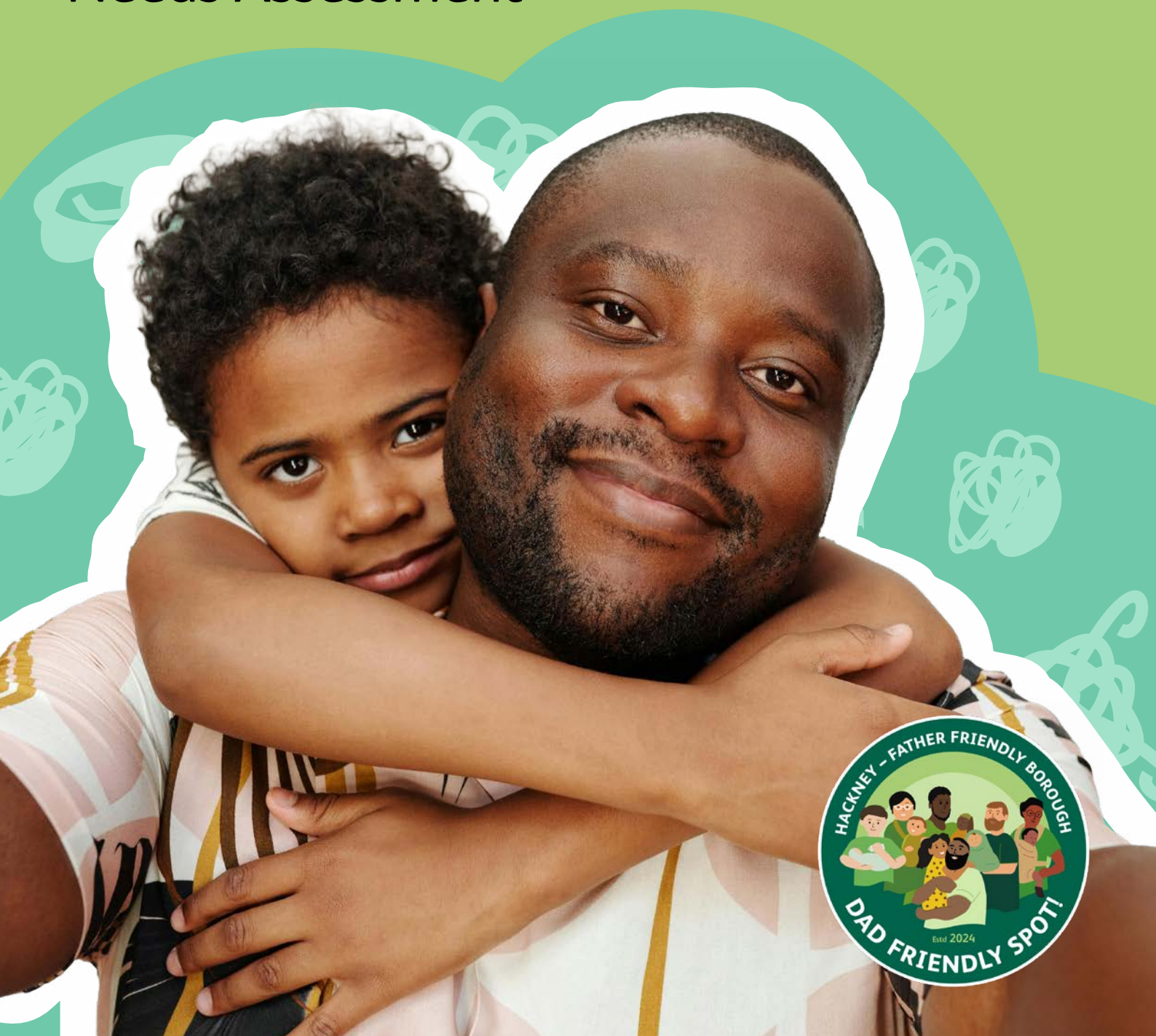


Hackney Fathers Perinatal Mental Health & Parent Infant Relationship Needs Assessment



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Executive summary

The case for fathers

National research highlights the significant role fathers play in Perinatal Mental Health (PMH) and Parent Infant Relationships (PIR). Studies indicate that fathers can experience perinatal mental health issues, such as depression and anxiety, with prevalence rates ranging from 5 % to 10 % for depression and 5 % to 15 % for anxiety. These mental health challenges can adversely affect family dynamics and child development.

The Hackney Fathers Perinatal Mental Health (PMH) and Parent Infant Relationships (PIR) Needs Assessment was commissioned by Hackney's Children & Family Hubs to:

- engage with Hackney fathers from diverse communities, particularly seldom-heard groups, to understand their experiences of and needs in relation to universal and to low-moderate PMH and PIR services
- develop evidence-based recommendations to strengthen support structures and inform operational changes.

This Needs Assessment was co-produced with ten local fathers, who were trained as Experts by Experience (EbE's) and helped to shape, design and deliver the project. Hackney faces higher-than-average deprivation (43 % child poverty rate) and has a very diverse population, many of whom face barriers to service access. In total the project engaged just under 1000 Hackney fathers, from Charedi, Turkish and Kurdish, and Black African/ Black Caribbean and Black British communities, through surveys, focus groups and events.

“If I want to know anything about my child I have to go to the mother, and it's not right, I should be informed too. I'm important too.”

The Needs Assessment found that there is a lack of father-only PMH or PIR services, and that services aimed at families, parents and carers had limited take-up by fathers. Stigma around accessing services that were not designed for fathers or that had not explicitly 'invited' fathers to attend was high and rigid service structures (lack of evening/ weekend sessions) excluded men from accessing services designed for families.



This was particularly true for fathers from Black, Orthodox Jewish, and Turkish/Kurdish communities, who already felt excluded from low-to-moderate health services.

Why this matters: The risk of ignoring fathers

Involving fathers in perinatal interventions is important for several reasons:

- **Enhanced maternal mental health:** Active paternal involvement is associated with improved maternal mental health outcomes. Fathers' support during the perinatal period can reduce maternal stress and lower the risk of postnatal depression. Without support, these issues affect family wellbeing, increasing risks of relationship strain, reduced parental engagement, and long-term developmental consequences for children.
- **Improved child development:** Research shows that positive father-infant relationships during the first 1,001 days improve cognitive, social and emotional development. Yet, services fail to proactively engage fathers, leading to missed opportunities for early bonding and intervention. Engaged fathers can foster secure attachments, leading to positive long-term outcomes for the child.
- **Strengthened family relationships:** Father involvement can enhance family cohesion and communication, leading to more stable and supportive family environments. This involvement benefits not only the partner and child but also the father's own well-being.
- **Increased access to maternity and Early Years services:** Many fathers reported feeling like visitors' rather than equal parents in maternity services, with little effort made to include them in discussions about parental mental health, infant care and family support.
- Hackney's school exclusion rates are notably higher than both national and London averages: There is a strong association between the quality of parent-infant relationships and a child's risk of school exclusion. A positive and supportive parent-infant bond early on can lay the foundation for healthy social and emotional development, reducing the chances of behavioural problems that might lead to exclusion from school.



What we found

Hackney faces higher-than-average deprivation, with a 43 % child poverty rate) and has a very diverse population, including Black African, Charedi, Turkish and Kurdish communities, many of whom face barriers to accessing services. There are no father-only focused services and limited take-up by fathers in perinatal mental health and parent-infant relationships services; services did not have systems in place to record the involvement of fathers, and/or did not actively encourage the attendance of fathers, directly or indirectly. A key finding across all groups was when a service advertised services for families or parent/carers, fathers assumed was that the service was targeted at mothers. Fathers' inclusion in perinatal interventions matters for all the reasons set out above.

Key findings from the Needs Assessment

Healthwatch Hackney gathered insights from over 748 fathers through surveys, focus groups, and stakeholder engagement. The findings below highlight critical service gaps:

1. Limited mental health support for fathers

Only 12 % of fathers had accessed mental health support (such as IAPT) despite high levels of stress, anxiety, and depression reported by fathers revealed they had experienced. Stigma and lack of tailored services were cited as major barriers to seeking help.

2. Barriers to engagement: time, culture, and accessibility

Cultural and language barriers prevent many fathers, particularly those from minority backgrounds, from engaging with services.

3. Exclusion from parent-infant bonding support

Only 38 % of fathers attended perinatal classes, with many feeling unwelcome or unaware of available services. Non-resident fathers, including co-parenting fathers, struggle to maintain strong relationships with their children and because of systemic barriers.

4. Demand for peer-led and community-based Support

Fathers prefer peer-led support groups over formal services, particularly those from marginalised communities who report a higher than average distrust of statutory services.

5. Fathers want inclusion, not just 'men's groups'

While father-only spaces are valued, 55 % of fathers felt existing perinatal mental health and parent infant relationship services did not cater to them or explicitly include them.

The Needs Assessment calls for a transformation in how services engage fathers, with a focus on inclusivity, accessibility, and cultural sensitivity. The following four key recommendations provide a roadmap for embedding father-inclusive practice into Hackney's health and social care systems

Key recommendations

1. Development of a father-inclusive toolkit for services

– this includes a co-produced Father Friendly Inclusion Charter, which will set a borough-wide standard for effectively engaging fathers in early year services. Additionally, the toolkit will provide guidance around how services can incorporate culturally sensitive, father-friendly language and encourage all services to include data on engagement with fathers.

2. EBE lead borough wide peer support groups

– Experts by Experience (EBE) Champions to lead on peer-to-peer groups (such as Father Circles) within Family Hubs. These groups will offer structured but flexible, father-led spaces to enhance engagement, mental health support, and parenting confidence.

3. Delivery of IHV awareness training in partnership with HCVS

– Work with professionals who undertook iHV Fathers and Perinatal Mental Health Champions Training to tailor training to improve accessibility and to deliver father-inclusive training for professionals in health, local government and the voluntary community Sector. This training will raise awareness of fathers' perinatal mental health needs across services and increase engagement with fathers.

4. Borough-wide communications campaign

– Launch a comprehensive communications campaign featuring local fathers and their children to increase awareness and uptake of father-inclusive services across Hackney. This will include social media outreach, digital and printed materials, and direct community engagement to ensure fathers are informed and encouraged to access support.

Achievements to date

As part of undertaking this assessment a number of initiatives were developed that are recommended for continuation.

These recommendations lay the groundwork for long-term, systemic change, ensuring fathers have the support, recognition, and resources they need to thrive in their parenting role.

Father Friendly WhatsApp

Safe, dedicated online groups where fathers share experiences and advice, and provide peer support.



Coffee mornings for dads based at Homerton Hospital

to engage with new fathers and to encourage them to sign up to the Father Friendly Newsletter and/or Father Friendly WhatsApp group.



Fathers Intervention Programme (FIP) – ‘Dads Who’

1-2-1 support through virtual delivery. Fathers receive real-time guidance and support tailored to their needs.



‘What’s on in the Borough’ weekly WhatsApp bulletin

Highlights father-friendly activities and resources in Hackney (more than 40 fathers).



Monthly Father Friendly newsletter

Disseminates information about local services, parenting tips, and events (429 fathers registered).



Father Friendly website

A central hub for fathers, providing easy access to resources, support services, and guidance.



Awareness campaign for ‘Movember’

Raised awareness of men’s mental health through targeted events and social campaigns.



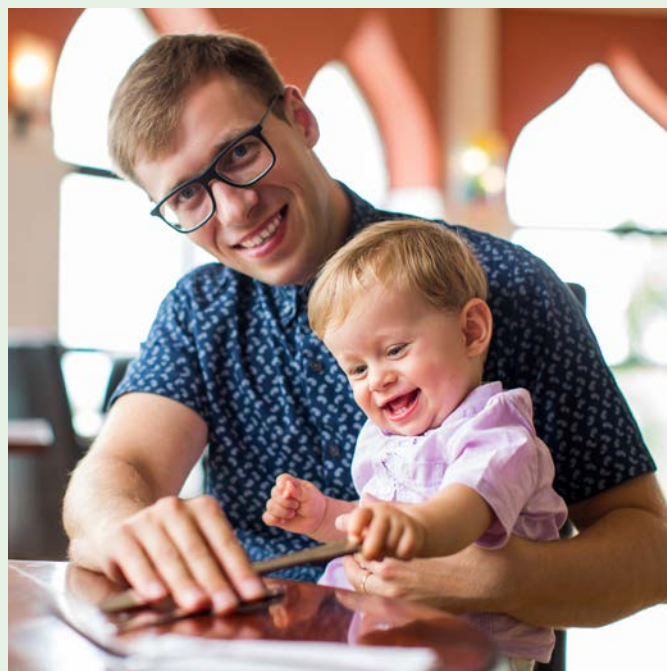
Two EBEs trained as Perinatal Mental Health champions

These champions now lead Father Circles – peer-led support spaces for fathers.



Social media project – ‘Day in the Life’ series

Showcasing diverse Hackney fatherhood experiences, encouraging more fathers to engage.



Conclusion

There is an urgent need for father-inclusive policies and services in Hackney. By failing to address fathers' mental health and parenting support needs, the current system reinforces inequalities and risks long-term harm to families and children. Implementing these recommendations will strengthen fathers' mental health, improve parent-infant relationships, and enhance family wellbeing across Hackney.

By embedding father-inclusive practices into Hackney's Family Hub model, this project has the potential to set a national precedent for father-friendly policy and service design.

Acknowledgements

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Experts by Experience (EBEs) and fathers

A special thanks to all the fathers who participated in surveys, interviews, and focus groups, sharing their experiences and insights including:

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1. Introduction

Fathers play an essential role in family wellbeing, particularly during the critical perinatal period, which spans from pregnancy through the first year of a child's life. Despite this, services in the UK have historically focused on mothers, often overlooking fathers' needs. The perinatal period presents unique challenges for fathers, including mental health pressures, identity shifts, and adapting to parenting responsibilities.

Research highlights that fathers' mental health directly affects their relationships with partners and children, underscoring the need for father-inclusive approaches (Royal College of Psychiatrists, 2022; NHS England, 2022). In Hackney, socioeconomic challenges such as high rates of child poverty (43 %) and cultural diversity add complexity to service delivery (Trust for London, 2023). Child poverty disproportionately affects certain communities, including Black African (50 %), Black Caribbean (49 %), Charedi (64 %), Turkish (58 %), and Kurdish communities.

The 2021 Census data for Hackney indicates that 15.5 % of households are lone-parent families, a slight increase from 14.9 % in 2011. Nationally, 51 % of families identified as Black/Black Caribbean/Black African/Black Other were lone parents in the 2021 Census, a slight increase from 48.5 % (2011 Census). While this data is not available locally; it does suggest that this finding may be reflected in the Hackney population which has a significant Black/Black British/Black African/Black Caribbean and Black Other population. This indicates a need to address interventions around co-parenting. Detailed breakdowns by specific ethnic or cultural groups, particularly for Turkish, Kurdish and Charedi families, are not explicitly provided in the 2021 Census data (ONS, 2021). Additionally fathers from these communities face distinct barriers, including stigma, language constraints and a lack of culturally appropriate resources. The Rare Jewels report highlights that

such marginalised groups are less likely to access early intervention services, amplifying the risk of adverse outcomes for families and children (Parent-Infant Foundation, 2019).

The Hackney Fathers Perinatal Mental Health (PMH) and Parent-Infant Relationship (PIR) Needs Assessment aims to identify and address barriers to access to mild to moderate services, and to present recommendations to enhance fathers' wellbeing and create a Father-Friendly Borough.

This needs assessment aligns with the objectives outlined in the project plan:

- 1. Utilise co-production and engagement to shape and refine the project:** Incorporate fathers' voices through co-production principles, ensuring recommendations are informed by lived experience and community needs.
- 2. Evaluating existing services:** Assess the reach, accessibility, and quality of services supporting fathers' PMH and PIR needs, identifying gaps in provision.
- 3. Identifying barriers to access:** Explore the unique challenges faced by Hackney's diverse communities, particularly marginalised groups such as Black African, Charedi, and Turkish fathers, as well as young fathers.
- 4. Develop evidence-based recommendations:** Provide clear guidance on expanding father-specific services, enhancing cultural competency, and embedding father-inclusive practices across Hackney's services.
- 5. Use the recommendations to shape local policy and practice:** Inform local policies to ensure equitable, father-inclusive services are integrated into the broader Hackney Children & Family Hub framework.

1.1 Understanding PMH and PIR

Perinatal Mental Health (PMH)

Perinatal Mental Health or PMH refers to the mental health and emotional wellbeing of parents during pregnancy and the first year postpartum. While traditionally associated with mothers, PMH also encompasses fathers, who may experience stress, anxiety, depression, and feelings of inadequacy. Moreover, when the mother faces perinatal mental health challenges, the incidence in fathers can rise significantly; with some studies reporting rates between 24 % and 50 %. NHS England has recognised the importance of supporting partners of new mothers with mental illness, indicating a commitment to offer mental health checks and treatment to new and expectant fathers (NHS England, 2018). This includes access to talking therapy programmes (IAPT).

Additionally, these challenges are often exacerbated by societal expectations of masculinity, which can discourage fathers from seeking help (Royal College of Psychiatrists, 2022).

PMH is commonly assessed using standardised mental health screening tools, such as the Patient Health Questionnaire-9 (PHQ-9) for depression and the Generalised Anxiety Disorder scale (GAD-7) for anxiety. These tools can be adapted for fathers to reflect the unique stressors they face, including balancing caregiving responsibilities with societal expectations. Additionally, validated measures like the Edinburgh Postnatal Depression Scale (EPDS) have been used to screen fathers for depression, with modifications to account for their lived experiences.

Parent-Infant Relationships (PIR)

Parent-Infant Relationship, or PIR refers to the quality of the bond between a baby and their caregiver, encompassing emotional attunement, secure attachment and responsive caregiving. PIR has profound implications for children's development, influencing emotional regulation, social skills, and cognitive growth. Fathers' involvement is critical, as research shows that engaged fathering contributes significantly to healthier, more secure attachment patterns in children (Parent-Infant Foundation, 2023; NICE, 2021). Research shows a strong link between the quality of parent-infant relationships and a child's risk of school exclusion, with poor or insecure early

attachments often being associated with increased likelihood of behavioural issues later in life, which can contribute to school exclusions. Hackney's school exclusion rates are notably higher than both national and London averages.

PIR is typically assessed through observational tools and structured questionnaires that evaluate the caregiver's responsiveness, sensitivity, and attunement to the infant. Instruments such as the Maternal Postnatal Attachment Scale (modified for fathers) and the Parent-Infant Interaction Observation Scale (PIIOS) are widely used to measure the quality of these relationships. The Mother Object Relations Scale (MORS) is a valuable tool for measuring parent-infant relationships (PIR) and is widely used in perinatal mental health and early intervention settings to assess parental perceptions of their emotional connection to their infant. It focuses on the emotional bond between parents and infants, which is crucial for understanding the quality of early relationships, and helps identify positive connections or areas of difficulty, such as detachment or ambivalence.

