Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers

Report by

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Just Me and Him, by Sally Goldsmith

It's just me and him
I couldn't cope with his Dad around
So it's just me and him
And I see him as mine
I'm fine on my own
I only need my little son
I'm fine on my own
And it's all my own time

Chorus
And it's not the age you are
That makes you a good mother
Not the age you are
It's more your intention
And my intention is to love him
That's my intention

Before I was lost
Whole lot missing in my life and
Before I was lost
But I'm back on the road
Now I feel whole
I'm his Mum and I'm his Dad
Now I feel whole
And I feel like he's me

I'd do it all again
If there was a way to do it then I'd
Do it all again
Without men I'd do it
Cos I don't want a child to grow up
With no respect for women
It's just me and him

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[1] For discussion, see page 62 ('Conclusions on methods').

Executive summary

Aims, scope and design

This study was designed to explore the views and experiences of men and women who became parents while under the age of twenty. We spoke to people in three generations: young parents currently aged under twenty, and those in their parents' and grandparents' generations who had also had children as teenagers. We set out to take a biographical perspective, inviting participants to reflect on the transitions that they made to parenthood, and on their experiences since then, including access to formal and informal support systems. The study was also intended to pilot a number of different research methods, with a view to considering their potential for facilitating participant involvement and gathering rich and in-depth data. For this reason, the number of people involved was deliberately limited to a small sample. Our planned methods included biographical-narrative interviews, group discussion, photo-elicitation, and peer interviewing. In all, 14 men and 14 women took part in the study.

Background

Research to date has offered contrasting pictures of teenage parenthood. Since the 1990s, for example, studies published in the UK included some which emphasised the poverty and social exclusion faced by young mothers and their children (e.g. Hobcraft and Kiernan, 2001), while others emphasised the ways in which early parenthood could represent a positive turning-point, given appropriate support (e.g. Phoenix, 1991). Most studies have focused on young mothers and their children; there has been very little research concerning the experiences of young fathers. Researchers have also pointed out that norms concerning fertility and the timing of parenthood have varied, historically and culturally: parents aged under twenty have not always been seen as a 'problem' group, and are not seen in this way in all communities. Most recently, analyses of outcomes for women at age 30 have shown that the adverse consequences of teenage parenthood have been overstated in many respects: outcomes are shaped most powerfully by poverty, and not by the timing of motherhood (Ermisch and Pevalin, 2003).

Our findings

Pregnancy in adolescence: not planned, but not unwanted?

For a majority, the pregnancy was unplanned and the news was commonly accompanied by initial 'shock'. However, in contrast to the weak sense of agency displayed in relation to becoming pregnant, a much bolder sense of agency is evident in decisions to reject abortion (despite strong family pressures in some instances) and to take responsibility by progressing with the pregnancy and becoming a parent. This echoes findings from research by Cater and Coleman (2006), Hoggart (2006) and McDermott and Graham (2005). Commonly there were explicit references to taking advantage of the 'turning-point' offered by pregnancy, in terms of planning for the future: forming a strong family unit for example, or making renewed efforts to gain qualifications.

A complex and diverse picture

Our participants saw becoming a parent as one route to adulthood, with no 'one best way'. This raises questions about whether an 'inclusion' policy that aims to reintegrate young parents into education by returning them to their former school (Dawson et al, 2005; Harris et al, 2005; YWCA, 2004a) is the only or most appropriate mechanism for supporting a transition to adulthood. Many of the circumstances experienced by the young parents we spoke to, and the aspirations

they had for the future, echo those expressed by other parents. Age alone does not define young parents' identities and experiences; interestingly, the identity of single parent, if applicable, was often experienced as more problematic than that of young parent.

Having a child at a relatively young age is seen as having some benefits
These include forming closer relationships to children / grandchildren because of a smaller age gap; the opportunity of successful, continuous careers for mothers (without maternity leave gaps); youthful health and energy whilst childrearing; and time left "to enjoy life" after children have left home.

