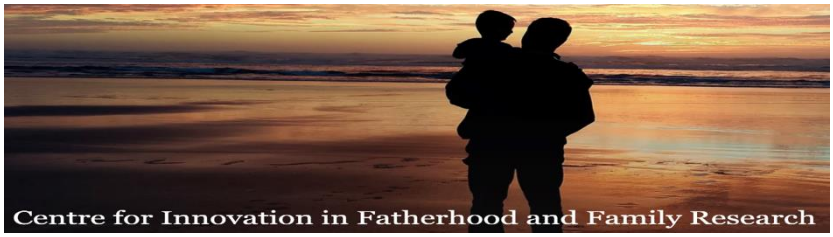

Men's Health Strategy Inquiry Evidence Submission

Father-inclusivity as an evidence-based strategy for improving access, engagement and experience of health services among men and boys

About the Centre for Innovation in Fatherhood and Family Research

The Centre for Innovation in Fatherhood and Family Research (CIFFR) was founded at the University of Lincoln in 2023 by Director Professor Anna Tarrant, a Professor of Sociology and a UK Research and Innovation funded Future Leaders Fellow since January 2020.

CIFFR is a nationally distinctive research and enterprise centre whose mission is to develop and translate interdisciplinary evidence, through the provision of a cutting-edge research, evaluation, training and consultancy offer that promotes the evidence-based about 'what works' in co-creating ***father-inclusive practice, services and policies.***

The Centre offers and engages in the following activities:

- **Research and evaluation expertise** about 'what works' in embedding father-inclusive practice and service design,
- **A university delivered training offer for multi-agency professionals** about father-inclusive practice and services, including a bespoke, one-off training offer and an accredited short course called 'Engaging with Fathers',
- **Toolkits and guidance around father-inclusion** that have been co-created with fathers and multi-sector professionals to promote the evidence-base about the needs of families and for the purpose of promoting strengths-based practice and continued professional development,
- **An evidence-based model of practice called the Young Dads Collective** that trains (young) fathers to deliver professional training, resulting in wider systems reforms in terms of practice and policy.
- **Consultancy with commissioners and local strategic leads** to co-ordinate regional efforts and policy levers designed to embed father-inclusivity as an integrated practice and policy strategy for enhancing the outcomes of families, including the men, women and children who comprise them.

Centre Director Professor Anna Tarrant, who is also the Chair of Trustees for the North East charity the North East Young Dads and Lads, has been funded to the tune of £1.7 million by UK Research & Innovation to lead 'Following Young Fathers Further' (2020-27), a groundbreaking qualitative longitudinal and participatory study that engages with young fathers and multi-sector professionals to co-create evidence- and place-based interventions designed to instigate eco-systemic practice and policy change with a focus on father-inclusion.

Professor Tarrant is author of several books and outputs advancing knowledge of marginalised fatherhoods. Her publications include The Dynamics of Young Fatherhood, Fathering and Poverty, and Men, Families and Poverty. Her work has developed father-inclusive practices and involved the co-creation of father-inclusive initiatives including the Young Dads Collective

and DigiDAD, which offer support and guidance to disadvantaged young dads by supporting them to share their voices and experiences and equipping them to share their knowledge as experts by experience for the purposes of influencing father-inclusive practice and policy. Her pioneering methodologies provide evidence-based approaches to embedding father-inclusive practice in services and policies, transforming how society supports fathers in low-income situations.

This evidence submission is organised into two sections:

SECTION 1 presents the evidence base regarding the importance of improving (young) fathers' access to health and well-being services, and the cultural, interpersonal, organisational and structural barriers currently restricting their access. **Where father-inclusive support reaches and engages the most marginalised fathers, it also has wholesale benefits for all fathers.**

SECTION 2 sets out evidence from our research and more broadly about **'what works' in supporting men to access and engage with services** and demonstrates the evidence-based value of support that meets the needs of all fathers. This includes the need for an integrated care model whereby statutory services work collaboratively with the third sector, local authorities and other family support agencies to provide a joined-up, preventative offer.

