



Men's Health Strategy Inquiry Evidence Submission

Father-inclusivity as a preventative strategy for improving health-positive behaviours 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', 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 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.

Overview of our response: why the UK needs an integrated father-inclusive model of care

This response presents evidence for the Men's Health Strategy to encourage recognition and prioritisation of preventative social and health support for young fathers, aged 25 and under, when they first become a parent.

We highlight a lack of trend-based data confirming prevalence while also drawing policy attention to a population of often disadvantaged young men whose experiences of socio-economic disadvantage contribute to the health inequalities they report, with long-term implications across the lifecourse.

Every year approximately 700,000 babies are born in the UK. For most of these families, a father or father figure is present but may experience poor physical and/or mental health in ways that places unique pressures on their relationship with their children and co-parent.

Where fathers do not reside with their children, fathers may be able to sustain relationships with their children but in cases where they are unable to, this can place a unique strain on men's emotional health. Evidence suggests that approximately 15% of households are headed by single fathers (ONS, 2025), while 78% of all men in prisons are fathers (HMPPS, 2023), many of whom are affected by limited support to sustain their relationships with their children. Despite investments in father support in public health and across the family support sector, the health and support needs continue to go undetected and unmanaged, and fathers reports that their health needs are not supporting in any meaningful way.

This is not due to lack of will on behalf of services and professionals and/or lack of evidence about 'what works'. There are numerous examples of pockets of effective and evidence-based father-inclusive support offers across the UK that are creating locally realised father-inclusive support offers and pathways¹ including in public health², but their availability is limited to particular localities or commissioning areas, creating a 'postcode lottery' (Tarrant and Neale, 2017). The current fragmentation of father-inclusive and health positive support is in part associated with a lack of coherent national strategy and lack of funding stability.

Provisions of specialist support for fathers that take a preventative approach, are also demonstrably valuable for fathers in terms of diverting pressures away from the public health system by helping fathers in adversity to manage their mental health and the wider structural processes shaping these, yet their availability and accessibility is geographically sparse.

¹ Examples include: North East Young Dads and Lads CIC (North East), Dads Rock (Edinburgh). Fatherhood Solutions PIP (Coventry), Dads Matter/Salford Dads, FutureMen (London).

² Swindon Family Nurse partnership; IHV father-inclusion training offer

Wider research, including our own with young fathers, demonstrates that when fathers are engaged meaningfully in their children's lives, the benefits for individual and familial health and well-being are wide-ranging and cascade across generations; improving outcomes for children, supporting maternal well-being and health behaviours, and enhancing fathers' mental health and social connections.

This case, which runs in parallel with a second submission offering evidence about 'what works' in engaging men more effectively in health services, has two core aims;

- 1) to encourage support for more **positive health behaviours among some of the most marginalised groups of young boys/men** in the Men's Health Strategy; young fathers, aged 25 and under, when they first become a parent, and,
- 2) To make a case for the prioritisation of an integrated **father-inclusion model for the UK** as a strategic driver for the Men's Health Strategy for addressing and promoting men's physical and mental health and well-being across the lifecourse and as an intergenerational and preventive strategy.

The evidence base

To support this case, we synthesise existing research evidence with recent research findings generated from the more extended and depth programme of research conducted with and for young fathers globally; the [Following Young Fathers Further](#) study. The study has explored the parenting journeys and support needs of young fathers to develop a rich, dynamic view of their transitions into and through parenthood and in context of wider public health and family support systems in the UK. Insights have also been produced with health and other multi-agency professionals about 'what works' and doesn't in engaging men as-fathers in the current public health system.

Our evidence highlights the key factors driving health risk behaviours amongst boys and young men both prior to and after entering parenthood, some of the failings of the current health system to currently address the health behaviours and experiences of these young men, as well as how the public health system can better support and encourage healthy behaviours among young men and fathers through investment in an integrated model of father-inclusive care designed to support all fathers regardless of their diversity.

