First 1001 Days Movement

Submission to the Men's Health Strategy consultation

Summary

- The men's health strategy should include 'fatherhood' as a topic, to encourage health and care services to recognise, include, and support fathers' health and wellbeing during early parenthood.

- The perinatal period represents a known window of vulnerability for men. There are multiple health benefits of better support for fathers during this period. These benefits are not just limited to the father - babies, families and society benefit as well.

- 10% of new fathers experience postnatal depression, with higher rates of anxiety and stress. This can have adverse effects on children, including increased risk of emotional and behavioural difficulties, insecure attachment, and poor school readiness.

- Men are significantly more likely to die by suicide—it's the leading cause of death for those under 50. There isn't data to show how many of the men lost to suicide are fathers. This is a gap that needs to be addressed.

- The newly released NHS 10-Year Plan fails to mention "dads" or "fathers" even once. The 'Giving Every Child the Best Start in Life' strategy only names 'fathers' in the context of being a group who 'do not typically engage with family services'.

- We would like:

    - All fathers having the right to an NHS health-check, during the antenatal period, or within the first six weeks of becoming a father.

    - All fathers having access to specialist perinatal mental health support

    - Fathers' and children's health records to be linked

- Access to parent-infant relationship support
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First 1001 Days Movement

The First 1001 Days movement is a coalition of over 200 charities and professionals who believe that babies' emotional wellbeing and development matters. Our members deliver a wide range of services that protect and support vulnerable babies and their families. For further information and membership see our website.[1]

Background

The UK's current parental leave policies and publicly funded health, education, and social care systems are not designed to facilitate or encourage men's active participation as hands-on, nurturing fathers. From the earliest stages of pregnancy, policy and practice overwhelmingly position mothers as the default primary caregiver, while fathers are too often relegated to the sidelines—or overlooked entirely. Whilst there is good practice in working with dads, it is the exception rather than the norm.

This institutional blind spot comes at a high cost. When fathers are more involved, outcomes improve across the board: stronger family stability, better mental health for both parents, improved child development, reduced pressure on maternal caregiving, and progress on closing the gender pay gap. Moreover, a reimagined role for fathers supports a healthier, more compassionate model of masculinity for future generations. By supporting the fathers of today, we support the mothers and fathers of tomorrow.

The Government's consultation to produce a men's health strategy presents a once-in-a-generation opportunity to correct this imbalance. It is a moment to send a clear message that we value and support men not only as workers, but as caregivers—individuals whose parenting contributions and whose health matter. Everyone stands to benefit – both in the short and long term.

[1] www.parentinfantfoundation.org.uk/1001-days

To support a new narrative on how we value fathers, we must provide universal, high-quality engagement by health and care services, from pregnancy through the early years. Fathers want to be prepared and supported to play an active role during the earliest days of their child's life. 73% of fathers would like to work flexibly to spend more time with children.[2] Safeguarding services, too, must be equipped to better identify, assess, and work with fathers—especially in families where additional support is needed.

The perinatal period – a known window of vulnerability for men

Becoming a parent represents one of the most significant life transitions. It involves changes to identity, responsibility, finances, and relationships. Research shows that men are more likely to experience mental health difficulties during major life transitions[3]. Coupled with this, the social changes of becoming a father can further exacerbate difficulties. For example, fathers may be less able to use previously helpful coping strategies such as exercise or seeing friends.

Failing to identify and address fathers' health challenges during this period often places a greater strain on maternal mental health. Unaddressed parental mental health difficulties can undermine secure attachment with the baby and affect both family dynamics and child development. The additional strain on family dynamics around the time of pregnancy is reflected in the observation that up to 40% of domestic abuse begins during pregnancy. The perinatal period is a known window of vulnerability.

The Institute of Health Visiting recently produced '*Invisible*' – a film to raise awareness of the complex interplay of factors that impact men in the transition to fatherhood.[4] It powerfully demonstrates the challenges that fathers can face as they navigate this challenging period in their lives.

Including fathers and engaging them effectively

Fathers usually want to be involved in pregnancies, but often find services are disinterested in their needs. A recent Fatherhood Institute survey found that 94%

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[2] Chung, H., Seo, H., Forbes, S., & Birkett, H. (2020). Working from home during the COVID-19 lockdown: Changing preferences and the future of work. Report for the project Work Autonomy, Flexibility and Work-life balance: www.birmingham.ac.uk/documents/college-social-sciences/business/research/wirc/epp-working-from-home-covid-19-lockdown.pdf

[3] Robertson, S., White, A., & Gough, B. (2015). *Male mental health and wellbeing: Research agenda*. Centre for Men's Health, Leeds Beckett University.