We conclude by highlighting gaps in research and investments and offer learning and possible opportunities to scale up innovations in support, including those developed with young fathers and professionals with the Centre for Innovation in Fatherhood and Family Research.

OVERVIEW OF EVIDENCE

The imperative of improving (young) fathers' access to health and well-being services and support as part of a father-inclusive Men's Health Strategy

- **Barriers to health support are perhaps the most problematic yet preventable of the issues reported by fathers and across wider research,** with implications for improving the health and welfare not only of young fathers (aged 25 and under), as one the more marginalised population of fathers, but also of fathers more generally.
- Evidence suggests **there are multiple and complex barriers to accessing, engaging and supporting fathers in public health** that extend across multi-sector contexts. Barriers range from **cultural, interpersonal, organisational and structural**. While ostensibly these might seem immutable, there is a growing 'what works' literature about how fathers can be better supported in public health and across wider systems of support.
- **Young fathers represent a significant but routinely overlooked population of young men who have care responsibilities in both family and health policy.** Although early fatherhood is frequently associated with structural disadvantage, these factors do not necessarily result in disengagement or poor parenting (Neale and Tarrant, 2024). For certain young men, the experience of becoming a father represents a turning point, prompting a reassessment of their life goals and fostering personal development. Fatherhood, where recognised and supported, often motivates engagement in healthier behaviours (see our companion submission to this inquiry). Yet many fathers also have complex needs that require support,
- Research suggests that **high quality support both from statutory and specialist and/or community services who work in a joined-up way is essential to preventative engagement with fathers,** supporting them both in the present and in achieving their future aspirations (Neale and Tarrant, 2024).

- An ongoing issue is that **fathers tend to perceive support services as targeted towards mothers**, meaning they often feel excluded (Barnardo's, 2012).
- There is also a problematic tendency in professional practice to **perceive fathers as 'hard to reach',** especially where those fathers live in contexts of adversity or where their identities are intersected by young age, ethnicity, and (dis)abilities (Tarrant et al. 2024). This is hard to address in a context where professionals have limited resource and time to address **how services might instead be 'difficult to access'** (Davies and Neale, 2015).

Despite a growing body of evidence highlighting the importance of fathers in children's development, current health systems, services, and cultural norms continue to marginalise and exclude men from health and social support and in their role as caregivers. This exclusion not only harms child and family outcomes, but significantly undermines men's own health and wellbeing**,** particularly their mental health. **A progressive shift toward father-inclusive practices and policies** is vital for a) improving men's engagement and experience of healthcare services, b) addressing entrenched barriers and c) promoting holistic, equitable family health.

SECTION 1: BARRIERS TO SUPPORT FOR FATHERS

1.2 'Hard-to-reach' fathers or 'hard-to-access' services?

Our research with diverse, marginalised fathers and multi-sector professionals demonstrates how **the contexts, cultures and practices of services contribute to the marginalisation of fathers in accessing support and engaging with professionals,** especially for those who are young age and/or from minoritised communities (Neale and Tarrant, 2024; Tarrant et al. 2024).

Historically, the language of 'hard to reach' has been applied in the spheres of social care and health, meaning that the responses of many statutory services are underpinned by negative perceptions of fathers that shape their interactions and engagement with them. In practice those living with material disadvantages and/or a lack of family support and with extensive needs ranging from parenting and relationship skills training to poor housing and/or low paid employment, may be readily blamed for their life circumstances, rather than supported.

Where the terminology of 'hard-to-reach' ascribes apathy to fathers and locates blame for inequalities within communities themselves, a more productive question researchers and professionals have been prompted to ask instead is whether and how services are 'hard to access' (Neale and Tarrant, 2024). This involves understanding the barriers at play in existing practice and support systems as a basis for discovering, understanding and implementing changes for professionals, and service design and delivery based on 'what works' (see Section 2).