Key points:

- **Fatherhood identities can be a vital catalyst for healthy behaviours among men** but in a context where men are often invisible to services and policies like paternity leave do little to support men to invest in their relationships with their children, **can also be a potential source of vulnerability to behaviours that negatively impact on their physical and emotional health** (including and compounded by increased alcohol use and addictive behaviours),
- Not only personal driver for men for improving health/wellbeing, **fatherhood has also become an increasingly attractive mechanism for increasing men's visibility to, and engagement with, services,**
- **Young fathers are the most disadvantaged of all fathers, who often bring up their children in contexts of adversity.** Their experiences and support needs are all too often overlooked in public health and across the wider family support system, despite their expressed desires to 'be there' for their children. **If services effectively support this population of fathers, they will be better equipped to support all fathers.**

- We make the case for **an Australian style integrated care model in the UK both as a priority for the Men's Health Strategy** and as a strategic investment in the health of boys and men in the UK with benefits both now and in the long-term.

This document is organised into two sections:

SECTION 1 outlines the prevalence of young fatherhood and the problematic lack of national data collection and analysis. It also presents qualitative evidence about the health inequalities experienced by young fathers and fathers in contexts of adversity to offer insight into the factors driving poorer health inequalities among this population of boys/young men.

SECTION 2 provides an argument for an integrated approach to father-inclusivity nationally as a preventative strategy for addressing the health behaviours of fathers from some of the most disadvantaged communities and outlines gaps in evidence and need for further research.

SECTION 1: The imperative of supporting (young) fathers as part of a father-inclusive Men's Health Strategy that is equipped to address men's health behaviours across the lifecourse.

1.1 Prevalence of young fatherhood

Prevalence rates for young fatherhood in the UK are currently obscured by gaps in data collection and reporting. While researchers estimate that 5-10% of births across Western democracies are fathered by young men under the age of 25, a figure in line with conception rates among young and adolescent mothers, the true prevalence of young fatherhood remains uncertain due to systematic under-reporting and methodological challenges in capturing this demographic.

The challenge of accurately measuring young fatherhood stems from several factors:

- Young fathers often fall under the radar of national surveys and census data, and some men may not even know they have fathered a child.
- The stigma surrounding conceptions outside marriage in certain communities, further compounds under-reporting, particularly among minority ethnic groups where early parenthood may be more prevalent.

This data deficit has serious implications for understanding health inequalities and behaviours as they are experienced among young fathers. Without accurate prevalence figures, it is not possible to adequately assess and respond to the extent of support needs of young men entering fatherhood, nor can we develop targeted interventions to address their unique challenges.

1.2 The paradox of the transition to fatherhood: a catalyst for change and a period of increased vulnerability

Although early fatherhood is frequently associated with structural disadvantage, it does 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 the fostering of personal development. In such instances, fatherhood can instil a deep sense of purpose, connection, and accountability, inspiring these young men to abandon past patterns of risky or self-destructive behaviour:

I want to be the person who [my son] can turn to. And who, obviously, who is always gonna be there for him. ... You know, when I've got him, and when he does something, when's he's growing up, you know, it's the happiest emotion cause you just wanna give him a kiss and a cuddle. He's my little man. ... He's so - you feel really proud. (Dominic³, aged 18)

Back then, I used to get into trouble, I was selling drugs and stuff. ... I could have got sent to jail. But ... after having my kids it opened up a better side to me ... I were getting into training schemes, football, college and stuff like that. (Tarrell, aged 21)

The transition to fatherhood may also be a great motivation to reduce or stop young men from engaging in 'risky' health behaviours and to focus on being an engaged father:

You have to be there for him, don't you - sacrifice things to make [his] life better. Like I used to ... smoke weed. But I just stopped. ... I've got a crap dad, so obviously I want to be total opposite and be a good example to him. (Jason, aged 22).

My attitude to life is a lot better. Yeah, I've become a lot calmer. ... A couple of years ago the slightest thing would really, really get me angry. ... Now it just flies straight over my head. It's cos you've got the responsibility of looking after another human being. (Joe, aged 18).