MORS helps identify potential challenges in the parent-infant relationship early on, even in mild cases, allowing for preventive interventions. For example, it can highlight whether a parent feels overwhelmed or struggles to connect with their infant. Originally developed for mothers, MORS has been adapted for fathers and other caregivers, making it versatile and inclusive in diverse family contexts. It can also be used as a pre- and post-measure to evaluate the effectiveness of interventions aimed at improving parent-infant relationships, and with families from various cultural backgrounds with appropriate translation and cultural adaptation.

The relationship between PMH and PIR

PMH and PIR are deeply interconnected, as a parent's mental health significantly influences their ability to form secure bonds with their child. Fathers experiencing untreated anxiety or depression may struggle with emotional attunement, potentially leading to less responsive caregiving and insecure attachment patterns (Parent-Infant Foundation, 2023). Conversely, strong PIRs can improve parental mental health by fostering confidence, reducing stress, and enhancing emotional connections.

2. What we already know about fathers and PMH and PIR

2.1 Perinatal Mental Health (PMH)

National context

Fathers' perinatal mental health (PMH) is increasingly recognised as a significant public health priority. Up to 10 % of fathers experience depression, anxiety, or stress during the perinatal period, with rates rising to 25–50 % if the mother also experiences PMH challenges (NHS England, 2022). Despite this, PMH services have traditionally focused on mothers, often excluding fathers from mental health screenings and interventions (Royal College of Psychiatrists, 2022).

The NHS Long Term Plan (2019) acknowledges the importance of engaging fathers, advocating for their inclusion in mental health assessments and providing targeted support. Similarly, the Saving Lives, Improving Mothers' Care (MBRRACE-UK, 2022) report highlights the impact of untreated paternal mental health issues on family dynamics and child outcomes. Effective PMH interventions for fathers include peer support networks, targeted mental health screenings, and education to normalise emotional challenges and reduce stigma (NHS England, 2022).

Regional context

In London, regional programmes have begun to address fathers' mental health more explicitly. Initiatives like Future Men offer peer-led support groups that help fathers navigate mental health challenges while fostering a sense of community. Digital tools, such as DadPad, also play a significant role, offering accessible guidance for fathers balancing mental health, parenting, and work responsibilities (Parent-Infant Foundation, 2023).

The Healthy London Partnership supports perinatal mental health integration across boroughs, promoting family-focused care pathways. However, engagement with fathers remains inconsistent, often hindered by service designs that fail to account for fathers' specific needs or cultural contexts.

2.2 Estimating the level of fathers PMH needs in Hackney

Around 20 % of mothers experience perinatal mental health issues (NHS) and among these, 10–15 % experience postnatal depression specifically, while others may struggle with anxiety disorders, PTSD, or more severe conditions like postpartum psychosis. Using Hackney's estimated 3,500 births annually, around 700 mothers might experience some form of perinatal mental health issue each year. The mental health challenges of mothers can significantly affect their partners' mental well-being, contributing to increased stress, anxiety, and depression.



Research suggests this can impact fathers in a number of ways:

- Fathers whose partners experience perinatal mental health issues are at an elevated risk of developing depression themselves; this risk is two to three times higher for partners of mothers with postnatal depression.
- A systematic review found 25–50 % of fathers whose partners experience postnatal depression may develop depression as well.
- The emotional and physical demands of caregiving, combined with concerns for their partner's mental health, often lead to relationship strain. This can manifest as:
 - Poor communication
 - Conflict or detachment in the relationship
 - Reduced intimacy
- Fathers struggling with mental health issues may have reduced capacity for bonding and engagement with their child, which can negatively affect child development.
- Children of parents (both mothers and fathers) with mental health issues are at an increased risk of behavioural and emotional challenges. This is due to:
 - **Emotional contagion:** Witnessing a partner's distress can lead to emotional contagion, where the partner mirrors the mother's anxiety or low mood.
 - **Caregiving burden:** Fathers often take on additional responsibilities (e.g., managing the household or caring for the baby), which can exacerbate stress and feelings of isolation.
 - **Lack of support:** Social stigma and fewer support systems tailored to fathers contribute to underreporting and limited access to mental health care for fathers.

Additionally, Hackney's high rates of deprivation and cultural diversity exacerbate barriers to fathers accessing PMH and PIR support. While services such as First Steps and the NHS provide valuable PIR interventions and talking therapies, fathers remain underrepresented among service users. Stigma, cultural norms, and a lack of targeted outreach contribute to this gap, particularly among marginalised communities such as Black, Charedi, Turkish, and Kurdish fathers.

2.3 Evidence-based PMH interventions

Historically, men have been under-represented in IAPT services. A study analysing data up to 2017 found that only 8.5 % of males with common mental disorders (CMD) accessed IAPT services, compared to higher rates among females. The City and Hackney Place-based Partnership has recognised disparities in mental health service engagement. One of their strategic objectives is to reduce inequalities in engagement in IAPT services, which includes efforts to increase male participation.

NHS Talking Therapies (formerly IAPT) is considered a mild to moderate intervention for perinatal mental health (PMH) challenges. Services typically include therapies like:

- **Cognitive Behavioural Therapy (CBT):** for mild to moderate depression and anxiety.
- **Guided self-help:** Based on CBT principles, delivered via digital platforms or in-person.
- **Counselling for depression (CFD):** for those with slightly more complex but still moderate issues.
- **Behavioural activation:** To improve mood through structured activity planning.

The below PMH interventions have demonstrated effectiveness in supporting fathers' mental health during the perinatal period.

- **Cognitive Behavioural Therapy (CBT)**
CBT is effective in reducing symptoms of depression and anxiety in fathers during the perinatal period.
- **Psychoeducational programmes**
These programmes provide fathers with information about perinatal mental health, parenting skills, and coping strategies, leading to improved mental health outcomes.
- **Peer support groups**
Facilitated group sessions where fathers can share experiences and receive support have been shown to alleviate feelings of isolation and depression.
- **Couple-based interventions**
Interventions involving both partners, focusing on communication and mutual support, can enhance relationship satisfaction and reduce paternal depression.
- **Mindfulness-based stress reduction (MBSR)**
MBSR techniques help fathers manage stress and improve emotional well-being during the perinatal period.

2.4 Estimating the level of Parent-Infant Relationship challenges in Hackney

While specific local data is limited, applying national prevalence rates to Hackney's demographic context suggests that a notable number of parent-infant relationship challenges may exist in the borough. Factors such as cultural diversity and socioeconomic deprivation may further influence these challenges. A significant portion of Hackney's population lives in areas with high deprivation, which is linked to increased parental stress and challenges in parent-infant relationships (City and Hackney Neighbourhoods, 2024).

Addressing these issues requires targeted interventions that consider the unique characteristics of Hackney's population. Studies indicate that 10–25 % of young children in the UK experience significant attachment difficulties, which can lead to later mental health issues. Applying the 10–25 % prevalence rate suggests that between 350 and 875 infants in Hackney may experience significant attachment difficulties each year.

These interventions have demonstrated efficacy in strengthening father-infant relationships and promoting positive developmental outcomes. Implementing such programs can be beneficial for fathers seeking to enhance their bond with their infants.

- **Video-feedback intervention to promote positive parenting (VIPP)**
Uses video recordings to provide fathers with feedback on their interactions, improving sensitivity and attachment.
- **Kangaroo care (skin-to-skin contact)**
Promotes bonding and infant health through direct skin-to-skin interaction between father and baby.
- **Parent-infant psychotherapy**
Focuses on improving emotional connection and addressing relational challenges between fathers and their infants.
- **Digital parenting interventions**
Online platforms provide resources and guidance tailored to fathers, supporting bonding and parenting skills.
- **Humour-based parenting strategies**
Incorporates humour to reduce parenting stress and foster positive father-infant relationships.

3. Perinatal Mental Health and Parent Infant Relationship services in Hackney

Hackney is a diverse and dynamic borough with a wealth of services aimed at supporting families during the early years of their child's life. However, the accessibility and inclusivity of these services for fathers remain inconsistent.

The introduction of Children & Family Hubs and the Best Start in Life programme offers a framework to address these gaps.

Hackney Children & Family Hubs provide a one stop shop for early years services. These hubs provide a variety of universal and targeted support aimed at parents and carers.

Among the Family Hubs' commissioned Start for Life services, there is a specific focus on the Parent-Infant Relationship (PIR) and Perinatal Mental Health (PMH) workstreams. Each Children & Family Hubs in Hackney has a Family Navigator to connect families with a range of different services through its network of services. Table 1 showcases the range of evidence based mild to moderate services.



TABLE 1: PERINATAL MENTAL HEALTH SERVICES IN HACKNEY (UNIVERSAL, MILD TO MODERATE)

UNIVERSAL	MILD TO MODERATE
• Maternity service (Wholley screening and if required GAD 7, PH Q9) • Enhanced Health Visiting service (screening GAD 7, PH Q9) Community based services: • Hackney Children & Family Hub Family Navigators • ChatWorks Hackney: ChatWorks dedicated space for people of African Caribbean and dual heritage • Doula UK – Positive birth: Provides flexible, continuous support to families through pregnancy, labour and birth, and in the immediate postnatal period. Offering flexible, practical and emotional support they work in homes as well as in hospitals. • Hackney Chinese Community Services • Maternity Action • MENUCHA Online services: • Dads Pad • Spurgeons	• Improving Access to Psychological Therapies (IAPT) • GP website • City and Hackney Talking Therapies • Bikur Cholim • Pre-conception counselling • Targeted antenatal classes • Minik Kardes Children’s Centre • Black and Black Mixed Heritage groups • 6 weeks mindfulness for parents group (in person) • City and Hackney CAMHS Community based services: • Derman: Wellbeing services (1-2-1 counselling: coaching, yoga and mindfulness, couple counselling etc.), group counselling for Turkish speaking clients or clients of Turkish, Kurdish and Cypriot origin • Ezer Leyoldos: NHS provides pre and post natal support to families with children in need in the Orthodox Jewish community • Hackney WellFamily Plus: Family Action, offers holistic assessments and emotional and practical support over a period of 6 to 8 sessions. Service available via referral from City and Hackney GP surgeries • Peer Support with HENRY: Provided for pregnant women/women who have recently given birth • Adult services and timetable – IRIE Mind: Counselling and Psychotherapy, Black Men’s group • Sure Steps – Social Action for Health: Support through Early Parenting scheme

TABLE 2: PARENT INFANT RELATIONSHIP SERVICES IN HACKNEY

UNIVERSAL	MILD TO MODERATE
• HHFT Maternity Service (Screening – MORS) • HHFT Enhanced Health Visiting Service (screening – MORS) • National Childbirth Trust (NCT) • Hackney Infant Feeding Peer Support Service: To support parents with the first 1,000 days through pregnancy, birth and early parenthood. They provide community based infant feeding peer support. • Togetherness Parenting online courses: inourplace.co.uk • Barnardo's Togetherness Parenting Approach Service: – Togetherness Parenting Service: Face-to-Face Courses – Togetherness Parenting online course Community based services offering wider support: • Chatworks: dedicated space for people of Afro-Caribbean heritage to improve their health and wellbeing • Hackney Children & Family Hubs: – Baby Massage, activities for babies and children aged 2 yrs and under to promote bonding and emotional wellbeing • Dope Black Dads: A digital safe space for fathers who wish to discuss their experiences of being Black, a parent and masculinity • Information Hub tips on pregnancy and parenting • Best Beginnings: Support for Dads	Parenting Courses: • National Childbirth Trust (NCT) • Empowering Parents Empowering Communities (EPEC): My Baby & Us Programmes • Triple P Babies (Group/Individual) • KOACH: Solihull Parenting Approach courses to Orthodox Jewish groups, individuals and professionals • Strengthening Families, Strengthening Communities (SFSC) programme: online programme for Black, Asian, and minority ethnic fathers, stepfathers, grandparents, uncles, and male caregivers involved with children • Video Interactive Guidance (VIG) • Educational Psychologists

Digital and online Best Start in Life services in Hackney

- Solihull Approach online parent/carer courses
- OnePlusOne Reducing Parental Conflict digital programme
- Anya infant feeding and parenting app





There are a wide range of services in the borough that address mild to moderate perinatal mental health and parent infant relationships. However, there are opportunities to develop more father-specific services to complement the current offer. Services like Derman, Ezer Leyoldos and Bikur Cholim provide important culturally sensitive support. However there are additional gaps in providing targeted support for other high-risk groups such as Bengali, African or Caribbean populations.

Online programmes like the Solihull Parenting Approach and Anya offer valuable resources for fathers, and ease of access but barriers such as cost and digital literacy can limit accessibility.

The overlap between PMH and PIR underscores the importance of separate and integrated interventions. For example, the Solihull Approach integrates mental health and relationship-building strategies, addressing both PMH and PIR simultaneously. Such dual approaches ensure fathers are equipped to navigate their personal wellbeing and their role as caregivers, promoting healthier family outcomes (NICE, 2021).

Additionally by addressing maternal and paternal mental health together, we can improve outcomes for the entire family unit, including the well-being of children. Addressing gaps in service accessibility, particularly for fathers, is crucial. By aligning services more closely with the needs of fathers and addressing cultural, practical, and systemic barriers, Hackney has the opportunity to make its Children & Family Hubs more inclusive and effective for all parents.



4. What we did

4.1 Introduction

The approach to undertaking this needs assessment was grounded in co-production principles and prioritised the voices of fathers while drawing on a review of existing literature, policies, and local contexts. Additionally, the methodology was guided by Healthwatch Hackney's Co-production Charter, which outlines best practices for inclusive research and service design. Critical feedback from fathers on the ground was central to the process, shaping both the themes explored in the research and the design of the survey and focus group discussions.

4.2 Methodology

Needs Assessment: six stages

- 1. Recruit Experts by Experience (EBEs):** Engaged 12 EBEs and 2 Champions.
- 2. Review secondary data:** Analysed national, regional, and local datasets.
- 3. Commission community organisations:** Partnered with Father2Father, Lubavitch Children's Centre and Derman.
- 4. Primary research and outreach:** Conducted 618 surveys (424 fully completed), 14 focus groups, and 30 interviews.
- 5. Analysis:** Evaluated findings through quantitative and qualitative methods.
- 6. Report writing and recommendations:** Synthesised insights into actionable recommendations.

Comprehensive Needs Assessment process

The Needs Assessment followed a six-step process to ensure clear understanding of the PMH and PIR needs and challenges experienced by fathers in Hackney. This approach integrated diverse voices, and collaboration with community partners to engage with a diverse range of fathers.

EBE recruitment: Fourteen Experts by Experience (EBEs) were recruited, including 12 initially and 2 later added as Champions to lead peer groups. Their contributions were critical in shaping the research process, including survey design, focus

group facilitation, and ensuring cultural sensitivity in interpreting findings.

Data review: A review of national, regional, and local data provided a foundational understanding of trends, policies, and service gaps related to fatherhood. This included examining frameworks such as the NHS Long-Term Plan and local datasets, including child poverty rates and service uptake statistics, to inform the scope of the research.

Community partnerships: Partnerships with organisations like Father2Father, Lubavitch Children's Centre and Derman were essential in reaching seldom-heard groups, including Black, Orthodox Jewish, Turkish, and Kurdish fathers. These collaborations leveraged trusted community networks to facilitate engagement and build trust with participants.

Primary research: Research methods included both quantitative and qualitative approaches to gather a comprehensive view of fathers' experiences:

- **Surveys:** 618 responses were collected, with 424 fully completed, offering detailed quantitative data on fathers' challenges and needs.
- **Focus groups:** 14 sessions were conducted, involving 100 fathers, to explore shared experiences and barriers, such as mental health and parenting roles.
- **One-to-one interviews:** 30 interviews provided in-depth insights into sensitive issues like stigma and accessing support services.
- **Stakeholder engagement:** Service providers, community leaders, and healthcare representatives contributed to ensure findings were aligned with service delivery realities and community needs.
- **Analysis:** Quantitative survey data and qualitative inputs from focus groups and interviews were systematically reviewed to identify recurring themes, patterns, and perspectives. The focus remained on accurately capturing fathers' voices without prematurely assuming findings. Contributions from EBEs ensured that analysis considered cultural and contextual relevance.

- **Reporting and recommendations:** Research findings were compiled into a detailed report to inform practical recommendations aimed at improving support for fathers. The report drew from the insights of EBEs, community partners, and stakeholders to ensure it addressed identified needs while remaining actionable and grounded in lived experiences.

These limitations highlight the systemic challenges that continue to exclude fathers from perinatal and family services. Future assessments should prioritise early engagement with faith-based and Traveller organisations, explore criminal justice outreach, and expand digital and in-person accessibility efforts to ensure all fathers have equitable access to support.

4.3 Limitations

TABLE: KEY FINDINGS AND LIMITATIONS OF THE NEEDS ASSESSMENT

LIMITATIONS	DESCRIPTION
Time constraints	Recruiting and establishing the Experts by Experience (EBE) group while meeting project deadlines was challenging, limiting the ability to engage more fathers. Additionally, limited project capacity meant that engagement with certain communities was delayed or missed entirely.
Criminal justice system fathers	Due to capacity constraints, we were unable to engage fathers with experiences in the criminal justice system. This remains an area for future exploration, particularly given the high levels of stigma and structural barriers faced by this group.
Young fathers	Balancing early parenthood, work, and education limited engagement, as many young fathers lacked flexible support structures suited to their schedule.
Digitally excluded fathers	Some fathers lacked access to technology or digital literacy, making it difficult to participate in online surveys, WhatsApp peer groups, or virtual engagement activities.
Non-traditional parenting roles	Non-resident fathers, stepfathers, and male relatives often felt overlooked by mainstream services, which primarily cater to mothers and resident fathers.
Cultural and faith-based engagement gaps	We did not engage enough faith-based organisations, which may have contributed to lower participation from Southeast Asian fathers who often access community-based faith-led support. Stronger partnerships with mosques, gurdwaras, and Hindu temples could enhance engagement in future work.
Community engagement	We missed the opportunity to engage Gypsy and Irish Traveller fathers during the summer, a key window when many families gather and are more accessible for outreach. Earlier engagement with Traveller organisations would have strengthened participation.
Systemic barriers	Fathers with insecure immigration status or homelessness struggled to connect with services due to eligibility restrictions, fear of authority, or transient living conditions.
General accessibility	Many fathers lacked awareness of available services, reinforcing low engagement and service exclusion for vulnerable groups. Earlier, more proactive outreach, especially through workplaces and informal father networks could improve service visibility.

5. Co-production

The Needs Assessment was guided by the principles of the City and Hackney Co-production Charter, which ensured that fathers were actively involved in shaping the primary research and decision-making. The charter emphasises shared power, respect, and inclusion between service providers and service users to co-create solutions that are meaningful, sustainable, and impactful. By following the Healthwatch charter, the project ensured that fathers were central to the project design. This approach provides a model for future initiatives, demonstrating how co-production can lead to meaningful, sustainable change in health and social care services.