However, a sense of stigmatisation has endured
For mothers across all generations, the feelings they experienced at having a child young continued throughout their life. These included:

- needing to avoid / avoiding 'disclosure' at work
- ongoing fear or distrust of health / social care professionals
- anger towards media portrayals of young parents
- not meeting or defying social class and/or parental expectations (potentially leading to feelings of guilt or low self-esteem many years later)
- missed sense of youth, feeling left out of youthful activities
- need for affirmation later in life
- striving to prove oneself over and above expectations of older parents
- sense of having to do 'more' or 'better' to be accepted.

Some women in our study explicitly linked negative responses to their pregnancy with subsequent diagnoses of depression; later improvements in health were sometimes associated with access to appropriate support services. This ongoing psychological impact of the stigma associated with young parenting was clearly identifiable because of our three-generation sample and biographical perspective. This finding suggests the important role that understanding and sympathetic (dedicated) support services may have in the future in decreasing the long-term negative impact of stigmatisation.

Pregnancy or parenthood is rarely the primary problem for those experiencing difficulties
Contrary to popular stereotypes, lay beliefs and some academic and political discourses that highlight links between young parenting and adversities (e.g. in health, education, employment), our data offer further evidence that if problems are experienced, they generally pre-date pregnancy and/or arise from long-term structural, material or familial factors.

Housing is a key issue
Mothers across all generations described housing as a major problem. Appropriate and timely access to housing provided a 'nest' that facilitated planning and a sense of control, security, safety, pride and legitimacy in the parenting role. All participants were aware of the myth that childbirth can secure housing and cited much counter evidence of the profound difficulties experienced.

School sex education experienced as poor by all
This might be predicted for the older generation of parents, but younger age groups were also unanimously disparaging about their formal sex education; some had missed it completely because it took place on a day when they were absent from school. Talking about sex, particularly between sexual partners, is still a great taboo; no participants had experienced any 'relationships education'. Lack of confidence to

talk about sex and contraception (especially safer sex) was common across generations. That more schools are relegating PSHE and SRE to dedicated one-off days is alarming; that this day often occurs in the final year of compulsory schooling begs questions about its utility and timing.

Significance of supportive community context for young parents
Both mothers and fathers highlighted the social and practical benefits of living in a community where young parents were not unusual. This contrasts with the isolation described by some (2nd generation) mothers, living in middle class communities where young parenthood is less visible and community spirit sparse. From our data, it is unclear whether the supportive local community context extends to an influence on decisions to reject abortion since all participants named their mother as the person who tried to persuade them to have an abortion.

Universally poor experience of professional care
Irrespective of generation, age group, gender and class, all participants described poor experiences of maternity care. Problems included insensitivity and judgemental attitudes from professionals, actions that excluded fathers and a lack of information and consultation on choices available for birth and pain relief. Within this picture, fathers from the 1st and 2nd generations described experiences of female-dominated care, in both formal and informal domains, enhancing their sense of exclusion.

Gendered patterns
We found some evidence of gender difference regarding both parenting behaviour and responses to young parenting. There were some personal variations, but in general men explicitly described leisure time as important in sustaining their family role, whilst the women assumed that they would not have leisure time. There was also some evidence to suggest different responses towards single fathers, compared with single mothers: single mothers tended to experience practical difficulties and/or to face stigma, whereas some single fathers experienced 'praise' by virtue of being 'a novelty'.

Importance of dedicated support and peer support
The current generation of young mothers viewed dedicated support as very significant; emotionally, socially and practically. Mothers from previous generations were at a distinct disadvantage if they did not have family support, as other forms of support were not widely available then. All valued having or finding friends in similar circumstances to themselves.

Research methods and future research priorities
As indicated above, we found that biographical-narrative interviews were successful both in involving participants, and in allowing complex themes to surface. In some cases, narrative research methods can be empowering simply by allowing individuals to tell their stories. Photo-elicitation was also effective in engaging participants, particularly through group discussion.