Despite the benefits of fatherhood as a protective factor in desistence from risky behaviours and investments in positive health practices, many young men become more vulnerable when they become a father. This is because young fatherhood is highly stigmatised and because there is limited support for young people to gain the resources and the independence that they need to sustain family life (Neale and Tarrant, 2024).

In the current UK context, the transition to fatherhood can also be a potential source of vulnerability to mental ill-health and behaviours that negatively impact on their physical and emotional health:

The sheer toll on my mental health that becoming a parent took was really bad and I was dealing with that for a long time. It wasn't until I got onto medication and private counselling that I managed to kind of deal with a lot of it... I don't know if I would blame it entirely on becoming a parent, but certainly becoming a parent really kind of triggered a very big depressive period... it can seem scary and it can seem overwhelming, but it does get better, and particularly as children get older, you grow into your role as a parent. (Ben, aged 29)

I used to go to doctors and try and get help and just don't get any....with me being depressed and that, they try and get social services involved because you're not an adequate parent, and it's like, what? And they just make the situation 10/15 times worse... Reaching out and asking for help is the most riskiest thing you can do as a parent. As bad as that sounds, that is how it is, that is what it is, it's just how the system is, you can't do 'owt about it. (Adam, aged 26)

Despite increasing calls to assess the mental health of both parents, universal services (e.g., maternity) and specialist perinatal mental health services typically focus on the mother (or the

³ All data was generated with young fathers, but the names used in this report are pseudonyms to protect their identities.

gestational parent) meaning that the difficulties of fathers (and partners) often go undetected and unmanaged. This reflects that fathers are rarely prioritised in policy (Darwin et al. 2021).

1.3 Factors impacting on the health of young men who are fathers

While many young men are deeply committed to fatherhood, their health and wellbeing are also systematically undermined by a range of structural, social, and service-level exclusions (Tarrant, 2025), indicating the need for whole systems reform as a **public health imperative**. Numerous systemic processes and socio-economic factors impact on the health behaviours of young men, especially in contexts of adversity. These are often compounded by the challenges they face with identifying and accessing timely public health and social support. Strains on the public health system occur because there are few preventative measures in place that enable young people to thrive as adolescents and as new parents.

We know that young fathers are more likely to be disproportionately exposed to multiple and overlapping **personal and structural disadvantages, that heighten their risk of poor mental and physical health**. These experiences are often emotionally distressing, erode their confidence as individuals and parents, and fuel cycles of poor mental health and marginalisation. Key factors requiring consideration and reform in context of the forthcoming Men's Health Strategy include addressing key welfare arenas by developing systems that recognise young men as potential care givers and/or seeking to secure independence. Attention should be paid to the social determinants that push young men into N(EET) status, the impacts of poverty, poor housing and risks of homelessness, and food, fuel, and digital poverty. Interpersonal support for healthy relationships is also necessary for reducing the prevalence of social isolation, loneliness and stigma among disadvantaged young men.

Disrupted education pathways, meaning many transition to adulthood without qualifications, pushing them into **low-paid, insecure work or NEET (Not in Education, Employment or Training)** status.

NEET status is associated with lower socio-economic status and greater health inequalities, including higher risk of mental health issues (Robertson, 2019). This has a particular impact on young people as they transition into adulthood. Health inequalities amongst NEET young people often manifest as higher rates of smoking, alcohol and drug use, higher rates of obesity, poorer sexual health and higher rates of mental ill-health (Tanton et al, 2021). NEET status is also associated with a higher risk of lifelong disadvantage which in turn can result in poorer mental and physical health outcomes and greater instances of hospitalisation later in life (Feng et al, 2018). 14 of 30 young fathers in our study were N(EET), in low-skilled work and/or living in relatively precarious financial and material circumstances:

It was hard at first, cos that's when you have to buy everything – a cot and clothes and all that lot. And when I were at school, I were selling cigarettes ... and more [laughs wryly] and that's how I made me money to pay for everything. I'm trying to do good in me life and all that. It's a lot of pressure on me. You want the best for your kids. You want 'em in nice clothes. ...I'm struggling to put decent food on the table. ...Yeah, [finance] does play a lot in it. (Callum, low-skilled, aged 19, unemployed)

1.4 Poverty, homelessness, and poor housing conditions further compound stress and reduce their ability to provide for themselves and engage with their children with pernicious implications for their individual and familial health and welfare.

