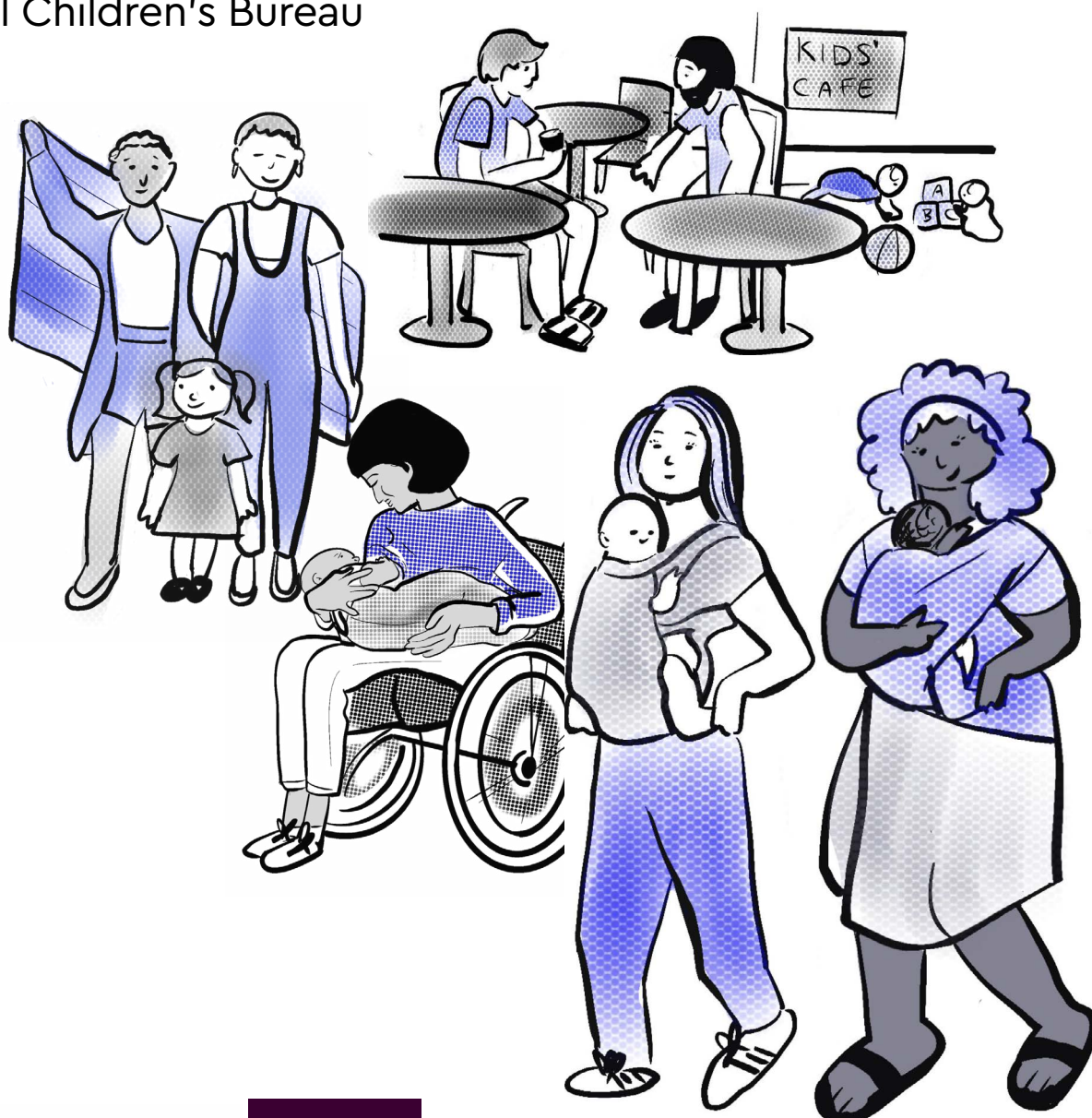


Policy briefing: Addressing loneliness experienced by parents in the first 1001 days

# Perinatal loneliness and why it matters

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# Perinatal loneliness and why it matters

Perinatal loneliness – experienced during pregnancy and the first two years after birth – is a preventable driver of poor perinatal mental health and even suicide, with significant and avoidable costs across the NHS, children's social care, and the wider economy. Despite being a recognised public health priority for the UK Government and the World Health Organisation, too many parents, especially those already facing barriers to accessing support, continue to fall through the gaps.