[4] www.youtube.com/watch?v=BdJbZTSGeek

of new fathers attend at least one antenatal appointment, and 99% attend ultrasound scans. 96% of fathers attend their child's birth.[5] This suggests a high level of engagement from fathers during pregnancy.

However, many fathers report feeling ignored or excluded during appointments and interactions with services. For example, 65% of fathers said healthcare professionals rarely or never discussed their role, and 56% said they were rarely, or never, addressed by name.

These are missed opportunities. Throughout the antenatal and perinatal periods, there are opportunities for midwives and health visitors to offer inclusive physical and mental healthcare and support to fathers, as well as mothers. Where services are over-stretched under-resourced, families do not receive the care they need, and men continue to miss out. We urge the Government to follow through on its commitment to strengthen the health visiting and midwifery workforce and end the uncertainty that is driving further cuts to vital services. [6] [7]

The 10-year Plan for health confirmed that plans within the NHS workforce plan would be reviewed, and that a smaller overall increase in workforce is envisaged. In professions such as health visiting and midwifery, where there are already serious workforce gaps, it is essential that this review is undertaken swiftly, and that any revised projections are both realistic about assumed productivity and adequate to improve quality and maintain safety.

Frontline professionals often tell us that they would like to better support fathers, but systemic barriers - such as not routinely opening a clinical record for fathers – that get in the way.

Also, professionals need to feel confident in engaging effectively with fathers. Since 2023, the Fatherhood Institute has trained 200 Fatherhood Champions in 30 local authority areas to help them be more confident in engaging with fathers. Participants have included health visitors, family hub practitioners and others.

The Institute of Health Visiting's Fathers and Perinatal Mental Health Champions training equips local professionals to deliver training, influence stakeholders and

[5] Redshaw, M., Henderson, J. Fathers' engagement in pregnancy and childbirth: evidence from a national survey. BMC Pregnancy Childbirth 13, 70 (2013). https://doi.org/10.1186/1471-2393-13-70
[6] https://rcm.org.uk/media-releases/2025/04/shocking-budget-cuts-will-compromise-the-delivery-of-safe-maternity-care-in-every-way-says-rcm
[7] https://ihv.org.uk/news-and-views/news/survey-confirms-soaring-demand-for-health-visitor-support-and-large-gaps-in-provision-across-the-uk

services around the needs of fathers, identify local gaps in services and improve support available.[8]

Both training programmes are successful but rely on a bottom-up approach to ensure professionals have the required training and support. Government should ensure that all antenatal and perinatal professionals and practitioners who work with fathers, should be trained to consider their needs and include them in services.

The lack of engagement with fathers directly results in a lack of available data on their health and wellbeing. The NHS collects extensive data on antenatal appointments but primarily focused on maternal health. Even the presence of the father at these appointments is not routinely collected. The lack of systematic data collection is a gap that needs to be addressed. For example, a major gap in the data is the number of men who committed suicide who are fathers. This data is not currently recorded and is a gap that should urgently be addressed. Addressing gaps in data is especially urgent given the emphasis that the 10 Year Plan for Health in England places on the importance of data.[9]

Fathers deserve better outcomes

There are several key health challenges that impact men. Men are significantly more likely to die by suicide—it's the leading cause of death for those under 50. Around 1 in 10 new fathers experiences postnatal depression, and many more report anxiety, trauma, and feelings of isolation.[10]

An evaluation into the Dad Matters project delivered by Home-Start HOST in Stockport shows, 26% of local dads struggled with mental health and 40% reported stress or anxiety.[11] The prevalence increases significantly when the mother is also unwell, suggesting a compounding impact of family stress. Despite this, few fathers are screened, identified, or supported through mainstream services for perinatal mental health problems.

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[8] Beauchamp H, Baldwin S. (2025) Transforming Perinatal and Infant Mental Health Training: The iHV Champions Training Programme and its Theory of Change. Journal of Family and Child Health 2(3):144-150. DOI:10.12968/jfch.2025.2.3.144

[9] http://assets.publishing.service.gov.uk/media/68760ad755c4bd0544dcae33/fit-for-the-future-10-year-health-plan-for-england.pdf

[10] Cameron, E. E., Sedov, I. D., & Tomfohr-Madsen, L. M. (2016). *Prevalence of paternal depression in pregnancy and the postpartum: An updated meta-analysis.* Journal of Affective Disorders, 206, 189–203.

