Bringing Baby Home:

UK fathers in the first year after the birth

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EXECUTIVE SUMMARY

The full report and our recommendations, as well as the previous reports in the series, can be found at: www.fatherhoodinstitute.org/2022/contemporary-fathers-in-the-uk

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

1. Introduction

This document picks up where our earlier report on fathers in the antenatal period and at the birth left off. Here we focus on UK fathers in their baby's first year after the birth.

Section 2 of this report (a systematic scoping review of the UK literature) will be of interest to a wide range of stakeholders: policy makers, practitioners, the media, the public and researchers. Here we present research evidence on men's adjustment to fatherhood; relationship with their partner; associations of 'father-factors' with mother wellbeing and child outcomes; engagement with services; and related policies in the four countries of the UK. We include very few employment-related issues, as we have covered these in an earlier report in this series.

Section 4 of this report (a scope of data available for analysis from three UK birth cohort studies, with topic and question suggestions for future studies) is primarily for researchers and research funders.

1.1. Terminology

Cohabiting Partner Fathers: fathers and father-figures whose main home is the household in which his infant, and his infant's mother, also live.

Own Household Fathers: birth fathers whose main home is a separate household from his infant and his infant's mother – even if the parents consider themselves to be a 'couple'.

2. Key findings from the scoping review of the UK literature

This section is for policy makers, practitioners, the media, families and researchers.

2.1. Summary

In the year following the birth, almost all biological fathers in the UK are present in their baby's life and very involved in their care. Fathers adjust well to fatherhood and only a small minority experience poor mental health at that time. The frequency, regularity, and quality of their interactions with their infant are associated with child outcomes through to adolescence. Risks to children are high when their father's socio-economic status is low, his mental or physical health poor, or he smokes or misuses alcohol or drugs. The quality of the parents' own relationship is independently associated with child outcomes; and the extent to which a father is supportive of his partner is central to her wellbeing. A very small percentage of new fathers use violence in their family. When Health Visitors and other Health Care Practitioners address and include fathers, mothers and babies benefit. While

some policies in all four countries of the UK support father-inclusion, implementation is rare and there is much work still to be done to include new fathers in routine practice and acknowledge the importance of their role.

2.2. Who and where are the fathers – and what do they do?

Fewer than 4% of fathers in the UK neither live with, nor are regularly present in their newborn's daily life (Kiernan & Smith, 2003): 95% of parents jointly register their baby's birth (ONS, 2020a); and a large survey found only 250 fathers out of 5,717 (4%) 'absent' within 18 months of the birth (Maisey et al., 2013). A mother's partner is usually the infant's biological father: only 1:1000 births is registered to two women (ONS, 2016); and fewer than 2% of new mothers have a cohabiting or non-cohabiting male partner who is not their infant's biological father (Bradshaw et al., 2013). 'Serial fatherhood' is rare: only 2.4% of infants are born to a father or mother who already has a child with a different partner (Kiernan et al., 2011).

While nothing is known about the childcare activities of new fathers who do not live full-time with their baby, fathers who do are very involved in their care. UK surveys find only 5% rarely or never soothing their crying infant (Redshaw & Henderson, 2013), 5% never dressing them, 8% never getting them ready for bed and 3% never looking after them without the mother present (Maisey et al., 2013). Eighty per-cent of pregnant women and new mothers say their baby's father is their primary source of support – a higher percentage than for any other individual (Harrison et al., 2020).

2.3. Fathers' adjustment

Most fathers adjust well to their new role with 91% even feeling 'more fulfilled' (Scourfield et al., 2016). Their adjustment is not only practical and emotional but also physiological: men's brain structure and hormonal balance change through close infant-care (Grande et al., 2020; Machin, 2018). Insufficient sleep and insufficient time to spend with their baby are their greatest reported challenges (Calderwood et al., 2005; Easter & Newburn, 2014; Scourfield et al., 2016). Severe symptoms of depression are found in around 4% (Ramchandani et al., 2006). Most at risk are fathers of moderately or severely pre-term babies (Carson et al., 2015), poorer fathers (Nath et al., 2016), and fathers with a previous history of mental distress (Parfitt et al., 2013; Ramchandani et al., 2008) or whose partner is depressed (Thiel et al., 2020)

2.4. Fathers' behaviour and young child outcomes

Infants whose fathers' early caregiving had been frequent, regular, positive in tone or engaged and active during play displayed fewer problems and better cognitive development at age two (Butler, 2012; Malmberg et al., 2007). Conversely, toddler problems were greater

when their father had been disengaged, remote or critical early on (Butler, 2012; Ramchandani et al., 2013).

