



Bringing Baby Home:

UK fathers in the first year after the birth

Adrienne Burgess &
Rebecca Goldman

RECOMMENDATIONS

The full report and an executive summary, as well as the previous reports in the series, can be found in the Research section of the Fatherhood Institute website.

Citation for this report: Burgess, A. & Goldman, R. (2022). *Bringing Baby Home: UK fathers in the first year after the birth (recommendations)*. Contemporary Fathers in the UK series. London: Fatherhood Institute

1. Policy

All tax-funded services and interventions for families in the perinatal period – including those commissioned by central government (e.g. the Reducing Parental Conflict programme and Family Hubs) – should be **commissioned, designed, delivered, promoted and evaluated** in ways that **recognise fathers' own need for support** (whether or not they share a household with the child's mother) and **their impact on children and mothers**.

All tax-funded services and interventions for families in the perinatal period **should use evidence-based strategies to achieve high levels of father-inclusion, and should follow (and where relevant be inspected against) key guidance**, including the NICE Postnatal Care Guideline (2021), the NHS Good Practice Guidance in Involving and Supporting Partners and Other Family Members in Specialist Perinatal Mental Health Services (2021), the Forward Plan for Maternity and Neonatal Care in Scotland (2017), Parenting in Wales (2017), the Healthy Child Programme (2009) and the National Service Framework for Children, Young People and Maternity Services (2004).

A **scalable, locality-wide approach** to embedding father-inclusive practice should be piloted and evaluated across a whole network of perinatal services in a number of local areas.

Given the unavailability of parental leave to the vast majority of UK fathers, and the huge significance of fathers' participation in *solo* parental care in baby's first year for later care patterns, **the government should pilot new approaches, focused on different groups of working fathers, including those who are employed, self-employed and working in the 'gig economy'**. Ways in which employers do or could support fathers should be included in this.

Data should be collected by NHS and local authorities to assess whether government policy and official guidance on partner or father-inclusion **have been embedded into service design and communications**.

Fathers' names, contact details and NHS numbers should be entered onto NHS birth notifications so that fathers can be contacted directly by services. As is the case for mothers, the father's NHS number would link to his medical record for use by practitioners and for research purposes within a framework of data protection law and ethical guidelines.

2. Practice

Fathers need to be seen as an integral part of the family unit and non an 'add-on'. **The perinatal workforce needs adequate training to include fathers in all their work**. This

should be incorporated in their initial professional training at universities and follow on through all their CPD training so that working with both parents become part of the norm. Only then we can change the current health professional culture and practice.

Ancillary staff, such as receptionists, should be included in CPD or other training to ensure that they understand the expectation to include fathers and are able to do so in a confident, welcoming manner.

If there is no systematic process for requesting, recording, and storing of fathers' and father-figures' names and contact details, **lobby for their inclusion or adapt systems** to ensure these details are incorporated.

If the father's details have been provided by a third party, without his being present, **the need to contact him to obtain his consent for his details being held on his child's record**, as required by GDPR, should be seen as an opportunity to inform him about the service and involve him.

3. Research

It is important to **disaggregate research findings by sex/gender/role of parent** rather than collapsing data on 'parents' into a single category. Doing so may blur important issues specific to each category of parent which merit attention in relation to children and families. Using the term 'parent' as a euphemism or synonym for mother quiets men's/fathers' voices and excludes consideration of father-factors in research.

In research about children, parenting and families, including birth cohort studies, it is important to invest in **resources and fieldwork practices that will achieve a high level of engagement from fathers** as research participants. **Own Household Fathers, involved and less involved, should be included in research studies carried out during the postnatal year.**

In research, including cohort studies, it is important to **invest in resources (data and methods) that will allow for a better understanding of fathers belonging to one or more minority groups¹; and that track fathers across the socio-economic spectrum.** Data and methods should enable multiple markers of difference and marginalisation and the implications of intersectionality to be addressed.

Fathering, father adjustment, father-infant relationship and co-parenting variables should be collected in quantitative studies of infants and families including birth

¹ For example, LGBTQ2+ populations, fathers who are older, younger, have disabilities, are migrants, refugees, fathers of colour, fathers in different ethnic groups, living in rural areas or in socio-economic poverty.

cohort studies. There should be a more even allocation of interview time between a cohabiting mother and father. If there is a longer ‘main caregiver or informant’ interview, parents should select which of them undertakes it. Involved Own Household Fathers should be asked a similar range of questions about fathering and co-parenting as those asked of Cohabiting Partner Fathers.

Bodies such as Health Improvement England should collect data about fathers' health and health behaviours during the perinatal period alongside data collected about mothers. Analyses of health data collected in the Health Survey for England and Understanding Society for perinatal fathers should also be carried out to fill research gaps.

When researching fathers and fatherhood, it is important to **think critically about the statistical measures and analytic categories used**, including whether what they represent differs across the spectrum of fathers and families. Research should be undertaken on the **underlying processes linking father-factors to good and poor outcomes** – as a means of understanding the kinds of policy interventions needed. Consideration should be given to whether researcher biases inform the way in which statistical relationships between variables are interpreted.

4. More information

The full report, with additional references and a full bibliography, as well as our recommendations, can be found in the Research section of the Fatherhood Institute website.

Bringing Baby Home is the fifth report in the Fatherhood Institute’s Contemporary Fathers in the UK series, funded by the Nuffield Foundation.

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The Fatherhood Institute (founded 1999, charity number 1075104) promotes caring fatherhood, underpinned by commitment to child wellbeing and gender equality.

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This report is funded by the Nuffield Foundation, but the views expressed are those of the authors and not necessarily the Foundation. Visit www.nuffieldfoundation.org

To ask questions or make comments, please contact Adrienne Burgess:
a.burgess@fatherhoodinstitute.org