5.1 The role of Experts by Experience (EBEs)

Experts by Experience (EBEs) were pivotal in the co-production process, providing authentic insights into the challenges and barriers faced by fathers in Hackney. This group was formed in early 2024, drawing from a diverse range of fathers who were empowered to actively shape the project at every stage.

Formation of the EBE group

The group included fathers representing diverse backgrounds: 23 % White British, 15 % White Other, 23 % Afro-Caribbean/African Black, 23 % Mixed Ethnicity/Race, 8 % Asian and 8 % Charedi Jewish. This accounts for 13 EBEs who disclosed their ethnicity. EBEs were engaged through workshops and consultations, ensuring that the research framework was grounded in their lived realities.

Training provided to EBEs

EBEs underwent a robust training programme to equip them with the skills and knowledge needed to fulfil their roles effectively. Training also ensured that participation was meaningful and impactful. The training included:

- **Safeguarding:** Ensuring that all EBEs were aware of best practices in safeguarding and the importance of creating safe environments for families.
- **DBS and criminal record checks:** All EBEs were vetted to ensure their suitability for working with vulnerable populations.

- **Health and safety training:** Covering key principles to ensure EBEs could operate safely during outreach and engagement activities
- **Internal Healthwatch training with focus on:**
 - Engagement and outreach methods
 - Trauma-informed approaches to working with vulnerable groups
 - Delivering culturally sensitive and inclusive support.
- **Institute of Health Visiting (iHV) Fathers & Perinatal Mental Health Awareness and Champions training:** Enhancing awareness and understanding of perinatal mental health and parent-infant relationships.
- **Solihull Parenting Approach courses:** Providing evidence-based tools and approaches to support parenting and improve parent-infant interactions

Contributions led by EBEs

The EBEs made significant contributions across various aspects of the needs assessment, including:

- **Survey design:** Shaping the content, language, and themes of the survey to reflect fathers' lived experiences.
- **Literature review:** Assisting in identifying and reviewing existing evidence to contextualise the findings.
- **Poster and logo design:** Creating visual materials to promote engagement with the FFB initiative.
- **Sitting on bid and tender panels:** Advising Hackney Council on commissioning decisions related to father-specific services.
- **Outreach activities:** Representing the project at key events, including:
 - Hackney Carnival (Family Hubs)
 - FFB coffee mornings
 - Father's intervention programmes
 - Supporting the Dads Who programme

Impact of EBE involvement

EBEs ensured that the needs assessment was culturally sensitive, relevant, and reflective of the diverse father population in Hackney.

Their lived experiences highlighted gaps in existing services and informed actionable recommendations for improvement. The creation of peer-led father spaces demonstrates the practical and immediate impact of co-production, directly addressing community needs.

As of October 2024, two EBEs were selected as Champions to lead Dads Who Fathers Circles, a peer-to-peer support initiative. These groups were created to address immediate needs identified through the EBEs' work, offering fathers a safe and supportive space to connect, share experiences, and learn from one another.

“It was empowering to know that our voices were shaping something that would help other fathers like us.”

Martin

“It was important to go back to the community to make sure we hadn't missed anything.”

Josh



5.2 Timeline

February 2024:

Co-production sessions begin

The first co-production sessions brought together the 12 EBEs, allowing them to collaborate on identifying key themes, barriers, and gaps in existing services for fathers in Hackney. These sessions facilitated in-depth discussions on topics such as mental health support, parenting resources, and culturally tailored services. The EBEs’ lived experiences were central to shaping the project’s focus and ensuring inclusivity.

Spring 2024:

Initial outreach campaign

The first survey campaign was launched, collecting 472 responses and engaging 20 fathers in one-to-one interviews and 50 fathers across eight focus groups. This phase focused on connecting with fathers through existing networks, community events, and trusted organisations such as Father2Father, Lubavitch, and Derman. Initial outreach efforts highlighted the importance of reaching underrepresented groups, including Black, Orthodox Jewish, Turkish, and Kurdish fathers.

December 2024:

Total summary

Total Surveys:

618 responses, including
424 completed and
194 partial surveys

Total one-to-one Interviews:

30 fathers

Total Focus Groups:

14 sessions, engaging
100+ fathers

April 2024:

Survey questions finalised

After several co-production meetings, the EBEs collaboratively finalised a comprehensive survey to address critical themes relevant to fathers. These included mental health challenges, accessibility of services, and cultural barriers. The survey design ensured relevance across Hackney’s diverse communities, reflecting the input of EBEs from different ethnic and socio-economic backgrounds.

Summer to September 2024:

Refinement and second phase

Following the review of data from the initial outreach, EBEs helped refine the survey to address emerging themes. The second phase of the campaign collected an additional 246 survey responses, engaged ten more fathers in one-to-one interviews, and included 50 fathers across six focus groups. Efforts were made to engage fathers from leaving care and Irish Traveller backgrounds, but there were insufficient responses from Irish Travellers for full inclusion in the findings.

6. Findings: Population survey

6.1 Survey overview

Total surveys: 618

Purpose: Analysis focuses on respondent demographics, income, deprivation, disability, employment, education, family dynamics, and mental health indicators.

Statistics: These are pulled from ONS data and include percentage for general populations unless stated otherwise.

1. ETHNIC AND CULTURAL DIVERSITY

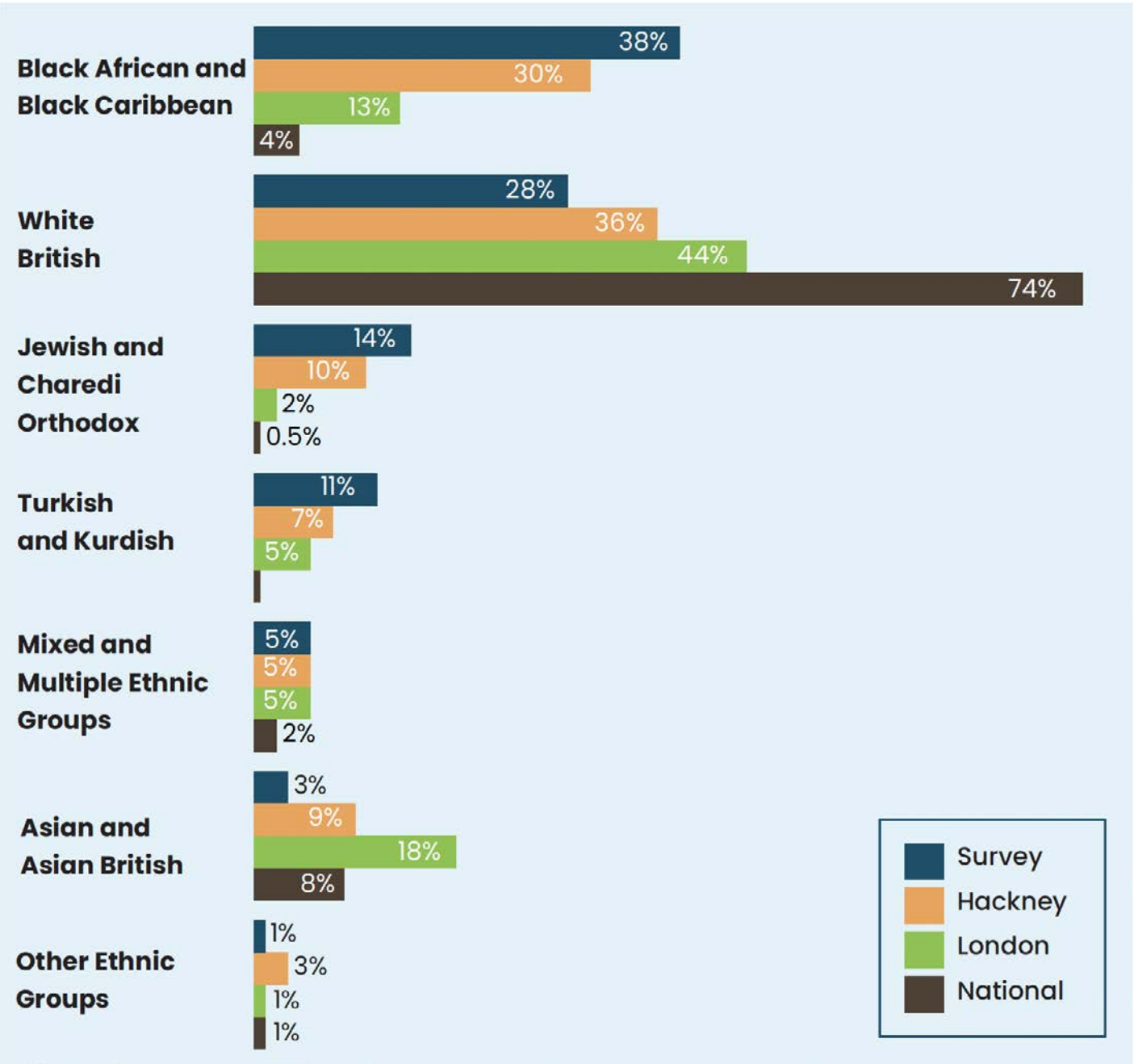


Chart 1 shows stronger representation from Black African and Black Caribbean, Jewish and Charedi Orthodox, and Turkish and Kurdish fathers.

White British and Asian British fathers had lower levels of participation, indicating a need for further research with these groups indicating a need to do further research with these groups.

2. AGE DISTRIBUTION

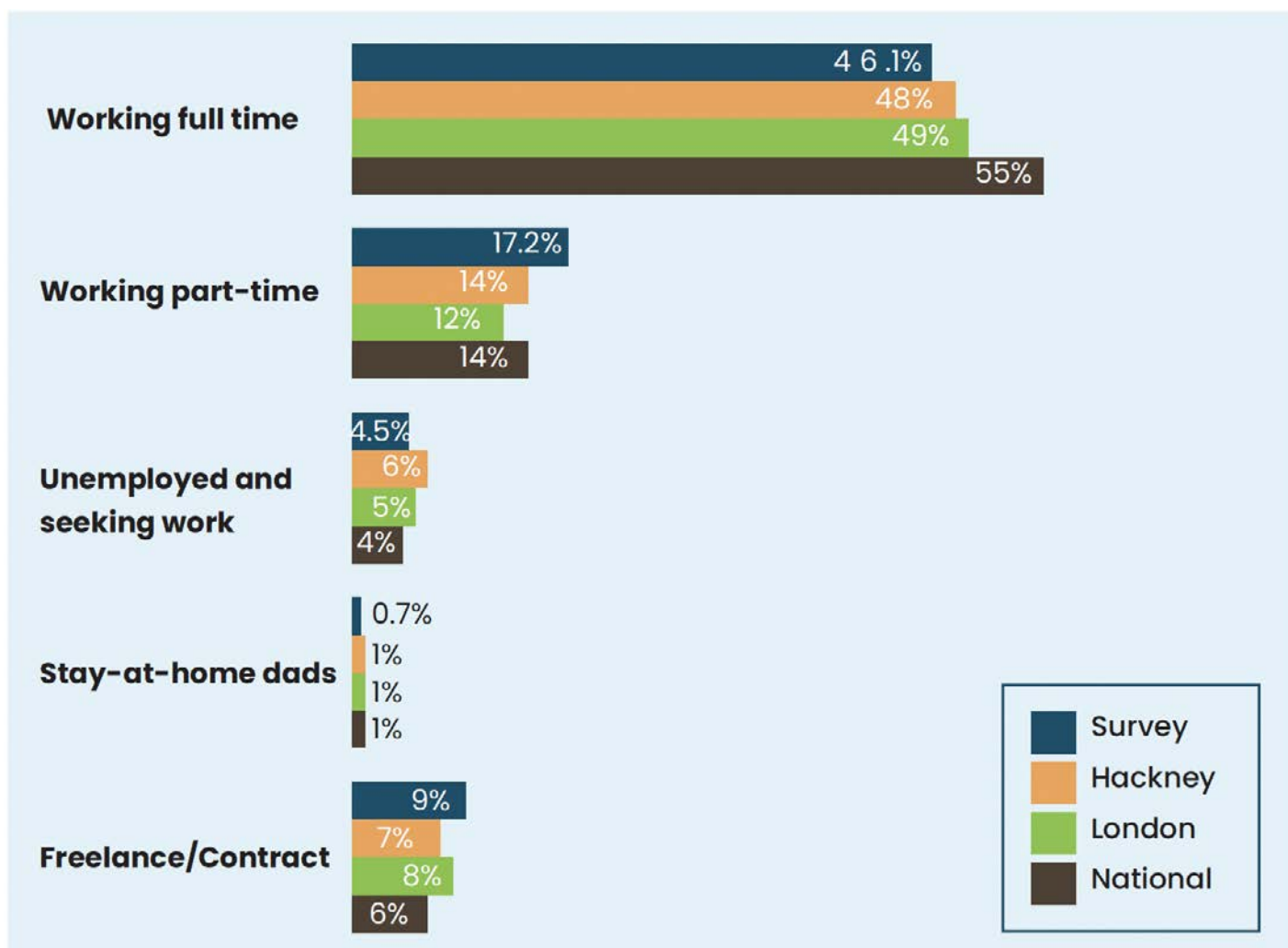
AGE GROUP	SURVEY (%)	HACKNEY (%)	LONDON (%)	NATIONAL (%)	KEY OBSERVATIONS
20–24	9 %	12 %	11 %	14 %	Younger fathers were compared to Hackney and London.
25–29	26 %	24 %	24 %	22 %	The largest group in the survey, above Hackney and national figures.
35–39	19 %	19 %	19 %	17 %	Consistent representation across the survey and wider data.
50+	10 %	11 %	13 %	15 %	Older fathers were slightly underrepresented in the survey.

The table compares the age distribution of fathers who completed the survey against Hackney, London, and national demographics, showing a strong representation of fathers aged 25–39, while younger (20–24) and older (50+) fathers had lower levels of participation.

3. EDUCATIONAL BACKGROUND

EDUCATION LEVEL	SURVEY (%)	HACKNEY (%)	LONDON (%)	NATIONAL (%)	KEY OBSERVATIONS
Higher Education (University/ Postgraduate)	32.3 %	42 %	42 %	29 %	Respondents with higher education had lower levels of participation compared to Hackney and London.
Left School at 16 or earlier	11.4 %	14 %	8 %	18 %	Aligned with Hackney averages, but above London's rate for early school leavers.
Secondary Education Completed (18)	45.2 %	40 %	38 %	37 %	This category had a higher share among survey respondents than Hackney and broader comparisons.

4. EMPLOYMENT STATUS



This chart presents employment trends among surveyed fathers, showing slightly lower participation from full-time workers compared to the Hackney population, while part-time and freelance workers were more prominent in the survey sample.



Key observations:

- Full-time workers were slightly less represented in the survey compared to Hackney and London figures.
- A notable 17.2 % of respondents worked part time, above Hackney and London averages.
- Respondents who are unemployed and seeking work were slightly underrepresented compared to Hackney.
- Stay-at-home fathers were marginally less represented in the survey than in Hackney and broader areas.
- Freelancers made up a slightly larger share of respondents compared to Hackney and national levels.

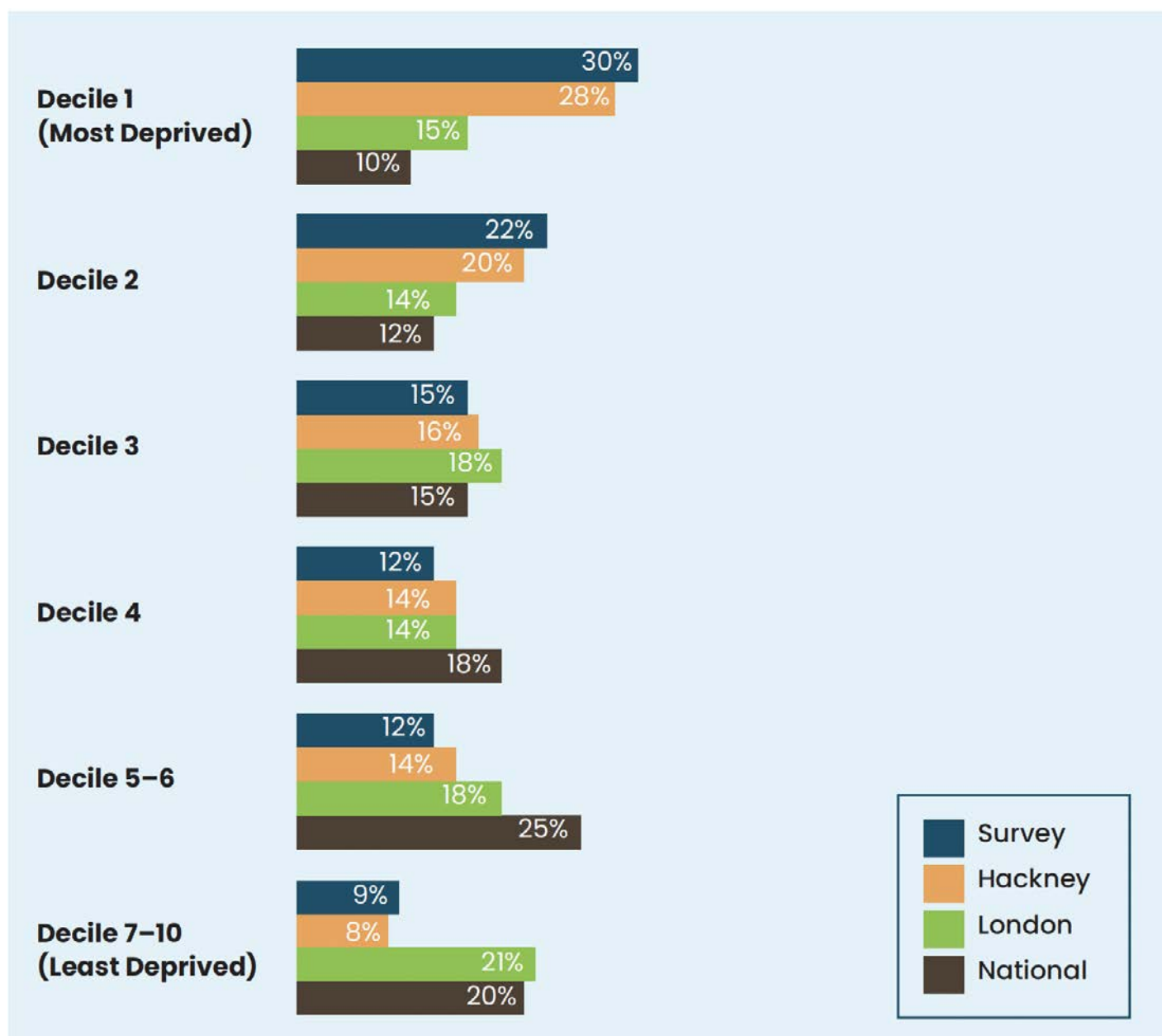
5. INCOME

INCOME LEVEL	SURVEY (%)	HACKNEY (%)	LONDON (%)	NATIONAL (%)	KEY OBSERVATIONS
Below £20,000	34 %	32 %	26 %	20 %	Respondents in this bracket were overrepresented, exceeding Hackney and London levels by 2–8 %.
£20,000–£39,999	42 %	44 %	40 %	48 %	Closely aligned with Hackney data, but below national averages.
£40,000+	24 %	24 %	34 %	32 %	Higher-income earners were underrepresented compared to Hackney and London.