1.2.1 Cultural Barriers: Overlooking fatherhood and male help-seeking behaviours

Entrenched masculine norms and stigma around health for men mean that fathers often **diminish their own needs**, believing that mothers have more legitimate claims to support for their physical and mental health. This contributes to **underdiagnosis, delayed help-seeking**, and **unaddressed health issues**. Gendered norms also discourage help-seeking and emotional openness because men are less likely to express vulnerability or recognise symptoms of mental distress.

Conventional health and social care models often fail to recognise **gendered expressions of distress** among men. Symptoms such as **irritability**, **anger**, **withdrawal** or **alcohol and drug**

misuse may be readily translated by professionals into potential risks to children and co-parents, misinterpreted or go unaddressed and unnoticed with potential to escalate:

> It's like I've been trying to go to the doctors and such to control my anger and help us with me anger issues but I've just been passed from pillar to post and I've given up with it now….They just keep saying, 'oh anger issues is, it's a controlled emotion, there must be something else wrong with you'. I'm like, 'well I'm not depressed. Yeah, I have me bad days, doesn't everyone but the good really outweighs the bad. Like there's some people who physically can't get out a' bed for it. I do. Fair enough it takes us a while but I get out and get cracking. (Billy, aged 21)

> if things are going on around me, that can kind of drag me down a little bit, or if, again, if I haven't had time to kind of find a little bit of peace in my day just to kind of like switch off… Sometimes I just feel down for nothing, if that makes sense. I don't know even if that's normal. But just, you know, sometimes you just don't feel, maybe like more stress at work, that can get to me actually… if something's really tough, it'll really, like, get to me, and then it'll take me a couple of hours in the evening to really, like, calm down about it, because if I've just got wound up about it throughout the day, you know, it kind of like builds up a little bit. (Jake, aged 27)

Where support is provided for addictions, anger and associated behaviours local specialist support can be transformative for fathers, but in the longer-term men may disengage:

> The social services, when I got [eldest daughter] into my care, they started offering me help and support around giving up alcohol and cannabis, but it was just all of, it was just [local mental health charity] really, that's all it was, and I've known quite a lot of people with addiction and troubles through life that have always gone to [local mental health charity] and near enough everyone says that there's just no point going, so I never wanted to go, if everyone was saying that they're useless. I just decided just to do it on me own….I've come a long way since having [eldest daughter] in my care a year ago. As I say, I've stopped drinking and smoking. Everything about me seems positive nowadays. (Aaron, aged 32)

During the peri-natal period when the risk of mental ill-health is heightened, **fathers often diminish their own needs, believing that mothers have a greater claim to mental health support.** This belief compounds feelings of shame and embarrassment about struggling, especially when striving to achieve their own ideals of fatherhood:

> I feel this real sense of responsibility that I have to be successful at something, to make life as easy as possible for my partner and son. It is quite a burden in fairness...Like you've got this weight on your shoulder to do that, so yeah...Generally I think I do an okay job. Like I don't want to say for eighteen I'm a good dad because I don't think that age comes into it. You're defined by what you are, right! (Zane, aged 18)

> I were a totally different guy then… all I wanted were to just go out and do loads of drugs and just party. … and then … I did change. … I stopped offending, obviously. I stopped drinking altogether. …If it weren't for my daughter, I'd probably be in jail now … One of the biggest challenges … were staying away from my mates, cause, obviously, I got into a lot of trouble with them. … I just decided to sort my life out a bit… To be a good dad, all you need is just to be there for your kid … provide and protect, do the man things. (Jax, aged 18)

Furthermore, society continues to **undervalue men's caregiving capabilities.** Despite strong evidence that young fathers are deeply invested in their children and aspire to be actively involved. This contradiction reinforces their isolation and discourages fathers from participating in services that they perceive are not designed for them.

1.2.3 Interpersonal and Organisational Barriers: Sidelining and Surveillance

There is evidence to suggest that the cultures and practices of public health and statutory contribute to the marginalisation of men from support (Pfitzner et al. 2020). This is reinforced by the 'mother-centric' policies, practice and orientations of services and resource and time constraints whereby **professionals often lack access to gender-inclusive and cultural diversity training,** impacting on opportunities to develop and implement strategies that facilitate father participation (Tarrant et al. 2024).

