



Written Evidence provided to the Health and Social Care Committee

Men's Health

Written submission on behalf of the Small Steps Big Changes Partnership by

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Executive Summary

[Small Steps Big Changes \(SSBC\)](#), funded through The National Lottery Community Fund's '[A Better Start' Programme](#) (2015—2025) aims to improve the life chances of babies and very young children under the age of four. The SSBC programme is well-placed to share evidence around the issue of men's health, due to its experience of supporting parents and children through the important life stage of pregnancy and early parenting. The test-and-learn approach utilised within the SSBC programme has contributed to the evidence base around the positive impact of early intervention on children's outcomes.

To improve male life expectancy, SSBC proposes that two objectives are vital:

- The first objective is to ensure that all children grow up in safe and nurturing environments which allow them to thrive both mentally and physically.
- The second objective is to provide adequate support for parents during their transition to parenthood and early parenting, which is inclusive of fathers and male caregivers.

Experiences in the early years, starting from pregnancy, lay the foundations for a child's later life outcomes. Many causes of illness and death in adults have precursors in childhood and adversity in childhood can have long-term consequences for health and wellbeing. It is therefore vital to ensure all children and their families have access to well-funded, evidence-based early childhood services that support families to give their children the best start in life. Therefore, to improve men's health outcomes, all boys and children should be given the best start in life. To realise this first objective, the government needs to recognise the value and place in the system of early intervention and prevention measures that start from pregnancy. Early intervention and prevention are paramount to ensure that all children have the best start in life.

SSBC recommends that all parents of very young children have access to:

- A trusted and non-judgmental peer support service. SBBC's Family Mentor Service is an example of good practice, as external evaluations evidence its positive impact on families.

In addition, SSBC recommends that all families who need it, have access to:

- Parent-infant relationship teams, so that all babies can have a sensitive, nurturing relationship that lays the foundation for lifelong mental and physical health.
- Support for their child to have a healthy weight such as SSBC's Healthy Lifestyles Pathway.

These early interventions need to take place in a context in which:

- The government develops and implements a comprehensive strategy to prevent and end child poverty. Without addressing poverty, other early years intervention may not reach their full efficiency.

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To realise the second objective, more needs to be done to support men during their transition into parenthood and the early years of parenting. The transition into parenthood and the early years of parenting are both a period of vulnerability and opportunity. Parents are more vulnerable to mental ill health, while families' increased interaction with health services during pregnancy and the early years offer points of contact with opportunities to identify needs and offer adequate support systems. Improvements are needed to ensure:

- Mental health services are family-oriented and father-inclusive, with a special focus on support during the perinatal period. More research is needed on the mental health of fathers and other male caregivers during this life stage to enable effective assessment and treatment. Consideration of men's specific barriers to seeking help will need consideration to allow for effective engagement.
- System changes towards father-inclusivity, so that the systems that support families during pregnancy and early parenthood are inclusive of fathers and male caregivers and recognise them as equal partners in parenting.

SSBC has undertaken a range of activities to promote father-inclusivity, such as the father-inclusive Family Mentor service, commissioning local organisations to build father-inclusive communities and deliver father-inclusive support, as well as resources, training and conferences to instigate a local movement for father-inclusivity. Examples of good practice by SSBC include '[An information pack for new fathers](#)' and the 'Think Dads' digital media campaign.

The report addresses the questions posed by the call for evidence into men's health.

1. What factors drive lower, and falling, male life expectancy and what action would have the biggest impact on addressing this?
2. What is driving higher rates of suicide amongst men and how could this be addressed?
3. What factors contribute to men using health services, like general practice, less often than women and what impact does this have on men's health outcomes, for example from cardiovascular disease?
4. What role do community and sport-based projects play in reaching men at high risk of isolation or poor mental health, and how can it be ensured that this support is spread equitably across the country?
5. What are the challenges in delivering health equity across different population groups among men and how best can they be addressed?

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What factors drive lower, and falling male life expectancy and what actions would have the biggest impact on addressing this?