6. DISABILITY

DISABILITY STATUS	SURVEY (%)	HACKNEY (%)	LONDON (%)	NATIONAL (%)	KEY OBSERVATIONS
Fathers with Disabilities	8 %	9 %	9 %	12 %	Closely aligned with Hackney and London figures.
Fathers without Disabilities	92 %	91 %	91 %	88 %	Consistent representation across all categories.

7. DEPRIVATION INDEX

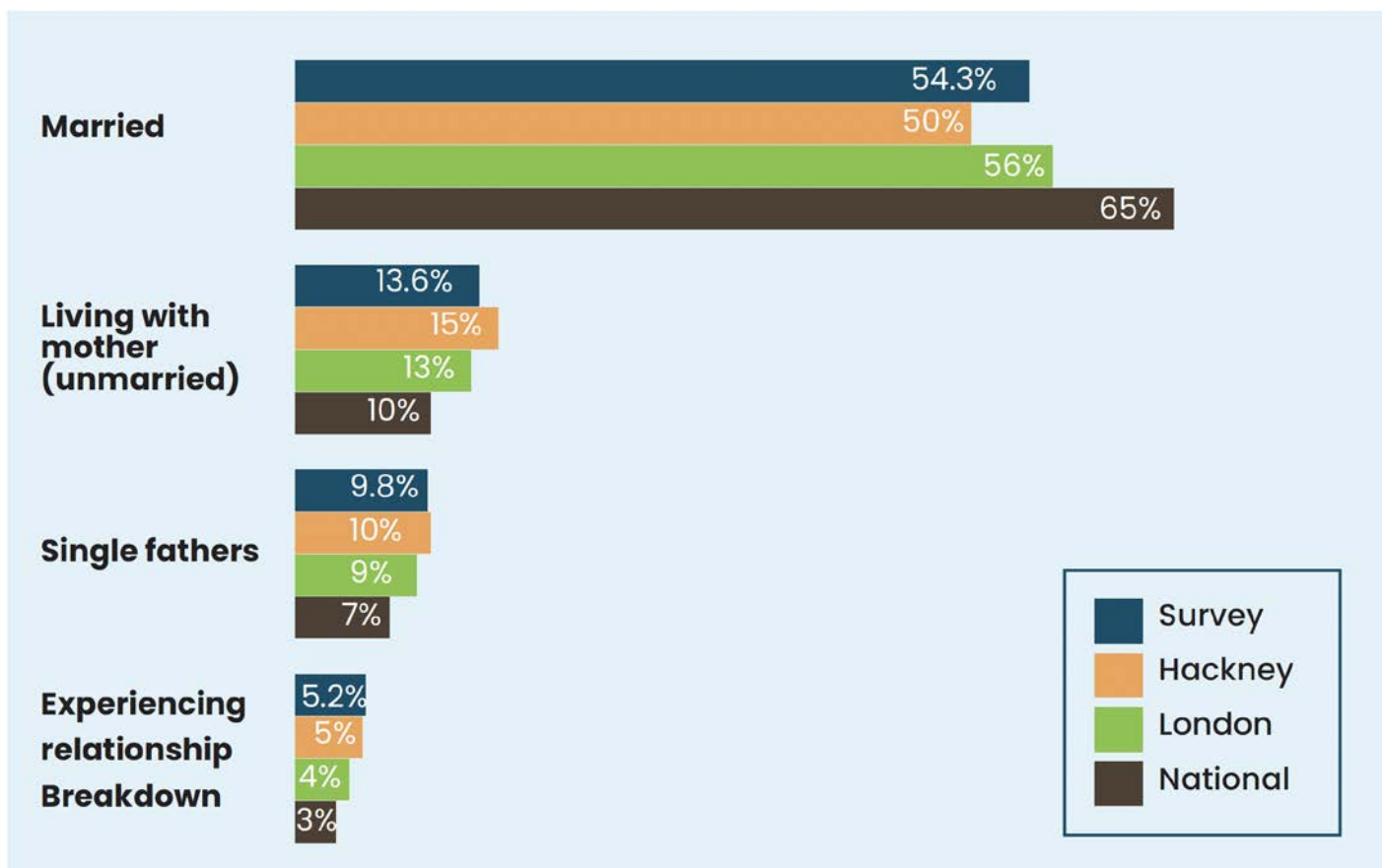


This chart compares surveyed fathers' deprivation levels with local and national data, showing higher representation in the most deprived categories (Deciles 1–2) compared to London and national figures, while fathers from less deprived backgrounds (Deciles 7–10) were underrepresented.

Key observations:

- Decile 1 is closely aligned with Hackney averages but overrepresented compared to London and national data.
- Decile 2 was overrepresented compared to Hackney data.
- Decile 3 was slightly underrepresented compared to Hackney data.
- Decile 4 was consistent with Hackney averages.
- Decile 5–6 had a lower representation compared to Hackney and broader averages.
- Decile 7–10 aligned with Hackney but underrepresented compared to London data.

8. FAMILY DYNAMICS

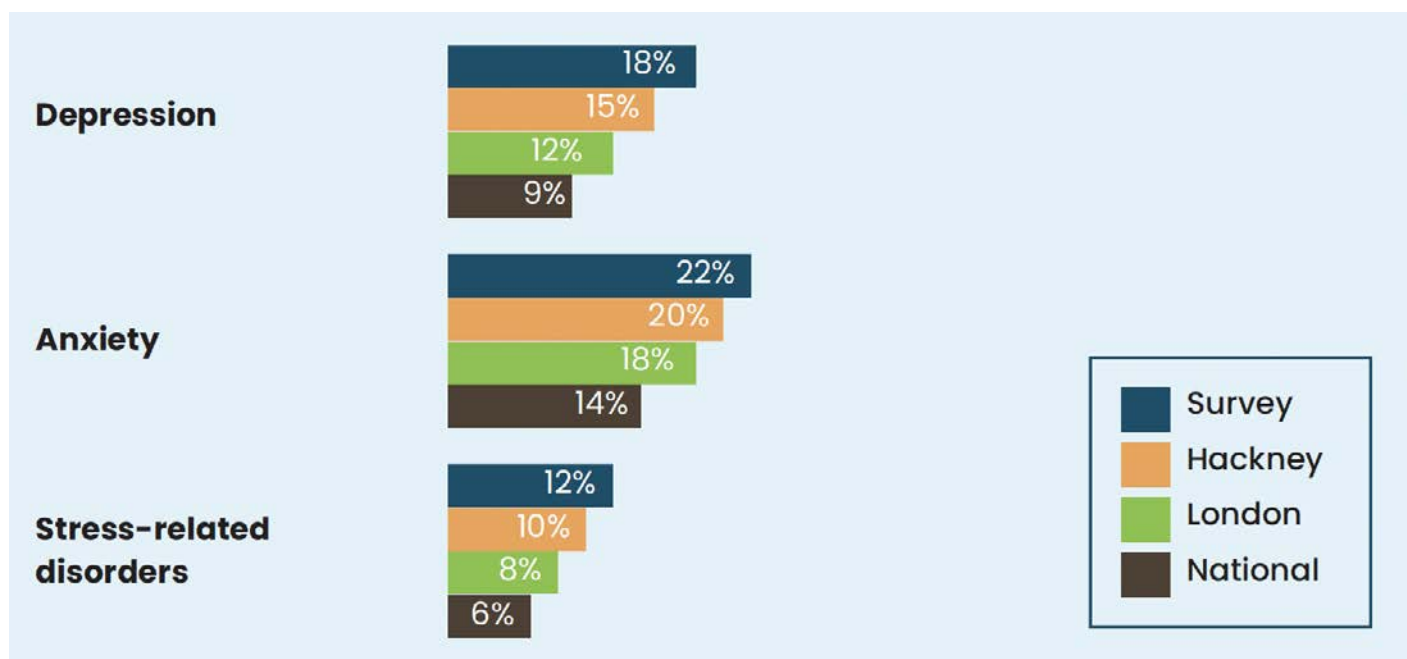


This chart presents family structures among surveyed fathers, showing alignment with Hackney and London in marital status, cohabitation, and single fatherhood rates, with minor variations across categories.

Key observations:

- Married respondents closely aligned with Hackney averages.
- Unmarried/living with mother respondents were consistent with Hackney and London averages.
- Single fathers closely aligned with Hackney and London data.
- Respondents experiencing relationship breakdown aligned with Hackney averages.

9. MENTAL HEALTH PREVALENCE



This graph compares the prevalence of mental health conditions among surveyed fathers with Hackney, London, and national averages, indicating higher self-reported rates of depression, anxiety, and stress-related disorders compared to broader population data.

Key observations:

- Respondents reported higher rates of depression compared to Hackney and London data.
- Anxiety prevalence was slightly elevated compared to Hackney and regional levels.
- Overrepresentation among respondents with stress-related disorders compared to Hackney and national figures.

6.2 Key observations summary

The Ethnic diversity

The above tables show that the characteristics of the fathers who took part in the survey were largely in line with borough male ethnic representation, with the exception of:

- An overrepresentation of Black African and Black Caribbean respondents – 38 % vs. the borough average of 30 %.
- An overrepresentation of Jewish and Charedi respondents – 14 % vs. 10 % borough average
- An underrepresentation of Asian/Asian British respondents – 3 % vs. 9 %

Age distribution

- Fathers aged 25–29 (26 %) were the largest age group, exceeding Hackney (24 %).
- Younger fathers (20–24) and older fathers (50+) were underrepresented, suggesting a need for targeted outreach for these groups.

Education

- Respondents with higher education attainment (32.3 %) were lower than the Hackney borough for men (42 %)
- A higher proportion of respondents (45.2 %) completed secondary education at 18, compared to Hackney (40 %).

Employment and income

- Full-time workers (46.1 %) were slightly underrepresented compared to Hackney (48 %) and London (49 %), while part-time workers (17.2 %) and freelance/contract workers were overrepresented. In addition, 34 % of respondents earned below £20,000, exceeding the borough average of 32 %

Deprivation and social context

- Fathers from the most deprived areas (Deciles 1–2) were overrepresented.
- Those from less deprived areas (Deciles 7–10) were underrepresented.

Mental health and wellbeing experienced by respondents

- Depression (18 %)
- Anxiety (22 %)
- Stress-related disorders (12 %)

Unpaid care and family dynamics

- Black African and Black Caribbean father respondents provided unpaid care at higher rates (8.5 %) than White British fathers (6.9 %). Married fathers (54.3 %) versus single fathers (9.8 %).



7. General survey findings

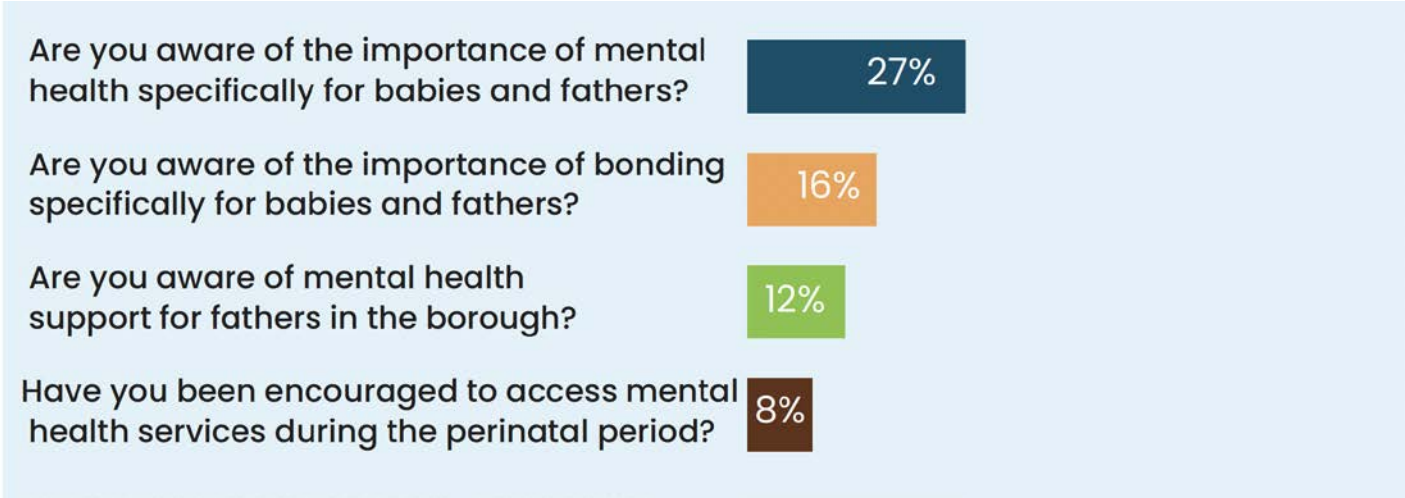
7.1 Survey overview

Total and partially completed: 618

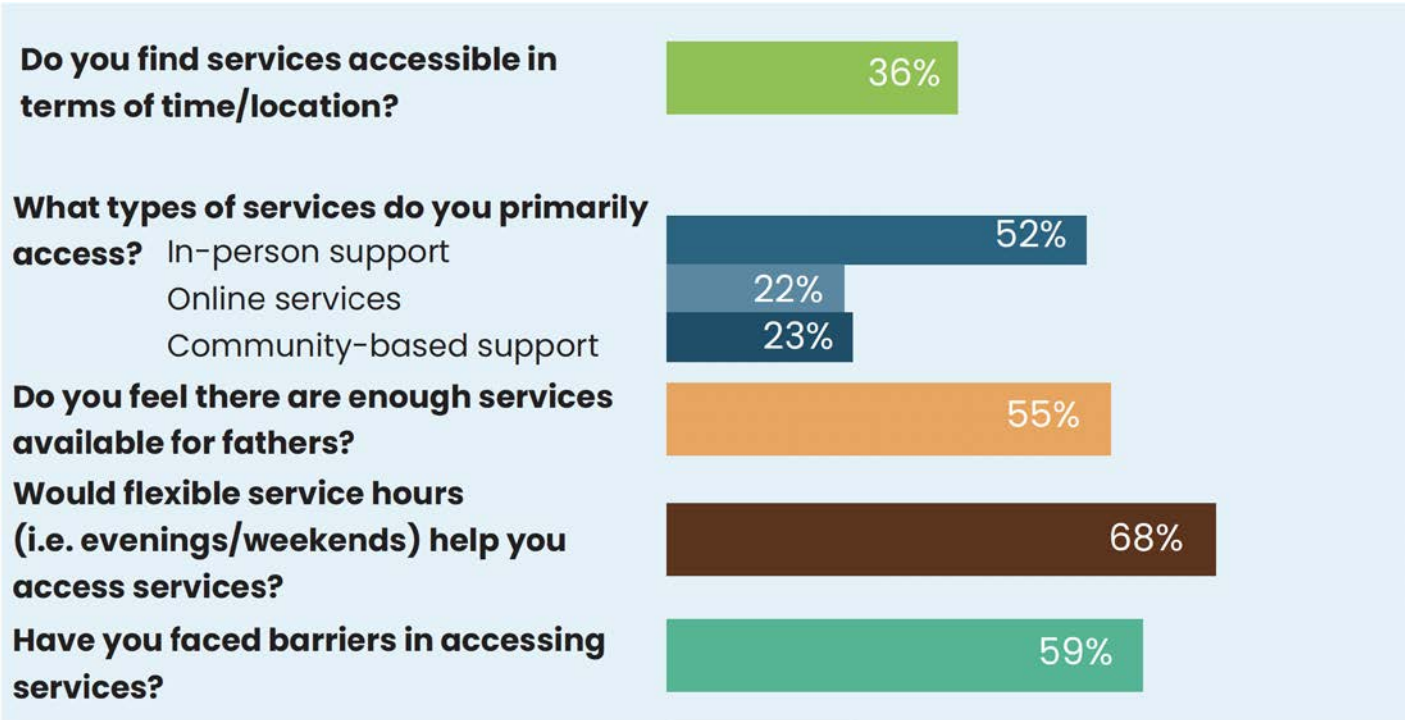
Completed surveys: 424

Purpose: A survey was co-produced to identify the level of support, awareness and usage of current services; and to identify gaps in support.