There are also clear advantages to adopting a partnership approach with both participants and relevant local agencies/organisations. Priority areas for future research include:

- Young fathers: their experiences, support needs, and aspirations.
- The specific experiences of teenage parents at the younger end of the spectrum. Evidence from previous research suggests that becoming a parent at age 13/14 is very different to doing so at 18/19.

- Longitudinal research into the experiences of upper and middle class young parents (both past and present). This may help to further highlight the place of social disadvantage / deprivation in producing different outcomes for teen parents and their children.
- Experiences of 'planned' young parenthood, particularly as a route to adulthood or as a (positive) turning-point in life.
- Experiences of forced abortion, adoption and/or marriage as a result of teen pregnancy, and its impact on mental health, subsequent pregnancies, future relationship(s), and/or experiences of parenting.
- International comparative research, to help to identify the influence of different economic / social contexts and of varying attitudes towards teen pregnancy, on the experiences of young parents.

Policy and practice recommendations

1. Dedicated support and peer support

This research further emphasises the importance young parents place on dedicated support services. Public policy needs to take account of young peoples' views, both about pregnancy as a potential turning-point and about countering stigmatisation. Future service development could explore the potential for peer support and/or training (Kidger, 2004b; 2005).

2. Web-based information

The need for information, including a dedicated website on sexual health, teen pregnancy and young parenting is reinforced by this and previous studies (Hirst, 2003a; Hirst et al, 2003; Hamm, 2006). This is particularly important in terms of improving access and effectiveness of support for fathers.

3. Childcare

Lack of affordable and appropriate childcare remains a barrier to future education, training and employment: this needs to be recognised and addressed in future service design/delivery.

4. Infrastructure: housing and transport

The role of key public services - particularly housing and public transport - needs to be acknowledged in supporting young parents, as they establish their independence. In housing-related support, provision should allow for children to know both parents; this is vital for mums and dads who are not the primary carer.

5. SRE and PSHE in school

This research suggests that SRE and PSHE need to take place much earlier than at present, given that some participants became sexually active at the age of twelve. Issues that need to be addressed include: intimate relationships and sexual relationships, gender, sexualities, contraception, pleasure, responsibility, risk, and consent. Schools need to facilitate honest and frank discussions around these topics, and to work in partnership with parents and carers.

6. Professional care

Unsupportive and/or female-dominated professional care is a key factor in experiences of support, healthcare in particular. Workforce training and development measures are needed, to support practitioners in reflecting on the implicit and explicit messages they may be giving out to their clients. This should include the extension of existing initiatives in peer training techniques, actively involving young parents and/or former young parents in delivering awareness raising training to practitioners working

in this field. Groups that could be targeted include: teachers, social landlords, school pupils, healthcare workers, social workers, and social care practitioners. The use of our 'Pathways to Parenthood' DVD could begin to start this process.

7. Specialist education provision

Specialist provision for young parents' education centres should be continued and expanded (both geographically and in numbers of places available). There is evidence to suggest that this model works more effectively than returning young parents to mainstream education (Aitkenhead, 2005; Dawson et al, 2005; Harris et al, 2005; YWCA, 2004a).

8. Benefit entitlements

Attempts should be made to equalise benefit entitlements for young parents under and over 18 years of age.

9. Specialist healthcare provision

Following the demise of Sure Start Plus, consideration and planning are needed to sustain specialist healthcare support, both for young mothers and young fathers.

10. Government policy

This study adds to a substantial body of research which emphasises the diversity of experiences and needs among young parents. Policy developments need to reflect this, for example by:

- Recognising young mothers' (and some fathers') positive wishes to remain at home during the first few years of a child's life, and to re-enter education and/or employment in flexible stages.
- Promoting an emphasis on choice and support for young parents, in order to counter stigmatisation. This does not exclude work on risk and prevention, but could provide a more positive context for it. As part of this, consultation and partnership with young parents themselves is crucial.
- Recognising the complexity of local contexts for young parenting, both positive (e.g. community and family support networks) and negative (e.g. poverty, drug and alcohol use, disability, depression, growing up in care, poor housing and education opportunities).