1. Many causes of illness and death in adults have precursors in childhood. Experiences in the early years, starting from pregnancy, lay the foundations for a child's later life outcomes. Evidence-based intervention in the early years helps set the youngest generation for a healthy and successful life trajectory. SSBC proposes that one of the most impactful actions to improve outcomes and life expectancy for boys and all children, is to ensure that children and their families have access to a well-funded programme of evidence-based early childhood services that supports families to give their children the best start in life.
2. Adversity in childhood can have long-term consequences on health and wellbeing. Nearly half of all individuals in England are exposed to at least one adverse experience during childhood, and 8–9% experience four or more adverse childhood events (ACEs), such as neglect, sexual or emotional abuse, domestic violence and living in a household which there is substance misuse, among others. ACEs are associated with numerous harmful effects on physical and mental health throughout life.¹ ACEs are also linked to a shorter lifespan in desirable health and an increased risk of an earlier death in adulthood.^{2,3}
3. The risks most commonly associated with multiple ACEs (such as violence, mental illness, and substance use) represent ACE risks for the next generation.¹ When parents have been exposed to ACEs, their children are significantly more likely to experience negative health, well-being and development outcomes.⁴
4. Early intervention, both in terms of promoting safe and nurturing environments for children to grow up in and addressing adversity and trauma at the earliest opportunity, is vital to give children the best start in life and put a halt to intergenerational trauma.
5. As a test-and-learn programme, SSBC has commissioned and introduced a range of services in Nottingham to improve children's outcomes, which target families from pregnancy up to their child reaching 4 years of age.
 - 5.1 Independent external evaluation has shown that participation in the SSBC programme in general benefits children's receptive vocabulary at school entry. The vocabulary scores of children accessing SSBC services did not show a significant difference to those of their peers living in more affluent areas of Nottingham, which suggests that the SSBC programme is helping to close inequality gaps.⁵

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- 5.2 Boys' and girls' scores were very similar in the SSBC group, whereas boys scored lower than girls in the non-SSBC group. Although this difference did not reach statistical significance, it is suggestive of the potential impact of the SSBC programme to help close gender gaps in language abilities.
- 5.3 The Family Mentor Service embodies the Small Steps Big Changes principle "Children at the heart, parent's leading the way, supported and guided by experts". The delivery model, which is co-designed and co-governed with parents, is unique to Nottingham. The Family Mentors are a highly trained paid peer workforce of local parents employed by voluntary and community sector (VCS) organisations. They deliver the '[Small Steps at Home](#)' manualised programme of child development and preventative health support to parents through scheduled home visits, in a supportive and empathetic manner, as well as activity groups in community locations. Currently, 40.3% of families living in SSBC wards have a Family Mentor. Family Mentors are successful in reaching and building trusting relationships with families from a range of backgrounds.
- 5.4 External evaluations evidence the positive impact on children's outcomes of the SSBC programme in general and SSBC activities such as Small Steps at Home.⁶⁻¹⁰
- 5.5 There was a significant association between the number of Small Steps at Home Visits received and children's ASQ outcomes with respect to communication scores at 12 months, gross motor skills at 12 months and fine motor skills at 24 months.¹¹
- 5.6 The Family Mentor Service was co-produced with parents so that it suited their needs. All 26 parents who participated in an external evaluation of the Family Mentor Service, said they would recommend the service to a friend or family member with a young child if they were eligible.¹⁰
6. In order to support parents to have a sensitive, nurturing relationship with their babies, SSBC has commissioned '[Healthy Little Minds](#)', one of just 45 parent-infant relationship teams in the UK.¹² Parent-infant relationship teams are multi-disciplinary teams that provide evidence-based support to strengthen the relationships between babies and their parents or primary caregivers. Healthy Little Minds works with parents in Nottingham City who are at least 20 weeks pregnant or who have a child under 2 years old.
7. SSBC supports the ambition set by the Parent-Infant Foundation team that by 2023, "there should be specialised parent-infant relationship teams available across the UK, able to support all families who need them."¹³
8. Childhood obesity can impact both childhood and adult health.^{14,15} The National Child Measurement Programme (NCMP) measures school children' height and weight in Reception and Year 6. Its most recently published data from 2021/22 shows that boys have a higher prevalence of living with obesity than girls.¹⁶

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SSBC is piloting early intervention for rapid weight gain before children start school. The '[Healthy Lifestyles Pathway](#)' targets under-4-year-olds who are gaining weight too quickly. Tailored intervention at this earlier age may prevent future obesity and cardiometabolic diseases.