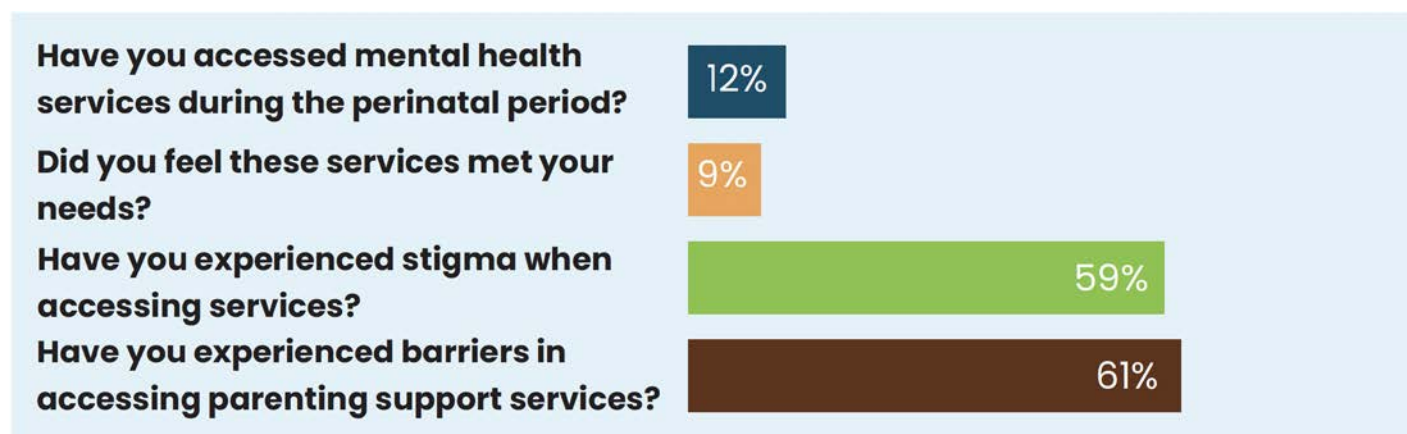
1. AWARENESS OF SERVICES



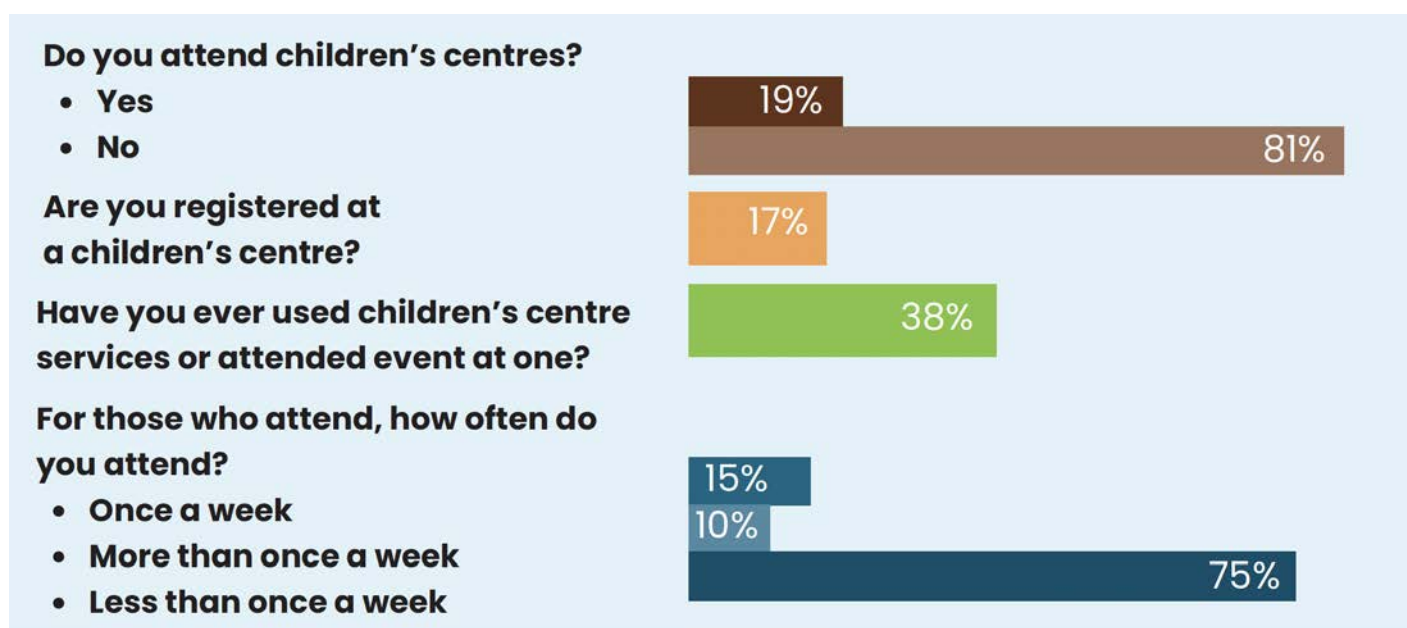
2. ACCESS TO SERVICES



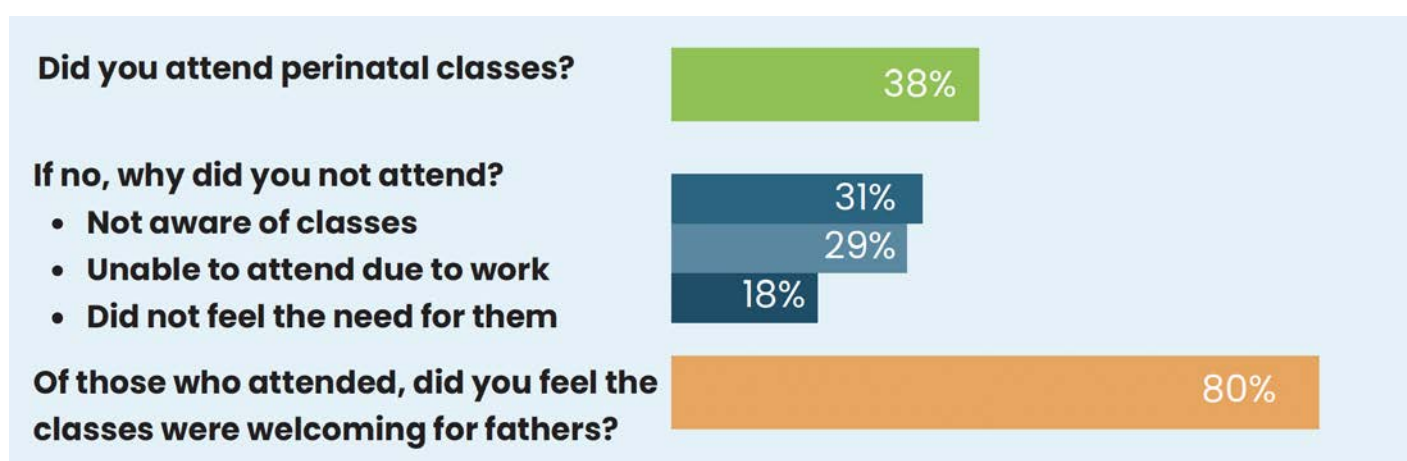
3. PERSONAL EXPERIENCES WITH SERVICES



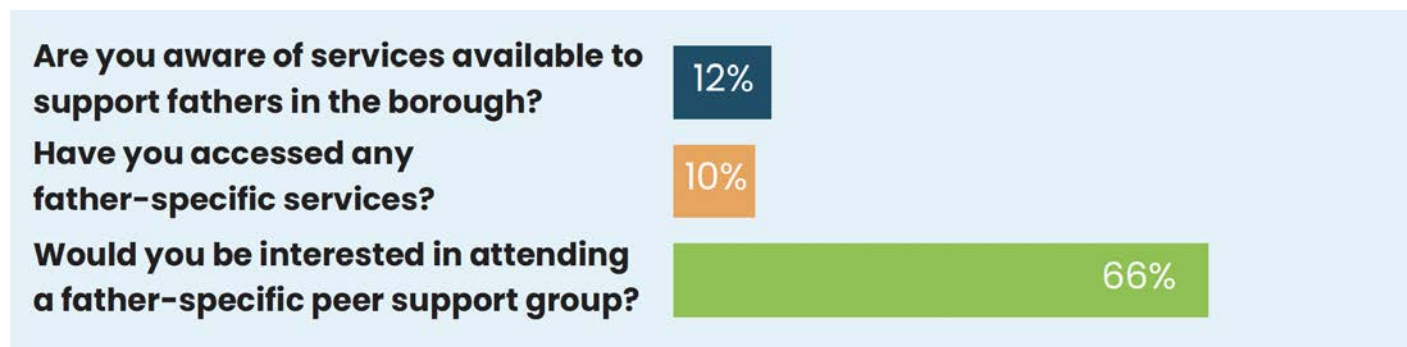
4. PARTICIPATION IN CHILDREN'S CENTRES



5. PARTICIPATION IN PERINATAL CLASSES



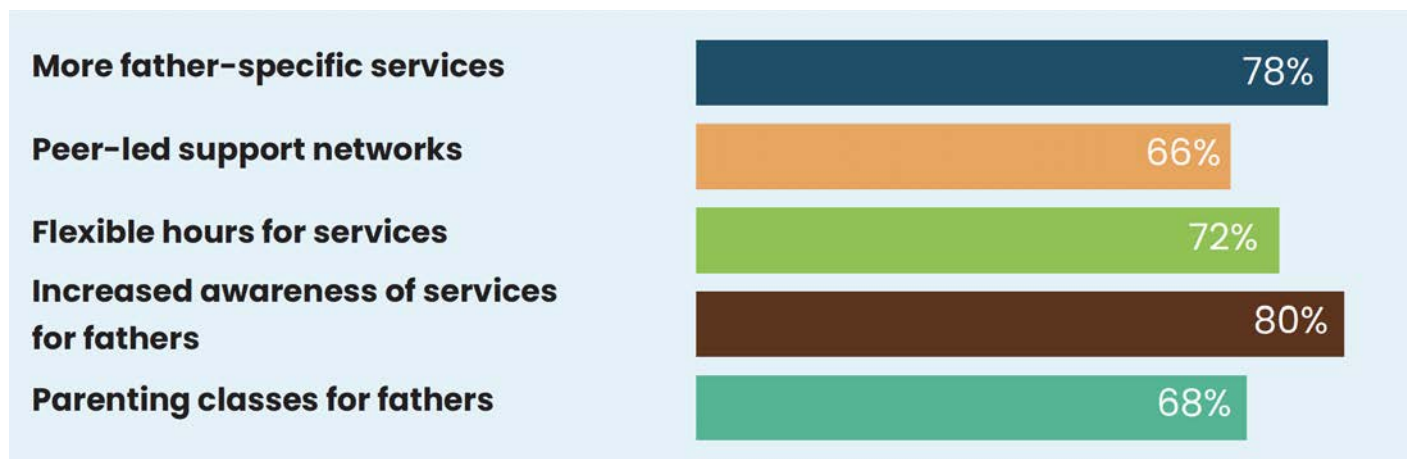
6. AWARENESS OF SUPPORT SERVICES FOR FATHERS



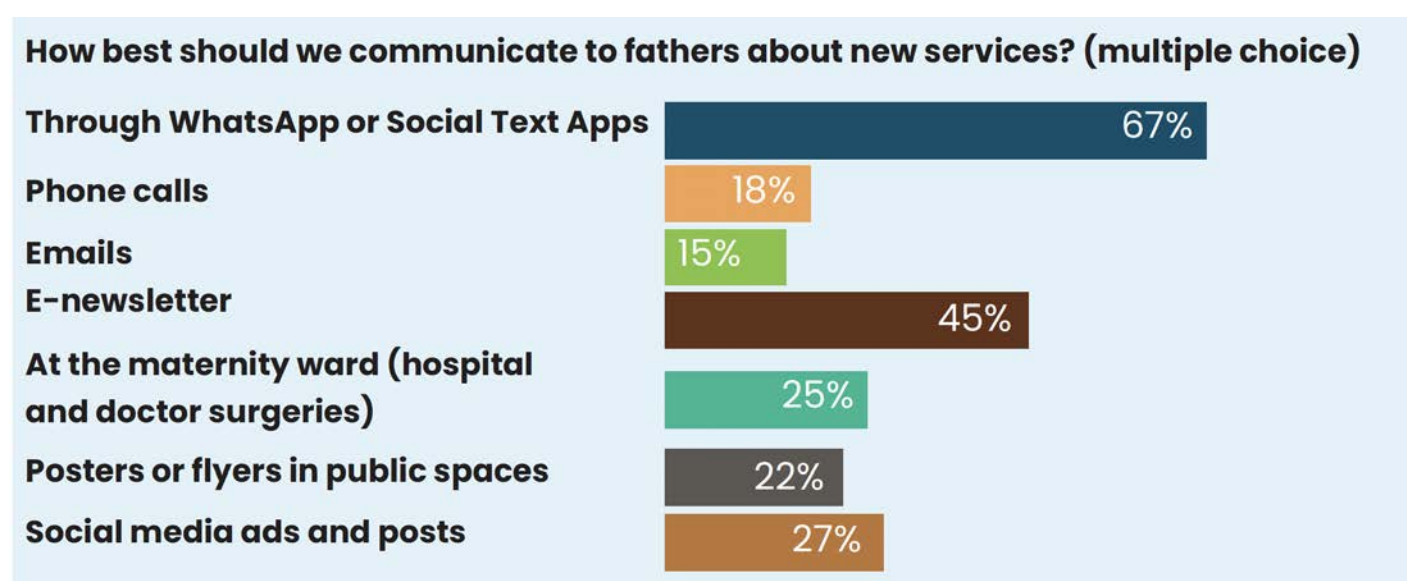
7. SERVICE BARRIERS AND SUGGESTIONS



8. ADDITIONAL SERVICES



9. STAYING IN TOUCH



7.2 Key findings summary

Awareness of services

Low awareness and take-up of services for fathers that can support them as fathers around any low mental health issues and with improving the relationship with their new-born baby.

While most respondents (52 %) prefer face-to-face services they also expressed barriers engaging with Service due to opening times. Fathers felt that flexible opening days and times and more father-focused services would make services more accessible. However those that had attended services (59 %) reported feeling stigmatised. The main findings were the need for more awareness of services, particularly father-focused services, flexible hours and out of hours provision.



8. Focus group findings by seldom-heard groups

8.1 Black African and Black Caribbean fathers

Our focus groups with Black Caribbean/Caribbean descent fathers felt that they face harmful stereotypes that undermine their role in parenting and mental health. Historically they felt that myths including the belief that they are absent, emotionally uninvolved or uninterested in bonding with their children are outdated today. In reality, many Black fathers said they wanted to be more involved in their children’s lives, but systemic barriers, cultural stigma, and mistrust of services often prevent them from accessing the support they need. Additionally, the impact of generational mental health challenges on parent-infant relationships was often underestimated.

African fathers felt that traditionally they were seen as being too strict, particularly around education, or as absent and emotionally distant. However they also felt this view of parenting does not reflect younger fathers. This was reflected in the survey findings which found that awareness of services was slightly lower in this group. They reported more difficulty in accessing services, particularly due to time and location constraints.

40 % of Black African/Black Caribbean/Black British fathers had experienced: anxiety, stress or depression during the period leading up to or following the birth of the baby. In addition, a greater percentage reported facing barriers like stigma when accessing services. Those fathers also expressed a higher need for flexible service hours to accommodate work schedules and other commitments.

On top of that, a higher percentage expressed that there were not enough father-specific services, and specifically not enough services for Black fathers.

Survey findings

Survey findings reveal several key insights into the experiences of Black African and Black Caribbean fathers in accessing services and their needs for better support. The surveys reflected higher levels of stigma and barriers in engagement in certain areas for Black respondents, while other areas such as attendance and awareness were notably lower.

AWARENESS OF SERVICES AND TERMINOLOGY

	BLACK RESPONDENTS	GENERAL SURVEY
PMH awareness	27 %	27 %
PIR awareness	16 %	16 %
Awareness of father-specific services	10 %	12 %

- Similarly, PIR awareness among Black fathers is low, reflecting the general survey findings.
- Awareness of PMH among Black fathers is consistent with the general population.
- Black fathers reported slighter lower awareness of father-specific services, with only 10 % aware, lack of communication directed to fathers.



ACCESS TO SERVICES

	BLACK RESPONDENTS	GENERAL SURVEY
Difficulty accessing services (time/location constraints)	40 %	36 %
Preference for in-person support	42 %	52 %
Preference for online services	18 %	22 %
Preference for community-based support	40 %	23 %
Preference for insufficient parenting service	68 %	55 %
Desire for flexible service hours (evenings/weekends)	72 %	68 %
Barriers to accessing services (stigma, lack of awareness)	68 %	59 %

- Black fathers reported more difficulty in accessing services, particularly due to time and location constraints.
- Black fathers had the same preference as the general population for in-person support. The key difference, however was that they wanted to engage with Black professionals who they felt would have a better understanding of their needs and circumstances for fear of being judged.
- Black fathers showed a slightly lower preference for online services compared to the general survey, indicating a stronger preference for in-person interaction.
- Black fathers showed a high preference for Black owned or Black-led community-based support compared to the general survey.
- Black fathers felt even more strongly than the general population that there weren't enough father-specific services, and specifically not enough services for Black fathers.
- Black fathers expressed a slightly higher need for flexible service hours to accommodate work schedules and other commitments.
- A greater percentage of Black fathers reported facing barriers like stigma and lack of awareness, emphasising the need for culturally sensitive services.

PERSONAL EXPERIENCES WITH SERVICES

	BLACK RESPONDENTS	GENERAL SURVEY
Access to mental health services during the perinatal period	12 %	12 %
Services meeting their needs	9 %	9 %
Experience of stigma when accessing services	59 %	59 %
Experience of barriers in accessing parenting support services	61 %	61 %

- Black fathers had the same low level of engagement with mental health services as the general population, the fear of being judged or being labelled was high in this group (66 %).
- The percentage of fathers who felt their needs were met by services mirrors the general population.
- The stigma faced by Black fathers in accessing services aligns with the general survey population.
- Black fathers reported the same level of difficulty as the general population in accessing adequate parenting support services.

SUGGESTIONS FOR IMPROVEMENT

	BLACK RESPONDENTS	GENERAL SURVEY
Need for more father-specific services	78 %	78 %
Interest in peer-led support networks	74 %	66 %
Flexible hours for services	72 %	72 %

- Both Black fathers and the general population expressed a strong need for more father-specific services.
- Black fathers expressed greater interest in peer-led support networks, reflecting a strong demand for community-driven services.
- Black fathers also expressed a strong need for flexible service hours, particularly evenings and weekends, to better accommodate work schedules and personal commitments.

Marketing and communication

Preferred communication methods:

- WhatsApp/social text apps: 67 %
- Phone calls: 18 %
- Emails: 15 %
- E-newsletters: 45 %
- Maternity wards (hospitals/GP surgeries): 25 %
- Posters/flyers in public spaces: 22 %
- Social media ads and posts: 27 %

Key observations: Black fathers, preferred WhatsApp and social media text apps for communication, and e-newsletters. However, 25 % of Black fathers suggested that providing information at maternity wards would be highly effective.

Focus groups and one-to-one interview findings

- **Focus groups:** The focus group discussions provided valuable insights into the challenges that Black African and Black Caribbean fathers face in Hackney, particularly concerning mental health, cultural barriers, and engagement with services.

- **Mental health stigma:** Of those respondents who completed the survey, 59 % of Black fathers reported that stigma around mental health is a significant barrier to accessing services. Black fathers reported feeling that they might be judged if they opened up about their struggles. Some fathers discussed how they believed that partners and family members might view them as weak for addressing mental health challenges, as the image of a black man was expected to be emotionally 'strong' during pregnancy and fatherhood (cultural pressures).

Additional insight: Black fathers also reported not wanting to worry anyone or that they feared their struggles would be used against them, as well as a strong fear of their data being kept, shared or used against them. The anxiety about vulnerability was linked to concerns that being open about their mental health would negatively affect how they were perceived within their families/social groups.

"I don't want to make my partner or family worry. I'm supposed to be strong during pregnancy."

"It's hard to talk about stress because people think you're weak."

Cultural barriers to accessing services:

Black fathers highlighted the need for services to be more culturally relevant and to understand the specific challenges they face. Fathers noted that sometimes services failed to acknowledge the unique cultural context of Black fatherhood and the stresses that come with it. They wanted to see their images reflected in services so they felt more comfortable in attending.

“A lot of time there is a perception that being passionate about your child for some health professionals it’s like they are scared to engage you and they feel more safe communicating with the mother even when you’ve asked to be included... they assume the mother is just going to pass information on.”

“It’s difficult even getting appointments cc’d to me – as I’m behind the curve as to what’s being said, they might try to shame you for not knowing the last check-up.”

“We need services that understand our culture and not alienate us. I just don’t feel I fit in.”

When asked to highlight other challenges that they felt were specific to their community some answers included:

“There are a lot more co-parenting and non-resident fathers, and I want that to be recognised, so communication should also be addressed to me, at my address... everything is sent to the mother. If I want to know anything about my child I have to go to the mother, and it’s not right, I should be informed too. I’m important too.”

“Not all Black people are the same, there are big differences between West and East African and Caribbean and British Black people; you want to speak to someone who recognises that.”

Some felt that when they were addressed (particularly by Health colleagues):

“It was more of a tick-box exercise.”

“You feel judged even before you walk-in, it’s just not for us.”

Peer support needs: 74 % of Black fathers expressed a strong desire for peer-led support groups, seeing them as essential spaces where they could share experiences and feel understood. The desire for community-driven spaces was central to fostering a supportive environment.