On an interpersonal level, practitioners use a variety of strategies to engage with young fathers, that have been conceptualised as **sidelining, surveillance and support** (Neale and Davies, 2015; Neale and Tarrant, 2024).

Sidelining is a form of marginalisation that occurs when fathers are overlooked, disregarded, or deliberately left out of parenting-related processes and support engagements. As a practice it represents a less obvious yet widespread and potentially damaging manifestation of how negative attitudes towards fathers emerge in professional settings. When fathers are not acknowledged or treated with respect in their parental role, it can weaken their parenting capabilities and negatively affect both their confidence and sense of identity as fathers.

Examples may include:

- failing to publicise services for fathers,
- ignoring or dismissing fathers during appointments, with staff addressing mothers even when fathers are present,
- failing to inform them of appointments and/or to keep them updated on what they need to know (Neale and Tarrant, 2024).

> I said [to the midwife], 'how come you never ever address me? When you've got anything to say about my son you never tell me, it's always my girlfriend. And I'm left in't dark, you're just talking in riddles'. … She just said it's easier and she's mum after all (Jason, age 25)

> I went to all the scans. … I was there all the way…. I loved going to the scans. But the midwife…she seemed like she weren't really interested in talking to me or anything (Jackie, age 23)

> [It was like] I weren't there. They didn't speak to me. They didn't involve me. … Instead of just leaving me sat there, like, they could have engaged in conversation with me. And … instead of just talking directly at [mother of the child] and [maternal grandmother] telling them what's going to happen, [they could] tell me, like explain it to me in a way I understand (Jimmy, age 18)

Surveillance practices: Surveillance practices are foundational to a risk-based approach to support (Neale and Ladlow, 2015a; Ladlow and Neale, 2016) and essential where there are safeguarding concerns. However, fathers commonly report being treated with suspicion, a lack of respect, or an assumption that they might be in some way irresponsible or a threat to their

children. Where attention to safeguarding concerns is essential, fathers feel subject to suspicion even where they do not present a threat:

> she was in a sleepsuit, she had a mark on her leg from the seam of the sleepsuit, from when she was in the car seat, so the seam left an imprint on her leg…We took her to the doctors with something else that was wrong with her and the nurse there was making me feel really uncomfortable about this mark on her leg from the seam…Like they were saying if it doesn't go down in five minutes they were gonna have to take a photo of it, and the entire time she was staring at me as if I'd done something wrong. And me knowing I'm never going to harm my daughter and then also being silently blamed for something I haven't done by a member of the NHS, it's harrowing. (Tony, aged 23)

> I just want them to basically see that not all dads are bad 'cause all dads have a rep of not being the greatest or not being around but they never give way for the ones that have actually stuck around. (Archie, aged 23)

It is worth noting that **professionals may engage in practices of side-lining and exclusion unconsciously, based on unclear remits, limited resources** and the pervasive view that young fathers are 'hard to reach' (addressed earlier). Professionals cannot address the low engagement of fathers with services on their own or as individuals, although they can strive to support the individual fathers that they encounter through an asset-based approach to support.

A culture shift in services, combined with practical, low-cost solutions are needed across the system to support professionals to meet their obligations to supporting fathers. We provide examples of 'what works' based on our research with professionals and fathers in section 2.4 of this document.

SECTION 2: 'What works' to improve young father's engagement and experiences of health services

2.1 Father engagement: the value of support that meets the needs of fathers

Existing evidence demonstrates that **successful *father engagement* begins with a fundamental shift in perspective among professionals and in built into service design and culture.** There is an imperative to challenge the dominant culture in professional practice which views young fathers as 'hard to reach', 'disinterested' or 'risky' and only to be addressed by specialist teams with risk-based approaches (Neale and Davies, 2015).