2.5. Fathers' health

Socio-economic disadvantage is strongly correlated with both poor mental and physical health in fathers (Dex & Ward, 2007). Depressed fathers are more likely to behave negatively, and their early depression is associated with poorer infant development (Wanless et al., 2008) and pre-schooler behaviour (Butler, 2012; Ramchandani et al., 2005); psychiatric disorder at primary school (Opondo et al., 2017; Opondo et al., 2016); and lower achievement at secondary school (Psychogiou et al., 2019). Infants and children are also at substantial risk from father's smoking and substance misuse (Allen & Donkin, 2015); and 24% of children with obese fathers are obese (National Statistics, 2017). Yet while maternal and infant mental and physical health is regularly monitored, no data is collected on new fathers' physical health.

2.6. The couple's relationship

The couple relationship has its own, independent, influence on child outcomes. Although, in Year One, only 6.2% of mothers think they and their child's father will ever separate (Calderwood et al., 2005), 23% of first-time fathers report increased conflict after the birth (Easter & Newburn, 2014). High conflict exacerbates the negative impact of mother's depression on children (Hanington et al., 2012); and mothers who are critical of their partner, or feel criticised by him, express more negativity towards their baby (Barnes et al., 2007). Conversely, infants are more 'settled' when their father feels positive about his relationship with their mother (Davé et al., 2005); and where parental conflict had been low and satisfaction high in Year One, toddlers were, later, calmer and more outgoing (Hughes et al., 2019).

Non-cohabiting couples also tend to be relatively content with their relationship in Year One: 36.4% say their relationship is 'friendly' (Kiernan et al., 2011), and only 10% say it is 'bad' or 'fairly bad' (Anderson et al., 2007).

2.7. Fathers and mothers

When a new father is not supportive of his baby's mother, her mental health is more likely to be poor (Parfitt & Ayers, 2014); and his lack of support for breastfeeding is a risk for full-formula-feeding; (Earle & Hadley, 2018; Shaker et al., 2004).

Conversely, teenage mothers with supportive partners 'parent' more positively (Bunting & McAuley, 2004); and a father being more available, time-wise, is associated with mother's better mental health (Twamley et al., 2013). Fathers may need support themselves in order

to support their partner: when faced with her very poor mental health, a new father often struggles to understand and may not know where to look for help (Keeley-Jones, 2012).

2.8. Intimate partner violence

Fathers who abuse their partner, physically or emotionally are an enormous risk to mother and infant. Such behaviour is not usual: in one large study 1.8% of mothers reported physical and 7.3% emotional abuse (Bowen et al., 2005). In two other large studies, the percentages for 'ever' use of force in the relationship were 3.6% (Kiernan et al., 2011) and 2% (Maisey et al., 2013). These percentages accord with the findings of the 2018 British Crime Survey (Anderberg & Moroni, 2021), which also reports a downward trend in family violence from 6.9% (2005) to 4.5% (2020). Reduction in partner abuse is driving the decrease (ONS, 2020b).

2.9. Services

Research finds benefits to mothers and infants when Health Care Practitioners (HCPs) engage with fathers in postnatal services: in Neo-Natal Intensive Care Units (Filippa et al., 2021); in breastfeeding information and support (Abbass-Dick et al., 2019; Ayebare et al., 2015; Mahesh et al., 2018); in mental health services for new mothers (Noonan et al., 2021); and in home visiting (Burcher et al., 2021). Yet the evidence does not find such engagement to be routine: for example, not one UK breastfeeding helpline[1] nor NHS Choices[2] suggests that fathers can make a difference; and the Oxford Health NHS Foundation Trust confidently asserts that fathers 'cannot help' with breastfeeding at the outset[3].