9. Early years interventions to improve children's outcomes needs to be seen in the context of other determinants of children's outcomes. Poverty in particular affects the prospects of children.¹⁷ In England, local areas with high rates of child poverty also have a high frequency of ACEs, which suggests that poverty increases the risk of adverse experiences in childhood.¹⁸ Without addressing poverty, other attempts to support boys and children thriving will not reach their full potential.

What is driving higher rates of suicide amongst men and how could this be addressed?

1. The transition to parenthood and early parenting is a key life-stage and a very vulnerable period for mental ill health of both mothers and fathers. The perinatal period covers the period from pregnancy up to one year after the birth of the baby. The transition to parenthood represents a number of co-occurring biological, psychological, social, economic, and behavioural changes.¹⁹ This period includes vulnerability to mood disorders and increased psychosocial stress, as well as increased vulnerability to psychological distress and the onset or relapse of psychiatric disorders, mainly depression.²⁰
2. The effect of the perinatal period on the mental health of mothers is well researched.²¹ Recent years have seen significant investment in perinatal mental health services for women.²² Mothers in every area of England now have access to evidence-based specialist perinatal mental health care.²³ Paternal perinatal depression (PPND) however is not widely acknowledged or well researched²¹ and is not recognised as an official psychiatric disorder.²⁴ Men and women manage and express depression in different ways.²⁵ This indicates specialist assessment and treatment of men's mental health is necessary during the perinatal period.
3. Experiences in the perinatal period can differ significantly, with experiences such as infertility treatment²⁶, previous pregnancy loss²⁷, baby loss²⁸, neonatal admission²⁹, and maternal ill physical^{30,31} or mental health³² as generally highly stressful events for fathers. There is an increase in anxiety and stress among fathers during the pregnancy which peaks around the time of birth and then decreases in the postnatal period.^{20,33} It is estimated that 8.4% of men experience paternal depression.³⁴ Traumatic events of childbirth can leave parents with post-traumatic stress disorder (PTSD) or with significant levels of post-traumatic stress (PTSS), with respectively 1.2% and 1.3% of fathers experiencing these. Perinatal mental health problems put fathers at an increased risk of suicide, with the likelihood of suicide risk up to 46.5 times higher.³⁵