1. Introduction

This project is a product of collaboration between Julia Hirst and Eleanor Formby of Sheffield Hallam University, Jenny Owen of the University of Sheffield and numerous individuals who have been involved in the research either as participants, advisors or facilitators to carrying out the fieldwork.

The research was devised in a context of the academic team's previous and on-going research on teenage pregnancy and parenthood. This has included the following projects:

- An Exploration of the Teenage Parenting Experiences of Black and Minority Ethnic Young People, 2005
- The Father Figures Project Evaluation, 2004
- Models of Supported Housing for Teenage Parents: Views from Young Parents and Practitioners, 2004
- Sheffield Sure Start Plus Evaluation 2002-2003, 2003
- Muslim and African Caribbean Teenagers' Insights on Pregnancy and Parenting (MACTIPP), 2003
- Evaluation of the first year's work in the Units for Teenage Parents at Creswick St Young Children's Centre and Manor Young Children's Centre (Standhouse), 2002.

Learning from these projects and other relevant literature informed the rationale and methodology for this research, hence consolidating existing knowledge, creating new knowledge and trialling new approaches to working with the target group.

Related to this is the issue of generalisability and the relevance of these findings to other contexts and people. Our intention was always to strive for depth and meaning, rather than representativeness. However, through methods which facilitated the detailed telling of stories in participants' own words, highlighting the diversity of biographies pre- and post- teenage parenthood, we have revealed aspects of the teenage parenthood phenomenon which are valid (i.e. a true picture), and might not have otherwise come to light through the use of larger samples and the more traditional methods that these require, such as surveys or structured interviews. These qualitative insights are, of course, not generalisable but nevertheless raise significant issues for those with interests in policy and service development for young mothers and fathers.

The research involved a total of 28 participants, with 14 women and 14 men from three generations of teenage mothers and fathers. All were resident in South Yorkshire and ages ranged from 17-68 years (see Methodology for details). The aims were as follows:

Aims

- To develop a deeper understanding of young parenting (through current and former teenage parents' stories)
- To understand individuals' experiences in relation to their wider biography
- To question the notion of young pregnancy and parenting as 'problems'
- To explore factors that support and hinder teenage parenting experiences and to consider how far these have changed over time (1950s +)
- To contribute insights that might inform policy and practice
- To develop methods that engage and sustain participants' interest.

The project took place in the period November 2004 to June 2006.

The report and DVD

The report is structured as follows: the executive summary provides an overview of our intentions and conclusions, the literature review sets the national (and international) context for the research, followed by the methodology, the findings, and finally, separate conclusions and recommendations. The authors also commissioned a short film which accompanies this report in DVD format. The DVD, entitled, 'Pathways into Parenthood', is intended as a visual introduction to the issues and contexts that frame the report. It offers a 'VoxPox' of lay people's comments and views, intended to demonstrate the variety of opinions on young parents. The second half of the film features current and former young mothers and fathers and offers a gentle illumination of their experiences and insights. The DVD is not a substitute for the report; rather it should be construed as a gentle preface to the report.

The outputs from this research are:

- a conference to share interim findings and gather feedback from practitioners, entitled 'Sharing evidence, policy and practice on teen sexuality, pregnancy and parenting', which was held at Centre in the Park, Norfolk Park, Sheffield on 24th March 2006;
- full report on the process and findings: 'Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers' (further copies will be available to download at www.shu.ac.uk/research/csi);
- 'Pathways into Parenthood' film (DVD) (further copies will be available to buy from www.shu.ac.uk/research/csi);
- separate executive summary document for distribution to project participants, partners, policy-makers, local practitioners, and relevant voluntary and statutory agencies;
- findings disseminated at a conference hosted by the University of Sheffield, 'Childhood and Youth: Choice and Participation', 6th July 2006, Sheffield; and
- findings disseminated at a conference hosted by Sheffield Health and Social Research Consortium, 'Together in Innovation: Developing Research Collaboration', 9th November 2006, Sheffield.