“Talking to other dads who get it makes all the difference. Today I’ve had chance to compare notes.”

“We need groups that understand what it’s like to be a Black dad or at least a local dad in Hackney because these are people you are going to bump into.”

Mistrust of formal systems: Many fathers, particularly from Black backgrounds, expressed a deep mistrust of formal services due to past negative experiences, concerns about being judged, racism, or fears of long-term consequences from disclosing struggles.

“The system doesn’t trust us. It feels like you’re always under suspicion.”

“All it takes is just one mistake, the wrong car booster seat, the bottle milk is at the wrong temperature and they can take your child in care.”

“I don’t feel safe talking to anyone about my personal (perinatal) health or issues I have had before, they might inform on me, stop me from seeing my child.”

“There are certain things we do in our culture, but they might say you shouldn’t do it, and then that’s it... your child is gone.”

Patronising marketing and health campaigns:

Black fathers also felt that some marketing initiatives used to encourage health engagement were patronising and exploited Black culture in a way that spoke down to communities rather than genuinely connecting with them. This was perceived as exploitative and untrustworthy.

“The way they market health to us, it feels like they’re using our culture to engage everyone else but us. It’s patronising.”

Asked to elaborate on what materials or campaign he felt was patronising. For example BMI measures used on Black children, did not reflect their reality. He felt the NHS did not understand that ‘that’s the way our children are built... and they do know that, but they don’t care. They label our children’.

In another focus group a father of two young children, both under two years old, mentioned that his distrust caused by the Covid response and the disproportionate impact on Black people, had made him distrust vaccinations.

Perceptions of racism in healthcare: In three different focus groups, fathers raised concerns about racism in healthcare and how Black women’s experiences during pregnancy were often overlooked. Fathers shared anecdotes of being dismissed by healthcare professionals when trying to raise concerns for their partners.

“When my partner was pregnant, they didn’t listen to us at the hospital. We were treated like we didn’t matter.”

“They didn’t take my wife’s concerns seriously. It was like we were invisible, and it made everything so much harder.”

Black fathers were very aware of the higher mortality rates for Black women during/post pregnancy and this made them even more sceptical of the ‘system’.

One-to-one interview findings for Black fathers

In the one-to-one interviews, fathers shared more personal reflections on their experiences, especially those related to being non-resident fathers, young fathers, and fathers from ethnic minority backgrounds.

Non-resident fathers: 40 % of non-resident fathers reported feeling excluded from their children’s lives due to systematic barriers.

“It’s heartbreaking to only see my kids twice a month. Fathers like me feel invisible.”

“I want to spend more time with my children, but the legal system doesn’t make it easy for dads.”

Young fathers: Black young fathers (under 25) reported feeling isolated and unprepared for their role, citing a lack of peer networks and difficulty accessing the support they needed. I'm not looking for lectures; I just want a place where I can talk to.

"I didn't have a dad, so I'm figuring this out on my own. It's not easy, but I don't want my kids to feel the same."

"I'm not looking for lectures; I just want a place where I can talk to other dads."

One father in this cohort felt especially supported and happy engaging in services with his partner which had given him the confidence to self refer to Irie Mind.

Cultural sensitivity in services: Fathers emphasised the importance of culturally sensitive services that respect and integrate their cultural practices, family dynamics, and values.

"Services need to respect our culture and not treat us as outsiders. When services don't get our culture, they miss the point of what being a dad means to us."

Barriers to access: Several fathers mentioned the lack of father-specific services as a key barrier to engaging with support systems, highlighting the need for spaces where fathers feel represented.

"We're not represented in most of the services. It feels like they don't care about dads."

8.2 Jewish and Charedi Orthodox fathers

The group explained that fatherhood for Charedi fathers could largely be viewed through their religious practices, and that this met their responsibility to family life. However, this did not mean that they did not play significant roles in nurturing and supporting their children, guided by cultural and religious tenets. However, a lack of culturally sensitive services and mistrust of external providers limit their engagement with mental health and parenting resources. Developing services that respect and incorporate religious values is crucial for these fathers to maintain their cultural integrity.



Survey findings

AWARENESS OF SERVICES AND TERMINOLOGY

	JEWISH AND CHAREDI ORTHODOX RESPONDENTS	GENERAL SURVEY
PMH awareness	20 %	27 %
PIR awareness	12 %	16 %
Awareness of father-specific services	8 %	12 %

- Awareness of PMH among Jewish and Charedi Orthodox fathers is slightly lower than the general population.
- Similarly, PIR awareness is lower than the general population.
- Awareness of father-specific services is very low, with only 8 % of Jewish and Charedi Orthodox fathers aware of services available to them.

ACCESS TO SERVICES

	JEWISH AND CHAREDI ORTHODOX RESPONDENTS	GENERAL SURVEY
Difficulty accessing services (time/location constraints)	30 %	36 %
Preference for in-person support	58 %	52 %
Preference for online services	18 %	22 %
Preference for community-based support	33 %	23 %
Preference for insufficient parenting service	65 %	55 %
Desire for flexible service hours (evenings/weekends)	70 %	68 %
Barriers to accessing services (stigma, lack of awareness)	48 %	59 %

- Jewish and Charedi Orthodox fathers reported lower difficulty accessing services than the general population, potentially due to their community-based engagement, but still face constraints.
- Jewish and Charedi Orthodox fathers preferred in-person support face-to-face interactions being essential in their culture.
- Online services were less preferred by Jewish and Charedi Orthodox fathers.
- Jewish and Charedi Orthodox fathers showed a greater preference for community-based services.
- There is a higher percentage of Jewish and Charedi Orthodox fathers who feel there aren't enough father-specific services which are in line with their religious beliefs.
- Jewish and Charedi Orthodox fathers expressed a similar need for flexible service hours to accommodate their busy and structured family lives.
- Jewish and Charedi Orthodox fathers reported lower levels of stigma and awareness of services compared to the general population, but this appeared to be because they did not want to attend general services, although they had awareness of some services these were largely specific orthodox community services for example Bikur Cholim, Talking Therapies and KOACH.

SUGGESTIONS FOR IMPROVEMENT

	JEWISH AND CHAREDI ORTHODOX RESPONDENTS	GENERAL SURVEY
Need for more father-specific services	80 %	78 %
Interest in peer-led support networks	72 %	66 %
Flexible hours for services	75 %	72 %

- Both Jewish and Charedi Orthodox fathers and the general population expressed a strong need for more father-specific services.
- 72 % of Jewish and Charedi Orthodox fathers expressed interest in peer-led support networks, indicating the importance of community-driven solutions.
- Jewish and Charedi Orthodox fathers expressed an even stronger need for flexible hours for services to meet their family and work commitments.

Focus groups and one-to-one interview findings for Jewish and Charedi Orthodox fathers

Jewish and Charedi Orthodox fathers in Hackney face unique challenges in engaging with mainstream services due to cultural, religious, and logistical barriers. These barriers often revolve around religious obligations, language differences, and the preference for community-led services.

Focus groups

Religious and cultural barriers: Jewish and Charedi Orthodox fathers emphasised that services need to respect their religious practices and integrate their cultural values. Many fathers expressed frustration with mainstream services that did not align with their religious observances.

“If the sessions conflict with our observances, we can’t attend. That’s a non-starter.”

“Everything must fit into our community’s schedule and way of life, or it doesn’t work for us.”

Key observation: Jewish and Charedi Orthodox fathers strongly felt that their religious practices were not taken into account by mainstream services, leading to disengagement from these services.

Desire for male-only sessions: A strong preference for male-only sessions was evident in the focus groups. Fathers mentioned that gender-segregated spaces were important for them to feel comfortable and engage fully in discussions without cultural or religious discomfort.

“Male-only sessions work best for our community. They should be convenient and culturally appropriate.”

Key observation: Creating more male-only spaces in services would align with the cultural and religious values of Jewish and Charedi Orthodox fathers, allowing them to engage more comfortably.

Community-based services: Jewish and Charedi Orthodox fathers showed a preference for community-based services led by trusted organisations, particularly those from within their own community. They mentioned that programmes run by community organisations like Lubavitch Children’s Centre were particularly effective in engaging fathers.

“Lubavitch has been amazing, but there’s little else tailored to our needs.”

One-to-one interview findings for Jewish and Charedi Orthodox fathers

Logistical challenges and family size: Fathers in one-to-one interviews expressed that large family sizes and rigid schedules due to religious commitments made it difficult to find time for support services.

“With six children, it’s hard to find time for anything extra, even if it’s helpful.”

“Flexible timings for dads would be a game-changer.”

Key observation: Due to the large family sizes and the demanding nature of religious observances, flexible service hours would be crucial for engaging these fathers in parenting programmes and other services.

Barriers to service engagement: Fathers expressed a sense of frustration that many services did not consider the specific needs of Jewish families, let alone fathers.

“There are no places for dads. We want to be involved, but rightly everything is for mums.”

“We need services that respect our culture and religion. Many services don’t understand our needs.”

Key observation: Father-specific services that acknowledge and integrate Jewish and Charedi Orthodox values are crucial for engaging this group, however these would need to be segregated and limited to Orthodox Jewish fathers.

Mistrust of mainstream services: Jewish and Charedi Orthodox fathers shared their concerns about the mistrust they felt toward mainstream services, which they felt did not adequately understand or respect their community and values.

Key observation: Mistrust of mainstream services is a common theme, and fathers expressed that they would prefer services provided by their own community organisations that understand their specific religious and cultural context.

These findings underscore the need for culturally sensitive, community-driven initiatives, to better support Jewish and Charedi Orthodox fathers in Hackney. The results also highlight the importance of peer-led networks promoted from within the community.

8.3 Turkish and Kurdish fathers

Turkish and Kurdish fathers feel they are often mistakenly viewed as authoritarian or disengaged. They felt this failed to acknowledge their dedication to family and cultural heritage. They also felt there were barriers and challenges, specifically language barriers, cultural stigma and the impracticability of long working hours which impact their ability to access support services in general. Providing culturally relevant and accessible resources is essential in engaging Turkish and Kurdish fathers.



Survey findings

AWARENESS OF SERVICES AND TERMINOLOGY

	TURKISH AND KURDISH RESPONDENTS	GENERAL SURVEY
PMH awareness	22 %	27 %
PIR awareness	14 %	16 %
Awareness of father-specific services	8 %	12 %

- Awareness of PMH among Turkish and Kurdish fathers is slightly lower than the general population.
- PIR awareness is also slightly lower for this group, pointing to a gap in exposure.
- Only 8 % of Turkish and Kurdish fathers were aware of father-specific services.

ACCESS TO SERVICES

	TURKISH AND KURDISH RESPONDENTS	GENERAL SURVEY
Difficulty accessing services (time/location constraints)	38 %	36 %
Preference for in-person support	50 %	52 %
Preference for online services	20 %	22 %
Preference for community-based support	28 %	23 %
Preference for insufficient parenting service	65 %	55 %
Desire for flexible service hours (evenings/weekends)	70 %	68 %
Barriers to accessing services (stigma, lack of awareness)	60 %	59 %

- Turkish and Kurdish fathers reported slightly more difficulty accessing services, potentially due to language barriers and cultural differences.
- A high preference for in-person support aligns with the general population's preference for face-to-face engagement.
- Online services were less preferred compared to in-person support.
- There is a higher preference for community-based services among Turkish and Kurdish fathers, reflecting a stronger reliance on culturally appropriate programmes.
- A higher percentage of Turkish and Kurdish fathers felt there weren't enough father-specific services.
- The need for flexible service hours is equally high among Turkish and Kurdish fathers.
- Turkish and Kurdish fathers experience slightly more stigma and barriers related to language and culture, and patterns of work.

PERSONAL EXPERIENCES WITH SERVICES

	TURKISH AND KURDISH RESPONDENTS	GENERAL SURVEY
Access to mental health services during the perinatal period	10 %	12 %
Services meeting their needs	8 %	9 %

- 10 % of Turkish and Kurdish fathers accessed mental health services (Talking Therapies -Derman), which is slightly lower than the general population.
- Only 8 % of Turkish and Kurdish fathers felt their needs were fully met, indicating a gap in service satisfaction.

SUGGESTIONS FOR IMPROVEMENT

	TURKISH AND KURDISH RESPONDENTS	GENERAL SURVEY
Interest in peer-led support networks	68 %	66 %
Flexible hours for services	72 %	72 %

- 68 % of Turkish and Kurdish fathers expressed interest in peer-led support networks, similar to the general survey.
- 72 % of Turkish and Kurdish fathers expressed a strong need for flexible service hours to accommodate their family and work commitments.

Focus group findings

Turkish and Kurdish fathers often feel excluded from mainstream services due to language and cultural differences, preferring community-based or family-specific programmes.

“The language barrier means I can’t access the services even if I want to.”

“We want to be involved, but it’s hard when services are not in our language or culture.”

One-to-one interview findings

Logistical challenges such as long work hours and family commitments were often mentioned, with many fathers expressing that services need to be more accommodating.

“Work is long, and after that, it’s hard to find the time to go to a group or appointment.”

“If the services are more flexible with hours, I can participate more.”

“I wouldn’t attend unless someone I knew had attended the Service; generally we have what we need in the community. As a father my focus is providing for the family.”

8.4 Care leavers

Survey findings

AWARENESS OF SERVICES AND TERMINOLOGY

	CARE LEAVERS	GENERAL SURVEY
PMH awareness	28 %	27 %
PIR awareness	20 %	16 %
Awareness of father-specific services	12 %	12 %

- Care leavers reported slightly higher awareness of PMH than the general population, but there is still a gap in attendance.
- PIR awareness is higher among Care leavers, indicating better exposure in comparison to other fathers.
- 12 % of Care leavers were aware of father-specific services, which is in line with the general population but still reflects opportunities for improvement; these services were linked to Young Hackney or information that had been circulated within their peer group.

ACCESS TO SERVICES

	CARE LEAVERS	GENERAL SURVEY
Difficulty accessing services (time/location constraints)	45 %	36 %
Preference for in-person support	60 %	52 %
Preference for online services	18 %	22 %
Preference for community-based support	35 %	23 %
Preference for insufficient parenting service	70 %	55 %
Desire for flexible service hours (evenings/weekends)	80 %	68 %
Barriers to accessing services (stigma, lack of awareness)	70 %	59 %

- Care leavers reported more difficulty accessing services, potentially due to barriers like time constraints or location issues, compounded by their unique circumstances; they wanted to be with other young people.
- Care leavers expressed a stronger preference for in-person support, highlighting the importance of face-to-face engagement.
- Care leavers showed less interest in online services, they indicated a preference for more personalised forms of support. Care leavers demonstrated a significantly higher preference for community-based support, reflecting their need for 1-2-1 attention for their specific needs.
- A higher percentage of care leavers felt there weren't enough father-specific services, and specifically groups for young fathers.
- 80 % of care leavers expressed the need for flexible service hours, especially evenings and weekends, to accommodate their lifestyles; access to services out of hours.
- Care leavers reported higher levels of stigma and barriers related to accessing services, including concerns about judgment or misunderstanding their unique situations.

PERSONAL EXPERIENCES WITH SERVICES

	CARE LEAVERS	GENERAL SURVEY
Access to mental health services during the perinatal period	10 %	12 %
Services meeting their needs	8 %	9 %

- 15 % of care leavers accessed mental health services, talking therapies (IAPT) and Irie Mind were the most popular services.
- 10 % of care leavers felt that services fully met their needs, which is slightly higher than the general survey, indicating some positive engagement with the services that are available to them, feedback also showed where they did access support they were supported for long periods of time.

SUGGESTIONS FOR IMPROVEMENT

	CARE LEAVERS	GENERAL SURVEY
Interest in peer-led support networks	68 %	66 %
Flexible hours for services	72 %	72 %

- A high percentage of care leavers expressed interest in peer-led support networks, they wanted more access to older fathers with experience to help support them through the challenges of fatherhood.
- 80 % of care leavers strongly desire more flexible service hours, especially during evenings and weekends, to accommodate their family and work commitments.

8.5 Young fathers (Under 25)

Young fathers feel as if they are often dismissed as irresponsible or uninvolved, but this group emphasised that is why they needed support to be present and supportive parents. As young fathers, they feel they have a range of unique challenges; stigma, limited resources, and balancing education or financial demands with parenting.



They indicated that they are eager to develop strong bonds with their children and receive meaningful guidance. Tailored, accessible, and non-judgmental support is a clear need.

Survey findings

Mental health challenges: 22 % of young fathers reported feeling unprepared for fatherhood, with 45 % citing anxiety as a significant barrier to accessing services.

“I didn’t attend antenatal classes because I felt judged for being young. There’s no help really for us. People look down on young dads.”

Young fathers felt they faced considerable judgment and stigma, which was even higher among young Black fathers which discourages them from seeking help or engaging with available services.

Focus group findings: Young fathers emphasised the importance of having peer networks to combat isolation and provide mutual support. Many young fathers felt disconnected and lacked resources tailored to their needs.

Peer support needs

“I don’t know any other young dads. It feels like I’m doing this alone. Having other dads to talk to would help, but I don’t know where to start.”

Peer support led by older, more experienced dads is crucial for young fathers, offering both connection and guidance in navigating fatherhood.

One-to-one interview findings

Navigating fatherhood alone: Young fathers often report feeling isolated and unprepared for their role, and they expressed a desire for more accessible and supportive resources to help them navigate the challenges of early fatherhood.

“I didn’t have a dad, so I’m figuring this out on my own.”

“I want my kids to have what I didn’t, but it’s hard when you’re learning as you go.”

These fathers strive to break intergenerational cycles and want to be better fathers, than the fathers they had, they want to offer better support to their children despite feeling ill-equipped or unsupported.

8.6 Asian fathers

The representation of Asian fathers in our survey was limited, comprising only 3 % of total respondents. Due to the small sample size and the diverse backgrounds within the category, including Bangladeshi, Afghan, and Japanese fathers, It is important to recognise that this group is not monolithic. Cultural expectations, religious influences, and socio-economic factors vary widely across Asian communities, shaping distinct experiences of fatherhood.

While we cannot make broad generalisations based on the available data, our findings suggest that Asian fathers face barriers related to cultural stigma around mental health, language accessibility, and a lack of tailored services. Future engagement efforts should prioritise culturally nuanced approaches that reflect the diversity of experiences within Asian fatherhood.



Survey findings

Mental health challenges

- All but 8 % of Asian fathers reported feeling unprepared for fatherhood, with 37 % experiencing anxiety when engaging with health services.
- Many felt that services were not culturally inclusive or did not consider religious sensitivities.

“When I attended a group, I felt like the only one who didn’t belong.”

“They assume our wives will take care of everything, but fathers want to be involved too.”

Barriers to accessing services

- Cultural expectations around masculinity discouraged fathers from discussing emotional struggles.
- Without specifically being invited by their partner or Health Services/Services many fathers were reluctant to engage.

“Everything is focused on the mother. I wanted to ask questions about my role as the fathers, but no one had answers. I wanted to be able to help her, and to help my child.”