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4. Fathers' mental health impacts on themselves, their partner and their children. When mothers feel supported by their partner during pregnancy, this contributes to improved well-being for mother and baby after birth.³⁶ Depression in fathers during the infant's early months has a negative and persistent effect on their children's early behavioural and emotional development.³⁷ Additionally, rates of post-partum mental illness in mothers have been shown to predict rates of post-partum mental illness in fathers.³⁸ Mental health services need to be family-oriented and father-inclusive, so that fathers are well-supported, and can in turn support their families.
5. In the perinatal period, attention needs to be broadened to consider the whole family unit, with effective prevention and support for fathers and male caregivers to protect their mental health. Research into baby mental health, couple functioning in the transition to parenthood, and the role of social support in the course of perinatal mental health disorders, all highlight the importance of specialist services working with the whole family to support recovery⁴⁰. Current mental health recovery models suggest that recovery from mental ill health is an inherently social process and that interpersonal roles and relationships suffuse all aspects of recovery.³⁹ Additionally, recovery processes are strongly embedded within family networks, and understanding of the interaction of recovery experiences between different family members is recommended in order to encourage recovery of individual members.⁴⁰ Routine mental health screening and assessment for both men and women therefore need to be considered during periods of interaction with healthcare professionals throughout pregnancy and the postnatal period and appropriate and timely treatment pathways need to be developed.
6. SSBC is committed to father inclusivity and commissioned a consultation with dads to understand their experiences of services, how things could be improved and what's important to them. One of the key findings identified that the times of greatest need for support were during pregnancy and in the first six weeks of their baby's life; dads used words like 'overwhelmed', 'lost', and 'struggling' and whilst they recognised the importance of mum and baby being the priority, they also felt that they needed more information on the basics of looking after their new baby and how to support their partner.
7. An example of good practice in the support of fathers during pregnancy and early parenthood is SSBC's '[An information guide for new fathers](#)'. Working with Nottingham CityCare Partnership CIC, Nottingham University Hospitals Trust, Nottingham and Nottinghamshire Local Maternity and Neonatal System and local dads, SSBC developed and produced a resource pack. The aim of the pack was to prepare fathers for when their baby was born. The pack provided information and advice about what to expect as a new father. Fathers considered the resource a useful source of reference, as well as a tool to share with others. Professionals said that it had the potential to find 'hard to reach' fathers. Overall, the Pack was considered a valuable source of information.⁵⁴ The pack is available in the seven most common languages for families in the SSBC council wards.

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What factors contribute to men using health services, like general practice, less often than women and what impact does this have on men's health outcomes, for example from cardiovascular disease?

1. Evidence shows that being male is negatively associated with willingness to seek mental health support.^{Error! Bookmark not defined.} Men tend to express negative attitudes toward therapy⁴¹, are less likely to visit their GP⁴², and are more likely to discontinue treatment than women.⁴³ Some reasons for men accessing mental health services less than women have been suggested, these include socialisation into 'traditional masculine' gender roles encouraging traits associated with 'traditional masculinity' including self-reliance and stoicism which do not align with psychological help seeking.⁴⁴ Another reason is differences in coping strategies between men and women. Compared to women, men have an increased tendency to self-medicate using drugs or alcohol to cope with psychological distress.⁴⁵ Also, men have been identified as having poorer levels of mental health literacy than women. Mental health literacy describes a person's knowledge, symptom recognition, prevention, and treatment. Poor mental health literacy is associated with lower use of mental health services.⁴⁶ Men are 1.8 times more likely to take their own lives than women.⁴⁷ This disproportionality higher suicide risk is often associated with men being less likely to seek help when experiencing mental health difficulties.⁴⁸ The Improving Access to Psychological Therapies (IAPT) service that provides evidence-based psychological treatments for depression and anxiety in primary care receives only 36% male referrals.⁴⁹
2. Pregnancy and early parenthood provide an opportune time to support parents and their babies due to their increased interaction with family health and support services, such as statutory maternity services. The perinatal period has been described as a "golden moment" for identifying and addressing health problems and behaviours among fathers⁵⁰
 - 2.1 This window of opportunity to support families with their mental health is highlighted by the high levels of interaction of families with the Small Steps Big Changes (SSBC) Family Mentor service. Since the start of the Family Mentor service in 2015, Family Mentors have had a total of 118,629 interactions with 5,576 individual children.
 - 2.2 Family Mentors take a father-inclusive, family-focused approach. As one father shared:

"My wife and I have always struggled with mental health and anxiety. We found it extremely hard during lockdown. Hayley, our Family Mentor, supported us through the Small Steps at Home programme. She also gave us emotional support at a time when we really needed it. Hayley has been visiting us now for over 2 years and we have both learned so much from her.

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While she was visiting us, Hayley suggested that I take part in FRED [Fathers Reading Every Day]. I wasn't too sure at the beginning as I struggle with reading, but Hayley told me about other ways of telling a story to my baby. I was happy to give it a go and began reading to my baby every night. I would encourage all dads to sign up for FRED. It really helped me to bond with my baby.

