

# Children's Wellbeing & Schools Bill

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## Fatherhood Institute Briefing

The Children's Wellbeing & Schools Bill provides a timely window to ensure that children are sufficiently protected in the UK, and to ensure that no child falls through gaps between different educational services.

We at Fatherhood Institute welcome the Bill's goal of introducing a new information sharing duty and a 'single unique identifier' (SUI) for children, to support improved information sharing across systems for the purposes of safeguarding children and promoting their welfare. However, whilst mother-child data linkage would be included within the SUI as a service requirement, there is currently no mention within the Bill of data linkage between fathers and children – an important issue where there has been a frustrating lack of progress.

This absence of linkage between father-child health data means that a crucial opportunity is being missed. Such data has the potential to provide foundations for safer and more responsive father-inclusive services and interventions, enabling analyses about paternal characteristics and risk factors that would contribute massively to child safeguarding.

### **Our Ask**

We recommend an amendment to the Bill to require NHS England not just to develop and test the child SUI in isolation but to scope and pilot father-child data linkage options.

A [scoping review](#) of fathers in administrative health records, conducted by a team of UCL researchers, found that linkage of birth notifications and/or birth registrations to fathers' NHS numbers would be a key step forward.

### **The Current Situation**

In the UK, mothers' NHS records are systematically linked to birth notifications by midwifery services. No such linkage happens for fathers and children. This is despite 95% of biological fathers being present at the birth, and 95% of parents jointly registering the birth (giving them both Parental Responsibility). The current approach, where a child's birth record and health record do not include any information about their father, needs reform for the following reasons:

- First, it acts as an obstacle to maternity and other, subsequent services by taking a **routine, holistic view of the key adults around the child** - such as their physical and mental health and alcohol or drug use. Including genetic information about the father would highlight potential **genetic contributions** to physical and mental health risks. Biological fathers contribute half of the baby's genome, so knowing the biological father AND mother's health history is highly relevant for health practitioners. From a **safeguarding** perspective, too, the absence of father data contributes to the invisibility of the small minority of fathers who may pose a risk to their children.
- Second, the lack of father-child data linkage is a key factor in services' **failure to identify, engage with and provide appropriate support, services and interventions to fathers**. Research shows that new fathers do not access services or feel adequately supported – and from the service point of view, if a father is unnamed on the child's records, he is extremely unlikely to be engaged with, assessed and/or, where necessary, challenged. Including fathers' information on birth notifications would better enable targeted service offers to new fathers after the child is born – providing opportunities to reduce this unmet need. Indeed, the simple act of collecting relevant data (however minimal) from fathers, as a matter of routine, would act as a 'mini-intervention' on which more father-inclusive practices could build.
- Third, father-child data linkage could also **transform research about children and the reasons for their varying outcomes**, supporting the development of large national administrative datasets to provide reliable information on fathers and children in vulnerable populations, including those who may have been excluded from, or chosen not to engage with, bespoke research surveys. This can reduce selection or non-response biases compared to primary data collection and make it easier to follow study participants over time, since they do not need to engage with study team members. Linked mother-baby data has already enabled research identifying links between pre-pregnancy psychosocial risk factors and lower birthweight; exploring the relative risks of birth induction and expectant management; and analysing children's exposure to maternal mental illness, and the cost of this to the NHS.

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