[11] www.dadmatters.org.uk/dmhost/stockport-evaluation

There is clear evidence that paternal mental illness during the perinatal period can have lasting adverse effects on children, including increased risk of emotional and behavioural difficulties, insecure attachment, and poor school readiness.[12] Failure to support fathers' mental health risks undermining early intervention efforts aimed at giving every child the best start in life.

The total cost of paternal perinatal mental health issues remains unknown, but is likely to be significant. A UK study of 192 fathers found that paternal depression in the postnatal period was associated with higher community care costs (£132 difference), mainly due to increased GP and psychologist visits.[13]

Despite the compelling evidence, the NHS doesn't currently offer a specialist perinatal mental health services for fathers. This constitutes a form of gender-based exclusion and needs to be addressed.

Unfortunately, the newly released NHS 10-Year Plan fails to mention "dads" or "fathers" even once, while the new 'Giving Every Child the Best Start in Life' strategy only names 'fathers' in the context of being a group who 'do not typically engage with family services'. This underscores the need for the men's health strategy to recognise, include, and support father's health and wellbeing during early parenthood.

Families suffer when fathers' mental health suffers

Early relationships are fundamental to babies' lifelong health and wellbeing. Babies form vital attachment relationships with both mothers and fathers. Paternal sensitivity and emotional availability in the early months of life are strongly associated with better outcomes in language development, emotional regulation, and mental health in childhood.[14]

Fathers who are positively engaged in early caregiving contribute to measurable improvements in child outcomes, including reduced behavioural difficulties and enhanced cognitive development[15]. The early involvement of fathers is also linked to lower rates of infant mortality, stronger social-emotional development and improved outcomes in primary school test scores for five- and seven-year-olds.[16]

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[12] Ramchandani, P., Stein, A., Evans, J., & O'Connor, T. G. (2008). Paternal depression in the postnatal period and child development: A prospective population study. The Lancet, 365(9478), 2201–2205
[13] Edoka IP, Petrou S, Ramchandani PG. Healthcare costs of paternal depression in the postnatal period. J Affect Disord.2011. 133(102):3560360. Doi:10.1016/j.jad.2011.04.005
[14] Ramchandani, P., Stein, A., Evans, J., & O'Connor, T. G. (2008). Paternal depression in the postnatal period and child development: A prospective population study. The Lancet, 365(9478), 2201–2205.
[15] Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). *Fatherhood, parenting and child outcomes: Issues and priorities.* The Lancet, 384(9956), 1392–1393.
[16] Burgess, A., & Goldman, R. (2018). *Who's the bloke in the room? Fathers during pregnancy and at the birth in the UK.* Fatherhood Institute.

[17] Involving fathers is a key opportunity to help the Government meet its target for 75% of five-year-olds having a good level of development.

Not all fathers bond easily with their baby, risking poorer mental health for themselves and their baby. Feeling excluded, unsupported or undervalued during the first 1001 days of their baby's life can set fathers on a path of reduced confidence, poor self-esteem and in some cases mental health problems or withdrawal from their baby. The government's own figures show that 10% of babies have a disorganised attachment with their main parent or caregiver.[18]

Video Interaction Guidance is a tool that can help to address challenges that arise from disorganised attachment. It works by supporting parents to view and reflect on strengths-based micro-moments of video. Through this process of active engagement and reflection, clients become aware of, and build on, their skills in attunement. Yet research published by Hilary Kennedy shows that fathers respond at least as well, if not better, to Video Interaction Guidance support to strengthen that bond.[19] Video Interaction Guidance is used by a wide range of professionals who work with families and children, including including health visitors, social workers and parent-infant relationship teams.

In conclusion

We need maternity, health visiting, and other family services to systematically engage with fathers and take them seriously as caregivers. These services should be funded and organised so they know who the dads are, are able to engage routinely and confidently with dads, assess and support dads to form close attachments to their babies and identify and address any risks dads might pose.

Further information

[17] Norman, H., and Davies, J. (2023). What a difference a dad makes. Paternal Involvement and its Effects on Children's Education (PIECE) study.
[18] The Family Hubs and Start for Life Programme Guide estimates at least 10% of babies are at risk of 'disorganised attachment':
https:/assets.publishing.service.gov.uk/media/62f0ef83e90e07142da01845/Family_Hubs_and_Start_for_Life_programme_guide.pdf
[19] Kennedy, H.& Simpson, R. 2025

Please contact Ben Curran, Campaign Manager at the Parent-Infant Foundation and Organiser of the First 1001 Days Movement, on ben@parentinfantfoundation.org.uk for further information or clarification.