Getting support from the Family Mentor service encouraged me to do something meaningful and worthwhile for other families. Now my child is a bit older, I volunteer at Aspley groups. I also thought it would help build up my confidence. My wife and other family all thought that it would be a good idea too - so here I am!"

3. Health services during the perinatal period are predominantly aimed at women and babies, with far less provisions for men and fathers. There are no dedicated statutory services for males in the perinatal period. Whilst medical management for mother and baby needs to be a main priority, the impact fathers have on their partner and baby are not embedded in practice. For example, despite knowing about the vulnerability that fatherhood brings for men with regards to their mental health, health visitors view their role as dedicated to women and their babies.⁵¹
4. Another challenge is the predominantly female workforce which support families during pregnancy, birth and the early years, such as midwives and health visitors.⁵² It has been suggested that men may feel especially self-conscious about disclosing issues to women.⁵³
5. As an example of good practice SSBC has taken action to better support fathers in the Nottingham's maternity wards. SSBC have worked with the Nottingham University Hospitals (NUH) to introduce recliner chairs in all maternity wards. One chair was provided in each bay so that dads have a space to stay with their partner and new-born. This is intended to make fathers feel more welcome in maternity services and to ensure they can support their family during this critical time. The chairs have served as a valuable tool for fathers and have also served to change professionals' perceptions of engaging with males in female led health services. Initially there was opposition to the chairs by ward staff due to a perceived threat posed by males to other women on the ward and a perceived increase to workload. Since the chairs have been introduced however, staff have spoken positively about the experience and now see fathers as an asset to the mother and babies' recovery after birth.

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What role do community and sport-based projects play in reaching men at high risk of isolation or poor mental health, and how can it be ensured that this support is spread equitably across the country?

1. The SSBC Ideas Fund is based on the principle of community-based commissioning and launched in 2016. Local groups, organisations and teams can access a maximum award of up to £30,000 over three years through the Ideas Fund. The aim of the Ideas Fund is to help services develop their projects, share their experiences and learning, and enable them to be sustainable beyond 2025 when SSBC funding comes to an end. One of the awardees of the Ideas Fund is the Nurturing Fatherhood Project by [Shifting your Mindset](#), a local non-profit organisation empowering and supporting dads from black and minority ethnic communities.
2. The Nurturing Fatherhood Project has been part of an independent evaluation of the SSBC Ideas Fund by Nottingham Trent University, with the following findings.⁵⁴
 - 2.1 For the Nurturing Fatherhood Project, fathers were consulted prior to its development. They are also involved in raising awareness of the project and encouraging fathers from BAME communities to attend the sessions. Fathers are engaged in outreach activities including a Podcast, acts of kindness in Nottingham (e.g., handing out food to people experiencing homelessness), and establishing a dads' garden, where fathers can meet in the summer, and decide upon and hold events. A key element of the project is peer support, with fathers supporting each other. Two fathers have received training to officially deliver the project when needed and thus participate in the co-delivery of the sessions. The Nurturing Fatherhood Project thus serves as an example of good practice as a support service which was designed and delivered both by and for fathers.
 - 2.2 There are further opportunities for fathers who have attended this Project, some fathers have gone on to attend training, to be involved in outreach activities in the community and to raise awareness about the prejudices and discrimination black and minority ethnic fathers face when going to court to obtain rights to see their children.
 - 2.3 The fathers participating in the Nurturing Fatherhood Project reported several benefits, including improved emotional wellbeing as a result of peer support from other fathers and opportunities to share their experiences and difficulties; practical support and signposting which has led to financial support; peer support and advice that had resulted in contact and a relationship with their children; the provision of food; and stress release and therapeutic benefits from working in the dads' garden.