Young dads experiencing generational disadvantage expressed a desire to do things differently. However, well-resourced young fathers with family support also faced a delay in being able to live with their children in what they viewed to be a stable home environment:

living in a council flat in flats in [deprived areas of the city] wasn't ideal ... I can't give [my son] the best possible life. ... I've always wanted kids ... in a stable life, work, having a nice home, doing healthy things. ... I didn't even have a garden for him to play in. (Jason, aged 22, low-income).

Finish University first, get my degree, get a decent job, get our own place, get settled down. And then take it from there. It's like I'm doing it all back to front! ... Financially, no, I haven't got a chance of finding anywhere of my own. That's why I'm working so hard ... to get to that stage in my life where I can have my own place and, you know, hopefully make another go of it, trying to be a family' (Jock, aged 22)

1.5 Food, fuel, and digital poverty have increased in the past 15 years of austerity affecting more young people. These factors also limit access to health-promoting resources, nutrition, and social support, reflecting the multitude of ways in which young fathers experience and navigate impoverishment. Financial difficulties associated with low-pay, no-pay work and limited financial support from families make it more difficult for young men to provide for their children:

You need money to be eating healthy because everything that's healthy is very expensive. So me, at the moment, until I get my money up, my diet is not the best, but I will only cook for my daughter. I don't cook for myself. I don't mind eating noodles every day. Until I get my money up. That's fine by me. But my daughter, yes, she will get everything she needs. But for lunch, dinner, snacks, all of that, I don't need it. (Landon, aged 25)

[daughter], she's got glasses and they're £180 for the glasses. And at school she had the glasses on, snapped the leg off one a' them and obviously I can't afford to replace that bloody pair so she's got her spare pair on now. But it's just little things like that.... Me son had his shoes on for two days and he's already starting to like peel off the front of his shoes. So it's just constant money coming out your backside, that's the hardest part. (Will, aged 22)

that contract that I had when [son] was born was, was temporary and I completely lost my job. And I had no money to even get the bus to go see him and stuff like that...the contact centre which was very far, it was a two hour walk...And they wanted me to see him at eight in the morning. So if I was five, ten minutes late I didn't get to see him. (Manuell, aged 22)

I used to be super skinny when I was living in the hostel (Jonny, aged 22)

1.6 Many young fathers also navigate relationship breakdown, leading to reduced or lost contact with their children, often with limited support from statutory services and/or involvements in Children's Social Care proceedings that create distress and fear of a loss of contact with a child:

If I'm having a bad day, seeing my daughter definitely makes me feel better. It makes me feel really good seeing her. Obviously, under the circumstances I see her in, it really doesn't do me any good, my mental health isn't the best. I'm really clinging onto the hope that things are gonna be much better after [date] and that's really a thing that's keeping me going 'cause I'm still in this bad situation. But at least now I'm kind of hoping there is maybe gonna

be a complete resolution to it, you know. Definitely that makes me feel better. Sometimes if I'm feeling upset, I'll just look at photos of my daughter and it makes me feel a little bit better, but obviously not as good as just being able to go there and pick her up and give her a cuddle. (Nathan, aged 19, separated).

Young fathers benefit from support regarding healthy relationships to encourage better well-being for the whole family:

It's a lot better [now]. Me and [co-parent] went through a stage of domestic violence in past. ... and it was in front of [daughter] – it isn't a nice thing to see, obviously. And that's all stopped ... I mean, we have us ups and downs. ... Both of us went through a court hearing about it. And we got put on a parenting course and ... completed it now. ... Not only do we have to stop arguing just for [daughter], but for me and [co-parent] as well. (Andrew, aged 19)

1.7 Other reported social determinants creating health issues among young fathers include [social isolation, loneliness and stigma](#), that compound health challenges for young fathers who are already facing disadvantage:

