

# Maternal Mental Health Alliance views on Fathers in the NHS Long Term Plan



Following our initial submission about the NHS Long Term Plan, the MMHA were asked to share with NHS England specific proposals for how NHS services could better support fathers and partners in their own right, as supporters of mums, and in their important role as caregivers to babies.

We have pulled together the list of suggestions below, with input from some of our 90 member organisations. We know that NHSE have already received a wealth of evidence and personal experience that illustrates why work with fathers and partners is so important, and some evidence about the impact it can have from our member organisations like the Fatherhood Institute, academics such as Dr Andy Mayers, and men with lived experience, including Mark Williams.

This submission was pulled together very quickly and our members would appreciate the opportunity for ongoing conversations with you as you take forward this work.

## **Making universal services more inclusive for fathers.**

The following proposals, which were very popular with our members, describe how universal services can be made more inclusive or father-friendly. This is important to recognise fathers' important role, to reduce the stress or anxiety that they may feel from being excluded or ignored, and to improve their ability to support their partner and care for their baby.

- **Father/Partner inclusive practice, and evidence about fathers' wellbeing, the impact of fathers on mothers and babies, and the importance of the couple relationship, should be included in pre-qualification and on-going professional development for midwives, health visitors, GPs, obstetricians and others working with families in the perinatal period.** There is currently very little information on fathers and partners in most training, and practice is very variable, with some professionals not even acknowledging fathers and partners. iHV's fathers champions training and Fathers Network Scotland's "understanding dad" perinatal training are examples work that is happening in this area.
- **Health services should be offered in inclusive spaces, where there is imagery of and information for fathers/partners, space for fathers/partners (eg. two chairs in consulting rooms), and where f/ps are explicitly welcomed and included.** Children's centres can provide good opportunities for services to work in family friendly environments. In addition to the space where services are delivered, it is also important to consider whether the timing of appointments is father-friendly.
- **Maternity services should be supported to welcome fathers and partners into wards and/or neonatal units, and to enable them to be with mother and baby as much as possible.** This must be done in a sensitive and meaningful way, where fathers and partners are actively welcomed and acknowledged, and where the wellbeing and privacy of all families is respected and promoted.
- **Where a couple live together, or have identified as co-parents, correspondence should be addressed to both parents. Correspondence from maternity and health visiting services to all families should be explicit that fathers/partners are welcome at appointments.** However our members had differing views on how this should be done and acknowledge that there can be complexities in cases where parents are no longer in a relationship, or where there might be abuse within a relationship and a mother may not wish the father or her partner to attend a midwife appointment. We believe that valuable research could be done to understand how to implement this successfully and safely. There is also a need to consider language used in all correspondence to ensure it is inclusive of parents whatever their role, sex and gender.
- **NHSE and partner agencies should consider what more might be done to increase the gender balance in maternity, health visiting and early years workforce.**
- **HV and MW services should have a professional lead who has particular expertise in engaging fathers/partners and shares/promotes good practice across the service.** This person should have the

senior support and a mandate to bring about change. We are clear that a professional lead is responsible for improving practice across a whole service, and this is NOT about taking responsibilities away from individual midwives or health visitors to be father-inclusive in their own practice.

- **Fathers/partners names should be recorded in maternity and health visiting notes, together with any notes about fathers' wellbeing and engagement.** We acknowledge that this may not be possible on some current recording systems, and in light of some confidentiality rules. Therefore work is required to understand how best to record and share information about fathers.
- **All services (universal, targeted and specialist) should seek, record and act on the views and experiences of fathers/partners where they have had some contact with the service.**

#### Support fathers and partners' own wellbeing in the perinatal period.

- **There should be clear care pathways in every local area, so that professionals understand where fathers can access support if they are struggling with their role as a parent, in bonding with their baby, and/or with their mental health.** At present there may be a shortage of specific services for fathers' mental health in many areas, but professionals should still know what generic mental health support is available so that fathers can be offered something.
- **At a local level, local authorities, CCGs and others must be encouraged to commission evidence-informed support for fathers within NHS services, children's services and the voluntary sector.** In each locality there should be services that are designed and delivered specifically for fathers themselves, this can include trained peer support, and may also include digital solutions to reach and support fathers.
- **Midwives, health visitors and others should provide information specifically to fathers and partners about how to promote and promote their wellbeing and support available to them if they are struggling.** This should be supported by a range of high quality resources, such as leaflets, posters and websites.
- **NHSE should create a working group to identify the feasibility of fathers being given a specific wellbeing check in the perinatal period to share information, assess their wellbeing and refer/signpost them for any relevant support.** A working group could identify which professional might deliver this check, what it would entail, practical implementation (eg. recording) and how it could be piloted. Such a check should consider an individual's mental health, including their experience of and response to the birth, and their feelings about and relationship with their baby. The working group should also investigate the potential of technology to reach fathers and partners.
- **IAPT services should ask and record whether ALL service recipients are parents-to-be or new parents, and should they prioritise anyone who is a parent in the perinatal period.**
- **Training should be available to IAPT professionals about working with fathers and IAPT services should offer tailored support to f/ps in the perinatal period.** It is not only the content of IAPT services that might need to be tailored to fathers/partners, but also the timing and location of services.
- **Evidence-based relationships/couples therapy should be available as part of the range of services provided to expectant and new parents, where appropriate.** There is increasing information about the importance of parenting relationships for children's outcomes and The Early Intervention Foundation (EIF) has recently set up a 'Reducing Parental Conflict' hub (<http://reducingparentalconflict.eif.org.uk>) recognising the adverse impact of severe, chronic and poorly resolved parental conflict. There is a shortage of couple therapy across the country, and we would very much like to see this addressed – perhaps as part

of the IAPT offer. Couple therapy should be made available to everyone who needs it, but particularly to couples in the perinatal period.

#### Support for fathers when mums are ill

- **NHSE should review and implement best practice in the inclusion of fathers by community perinatal mental health services and MBUs.** This should include reviewing the need for 24hr visiting arrangements, provision for fathers to stay in or near MBUs, and/or support with transport and visiting.
- **NHSE should ensure that service specifications, role descriptions, funding, recording and reporting for specialist perinatal mental health recognise the work that should be done to include and support fathers and partners.** We are told that where work is happening, there are issues about how it can be recorded and reported. There is a particular need for in-patient units to consider work with a father/partner (and any siblings) at home if a mother is admitted into an MBU, and work with a father and baby if a mother is admitted into general psychiatric inpatient care.
- **Father/partner representatives should be included in the planning and implementation of perinatal mental health services.**

#### Support for fathers in their role as parents

- **All parents should be offered high quality antenatal education that emphasises relationships, parenting, the transition to parents (for mums and fathers) infant development and mental health, alongside labour, birth and feeding.** This recommendation was one of the most popular recommendations amongst our members, who strongly believe in improving the quality of, and access to holistic antenatal education. The NSPCC's Baby Steps programme is a good example of this sort of provision and has been adopted by some NHS trusts and A Better Start areas. Our members also recognised that there is value of sessions that enable conversations with groups of fathers/partners on their own, as well as in partners.
- **Every area should have a specialist infant mental health team who can support mothers and/or fathers where there are relationship difficulties with their baby.** Government and NHSE must be clear that infant mental health services are not exclusively for mothers with perinatal mental health difficulty, but for all parents who might be struggling to bond with their baby.

#### Data and understanding

- **NHSE should support innovation and research into how best to support fathers and partners.**
- **NHSE should consider how better data on the experiences and outcomes of expectant and new fathers can be collected and reviewed across the system to improve understanding of fathers' experiences, need and outcomes, and the impact of interventions.**