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- 2.4 Fathers also carry out ‘acts of kindness’ in the community including giving out food and drinks. The acts of kindness have provided opportunities for networking and meeting others supporting local communities, developing community connections further. The dads’ garden will be open to the community in the future and will include events, supporting further integration into the local community.
- 2.5 Funding for the Nurturing Fatherhood Project was perceived to have acted as a stepping-stone to further funding as it had enabled Shifting Your Mindset to build a track record, evaluate the project and make plans to expand it further, including recruitment of more staff and implementing supported accommodation for men experiencing homelessness .
- 2.6 Another past awardee of the Ideas fund is a bereavement charity called Zephyr’s. Zephyr’s supports anyone touched by pregnancy loss or the death of a baby or child. The aim of the project was to offer creative woodwork sessions for bereaved fathers. Sessions were based on Zephyr’s offer of a creative holistic approach. Zephyr’s founders are experts in providing peer support to bereaved families, with lived experience themselves. Other available bereavement support in the local area is based in the hospital and focused mainly on mothers, support predominantly takes the form of counselling. Fathers seldom engage with these services and when they are seen, they report to be present to support their partner. Therefore, SSBC have helped to meet a previously unmet need by supporting Zephyr’s. In supporting bereaved fathers with their trauma and loss, the evidence suggests that this would support and improve their relationship with other children in their lives and their relationship as a father in the future.

What are the challenges in delivering health equity across different population groups among men and how best can they be addressed?

1. A challenge for fathers in the perinatal period remains to be the ‘system’. The Fatherhood Institute has published a report stating that maternity, health visiting, and other family services are failing babies by ignoring their fathers during the first postnatal year. The report states that services are often not set up to engage with, assess and support new fathers.⁵⁰
 - 1.1 SSBC is currently running the father’s awareness ‘Think Dads’ social media campaign which supports our father inclusive strategy. To do this, we have developed a host of videos that will be used to share positive interactions between local fathers and local services, as well as time spent with their children and their thoughts about being a father. The campaign aims to share the voices of fathers and positive interactions between fathers and children in Nottingham, act as a reminder for the workforce to make fathers feel welcome and valued and to support training and other digital campaigns for father-inclusivity.

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2. Some barriers to father inclusive practice have been identified as the high proportion of females within the workforce, lack of fatherhood training and perceived disinterest of fathers from healthcare workers.⁵⁵ SSBC has some examples of good practice in engaging fathers that we will share below.

2.1 One way of involving fathers is through co-production in the design of services.

Co-production is defined as an input to produce a goods or a service, from those who are not a part of the organisation.⁵⁶ Co-production is an approach which allows service users and providers to work together to plan, design and manage the service⁵⁷⁻⁵⁸, whilst being influenced by service user expert knowledge. At SSBC, the most important piece of learning from co-producing services is that parents are an extremely valuable resource. They possess specific knowledge that is formed from their experiences of parenting within their local community. If they are well engaged with services, they can make a huge difference to the quality of services, provide clarity about the needs of services users, and encourage take up of services amongst their peers.

2.2 SSBC are also working with local partners to deliver 'Think Dads' training. The training emphasises the importance of men's health in the perinatal period and encourages practitioners to help men get the support they need during this transition. SSBC recognises the impact transitioning to fatherhood has on males, particularly males of lower socio-economic status and those who have their own experiences of adverse childhood events (ACEs) or previous mental health concerns. 'Think Dads' training is a key part of SSBC's Father Inclusive Strategy, aimed to inform and support the workforce to think about their families in a holistic way. The training is not aimed to take the focus away from mothers and babies but is designed to support practitioners to think about how dads can improve outcomes for their family by including them in their services. The training was designed with an understanding of the complexities of working with families and provides evidence-based information on how to use and share the information with the public.

2.3 SSBC is providing a series of trauma informed practice conferences. The first two conferences 'Creating a Trauma-informed Workforce' and 'Conversations that make a difference' were attended by 250 health, social care, and voluntary sector colleagues from across Nottingham and Nottinghamshire who support trauma adversity and trauma informed care. Speakers have explored the underlying causes of impact of Adverse Childhood Experiences and how our own childhood experiences may affect how we support families. These events have followed an agreement at the Nottingham and Nottinghamshire Violence Reduction Unit (VRU) board that a trauma-informed strategy would be helpful in developing a shared understanding, language and trauma-informed framework across social care, health, police, fire, and voluntary sectors. The strategy aims to engage and bring together organisations to move towards becoming 'trauma-informed'.

