Following Young Fathers

Young fatherhood in austerity Britain

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Introducing Following Young Fathers

1. Following Young Fathers small scale, baseline study, conducted as part of the ESRC funded Timescapes Initiative (www.timescapes.leeds.ac.uk) (2010-12)

ESRC funded FF follow up study (Nov 2012-Sept 2015)
- Wider scope, expanded samples, increasing longitudinal reach and value.
- Synthesis of existing evidence, including data sharing
- Mapping and evaluating selected service provision
- Following the pathways of original sample plus new samples of young men recruited through different routes: in depth knowledge of lived experiences
Methodology

1. Qualitative Longitudinal (QL) Enquiry: repeat interviews, tracking young lives

- discern life course dynamics, transitions, processes of change – looking back and forward in time through recursive interviewing
- uncover pathways through varied policy landscapes – health and social care, education, employment, housing, youth justice and so on,
- Understanding life course trajectories and how life chances are forged, enabled or constrained.

Knowledge to Action: innovative evidence-based policy and practice

- based on active collaboration with practitioners in the conduct of the research
- vital for recruiting and maintaining samples
- practitioner-engaged research, research-informed practice develops as a part of the longitudinal process.
Aims and Rationale

- To explore the lived experiences and support needs of young fathers (under 25, 25% teenagers)
  - The UK has one of the highest rates of teenage pregnancy in Europe, concentrated in the most socially disadvantaged neighbourhoods of the UK. Most are unplanned and about half end in abortion - perceived as a social problem with extensive policy responses.
  - Young fathers, until recently, neglected and marginalised in UK research, in policy discourse and in professional practice - assumption that young fathers are feckless, or worse a risk to their child, and therefore unlikely to want to make, or be able to make, a commitment to a child’s care.
  - Lack of dynamic research that can discern the transition to fatherhood and beyond, and track young men through policy landscapes that are themselves changing.
Theoretical context: new fatherhood?

- Much teenage parenthood research is teenage motherhood research, with very little evidence from fathers themselves. Small pockets of data available in small scale studies – a need to enhance the evidence base.

- The shifting nature of fatherhood in relation to motherhood. Traditional gendered views of parenting (father as provider, mother as nurturer) are shifting to new ideological models – ‘cash and care’ model where both parents are responsible for resourcing the family and for ‘being there’ for their children.

- Key question: how do these shifting ideological discourses impact on the practices and values of young fathers? Where a breadwinner role is much more difficult (high percentage of teen fathers are NEETS), can they ‘be there’ for their children? Do they want to be there? Are they feckless, absent, excluded? Or engaged?
Generational contexts

- A key driving force for this research: Gordon Brown (2009): Children having Children
- Young parenthood challenges generational categories and boundaries around childhood, youth and adulthood.
- Young parenthood occurs in families where the generations are very closely layered – where siblings and grand parents also entered parenthood early
- What does it mean for the identities of young men that they enter parenthood early? How do they reconcile potentially conflicting identities and practices? Do they see this as a problem?
- How are the older generation implicated in their teenage children having children – and when they hold responsibilities for both their children and grandchildren? How do these intergenerational relationships impact on young fatherhood?
A social problem?

- Early entry into pregnancy or parenthood seen as a social problem: media reporting equates young parenthood with the underclass: from large, poor, broken and troubled families, who live on welfare, engage in anti-social behaviour, and present risks to children (e.g. Ian Duncan Smith 2007).

- Quantitative evidence enforces this – shows correlations between early parenthood and low levels of education, low self-esteem, anti-social behaviour, large/lone parent families; engagement with the care system; financial hardship (Swann et al 2003).

- But care needed with correlations and causality: young parenthood is not the cause of social ills, but itself an outcome of pre-existing social disadvantage – it is not babies, but social disadvantage that is the real problem (Kiernan 2002, Duncan et al 2010).
Policy Responses

- New Labour: from 1999, raft of policies and strategies to tackle poverty and disadvantage including new deal for communities – laudable, but with some inherent drawbacks (Clem Henrikson).
- Sure Start: a national early intervention programme aimed at improving lives of parents and children and inculcating parenting skills – Children’s Centres.
- The Ten Year Teenage Pregnancy Strategy – aimed to reduce rates of teenage conception and improve the percentage of teen parents in education, training or employment.
- Continuation under the Westminster Coalition - but more economically led and policies merging under the broad umbrella of Early Intervention for 0-19 age group (Allen 2011, Field 2011).
Findings to date
Sample information: Baseline

- 12 fathers
- Aged between 16-22 years old
- Varied circumstances and backgrounds
- Different stages of fatherhood
- Varied contact with children
- In-depth qualitative interviews and activities
- 3 waves of interviews (Dec 2010-May 2012)
New sample: Further diversity

