fathers.”
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## NICE public health guidance 11: Improving the nutrition of pregnant and breastfeeding mothers and children in low-income families (2008)

- *The involvement of the whole family* will be key: a woman's diet during pregnancy and her views on infant feeding are influenced by many people *including her partner*
  - Who is the target population? Pregnant women *and their partners*.
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## Getting Maternity Services Right for Teenage Mothers and Young Fathers (DCSF, DH, 2009)

The importance of young fathers: *“a young father’s behaviour and attitudes have a strong influence on the health of the young mother and the baby”*:

- “The young father’s **smoking/drinking/drug use** is the greatest influence on the young mother’s smoking/drinking/drug use
  - The young father’s **attitude to breastfeeding** has a significant impact on the mother’s choice of how to feed her baby
  - A good relationship with the baby’s father and supportive behaviour by him is a **protective factor for postnatal depression** in the young mother; conversely, his negative behaviour is a risk factor for postnatal depression.
  - Relationship-stress between the couple is a significant cause of **maternal stress** – which can affect the unborn baby. . .”
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## **The Child Health Strategy: Healthy lives, brighter futures: the strategy for children and young people's health (DCSF, DH, 2009)**

- Review of how the Healthy Child Programme is being implemented to include fathers [3.29]
  - Health visitor e-learning programme to include couple relationships [3.31]
  - Improvement of fathers' involvement in maternity services [3.32]
  - Ability for fathers to stay overnight in hospital after the birth defined as best practice [3.34]
  - Review of antenatal education, with particular reference to fathers and excluded groups [3.36]
  - Healthy Child Programme pilot projects to test ways of reaching fathers
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## Working Together to Safeguard Children (2010)

- “When working with families it is important to ‘Think Fathers’ as well . . . Children’s services as a whole can still be very mother-focused . . . Managers and commissioners should therefore make sure that their services take account of the needs of fathers and actively look for ways to engage them. The Dad Test (Fatherhood Institute, 2009) sets out practical steps organisations can take to remove these barriers to fathers’ participation.
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## **National Collaborating Centre for Women's and Children's Health (Commissioned by NICE): "Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors" (2010)**

- "Healthcare professionals should encourage young women aged under 20 to use antenatal care services by . . . *providing opportunities for the partner/father of the baby to be involved in the young woman's antenatal care, with her agreement*"

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## Supporting Families in the Foundation Years (DfE, DH, 2011)

- “The services offered by health visitors and others include . . . preparing all mothers *and fathers* for parenthood”.
- “We therefore welcome the guide being produced by the Royal College of Midwives on how maternity services and all those involved in providing maternity care *can best encourage the involvement of fathers throughout pregnancy and childbirth and into fatherhood and family life.*”

## Public Health Interventions Advisory Committee (2011) (advises NICE)

- *both parents* are important to children (whether living in the same household or in a relationship with each other or not)
  - programmes (should) encourage the participation of *all parents*, at all stages (before birth and throughout the early years)
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## NICE public health guidance 40: Social and emotional wellbeing: early years (2012)

- “Health professionals . . . should discuss with the *parents* any problems they may have in relation to *the father or mother's* mental health, substance or alcohol misuse, family relationships or circumstances and networks of support”
  - “The nurse should, 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.”
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## CHILDREN'S CENTRES

- The CCs' 'Core Purpose' (2012) specifies supporting *couple relationships*
  - The 'CCs' Self-evaluation form guidance' and the 'CCs' Evaluation Schedule and Grade Description' require specific strategies to address parents in 'target groups' – one of which is *fathers*
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## Troubled Families Case Studies (Department of Communities and Local Government, 2012)

- A key way in which the Coalition Government is expressing its policy objectives is through publishing case studies of good practice. This document, available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/10961/Troubled\\_families\\_case\\_studies.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/10961/Troubled_families_case_studies.pdf) is full of case studies which describe work with both resident and non-resident fathers in high-need families, establishing a benchmark for integrated father- work in Family Intervention Projects
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[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

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