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- 2.4 SSBC held a ‘Think Dads’ Conference in October 2023. The conference aimed to share the evidence, asking ‘who are dads?’ and included stories based on the lived experience of dads. SSBC hopes to influence change by empowering and upskilling the workforce and community partnerships. SSBC has recognised through its work and practice around system change, that a collective commitment to change is needed to produce effective practical shifts towards father inclusivity. Therefore, to create a movement of change it is apparent that there is a need for conversation and inspiration on the subject. A follow up workshop took place in February 2024 for senior management, practitioners, and parents to discuss how father inclusive practice could be implemented, and what support they might need in implementing father inclusive practice into their organisation.
- 2.5 Parental leave can help protect father’s mental health. Taking and intending to take two-weeks’ paid paternity leave has been shown to reduce the likelihood of reported post-partum depression in fathers.⁵⁹ The model of parental leave in the UK is transferable maternity leave, meaning that after the mandatory two weeks of maternity leave, the father or co-parent could take any of the remaining leave allocated to the mother.⁶⁰ UK parental leave has been described as discriminatory on the grounds of sex. The policy is also described as ‘inadequate’ due to fathers not having a period of leave reserved for them, the father’s employee having final say on discontinuous periods of leave, lacking a clear option to combine leave with part-time work and also ensuring only a relatively low level of remuneration whilst on leave.⁶¹

Conclusion

1. Experiences in the early years, starting from pregnancy, lay the foundations for a child’s later life outcomes. Many causes of illness and death in adults have precursors in childhood and adversity in childhood can have long-term consequences for health and wellbeing. It is therefore vital to ensure all children and their families have access to well-funded, evidence-based early childhood services that support families to give their children the best start in life.
2. Therefore, to improve men’s health outcomes, all boys and children should be given the best start in life. To realise this first objective, the government needs to recognise the value and place in the system of early intervention and prevention measures that start from pregnancy. Early intervention and prevention are paramount to ensure that all children have the best start in life.
3. SSBC recommends that all parents of very young children have access to:
 - a. A trusted and non-judgmental peer support service, with SBBC’s Family Mentor Service as an example of good practice, with evidence from an external evaluation of its positive impact on families.



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4. In addition, SSBC recommends that all families who need it, have access to:
 - a. Parent-infant relationship teams, so that all babies can have a sensitive, nurturing relationship that lays the foundation for lifelong mental and physical health.
 - b. Support for their child to have a healthy weight such as SSBC's Healthy Lifestyles Pathway.
5. These early interventions need to take place in a context in which:
 - a. The government develops and implements a comprehensive strategy to prevent and end child poverty. Without addressing poverty, other early years intervention may not reach their full efficiency.
6. More needs to be done to support men during their transition into parenthood and the early years of parenting. The transition into parenthood and the early years of parenthood are both a period of vulnerability and opportunity. Parents are more vulnerable to mental ill health, while families' increased interaction with health services during pregnancy and the early years offer points of contact with opportunities to identify needs and offer adequate supports. Improvements are needed to ensure:
 - a. Mental health services that are family-oriented and father-inclusive, with a special focus on support during the perinatal period. More research is needed on the mental health of fathers and other male caregivers during this life stage to enable effective assessment and treatment. Consideration of men's specific barriers to help seeking will need consideration to allow for effective engagement.
 - b. System change towards father-inclusivity, so that the systems that support families during pregnancy and early parenthood are inclusive of fathers and male caregivers and recognise them as equal partners in parenting.
 - c. SSBC has undertaken a range of activities to promote father-inclusivity, such as the father-inclusive Family Mentor service, commissioning local organisations to build father-inclusive communities and deliver father-inclusive support, as well as resources, training, and conferences to instigate a local movement for father-inclusivity. Examples of good practice by SSBC include ['An information pack for new fathers'](#) and the 'Think Dads' digital media campaign.

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