- + 18 extra fathers (sample total = 30)
- Different recruitment routes
- Ages 16-24
- Different backgrounds
- Different levels of contact with children
- Various employment and educational trajectories
- Same methods as baseline study (Nov 2011 onwards)
Becoming a father

- Mixed reactions
- Adjustment period
- Turning point in life
- New opportunities
- Aspirations for the future
- Unplanned does not mean unwanted

‘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, its 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. Really, really proud. (Dominic 18).
Son

hold a successful job

Son

join school

Son

see Uni and graduate

Son

achieve everything he wants to

Son

go death

Son

be a grandad (eventually)

Son

get job

Son

see up

Son

good grades

Son

have a good girlfriend who likes
Traditional breadwinner role

“I need to know that I’ve got money coming in, if I don’t have a job it can become tremendous pressure in terms of how much I’m going to have my son and what I can offer to him. You don’t need money to be a parent. But in order to exist in a world and in order to buy for his welfare you need money.” (Dominic, aged 18)

“I do feel like this responsibility to kind of provide even though I’m not with the mum. I find it quite a difficult situation because on the one hand I don’t have the money to provide but on the other hand I really do want to be able to provide. So it’s a real challenge.” (Ben, aged 20)
Lack of resources

- Young age/still at school: “I’m the one who’s meant to support the baby more. Obviously without her [paternal grandmother’s] financial support or anything, I don’t know where I would have got the money from. Obviously I’d have been really stuck.” (Senwe, aged 16)

- Unemployment: “I’m fed up of everyone telling me to get off me arse and get a job. . . It’s alright saying [but] there’s no jobs. . . [It] pisses me off” (Richard, aged 16)

- Skills training: “Only problem is, is finding a job [laughs]. . . I’ve had a couple of interviews. But like I struggle to talk. I talk like an idiot. Like I had a phone interview and I just put phone down and I thought ‘that’s definitely not a call back’!” (Jason, aged 22)

- Welfare support: “I don’t think they give you anywhere near the amount of money that it costs to raise a kid”(Tommy, aged 24)
New fatherhood ideals

“It don’t matter about items. It don’t matter what you buy them. It don’t matter about money. It’s just about love, care and obviously being there. And being able to say ‘yeah I’m there all the time’. That’s what matters” (Darren, aged 21)

“I just want to be the sort of person who he can turn to and he can, you know, asks things, you know, if he’s got any problems or any issues.” (Dominic, aged 18)

“It’s important to bond with them, to be able to talk to them and have that relationship. Like a friend relationship but still be a dad.” (Adam, aged 16)
Relationship with the mother of the child

- Relationships with the child’s mother were often fragile

- Father-child relationships tend to be mediated initially through the mother of the child

- Relationship breakdown affected fatherhood status and fathering involvement

“She owes me three years of the kids lives” (Tarrell, aged 21)
Cross generational relationships: Gift or a curse?

- Positive - practical, emotional and financial support
- Negative accounts of maternal grandparents
- Direct influence on fathering opportunities and support available
- Fathers have to work with the dynamic of the maternal household

“I’d just like her to sit back and be a grandmother instead of a mother. Normally I would argue with people if they’ve tried to be so controlling and horrible, but it’s not in my son’s best interest, I just had to bite my tongue”. (Jason, aged 22)
Wave 1:

Grandma

Girlfriend

(me) New Baby

Mum Dad

Wave 2:

Adam

Girlfriend's

W/ Rest of Family

Wave 3:

Girlfriend's

Mum & Dad

Son G'friend Sister

mum
Professional support

• Specialist support is crucial. E.g.

1. Child care (pre-birth and beyond)
2. Education/ employment decisions
3. Where to find (other) support
4. SRE
5. Someone to talk to

“I don’t know where I would be without him. Yeah and he taught me a lot as well.” (Callum, aged 19)
Professional support still lacking

“There is not a lot out there for young fathers. I mean it’s all mums and babies, mums and babies, mums and babies.” (Jack, aged 23)

“It’s more of support with welfare issues [needed]. Support with, you know just, just having, having someone to, if you run into problems, you know, saying ‘I need help’. And just, just feeling like you can say help to someone. It goes a long way, I think. Cause then you are not alone.” (Dominic, aged 18)
Available provision
Mapping of provision

- This strand of the research aims to map out an inventory of service provision targeted towards the support of young fathers and their children.
- Initial findings indicate that there is a range of services in existence operating from within health and social care and also in the 3rd sector.
- We know from our interviews with young fathers that this support is needed and valued.
- However, it can be fragmented, difficult to find and perceived to be aimed primarily at young mothers.
Some examples of services