Some fathers describe positive encounters with individual HCPs but most report feeling ignored, patronised, or considered unimportant (Baldwin et al., 2021; Brown & Davies, 2014; Coles & Collins, 2009; Hanley, 2018; Menzies, 2019; Sherriff & Hall, 2014). Lack of data collection is a significant issue. Health records for babies in the UK only allow the inclusion of one adult (the mother), so any record relating to the father is held separately (if it is held at all) and family records cannot be joined up and connected (Child Safeguarding Practice Review Panel, 2021).

[1] https://www.breastfeedingnetwork.org.uk/contact-us/helplines/

[2] https://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/

[3] https://www.oxfordhealth.nhs.uk/wp-content/uploads/2017/03/CY-173.16-Dads-and-breastfeeding.pdf

3. A scope of data available for analysis from three UK birth cohort studies, with topic and question suggestions for future studies

This section is for researchers and research funders.

3.1. A review of questions asked about fathers in three UK birth cohort studies

Policy and practice need to be grounded in analysis of reliable data. Here we report on data collected about fathers postnatally in three substantial UK birth cohort studies. The Avon Longitudinal Study of Parents and Children (ALSPAC), the Millennium Cohort Study (MCS) and Growing Up in Scotland (GUS) have followed babies into the teenage years and beyond.

Despite a wide variety of questions about Cohabiting Partner Fathers being asked in at least one of these studies, giving much potential for secondary analysis, the questions asked in all three studies are mainly about the father's economic contribution and socio-economic status; his infant-care activities; and the parents' relationship.

Data collection gaps are, firstly that fathering, father adjustment, father-infant relationship and co-parenting variables have not been collected since ALSPAC in the early 1990s; and, secondly, that few questions were asked about involved Own Household Fathers, who were not study participants.

Innovations in future studies could include using validated scales of fathering and the father-infant relationship; and observations of father-infant interactions.

3.2. Under-studied birth cohort data and the analytic potential of ongoing longitudinal studies

Here we compare the content of analyses of postnatal ALSPAC, MCS and GUS data in the Fatherhood Institute's Literature Library to the range of variables collected to identify any analysis gaps.

The most analysed fathering topics are parental childcare and household tasks division; the frequency of father-baby activities; and the parental couple's relationship.

Under-used in published analysis are: ALSPAC data about father-infant bonding, father adjustment and co-parenting; GUS data on parental childcare division; and data from all three studies about the impact of the baby on the couple relationship.

Opportunities for future analysis of father influences on the current generation of babies are in the 'Early Life Cohort' Study; the Children of the 2020s study; the ALSPAC Generation 2 study; and Understanding Society.

4. Recommendations for policy, practice and research

4.1. Policy

Government, Local Authorities, and local and regional service providers should reinforce or embed in service design and communications, existing government policy and official guidance on partner and father inclusion

In commissioning universal and targeted family support Government Departments should set out the expectation that interventions commissioned address both mothers and fathers

Such support should and include a protected budget to develop and deliver training in father-inclusive practice to managers and staff.

Given the unavailability of parental leave to the vast majority of UK fathers, and the significance of fathers' early *solo* parental care in babies' 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'.

4.2. Practice

Systematic processes for requesting, recording, and storing fathers' and father-figures' names and contact details should be introduced throughout maternity, postnatal and early years services.

Seeking permission from the father to retain such details if provided by a third party should be regarded as an opportunity to inform the father about the service.

The perinatal workforce (including ancillary workers such as receptionists) needs adequate training to include fathers in all their work. This should be incorporated in initial professional training and follow on through CPD training so that working with both parents becomes part of the norm.

4.3. Research

It is important to disaggregate research findings by sex, gender or role of parent rather than collapsing data on 'parents' into a single category.

It is important to invest in resources and fieldwork practices that will achieve a high level of engagement from Cohabiting Partner Fathers and Own Household Fathers (separated dads) as research participants.

It is important to invest in resources (data and methods) that will allow for a better understanding of fathers belonging to minority groups and that track fathers across the socio-economic spectrum.

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

5. More information

The full report, with additional references and a full bibliography, as well as our recommendations, can be found at: www.fatherhoodinstitute.org/2022/contemporary-fathers-in-the-uk

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

The Fatherhood Institute

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

The Nuffield Foundation

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

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