Focus group findings

Need for culturally sensitive support

- Many fathers indicated they would prefer male-only or culturally appropriate services, particularly ones led by facilitators who understand their backgrounds.
- Peer support was highlighted as a key area for engagement, with fathers expressing a desire for spaces where they could connect and share experiences.

“If there were groups in the mosque or community centre, I’d go.”

Work-life balance and involvement

- Several fathers mentioned that their long working hours limited their ability to attend daytime services.

“Most groups happen when I’m at work. Evening or weekend sessions would be much better.”

One-to-one interview findings

- Navigating cultural and religious expectations
- Fathers expressed a desire to balance tradition with modern parenting approaches.

Some struggled with extended family expectations that limited their direct involvement in child-rearing.

“I want to be more involved, but my parents tell me it’s not my place.”

Stigma around mental health

- Fathers were reluctant to seek mental health support due to stigma and fear of judgment.

“We don’t talk about depression in our culture. It’s seen as a weakness.”



8.7 Irish Traveller and Gypsy Traveller fathers

Our engagement with Irish Traveller and Gypsy Traveller fathers was conducted through three one-to-one interviews, and a few smaller short conversations with fathers, as we had limited survey responses. As a result, we cannot draw broad conclusions about the needs of this community, but we can highlight key themes from direct conversations. Traveller fathers often experience high levels of discrimination and exclusion, which affects their willingness to engage with formal support services.

Cultural traditions place a strong emphasis on family and community-led parenting, and many fathers expressed a preference for peer-based or informal support networks over statutory interventions. The transient nature of some Traveller lifestyles also presents practical barriers to accessing healthcare and mental health services. These findings underline the need for more targeted, culturally competent engagement strategies that build trust and meet fathers where they are.

Focus group findings

Community-led support is key

- Fathers wanted peer-led or family-based support models, rather than institutional interventions.
- Many expressed that Traveller men are expected to 'just get on with it' when it comes to parenting and mental health. It's not really their role to get involved with raising the children.

"We don't go to therapy. We talk to our brothers or uncles if we have problems."

Generational approaches to parenting

- Many fathers learned about fatherhood through family traditions rather than formal education.
- Some expressed concerns that services lacked cultural understanding of Traveller family dynamics.

"They don't understand how our families work. We raise kids differently."

One-to-one interview findings

Access to health and social care

- Fathers highlighted difficulty registering with GPs and accessing mental health support, particularly due to transient lifestyles.
- Some reported negative experiences when trying to access services, leading to disengagement.

"I stopped trying after being turned away twice."

Desire for father-specific spaces

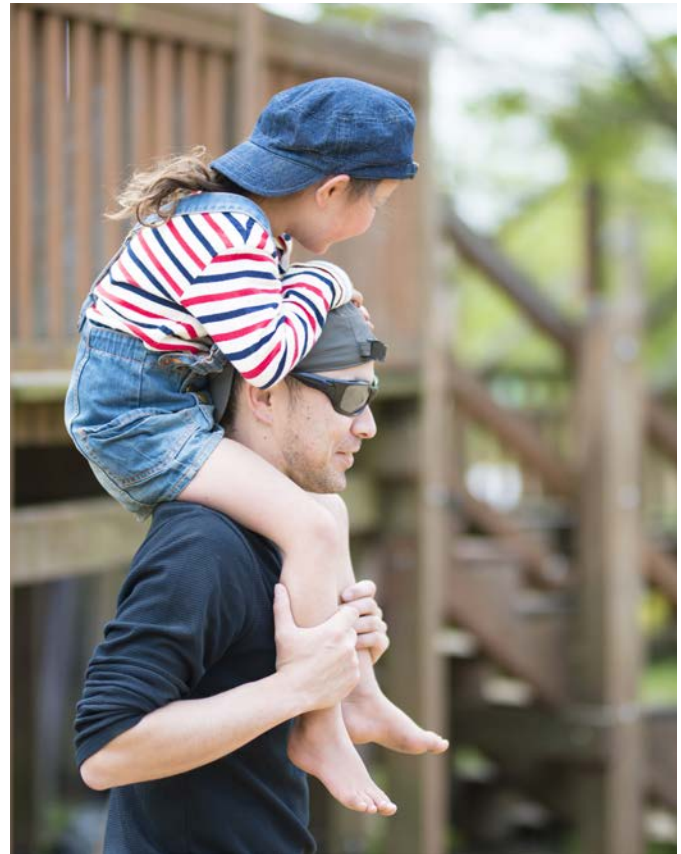
- Fathers showed interest in father-only spaces where they could receive guidance without judgment.

8.8 Conclusion: Insights from fathers' primary research

Key findings applicable to all ethnic groups

The focus group findings added more depth to the survey findings:

- All groups of fathers felt that understanding the father's perspective and culture needed to be recognised and actively considered when designing and marketing services.
- Services should ensure they also reference the needs of fathers, and to speak specifically to them.
- Fathers across all backgrounds expressed concerns about being judged, dismissed, or overlooked, highlighting the need to continue to normalise mental health conversations visually and when branding services 'as mental health services.
- Many fathers want to bond with their babies but are unaware that there are services that can support them with this. Although awareness across both experimental (health) services and PIR was low, fathers were open to being informed about new services and wanted service design to accommodate the need for flexible services, out of hours.
- Peer support is a popular choice for all fathers but particularly younger fathers, and the need for a service that would also provide information on fathers' rights, support with accessing children and how to successfully co-parent was also seen as a crucial need by Black African, Black Caribbean, Black British and Black other fathers.
- Although fathers acknowledged increased levels of anxiety, stress and depression before or after pregnancy these were not perceived as 'mental health' needs but as stress related to finance, lack of sleep, additional responsibilities and employment worries so did not see approaching mental health services to address these concerns as relevant.



- Language barriers were seen as additional concerns for Turkish and Kurdish fathers; and adherence to religious and cultural practice was essential for Charedi fathers.
- Lack of trust and systemic racism added to the fear Black fathers felt when accessing health services, as well as fear of being reported if you did not meet standards.

When asked what could be undertaken to support fathers, fathers identified included:

- Ensuring all communication is addressed to both parents, where the father is not living with the mother he should also be contacted.
- Marketing of services should be more father inclusive.
- More children and family services should be more flexible/available out of hours/tailored to include fathers within their existing offer.
- More father-focused services.
- More peer support for new fathers.
- Ensure services for fathers are holistic and address employment, rights and access issues.

Key findings

1. Language and communication

All fathers expressed the need for services to talk to them by ensuring communication addresses fathers. Stating that services were family-friendly or for parents/carers really meant mothers to them.

Key takeaway: Fathers want to see their images in marketing/branding of services so their involvement is normalised.

2. Mental health challenges

Stigma remains a significant barrier to fathers accessing mental health services, with 56 % of fathers identifying it as a challenge.

- Black African and Black Caribbean fathers (41 %), young fathers (45 %), and care leavers (38 %) are particularly affected, often feeling judged or misunderstood when seeking support.

“As a Black man, you’re not supposed to show feelings. It’s seen as weak.”

- Fathers across all backgrounds expressed concerns about being judged, dismissed, or overlooked, highlighting the need to normalise mental health conversations.

Key takeaway: Fathers need safe, non-judgmental spaces where they can openly discuss their mental health without fear of stigma. Peer-led support networks and trusted professionals trained in engaging men are critical.

3. Parent-Infant Relationships (PIR)

Many fathers want to actively bond with their children, but structural and cultural barriers often hinder this. 48 % of Non-resident dads reported difficulties forming secure bonds with their infants due to visitation restrictions.

“I want to bond with my baby, but there’s nowhere for dads to go.”

Fathers reported that parenting support is overwhelmingly targeted at mothers, leaving them without clear guidance on how to develop strong early relationships with their children.

Key takeaway: Father-inclusive PIR programmes such as dad-focused playgroups, bonding workshops, and more visible father-child activities should be expanded to ensure fathers can develop meaningful connections with their children.

4. Barriers to access

A lack of father-specific services was highlighted by 58 % of fathers, particularly among young fathers (60 %) and care leavers (55 %), who often felt sidelined by mainstream services.

“Everything feels like it’s for mums. Fathers are an afterthought.”

- Scheduling conflicts, work commitments, and cultural considerations also limit fathers’ ability to attend services.
- Jewish and Charedi Orthodox fathers reported difficulties accessing services due to religious obligations.
- Turkish and Kurdish fathers noted language barriers and limited culturally relevant services.

Key takeaway: Services must be designed with fathers in mind, offering flexible hours (evenings/weekends), culturally sensitive programming, and direct outreach to fathers in workplaces and community spaces.

5. What fathers want across all groups

Regardless of background, fathers consistently expressed three key needs:

1. **Recognition and inclusion:** Fathers want to be addressed, and actively engaged in parenting discussions, rather than treated as secondary caregivers.
2. **Practical guidance:** Many fathers lack access to parenting advice tailored to them, particularly around infant bonding, mental health, and navigating co-parenting.
3. **Father-friendly spaces:** Fathers prefer male-only spaces or peer-led support groups where they can connect with other dads, share experiences, and access support without stigma.

“We just want to feel included. Give us spaces where we can learn and talk, without feeling like we’re intruding on ‘mum’s groups’.”

Key takeaway: Father focused services must be integrated into mainstream family support, ensuring fathers are always included in early years, health, and mental health services.



Opportunities for improvement

1. Peer-to-peer-led programmes

- Fathers across all groups expressed the need for peer-led initiatives to foster connection and reduce stigma.
- Particularly crucial for young fathers and Black fathers, who often feel isolated from support networks.

“Talking to other dads who get it makes me feel less alone.”

Key takeaway: Expanding father-specific peer networks such as Father Circles can significantly enhance engagement and support.

2. Dedicated father spaces

- Many fathers, particularly those from culturally conservative communities, young fathers, and care leavers, prefer male-only support groups.
- These safe spaces allow for open, honest discussions about fatherhood, relationships, and mental health.

“Male-only sessions work best for our community. They should be convenient and culturally appropriate.”

3. Parent-infant bonding activities

- Fathers want structured opportunities to bond with their children; beyond just informal home settings.
- Playgroups, bonding workshops, and father-specific activities can improve parent-infant relationships (PIR) and reduce feelings of exclusion.
- These are particularly beneficial for non-resident fathers, who struggle with maintaining strong relationships due to custody restrictions.

Key takeaway: Offering dedicated father-child bonding activities is crucial to enhancing emotional connections.

4. Culturally inclusive and flexible programming

- Fathers from diverse communities expressed a need for culturally aligned services that reflect religious values, language needs, and community norms.
- Flexible service hours (evenings, weekends) were also highlighted as critical for engagement.

“We want services that understand us, not ones that assume all dads are the same.”

5. Developing a father inclusion charter

- A universal charter would ensure that father-specific services are systemically included in family-focused services. This includes a focus on language and communication.
- Establishing minimum service standards would foster collaboration between health services, local councils, and community organisations.

9. Stakeholder consultation summary

9.1 Consultations conducted

Local stakeholder consultations were undertaken to gain a comprehensive understanding of the challenges and opportunities in engaging fathers in PMH and PIR services. These consultations included:

- **One-to-one interviews:** Conducted with NHS service managers, VCS representatives, and local authority leaders in Hackney.
- **Workshops and focus groups:** Held with community organisations, health visitors, and midwives to co-produce recommendations for father-inclusive services.

9.2 Summary of findings

The stakeholder consultation process engaged representatives from statutory services, voluntary and community sector organisations (VCS), and Children & Family Hubs. This collaborative approach allowed stakeholders to share insights into the challenges and opportunities involved in engaging fathers and offered them the opportunity to reflect on how they could deliver more inclusive services.

1. Insights from VCS organisations

- **Cultural sensitivity:** VCS stakeholders emphasised the need for services to reflect the cultural and linguistic diversity of Hackney's communities, particularly for Turkish, Kurdish, Charedi, and Black African/Caribbean fathers.

“Services must reflect the realities of our communities; one-size-fits-all programmes don't work.”

- **Accessibility barriers:** Limited evening or weekend sessions were identified as a key barrier for working fathers.
- **Peer-led models:** VCS organisations strongly advocated for the expansion of peer-led initiatives to build trust and engagement among fathers.

“Peer-led programmes are a game-changer; fathers feel supported when they're learning from someone who's been through it.”

2. Insights from NHS services

- **Limited engagement in PMH services:** NHS stakeholders confirmed that existing perinatal health services were not specifically funded or designed to include fathers, but they were actively seeking ways to engage fathers.

“Perinatal mental health services are not designed for fathers, and while they are welcome to attend, the programmes don't fully accommodate their needs.”

- **Opportunities to promote father-inclusive practices:** Health visitors and midwives noted the importance of including fathers in PMH interventions, which could enhance family wellbeing. However, there are no clear pathways, targeted interventions or specific services for fathers within PMH services. Even though fathers can access IAPT; feedback gained from this needs assessment demonstrates that greater awareness of this service is needed. Further, many services do not routinely collect data on fathers accessing services, re-inforcing the lack of focus on the needs of fathers.

“Fathers are only seen as support figures, not as individuals who may also need mental health support during the perinatal period. Obviously this isn't true but historical that had an impact on service provision for early years support”

- **Promising models for future practice:** Services such as Video Interactive Guidance (VIG) were recognised as effective in strengthening parent-infant relationships. Expanding similar models with a focus on fathers could improve PIR outcomes.

“Tools like VIG can be transformational, but they need to be tailored to include fathers more explicitly.”

3. Key insights from Hackney Local Authority

- **Strategic gaps in commissioning:** Local authority stakeholders acknowledged that father-specific services are underrepresented in commissioning frameworks. While Children & Family Hubs have taken steps to expand inclusive programming, progress remains limited.

“While we’re making progress, we still need to embed father inclusion as a universal standard in our commissioning practices.”

- **Early years:** Schools and early years services noted the low participation of fathers in parent-teacher forums and early childhood activities, reinforcing a perception that these spaces are primarily for mothers.

“Fathers shouldn’t feel like an afterthought; they need to see themselves represented in every family service we offer.”

4. Insights from education and youth services

- **Integration with wider programmes:** Stakeholders highlighted opportunities to embed father engagement into broader parenting programmes, such as early years education and community health initiatives.

“We need to actively reach out to fathers; they often feel disconnected from school and early years settings.”

- **Opportunities for co-located services:** Stakeholders suggested using school spaces to co-host father-specific parenting workshops or drop-in sessions, making them more accessible.

“Schools could serve as neutral, familiar spaces to bring fathers into the conversation about parenting.”

5. Insights from faith-based organisations

- **Community trust and collaboration:** Religious organisations emphasised the importance of trusted, community-led facilitators in engaging fathers. Faith-based partnerships were seen as key to building trust and increasing participation.

“Fathers are more likely to attend sessions if they’re led by someone who understands their values and cultural practices.”

- **Cultural barriers to participation:** Faith leaders noted the reluctance of fathers to attend mixed-gender parenting workshops and emphasised the need for male-only sessions in some communities.

“Fathers in our community need spaces where they can speak freely, without the cultural discomfort of mixed-gender groups.”

6. Stakeholder feedback analysis

- A key finding is that there is overwhelming support by services to be more father-focused. Building on the six key takeaways identified earlier, additional insights from these consultations include:
1. **Cultural barriers to engagement:** Fathers from underrepresented communities face significant cultural barriers when accessing services, particularly in groups where traditional gender roles limit their involvement in parenting. Stakeholders highlighted the need for culturally sensitive outreach.

“We need services that understand and respect cultural differences, especially in Hackney’s diverse communities.”

2. **Lack of representation in service design:** Fathers are rarely included in service design, leading to programmes that feel inaccessible or irrelevant to them. National reports, such as Reaching Out: Involving Fathers in Maternity Care (Royal College of Midwives, 2020), emphasise the importance of involving fathers in co-production.
3. **Limited perinatal mental health support for fathers:** Existing PMH services cater almost exclusively to mothers. While mild-to-moderate mental health needs are addressed for mothers, fathers are largely excluded, despite research highlighting the impact of paternal mental health on family outcomes.
4. **Data collection and integration gaps:** Stakeholders noted that fathers are frequently omitted from service data collection, which limits the ability to design evidence-based interventions. They agreed on the need to embed father-specific data capture into everyday practices across NHS, VCS, and statutory services.

“Data collection isn’t just about numbers; it’s about recognising fathers as key stakeholders in family services.”

5. **Opportunities through Children & Family Hubs:** Stakeholders expressed strong support for using Hackney’s Family Hubs as a platform for piloting father-specific interventions and improving service integration. This aligns with national priorities outlined in the Family Hubs Start for Life Programme (DfE, 2022).
6. **Positive momentum for change:** Despite the challenges, stakeholders were overwhelmingly enthusiastic about expanding their service offerings to include fathers. They welcomed opportunities for co-production and collaboration, recognising that this would improve outcomes for the entire family unit.

“Engaging fathers is not just good practice; it’s essential for creating healthier families and communities.”

7. Data collection and integration

- **Need for comprehensive data on fathers:** Stakeholders acknowledged that the absence of robust data on fathers engaging with services limits the ability to design evidence-based interventions. This gap was particularly evident in NHS and statutory services, where fathers are not consistently captured in data collection processes.

“We don’t know enough about fathers; who they are, what they need, and how they interact with services. Better data would allow us to be more responsive.”

- **Embedding data collection as BAU (Business as Usual):** Stakeholders agreed on the importance of embedding father focused data collection into everyday practice, ensuring that fathers are captured at all touchpoints within the Family Hubs model.

10. Case studies

Understanding the lived experiences of fathers in Hackney provides invaluable insights into the challenges, strengths, and diverse needs of this group. This section presents a series of case studies showcasing the journeys of fathers from various backgrounds, highlighting the barriers they face and the support they require. Through these personal narratives, we aim to amplify fathers' voices and ensure that their perspectives shape the development of inclusive services and policies.

Note on case studies:

To protect the privacy and anonymity of the fathers involved, all names and images used in the case studies have been changed or are illustrative only. These individuals expressed a wish not to have their real names or photographs included. However, all quotes and the experiences described in the case studies are based on real accounts shared during the research.



Case study 1:

Fathering against the odds – Joel’s journey

Name: Joel

Age: 32

Background: Black British father of Caribbean heritage, living in Hackney

Family: First-time father of a six-month-old baby girl, married to his long-term partner

Employment: Full-time worker in the construction sector, often working long shifts

Housing: Private rental accommodation in Hackney, facing increasing living costs

Community: Active in his local church but has limited engagement with father support groups

Challenges: Work-life balance, mental health, and cost-of-living pressures

He also struggles with guilt over not spending enough time with his child due to work commitments.

“I work long shifts and by the time I get home, she’s asleep. The pressure to provide means I’m missing out on bonding with her, and that’s tough to deal with.”

Recommendations

1. Workplace support for fathers

Employers should introduce paternity transition policies, allowing fathers to phase back into work gradually, balancing financial pressures with family responsibilities.