- St Michael’s Fellowship
- Working with Men
- Leeds City Council Health Initiatives School Age Fathers Mentor
- Archway
- Ed Hart Boys and Young Men’s Worker, Brook
- Young Dad’s TV
Mapping of provision: collaboration with YoungDadsTV

http://youngdads.tv/
Early intervention

- based on the principle that providing support and guidance early, can prevent the escalation of problems and difficulties later (eg: Allen, 2011; Field, 2010; Tickell, 2011)
- based on knowledge that inequalities interact with each other: poor health in early childhood can lead to poor educational outcomes which reduce chances in labour market and workless adults more likely to suffer ill health (Eisenstadt, 2011).
- these ideas are evident in earlier policy making too – the Teenage Pregnancy Strategy (1999) focussed on both reducing teenaged conceptions and on increasing the numbers of teenage parents in employment, education and training
- however, the TPS tends towards a problems based approach, embedded in the assumption that teenage pregnancy is a negative experience for parent, child and society
Think Family

- shift towards a whole family approach, developed by New Labour’s Social Exclusion Task Force
- the Think Family Framework aimed to look at the whole family, build on family strengths, provide tailored support, look at the whole family and link up services and support (Eisenstadt, 2011)
- Family Nurse Partnerships and Family Intervention Projects are key examples of services developed around these lines
Family Nurse Partnership

This initiative aims to reduce the social exclusion of young mothers under the age of 19. It is based on intensive and structured home visiting from early pregnancy until the child is two years old by specially trained nurses.

Research indicates that this early intervention can:

- Reduce smoking in pregnancy
- Lead to larger intervals between and fewer subsequent births
- Fewer accidents
- A reduction in child abuse and neglect
- Better language development in children
- Increases in employment
- Greater involvement of fathers
Preparation for Birth and Beyond

- developed in response to research that highlighted the variability in ante-natal provision (McMillan et al 2009)
- ante-natal provision tends to take a medicalised approach heavily focussed on the birth (and thus the mother)
- often fails to engage men
- some at risk families find ante-natal classes difficult to access
Preparation for Birth and Beyond

- PBB recognises that services often focus on women to the exclusion of men

It aims to support families by:
- focusing on the relationship between the parents
- helping to build positive parent-child relationships
- support the transition to parenthood
- delivered by Children’s Centres and uses an interactive approach – doing things with, rather than doing things to families
Preparation for Birth and Beyond: engaging teenage and young parents

There are a number of ways in which PBB may be particularly valuable to young and teenage parents because it recognises the impacts that:

- lack of knowledge of child development
- unrealistic expectations of babies/parenthood
- parental conflict

can have on outcomes and the programme aims to directly engage with fathers as well as mothers.
A Universal Services Review in 2010-12 led to the development of Early Start. The Review found a rising birth rate (26% from 2002-2009) with an increase of 13% of 0-4s between 2002-2008. This growth was concentrated in inner areas of the city.

Early Start is a new way of delivering services to under 5s in Leeds. Focus on birth to five, principles of early intervention utilising the already existing services of health visiting and children’s centres by focussing on:

- health, childcare, play, early learning and development
Early Start aims to deliver:

- The Children’s Centre Core Purpose including the Early Years Foundation Stage Curriculum
- The Healthy Child Programme from pregnancy to five years
- The Children and Young People’s Plan 2011-15

- integrated service and pathway based on evidence and need rather than historical models of working. Aims to be more responsive providing the right support at the right time to vulnerable children and families. Embedded in principles of early intervention and embedding inter/multi agency working and communication in practice by, for example, matching up Health Visiting areas with Children’s Centre areas.
What are the aims for families?

- A key aim is to build community capacity to improve outcomes in both education and health by offering three stepped levels of support to families, according to need.
- **Universal service model/comprehensive family assessments**: ante natal, birth, first year, one to three years, three to five years.
- **Universal Plus**: will offer extra support for specific issues such as breast feeding support or behaviour management support.
- **Universal Partnership Plus**: ongoing provision of solution focussed support to vulnerable families.
What will change for professionals?

- Early Start teams will operate at cluster level led by Leeds Community Healthcare NHS Trust and Leeds City Council
- Integrated Service Specification

**Key elements:**
- information sharing, communication, Pathfinders and Operational group to track process of change, supervision and workforce development

**Focus on:**
- Child Protection and Safeguarding
- Training and development
- Public Health
- Supervision and leadership
- Advocacy and inclusion
Critical perspectives

- Family focused services may be underpinned by assumptions of a parenting deficit - seen as the cause of a range of social ills in poor communities.
- Some interventions are overly narrow, prescriptive, and instrumental and may fail to tackle structural, economic and environmental inequalities that underlie poverty and disadvantage.
- Narrow, short term targets and measures, that may not fit the tenor of real lives or help to improve life chances in the longer term.
- Early Intervention – at the expense of sustained support over time? Or flexible and practical support when problems arise?
- Early Intervention or Early Help and Support?
- Limited evidence base: relies heavily on Randomised Control Trails; Mis-use of scientific evidence, e.g. On biological and cognitive functioning of children; current lack of Qualitative evidence taken into account.
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