2. Literature review - Teenage pregnancy and parenting: contexts and debates

Teenage motherhood in Britain remains a controversial issue, attracting consistent attention from agencies, policy-makers, academics and the media. Recent broadsheet and tabloid headlines have included sensational examples, such as 'Violence blamed on teenage mums' (The Observer, 16.10.05) and 'Being taught how to bring up babies and claim benefits… £100,000 course for teenage mums-to-be' (Daily Mirror, 13.3.06). Published research continues to reflect diverging emphases and interpretations; these can be hard to reconcile, particularly as studies have also been shaped by contrasting disciplinary and methodological priorities. Meanwhile, research with or about young fathers is in short supply: most studies still focus mainly or exclusively on young mothers, and data about young fathers is not routinely collected by health or other agencies in many areas.

Below, we note some key trends and debates, particularly in UK social and health research from the early 1990s to the present. In our three main sections, we discuss three different sets of perspectives. Firstly, we comment on research which has focused on teenage parenthood primarily in terms of risks and problems; secondly, we discuss the evolution of current UK policy, with reference to support and inclusion models and to some general features of current family policy; finally, we turn to recent research which has presented both theoretical and empirical challenges to dominant discourses. In conclusion, we highlight the points of departure for our own study, in which we have been particularly concerned to represent the voices of teenage mothers and fathers themselves, within a biographical perspective.

1. Teenage parenthood: risks and problems?

At a broad level, the major Social Exclusion Unit report on Teenage Pregnancy (SEU, 1999) drew together empirical findings from a range of perspectives, concerning the difficulties associated with 'early' pregnancy in the UK. Its statement that the UK has 'the highest rates of teenage pregnancy in Europe' became a reference point in much subsequent research, and we return to this theme in our third section below. Particular problems noted in the report were increased health risks for young mothers and their children; restricted access to housing, education and employment opportunities, and a higher risk of long-term poverty and social exclusion. In response, the national strategy on teenage pregnancy was designed to focus both on reducing conceptions/births and on reducing social exclusion for young parents.

Hobcraft and Kiernan have illustrated some of the negative consequences of teenage parenting, as presented in much political debate. They proposed that mothers under 23 were more likely, by the age of 33, to:

- be lone parents;
- live in social housing;
- be in receipt of benefits;
- have no qualifications;
- be smokers;
- live on a low income;
- report poor or only fair health, and
- view life as unsatisfactory (Hobcraft and Kiernan, 2001).

However, they also argued that childhood poverty has an influence on these factors later in life; as we discuss below, later studies have confirmed that poverty outweighs timing of parenthood, regarding long-term outcomes.

Many small research studies have continued to mirror this overall pattern of concern, and have sought to explore specific facets of young parents' circumstances, and sometimes to evaluate interventions designed to provide support (see, for example, Scholl *et al*, 1994; de Jonge, 2001). However, despite the twin focuses of explicit government policy, in-depth studies concerning support for young parents have tended to be in the minority, compared to those on interventions targeting prevention of pregnancy. There is some evidence that this reflects a pattern in policy implementation and funding too (Higginbottom *et al*, 2006). Swann *et al* (2003) produced an up-to-date 'review of reviews' of available research on teenage pregnancy and parenthood, encompassing both the area of preventative strategies and support for teenage parents. However, while they identified twenty reviews relevant to the issue of prevention, they found only three dealing with improving outcomes for teenage parents (and even these combined discussing support with discussing prevention). Of these, the one systematic review available (until recently) dates from 1997 (NHS Centre for Reviews and Dissemination, University of York, 1997). A small number of additional studies were found that document positive outcomes from a range of initiatives: these include specific developments concerning housing, education, antenatal care, childcare and parenting skills.

To summarise, then, much research from the 1990s onwards has tended to locate risks and problems within young parents themselves rather than in the wider social and economic contexts for 'early' parenthood. Within research and policy agendas that have acknowledged the importance of 'support' but prioritised prevention, the picture has sometimes been somewhat simplistic.