This reframing transforms the challenge from a deficit in fathers to an opportunity for service innovation and improvement. All fathers should feel welcomed by mainstream services and included in strategic planning as 'experts by experience'. When services and organisations adopt this lens, they are better able to identify and address the structural, cultural, and practical barriers that prevent fathers from engaging with healthcare services, and to consider how engagement can become more meaningful at key touchpoints when fathers are most visible to services. Our research with young and minoritised fathers suggests that:

- Innovative support is highly valued by fathers, not least when it is **non-judgemental, flexible, comprehensive and delivered by people who care.** Yet, local authorities and public health services experience challenges in seeking to embed specialist provision within universal family services, particularly in a climate of funding cuts.
- Young fathers aspire to being **treated as clients of services that will support their parenting** and there is mounting evidence to suggest that where they are positively

engaged in these ways, this is beneficial to them, their children, the mothers, and the wider families (Neale and Davies. 2015; Neale and Tarrant, 2024).

- Fathers value spaces that are **safe**, that **bring them together around their shared identities as fathers**, and support opportunities to **enjoy social time with other men through peer support and/or mentorship.**
- Integrated and joined up work between the statutory, public health and wider civil sector are key to preventative approaches to support, and for **building pathways for identifying men who require support and improving engagement, including where they have complex needs or there are specialist concerns,**
- The positive changes that effective support can engender can also have positive outcomes for women as well, because men are more likely to engage in healthier relationships with their partners. Improvements in fathers' skills, capacities and confidence have a cyclical affect, influencing the health and behaviour of children and co-parents as well (Tarrant and Neale, 2017a).

2.2 Evidence-based recommendations for effective practice among professionals

Best practice for public health should include a gender-sensitive father-inclusive support offer. Key examples of 'what works' elaborated in research include:

- **Developing asset-based relationships with fathers:** Where practitioners have an understanding of the complex nature of individual experiences, this is central to the development of good working relationships and effective service delivery. Successful engagement with fathers requires services to adapt their approach by meeting fathers at their current level of readiness and understanding. This "relationship-based, client centred, inclusive practice approaches" (Cortis: 2012, p.356) can also serve as a gateway to longer-term co-production, where fathers become active partners in shaping the services they receive. This initial flexibility and responsiveness builds the foundation for sustained engagement and meaningful outcomes.
- **Building trust through relational, gender-sensitive work:** Effective father support is fundamentally relational work built on trust, an ethic of care and **working with men rather than delivering to them** (Tarrant and Neale, 2017). This requires time, consistency, and genuine respect for fathers' experiences and perspectives. Trust-building cannot be rushed or standardised but must be recognised as a core component of effective service delivery that requires adequate time and resources.
- **Co-producing and co-creating services with fathers:** PPI models are well placed to support such an approach in the public health context, as are participatory approaches like co-production and co-creation as developed and refined in Following Young Fathers Further.
- **Continuous staff/professional development through father-inclusive training:** Supporting fathers effectively requires compulsory and ongoing professional development and reflective father-inclusive and EDI aware practice. This includes access to training for Continuing Professional Development specifically focused on father engagement, as well as regular opportunities for professional reflection on unconscious biases. When professionals are equipped with these skills and supported in their development, service quality improves significantly. The Centre for Innovation in Fatherhood and Family Research offers this training to address current gaps in delivery.
- **The 'Getting, Engaging and Keeping' Framework:** This framework requires managers and professionals to consider the process of 'getting, engaging and keeping' fathers (Pfitzner et al. 2020) as a useful systematic framework for service design that addresses the full journey of father engagement. This approach recognises that initial contact with fathers is only the beginning, and that sustained engagement requires ongoing attention to relationship maintenance and service responsiveness.