2. Father-specific support in antenatal setting

Services should provide tailored antenatal sessions for fathers, covering mental health, bonding strategies, and navigating the early stages of fatherhood.

3. Flexible parenting services

Community centres and Children & Family Hubs should offer evening and weekend father-specific sessions, ensuring working fathers have access to support that fits their schedules.



Joel’s story highlights a systemic gap in father-inclusive services; one that, if addressed, could ensure that fathers feel supported, prepared, and present in their children’s lives.

Key insights

Joel’s experience highlights the struggles of fathers navigating the pressures of employment, financial stability, and family responsibilities, particularly in a borough like Hackney, where high living costs and long working hours limit engagement with parenting services.

‘As a first-time father, I only had two weeks of paternity leave – four days of which were spent in the hospital. I barely had time to adjust before I was back at work, dealing with project deadlines while running on no sleep,’ he explains.

The lack of father-specific support in health/perinatal services left him feeling unprepared for fatherhood.

“Antenatal classes were entirely focused on supporting the mother, but no one spoke to me about what I might go through mentally or emotionally. I love my daughter, but there are days where I feel like I don’t know what I’m doing.”

Case study 2:

Balancing faith and fatherhood – Moshe’s experience

Name: Moshe

Age: 25

Background: Orthodox Jewish father of Ashkenazi heritage, living in Stamford Hill

Family: Married father of two young children, expecting a third

Employment: Works within the Orthodox Jewish community, balancing religious obligations and family life

Housing: Lives in a multi-generational household, common within his community

Community: Highly engaged in religious and cultural traditions, primarily seeks support from family and rabbinical authorities

Challenges: Limited culturally appropriate services, preference for informal family support, and mistrust of mainstream healthcare

Key insights

Moshe’s experience reflects the importance of culturally sensitive, community-driven support for fathers in the Orthodox Jewish community. While he is deeply committed to his role as a father, he prefers family guidance over professional services, particularly as many mainstream parenting programmes lack Yiddish or Hebrew language accessibility and do not reflect the cultural and religious values of his community.

“My wife attended classes at the Lubavitch Children’s Centre, but nothing was available for me. Parenting sessions don’t align with our religious customs, and without Yiddish-speaking facilitators, it’s difficult to engage.”

Instead, Moshe relies on his extended family, particularly his mother and mother-in-law, who between them have raised over twenty children.

‘I don’t need parenting lessons from people who don’t have children. Family advice is more valuable,’ he says.

He also expressed mistrust in mainstream healthcare services, citing long wait times and a lack of cultural understanding. **‘I don’t want to speak to my GP – it’s more of a bother than a help. If I need advice, I’d rather go to someone within my community,’** he adds.

For Moshe and many other Orthodox Jewish fathers, the lack of tailored services reinforces disengagement, leaving them to navigate fatherhood without structured or professional support.

Recommendations

1. Develop father focused sessions in community settings

- Parenting and mental health workshops should be hosted within trusted community spaces, such as synagogues or cultural centres.
- Sessions should be delivered in Yiddish or Hebrew to ensure accessibility.

2. Use community networks to build trust and engagement

- Partner with rabbis and community leaders to ensure services align with religious and cultural values.
- Establish peer-led fatherhood programmes that fit within Orthodox Jewish customs.

3. Create flexible support options for fathers

- Offer family-centred guidance in informal settings, acknowledging that many fathers prefer intergenerational learning over professional advice.
- Provide one-on-one consultations within culturally familiar environments, reducing hesitancy around mainstream services.



Moshe’s experience reinforces the need for a faith-led approach to fatherhood support, ensuring that services respect religious customs while providing meaningful, practical guidance for fathers.

11. Key themes

11.1 Key themes identified from fathers

Communication

The need to directly address and include fathers in communication about their child/ren

Mental health and emotional wellbeing

Fathers expressed significant challenges in managing mental health, often exacerbated by societal expectations and lack of targeted support. Many fathers reported feelings of isolation, stress, and inadequacy, with one father stating, “The pressure to provide while navigating fatherhood is overwhelming.”

Fathers supporting partners with postnatal depression experienced additional emotional strain. Secondary stress, including financial and caregiving responsibilities, often compounded their struggles.

Cultural sensitivity and accessibility

Diverse groups such as Turkish, Kurdish, and Orthodox Jewish fathers highlighted the need for culturally tailored services. Many fathers reported mistrust in mainstream services and preferred community-based support.

Language barriers and a lack of representation in service design and delivery further alienated fathers from underrepresented groups.

Work-life balance and financial strain

Fathers reported challenges in balancing professional responsibilities with family life.

Long working hours and limited paternity leave often reduced their ability to engage meaningfully with their children.

Financial concerns, particularly in the context of the cost-of-living crisis, emerged as a major stressor. Fathers frequently highlighted the high cost of childcare and baby essentials.

Service awareness and inclusivity

Limited awareness of existing support services was a recurring theme. Fathers often learned about resources through informal networks rather than structured outreach.

Many fathers felt excluded during antenatal and postnatal care processes, with some expressing frustration at being treated as passive observers rather than active participants.



11.2 Key themes from stakeholders

Systemic barriers to father engagement

Stakeholders highlighted that existing services remain overwhelmingly mother-centric, with limited proactive efforts to engage fathers in perinatal and early years pathways.

Many engagement strategies fail to address the distinct needs of fathers, particularly those balancing work commitments, cultural expectations, and limited awareness of available support.

Service language, imagery, and outreach methods often reinforce the perception that parenting support is exclusively for mothers, further discouraging fathers from participating.

Inconsistent cultural competence and accessibility

Services struggle to provide culturally tailored support, particularly for Orthodox Jewish, Turkish, and Kurdish, Irish/English Traveller fathers.

Language barriers and rigid service structures (e.g., limited evening/weekend availability) prevent many fathers from accessing essential perinatal mental health and parenting support.

Many services fail to collect and track data on fathers, making it difficult to assess engagement levels, identify gaps, and tailor support effectively.

Strengthening workforce training and awareness

- There is a pressing need for professional development initiatives that equip health, social care, and voluntary sector staff with the skills and knowledge to engage fathers effectively.
- Stakeholders advocated for borough-wide training on father friendly language, mental health awareness, and the impact of engaged fatherhood on child development.
- Institute of Health Visiting (IHV) Awareness Training, in collaboration with HCVS, was recognised as a key opportunity to embed best practice in father-inclusive service delivery.



Scaling up effective models and pilots

- Stakeholders endorsed evidence-based models such as ‘Dads Who’ peer support groups and Father Circles as effective engagement strategies.
- There was strong advocacy for commissioning more pilot programmes that create safe spaces for fathers, provide peer-led mental health support, and encourage father-child bonding.
- Sustained funding and cross-sector collaboration were highlighted as critical factors in embedding and scaling up successful interventions.

12. Final assessment

The Hackney Fathers Perinatal Mental Health (PMH) and Parent-Infant Relationship (PIR) Needs Assessment has revealed critical gaps in service provision, systemic barriers to engagement, and a clear demand for father-specific support. This section synthesises the overarching needs identified across diverse father groups, highlighting priority areas for action.

Fathers' mental health needs are overlooked

Fathers' perinatal mental health (PMH) remains under-recognised, despite growing evidence of its impact on family wellbeing. While 10 % of fathers experience depression, anxiety, or stress during the perinatal period, this number rises to 25-50 % when their partner also struggles with mental health challenges. However, Hackney's services remain mother-focused, and fathers report:

- Low awareness of available mental health support
- Fear of stigma prevents them from seeking help
- A lack of male-friendly services, with only a handful of peer-led spaces available

Fathers require mental health interventions that are:

- ✓ Proactively inclusive, ensuring they are screened and supported alongside their partners
- ✓ Normalising mental health conversations through campaigns targeted at fathers
- ✓ Peer-led and culturally competent to encourage engagement



Barriers to engagement: structural, cultural, and practical challenges

Despite an interest in being more engaged, many fathers struggle to access services due to:

- Time constraints – many services are scheduled during working hours, making participation difficult.
- Cultural expectations – fathers from Jewish, Charedi Orthodox, Turkish, Kurdish, and Black African communities report that services often fail to acknowledge their unique parenting roles and cultural contexts.
- Language barriers – Turkish, Kurdish, and some South Asian fathers feel that services are not linguistically accessible.
- A perception that services are 'for mothers' – even when fathers are welcomed, they often feel like an afterthought.

To address this, services must:

- ✓ Offer flexible timings (evening/weekend sessions) to accommodate fathers' work schedules.
- ✓ Create dedicated father friendly spaces within family hubs.
- ✓ Improve cultural competency, ensuring engagement strategies reflect Hackney's diverse father populations

Parent-infant bonding needs more attention

While many fathers want to bond with their child, structural barriers prevent them from doing so. Key issues include:

- Lack of father-inclusive antenatal/postnatal support, limiting their ability to engage early in their child's development.
- Restricted access for non-resident fathers, who face difficulties in maintaining strong relationships with their children.
- Little guidance on PIR, with fathers unaware of how their involvement shapes attachment and child development.

To enhance parent-infant relationships (PIR), services should:

- ✓ Encourage father participation in antenatal and postnatal care by making sessions explicitly inclusive.
- ✓ Expand PIR-focused playgroups and workshops tailored to fathers.
- ✓ Support non-resident fathers in maintaining relationships with their children through facilitated contact sessions.

The demand for peer-led and community-based support

One of the strongest findings from this assessment is that fathers trust and engage more with peer-led initiatives than statutory services. Many fathers feel that:

- Existing services lack father representation, making them hesitant to engage.
- Stigma and mistrust in mainstream services are significant barriers, especially for Black, Jewish, and Traveller fathers.
- Community-led groups feel more welcoming, allowing fathers to share experiences without judgment.

To build sustainable engagement, Hackney must:

- ✓ Scale up peer-led networks such as Father Circles and dad-only spaces.
- ✓ Invest in community organisations to deliver culturally tailored father support.
- ✓ Ensure co-production so that fathers shape service development rather than being passive participants.

Fathers want to be included in family services, not just have 'Men's Groups'

While father-only spaces are highly valued, many fathers want to be integrated into mainstream parenting services. This requires:

- Shifting language and practice in parenting services to explicitly include fathers.
- Ensuring professionals engage fathers, not just mothers, in discussions around child development and wellbeing.
- Embedding father-inclusive practices within Hackney's Family Hub model.

Services must:

- ✓ Train professionals (health visitors, midwives, and early years staff) in father engagement strategies.
- ✓ Adopt a father-inclusive charter that ensures fathers are systematically included in perinatal services.
- ✓ Redesign parenting resources to feature fathers and normalise their role in early childhood.



13. Recommendations

The following actionable recommendations integrate fathers' insights, stakeholder suggestions, and evidence-based practices:

- 1. Establish peer-led networks:** Develop father-specific peer-to-peer networks to create safe, supportive spaces.
- 2. Create dedicated father spaces:** Provide male-only programming within family hubs to respect cultural and religious practices.
- 3. Develop a father inclusion charter:** Collaborate with organisations to establish standards ensuring father inclusion across services.
- 4. Enhance accessibility:** Offer multilingual resources, flexible hours, and affordable services to reduce barriers.
- 5. Strengthen community partnerships:** Build partnerships with local organisations to deliver culturally aligned services.

- 6. Implement a communications strategy:** Use digital channels like WhatsApp and social media for targeted campaigns to raise awareness.
- 7. Develop a toolkit for professionals and organisations:** Equip professionals with resources to engage fathers effectively and address barriers.
- 8. Ensure data collection of fathers in services is business as usual:** Identify organisations meeting father-inclusive standards with a recognisable badge.
- 9. Strengthen Perinatal Mental Health (PMH) training:** Partner with PMH Champions to deliver tailored training on fathers' mental health needs.
- 10. Implement a Father Intervention Programme (FIP):** Establish a comprehensive programme offering mentoring, workshops, and support groups.

Core recommendations

1. Development of a father-inclusive toolkit

Create a comprehensive toolkit that includes culturally competent, father-friendly language and practical guidance for service providers. This toolkit will also incorporate the Father Inclusion Charter, setting a borough-wide standard for engaging fathers in perinatal and early years services.

2. EBE Champions to lead peer support groups

Train and empower Experts by Experience (EBE) Champions to run 'Dads Who' Peer-to-Peer Groups and Father Circles (or other proven effective models) within Family Hubs. These groups will offer structured, father-led spaces to enhance engagement, mental health support, and parenting confidence.

3. Delivery of IHV Awareness Training in Partnership with HCVS

Work with the Institute of Health Visiting (IHV) and Hackney Council for Voluntary Services (HCVS) to deliver father-inclusive training for professionals. This training will raise awareness of fathers' perinatal mental health needs, reduce service bias, and improve frontline engagement with fathers across health and social care settings.

4. Borough-wide communications campaign

Launch a comprehensive communications campaign to increase awareness and uptake of father-inclusive services across Hackney. This will include social media outreach, digital and printed materials, and direct community engagement to ensure fathers are informed and encouraged to access support.

14. Final thoughts: The need for a father-inclusive approach

This Needs Assessment reinforces the urgent necessity for a system-wide shift in how services engage, support, and empower fathers. The data, stakeholder insights, and lived experiences of Hackney fathers demonstrate that fathers are not an ‘add-on’ to family services – they are equal caregivers whose wellbeing and involvement directly impact child development, family stability, and maternal health.

The key to success lies in:

- **Integrating fathers into mainstream family services rather than treating them as an afterthought:** Fathers should be systematically included in perinatal pathways, postnatal care, and parent-infant relationship (PIR) interventions. This means moving beyond tokenistic ‘father-friendly’ initiatives and embedding father-inclusive practice as a core component of family services.
- **Creating culturally competent, flexible services that address practical barriers to engagement:** Many fathers, particularly from Black African, Orthodox Jewish, Turkish, and Kurdish communities, face cultural stigma around mental health and structural barriers such as language accessibility, service hours, and lack of employer support.
- **To address this, services must adapt to meet fathers where they are,** providing evening/ weekend sessions, multilingual resources, and culturally tailored interventions.
- **Building trust through peer-led and community-based models:** Fathers, particularly those from marginalised communities, report distrust in statutory services and a preference for peer-led support. Expanding father-led networks will create safe spaces where fathers can share experiences, build confidence, and access mental health and parenting support without fear of judgment.

- **Embedding father-inclusive language and training across service provision:** Many fathers report feeling excluded from perinatal and early years services because language, policies, and service design remain mother-centric. Implementing Father-Inclusive Toolkits, IHV Training, and a borough-wide awareness campaign will ensure that all health and social care professionals are equipped to engage fathers meaningfully.

This is not simply about ‘helping dads’; it is about redefining family support to reflect the reality that fathers matter. The data is clear: When fathers are supported, children thrive, maternal mental health improves, and families are stronger. By taking these evidence-based recommendations forward, Hackney has the opportunity to lead the way in developing a truly father-inclusive model of care. One that can serve as a national benchmark for equity, inclusivity, and best practice in family services.



15. About this report

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Sponsored by Hackney Children & Family Hubs

The Father Friendly Borough Project draws on extensive co-production with local fathers, community organisations, and stakeholders, aiming to improve support for fathers around Perinatal Mental Health (PMH) and Parent-Infant Relationships (PIR).

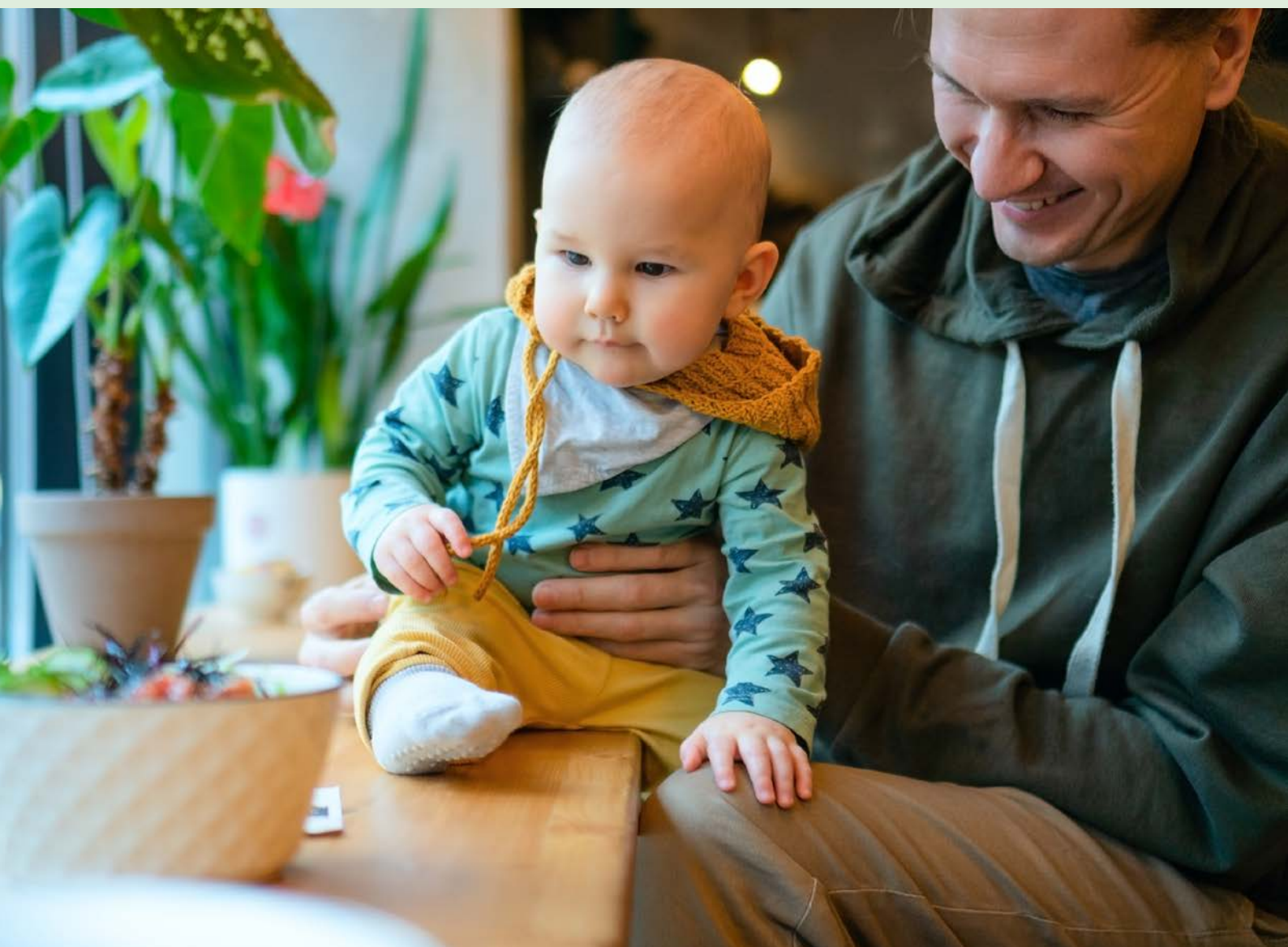


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