2. Policy and practice perspectives: mixed messages?

A lack of quality sex education in schools in Britain and America, compared for example with Scandinavia and the Netherlands, has been suggested as the reason for lower levels of contraceptive use and higher rates of teen pregnancy. Nevertheless, this social policy issue is frequently overlooked for fear of 'encouraging' under-age sex by discussing it more in schools (the 1993 Education Act in Britain permits parents to withdraw their children from sex education (Selman and Glendinning, 1996)). Arai, citing Kirby, Oakley, and Wight, however, argues that sex education, whilst improving knowledge, nevertheless has limited effects on behaviour (Arai, 2003a: 201). It has also been proposed that sex education should start earlier to correspond with changing biological patterns in younger women, i.e. menstruation increasingly starts earlier for teenagers today (Bullen *et al*, 2000). Several studies (see Chambers, 2001; Hirst, 2004c; Hoggart, 2006; Swann *et al*, 2003) highlight the importance of Sexualities and Relationships Education (SRE) to ensure accurate knowledge of contraception and pregnancy, but, more importantly, to enhance self-confidence to negotiate safer sex and be aware of support services and individuals in whom they can confide. Hirst (2004b) acknowledges that while ignorance is rarely the cause of teenage pregnancy now, lack of self-confidence to negotiate 'safer' sex, in parallel with the place of lust and contextual factors such as alcohol and other drugs, renders some young people very vulnerable to unplanned conception. This vulnerability is inversely proportional to age, with younger cohorts of the sexually active least likely to use contraception (Wellings *et al*, 2001).

At the level of policy and practice, the Labour Government's approach to teenage parenthood reflects some of the tensions which have characterised recent family policy more generally. In particular, there has been critical debate about an approach

to social inclusion which appears to devalue parenting in comparison with education, training and employment, with a strong emphasis on surveillance and instruction (Kidger, 2004a).

Taking the example of education, the national Teenage Pregnancy Strategy prioritises targets for young mothers returning to mainstream school or college. Government guidelines are that school-age mothers should return to education after just over four months off, whether this is taken before or after the birth, and disruption to a young woman's education and employment is one of the key disadvantages of young parenting, according to the Social Exclusion Unit (Bullen *et al*, 2000). This leave period is clearly shorter than the maternity rights offered to adult mothers. Bullen *et al* (2000: 449) argue that the "drive to get young lone mothers into education, training and ultimately employment denies them rights and choices extended to mothers in traditional family units". For instance, the right of teenage mothers to decide not to work, and to be at home with young child(ren) - an accepted choice amongst middle class mothers - is not taken into account. Smith argues that "in Britain…the economic orthodoxy…reflects a gendered injunction to deny women the right to bear children early from choice" (Smith, 2002: 499). There is also evidence to show that if some of these women delayed their pregnancies, they would still be just as poor in their twenties, indicating that the policies aimed at teenage mothers actually threaten the rights of mothers of all ages who are not from privileged backgrounds (Kelly, 2000). (We return to this point in section 3 below).

Kidger, in a paper on Government strategy on teenage parenting, questions the New Labour policy on teenage parents by arguing that it actually adds to the social stigma that surrounds them in society, as highlighted previously (Kidger, 2004a). She suggests, like Smith and Bullen *et al*, that present Government policy does not accept full-time mothering as a valid option for teenage parents. For instance, in expounding the virtues of returning to education, the Government does not take into account the fear of stigma from peers and staff that young mothers may feel. Indeed, the very notion of social inclusion, as defined by the present Government, leads to exclusionary discourses and practices. As Kidger states, "New Labour's construction of social inclusion as something earned through participation in paid work, rather than something that is a citizenship right, creates a distinction between deserving and undeserving citizens" (Kidger, 2004a: 296). She suggests that New Labour could instead support opportunities for teenage parents to participate in part-time voluntary work, such as peer sex education programmes, to boost their confidence and self-esteem and help build a positive self-identity prior to seeking further education or employment (Kidger, 2004a). This would also enable young mothers to phase their access to formal childcare in a more flexible and affirming way.