- **Inclusive service design and diverse beneficiary representation:** This might include providing services and support flexibly and at times suited to men as-fathers (such as evenings and weekends) and offering a mix of face-to-face and digital support as part of an integrated pathway of support. The use of positive and inclusive imagery that represents diversity in fatherhood sends powerful messages about who is welcome and valued within services. This visual representation must reflect the reality of contemporary fatherhood in all its forms.
- **Continuous service improvement through real-time evaluation:** Regular service audit and evaluation, supported by resources such as the Father-Inclusion Hub, (which is creating a live archive of 'what works' in father-inclusive practice), ensures that services continue to evolve and improve their effectiveness in supporting fathers. This commitment to continuous improvement demonstrates the organizational value placed on father engagement.
- **Improved local, regional and national data collection and monitoring:** Systematic data collection, including asking men if they are fathers, enables services to understand their reach and impact while identifying gaps in service delivery. This data collection must be routine and systematic rather than episodic.

2.3 The power of regional collaborative partnerships and investment in specialist and integrated support

Mainstream public health services can significantly enhance their effectiveness by working collaboratively with specialist support services for fathers. Notable national examples of specialist support services include FutureMen (London), Dads Matters/Salford Dads, the North East Young Dads and Lads CIC, and Dads Rock (Edinburgh).

Specialist father support organisations serve as innovation hubs, developing and refining best practices in father engagement that can be scaled across broader healthcare systems. Collaborative and regional partnership working not only improves outcomes for fathers and families but also reduces pressures on mainstream health services by creating more efficient and integrated pathways to support and reducing/preventing crisis interventions.

Young fathers have shared with us the benefits of these innovative support services, including the value to them of spaces for peer support:

> I think it was how nice the staff were non-judgemental…I felt like I could just be myself…like especially in school, I felt like I had to be somebody, where there, I just felt like I could just be me and me would be good enough. (John aged 21)
>
> knowing that I have a network of dads that are going through something similar means that if I'm having an issue I can reach out to another dad and say, 'look have you had this issue?' 'Yeah I've had this issue, this is how we saw it'...or like, 'look lads I'm struggling, anyone up for a chat?' 'Aye give us a ring in five minutes', you know what I mean? (Billy, aged 21)

The family voluntary sector and specialist and community support groups for fathers have an important role to play in working with statutory services to raise awareness of fathers' needs and for establishing referral routes where they may require additional support.

2.4 Father-inclusive innovations from the Centre for Innovation in Fatherhood and Family Research

Critical gaps remain in scaling father-inclusive practices and services nationally across public health and the wider system of social support for families, that are accessible and transformative for men's health and well-being.

The Men's Health Strategy is well placed to advocate for and promote a solutions-based approach to integrated father-inclusive care and support in the UK, building on the strong foundations of existing and pioneering support offers in the UK and the existing evidence base that has been outlined here**.**

Support for more cohesive and strategic collaborations between key national organisations that have tried and tested models for 'what works', will ensure that men benefit widely from the strategy while also enhancing existing investments in maternal and child health and avoiding replication. Aligning efforts across sectors enhances the potential for a UK version of an Australian style 'Integrated Model of Care' that maximises impact in a cost-effective way (see also our companion submission). The Centre also offers novel solutions that are ready for scale-up. These include:

- **The Young Dads Collective (YDC) model (Tarrant and Neale, 2017; Tarrant, 2025a):** This scalable place-based intervention model trains young fathers to educate multi-sector professionals from early years, public health, and housing. With the flexibility to work with all fathers, the YDC is a proven model that demonstrates how peer-led approaches to training and service design can transform both professional practice and child and family outcomes through an investment in disadvantaged fathers.

Key findings include:

  - Evaluation data from Leeds (2017) and Grimsby (2023) implementations show significant improvements in father engagement rates with their families and in terms of employability,
  - Enhanced professional competence in father-inclusive practice with multi-agency practitioners working with children, young people and families across the early years, education, social services, and public health sectors,
  - Evidence that young fathers, as 'experts by experience', can effectively train multi-sector professionals, while also upskilling them for the workforce.
  - A scalable resource that is adaptable to diverse regions and supports professionals across different service contexts.