This briefing draws on a robust scoping review and original qualitative research, including repeat interviews with parents and discussions with practitioners and advisory groups, to show how timely, targeted government action can reduce perinatal loneliness. By improving early identification, strengthening family and community support, and removing practical barriers to connection, policymakers have a clear opportunity to protect parental wellbeing, reduce demand on public services, and improve outcomes for children in the critical first 1001 days.

## Key research findings

Research led by the University of York has identified perinatal loneliness as a widespread issue with major consequences for parents, children, and public services:

- Survey evidence suggests loneliness rates of up to **50% for parents of children aged 0–5 in the UK.**
- Loneliness is more prevalent among younger parents (25 and under), parents on low incomes, Black and Global Majority parents, and parents facing additional barriers to support.
- Loneliness is strongly linked to the prevalence of perinatal mental illness and suicidal ideation.
- The leading cause of children's safeguarding referrals, which rose 10% between 2022–23, is poor adult mental health.
- The economic cost of perinatal mental ill health is significant, with perinatal mental illness costing the UK £8.1 billion annually, primarily due to intergenerational impacts. The estimated average cost to society of one case of untreated perinatal depression is approximately **£74,000 per mother-child pair in the United Kingdom.**
- Parents consistently describe time, money, and access as key barriers to connection, including the limits of current parental leave arrangements.

### What parents want and need:

- To have access to support even when they do not meet the threshold for specialist services, or do not feel ready for, want, or feel helped by psychological therapies.



- Co-production and co-design of spaces and support with parents, including safe, separate spaces and support where needed (e.g. bereaved parents, parents of neonatal babies, young parents, fathers, LGBTQ+ parents and Global Majority parents).
- Activities that support their own well-being such as groups specifically for social connection, nature-based activities or arts and creative programmes.
- Parents describe longer and better-paid parental leave, particularly for non-birthing parents, as one of the most important changes to reduce loneliness and protect family well-being.



## Policy recommendations

Addressing perinatal loneliness requires a cross-government approach that combines early identification, accessible community support, and practical enablers of connection. **We are calling on the DHSC and DfE to:**

- 1. Integrate routine identification of loneliness and perinatal mental health needs** in universal services as part of the Best Start in Life Strategy implementation. This could be achieved by:
  - a. training and supervision for all healthcare professionals involved in supporting parents through pregnancy and the early years
  - b. clear referral pathways to specialist perinatal mental health care and better integration with the voluntary sector
  - c. clear accountability, data capture, standardised processes and improved oversight.
- 2. Invest in early intervention and prevention in the first 1001 days** by strengthening universal and targeted support for parents through sustained investment in:
  - a. midwifery and health visiting services
  - b. Family Hubs as an integrated local access point
  - c. voluntary and community sector provision.
- 3. Strengthen parental leave arrangements through the ongoing Parental Leave Review** so that families have time to build support networks in the first 1001 days, including options that support fathers and non-birthing parents, LGBTQ+ parents, and an identified support person for solo parents where appropriate.
- 4. Improve practical access to services to enable connection:** reduce practical barriers (including transport costs) that prevent parents from accessing services, particularly for families facing financial hardship.

5. **Expand inclusive specialist and mainstream support for fathers and non-birthing parents, including LGBTQ+ parents, ensuring all non-birthing parents** have equal access to support and are actively welcomed in perinatal and early years services.
6. **Fund and deliver services designed specifically to reduce loneliness**, with an emphasis on:
  - a. inclusive, co-produced support shaped with families
  - b. culturally appropriate and accessible provision (including language support where needed).

If we invest in these interventions, fewer parents will struggle, and more parents who are struggling will be identified sooner and be referred to community-support, preventing mental ill health arising, and reducing the related human and economic costs for both parents and their children.

## Find out more

This briefing draws on ongoing research into solutions for perinatal loneliness funded by the NIHR Three Schools Mental Health Programme (MH051/MH067) – March 2026.

More information about the Perinatal Loneliness Project can be found [on the Lonely Parents Hub website](#). A summary of findings is [available in an easy read report](#) and a research paper can be accessed free of charge on the [British Medical Journal Open](#).

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