Higginbottom *et al* (2006) found that the majority of young Black and minority ethnic mothers they interviewed had clear, and continuing, aspirations in terms of education and career for both themselves and their child(ren). In fact, most viewed flexible access to childcare and education as an important entitlement, and saw parenthood as a spur to creating a better life, although they also recognised the large practical obstacles facing them in combining parenthood and paid work. Owen and Cooke's earlier research supports this view (Owen and Cooke, 2004). The lack of affordable childcare available locally can be a practical barrier to education and/or employment for young mothers, however (Bell *et al*, 2004; de Jonge, 2001; Higginbottom *et al*, 2005). Moreover, current education provision for pregnant teenagers and young mothers in Britain, despite Government rhetoric, is variable. Research by the YWCA highlighted that provision varies vastly by geographical location, with some teenage mothers only able to access as little as two hours tuition a week (Ward, 2004).

Research on other support services shows a very mixed picture. Teenagers are less likely to access conventional health services during their pregnancy, for example having less contact with their GPs and booking late for antenatal care. This is particularly true of certain ethnic minority groups. Moreover, when teenagers do attend such services they may report feelings of hostility from the medical staff and/or the other (older) parents in attendance because of their age (Bell *et al*, 2004; Higginbottom *et al*, 2005; Hirst, 2003a; Kelly, 2004; Kidger, 2004a). de Jonge highlighted that health service workers should be particularly aware of teenage mothers' mental health, as they are likely to present a more 'together' picture to professionals then they really feel (de Jonge, 2001). Research has also demonstrated the value of informal support groups and 'drop ins' for young mothers to meet together and provide mutual support (de Jonge, 2001; Hirst *et al*, 2003; Kidger, 2004a).

There are a variety of specialist services for teenage parents. Higginbottom *et al* found that where there was provision specifically for young mothers, these services were well-received, particularly with Sure Start / Sure Start Plus community-based midwives (Higginbottom *et al*, 2005). Teenage mothers viewed Sure Start and Sure Start Plus health visitors and personal advisors as especially understanding, and useful in offering a wide range of advice, including benefit and housing information (Higginbottom *et al*, 2005). As both service providers and young fathers identified, these specialist support services for teenage parents are in fact widely targeted at young mothers (Higginbottom *et al*, 2005).

Turning specifically to housing, research shows that the majority of teenage parents live with their own parents "for at least the first months of the child's life", which can lead to tensions in family relations, particularly between the new mother and her own mother (Dennison and Coleman, 1998). However, there is some evidence that if and when teenagers do move into their own (unsupported) accommodation, this tends to increase their social isolation (SEU, 1999). Since 2003, there has been an obligation on local authorities to provide 'supported housing' for lone mothers aged under 18 who are unable to live with a partner or with their family. Owen and Cooke's study on this subject (2004) reported difficulties for young parents in accessing appropriate accommodation, including:

- delays in accessing housing;
- poor condition of housing options;
- limited availability of appropriate housing choices e.g. location near to social support networks, and
- lack of support in accessing housing services e.g. being asked to attend interviews days after giving birth.

This study also reinforced young parents' clear preferences for forms of support that facilitate a transition to independence, such as – for example – key workers who can be flexible and non-judgemental (Owen and Cooke, 2004).

3. Broader views and critical perspectives

At an empirical level, recent analyses of large-scale survey data have challenged many of the assumptions about the negative outcomes of early motherhood. Berthoud *et al* recently confirmed an argument that has been put forward at intervals since the early 1990s (Phoenix, 1991): that young women from poorer backgrounds are disproportionately likely to become teen parents (Berthoud *et al*, 2004). However, their study *Long-term Consequences of Teenage births for Parents and their Children*, provides evidence to show that the negative consequences for mothers themselves are not as marked as suggested by the SEU in 1999. They found that

teenage parenthood had little effect on mothers' qualifications, employment or pay by the age of 30. However, they did find that young mothers were more likely to have unemployed partners at age 30 (Ermisch and Pevalin, 2003). They also found evidence of a higher prevalence of poor mental health for teenage mothers than for older mothers; the children of teenage mothers were also at greater risk of lower educational attainment, and higher likelihood of economic inactivity and eventual teenage pregnancy (Berthoud *et al*, 2004).