- **The Think Dad! Toolkit, DigiDAD and Diverse Dads peer research**: These co-created resources with the North East Young Dads and Lads CIC are designed for young fathers to voice their experiences including via a digital peer support, helping them to build their confidence in parenting while also providing insights for professionals about their support needs, encouraging father engagement across early years and family services. Evaluation data of DigiDAD demonstrates:
  - Local, national and international engagement by fathers and muti-sector professionals,
  - Increased father participation in early years services,
  - Improved professional confidence in working with fathers,
  - Enhanced service accessibility for diverse father populations.

We also trained young fathers as peer researchers who engaged with minoritised young fathers to explore 'what works' in making family support services more accessible for minoritised young fathers (Tarrant et al. 2024). This study upskilled young fathers in research, enhancing their employability, while also creating evidence about how to better engage a population that finds services hard to access.

- **Father-inclusion training offer:** To date, the Centre has been delivering commissioned training for diverse multi-sector professionals, demonstrable of a demand for affordable and quality training that addresses current training gaps. Since 2023, we have delivered to well over 1000 professionals from Family Hubs nationally and early years providers, the

social care sector, Public Health (maternity, ante-natal services), Local authorities and the third sector, Contact Centre and legal professionals, and prison and criminal justice settings.

The Father-Inclusion Hub: A growing open-access repository of evidence-based practices supporting systematic father-inclusion training across institutions, providing infrastructure for widespread transformation.

2.5 On the basis of this evidence we recommend strategic investments to support:

- **A scoping exercise of existing father-inclusive interventions** in the UK and their evaluation to identify scalable models that can be rolled out nationally and across mainstream/universal and specialist services to enhance men's health outcomes,
- **Coherent regional investments in public health and social support services for fathers** as part of a preventative approach to identifying and intervening when men present with health-related challenges that they need support for,
- **Quantitative, qualitative and/or mixed-methods longitudinal research about fatherhood and men's health trajectories** and outcomes over time to identify health trajectories and outcomes among a diverse population of fathers, and to create an evidence-base about the impact of father engagement with services on their involvement with their children.
- **Effective policy development and service provision for young fathers depends fundamentally on knowing how many young men are affected and understanding their varied experiences.** Investment in comprehensive data collection systems that specifically capture young fathers' demographics, circumstances, and needs is essential for addressing health inequalities and supporting this vulnerable population through their transition to parenthood.
- **Investments in models of support that involve the co-creation of services**, with and for fathers, in all their diversity and guidance and legislation requiring engagement with user/beneficiary voice.
- **National co-ordination of efforts to support, research and embed father-inclusive strategies**, beneficiary pathways and services, with the aim of building national policy guidance and coherence as part of an integrated model.

3. Select references

- Neale, B. and Tarrant, A. (2024) *The Dynamics of Young Fatherhood: Understanding the Parenting Journeys and Support Needs of Young Fathers*, Bristol: Policy Press.
- Tarrant, A. and Neale, B. (2017) *Supporting Young Fathers in Welfare Settings: An Evidence Review of What Matters and What Helps*, Responding to Young Fathers in a Different Way: Evidence Review.
- Tarrant, A. and Neale, B. (2017) (eds.) *Learning to Support Young Dads*, Responding to Young Fathers in a Different Way: Project Report.
- Tarrant, A. (2021) *Fathering and Poverty: Uncovering Men's Participation in Low-Income Family Life*, Bristol: Policy Press.
- Tarrant, A., Way, L., and Ladlow, L. (2024) Increasing father engagement among minoritised fathers through proactive service support and outreach: insights from a participatory pilot study. *Community, Work & Family*, 1–18.
- Tarrant, A. (2025a) Instigating father-inclusive practice interventions with young fathers and multi-agency professionals: the transformative potential of qualitative longitudinal and co-creative methodologies, *Families, Relationships and Societies,* 14 (2): 158–176.
- Tarrant, A. (2025b) Father-inclusion: a sensitising concept and framing strategy for addressing the systemic exclusion of men as-fathers across services. *Families, Relationships and Societies, 0(0).*