I'm gonna have to help [partner] out by cutting out my social life a bit more. And...well when he's a bit older if I want to do something with my mates I'm not gonna be able to ... cos I'd have to do it with [the child]. So, I think, just basically, just cut social life out. (Adam, aged 16)

I need to rise above it. They don't know me at all. I've learned that they can only see, judge from the outside, they don't know what's going on in the inside, you know, and with that in mind, as long as you feel you're doing something good, then that's all that matters, and keep going. As long as I feel like I'm trying the best I can with the kids, that's really all that matters. You know, if they're happy, I'm happy (Micah, aged 27)

1.8 A note on the systemic exclusion of fathers from services

We note here that [young fathers](#) routinely report being excluded from healthcare settings, ignored by professionals, or seen only through a lens of risk and surveillance. When they do receive effective father-inclusive support it can be transformative for them, creating opportunities for services to identify and respond to challenges and poor health. We present detailed evidence about these experiences in our companion submission to the inquiry, which responds to the theme: Improving men's access, engagement and experience of the health service.

SECTION 2 'What works': Father-inclusivity as a vital strategic priority for the Men's Health Strategy

2.1 The Men's Health Strategy must prioritise father-inclusion as part of an integrated model of care, if it is to effectively promote positive health behaviours among men as fathers as a preventative strategy. Father-inclusion provides a mechanism for ensuring that key touch points in public health are maximised in terms of seeing and engaging with all fathers in a meaningful way.

Current healthcare systems systematically exclude and underserve men, not only during one of life's most significant transitions, but also beyond. Fathers are more engaged in family life than

they have ever been and need support to remain as healthy as possible to ensure wider positive outcomes for themselves, for their co-parents and for their children.

The structural barriers that compromise their health and wellbeing represent a global yet critical health equity issue for men and an opportunity to improve family outcomes through recognising and supporting their unique contributions and needs.

Father-inclusion offers a framework for a low-cost, high yield preventative strategy that has wide ranging benefits for men, women and children (Tarrant, 2025). Support for the involvement of fathers from birth onwards in children's upbringing offers a vital, yet overlooked, family focused solution that will:

- unlock **children's developmental potential** both now and in the future by ensuring all children and their parents have the support they need to meet their basic needs,
- help to address persistent **gendered inequalities between parents**, and
- **enhance child and family outcomes** across diverse communities, by addressing disadvantage gaps and creating the support environments that families need across the early years and family support system so that all children have opportunities to learn and thrive.

2.2 Research gaps and future needs

Critical gaps remain in scaling father-inclusive practices and services nationally across public health and the wider system of social support for families. Further research, co-ordination and investment is needed to develop an integrated care model that supports fathers from as early in their parenting journeys as possible.

Good practice for individual fathers requires a joined up and integrated approach including consistent ways of working by professionals and services, starting with public health like maternity services, health visiting and the Family Nurse Partnership but also extending to the Early Years and Family Hubs, school support; housing support; criminal justice, and investments in father's groups. In an address in 2015 at a parliamentary enquiry into parenting and social mobility David Lammy MP acknowledged that:

The present parenting support offer across the UK is fragmented, with little leadership, from national government. With family policy spread across a number of departments, a lack of joined up government is a key barrier to any successful parenting support . . . Any parenting support scheme must not be overly prescriptive, and cannot be seen by parents as a punishment if it is to be successful . . . Fathers are an important resource in early years child development . . . but are under used and often side lined when family services are developed. (All Party Parliamentary Group, 2015: 5)

A decade later, this fragmented picture has yet to change. **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.**

Australia's pioneering Integrated Model of Care (IMC) demonstrates what is possible when existing resources are more effectively co-ordinated, scaled up and embedded as part of an integrated system. The UK is uniquely positioned to lead Europe in implementing this approach through our existing mechanisms and expertise.

Investments in supporting 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, there is potential for a UK Integrated Model of Care that maximises impact in a cost-effective way.

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 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

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Following Young Fathers Further study website: <https://followingyoungfathersfurther.org/>

Father-inclusion Hub (what works in supporting fathers): <https://fatherinclusion.org/>