The substantial question that recurs, however, concerns the impact of the social construction of teenage pregnancy (Hacking, 2003). Bonell argues that the view of teenage pregnancy as a major social problem is relative, in terms of time, context and location; conception rates are actually falling in the UK and USA currently, and the negative view of teenage parenting is not one held elsewhere in the world (Bonell, 2004). S/he suggests that there is little evidence of health problems for older teenage parents and their children, contrary to much argument. Moreover, s/he goes on to argue that any potential disadvantages in terms of socio-economic status, is governed by society's *response* to teen parents, rather than the fact of teenage parenting itself (Bonell, 2004). As one local Teenage Pregnancy Co-ordinator cited in another study put it: "I don't believe being a young parent makes you a bad parent, it's just that you've got so many things against you in terms of money and housing and support and education, it's just incredibly difficult" (cited in Arai, 2003a: 209). It could be suggested that many of these factors also apply to other groups of mothers from poorer backgrounds, who are not subject to the negative discourses surrounding teenage pregnancy. Arai goes on to suggest:

> "working class women who become mothers in their adolescence – and when they are most physically fit for childbearing (Dunson *et al*, 2002) – can re-enter education and the workplace at a later age when they are freed from the responsibilities of childcare (Furstenberg *et al*, 1987). A compassionate society would facilitate this sequence of events not condemn it." (Arai, 2003a: 213)

Selman and Glendinning have argued that "high levels of teenage pregnancy are more likely to be associated with poverty, unemployment, low self-esteem and lack of hope for the future among significant proportions of young people" (Selman and Glendinning, 1996: 203). If this is the case, then the policy implications are that more needs to be done to tackle these factors rather than focusing attention on rates of teenage pregnancy in isolation. Furthermore, it points to the need for longitudinal research into middle- and upper-class teenage parents to see the long-term consequences of their pregnancies. Hirst "problematises and reverses the relation between teenage pregnancy, early parenting and the problem for society in suggesting that society *poses* problems for teenage parents through prejudicial attitudes, inappropriate and inaccessible care and services and lack of understanding of young people's experiences and needs" (Hirst, 2003b: 2). Young parents (Hirst, 2003a), but fathers in particular (Hirst, 2004a), felt that negative perceptions are reinforced by judgemental and sometimes hostile treatment by health care workers and effectively this amounts to setting them up to fail in their role as new parents, and signs of success or unproblematic experiences defy expectations (Hirst, 2003a; Hirst, 2004a).

Arai also comments critically on the ways in which UK rates of teenage conceptions and births are routinely compared with lower rates in the rest of Europe, noting that an 'accelerated transition' to adulthood characterises the UK in a number of ways, such as relatively early entry into the labour market for many young people. She

argues that it is not realistic to separate teenage conception and parenting levels from this socio-economic context (Arai, 2003b).

In this context, practitioners can find themselves negotiating tensions between policy and funding targets which emphasise risk and prevention, and young parents' expressed preferences for flexible and affirming forms of choice and support. In some respects, these differences mirror the contrasting roles identified in service provision to teenage mothers in the US, described ten years ago by Horowitz (1995). With reference to 'loose coupling' in organisations, within which practices may diverge substantially from explicit statements and policies, her ethnographic study identified two distinct practitioner models. 'Arbiters' employed a directive approach with an emphasis on risk prevention and compliance; in contrast, 'mediators' adopted a more facilitative style which emphasised shared reference points between themselves and young mothers, often revolving around positive views of parenthood itself. In the current UK context, research suggests that while support services are largely characterised by a 'mediator' style (with the exception of some hospital-based services), policy – particularly at national level – tends to be much more akin to the 'arbiter' model.

Historically, the voices of young parents themselves have been marginal in both research and policy discourses: "Absent from much of the moral, political and medical debate that surrounds teenage pregnancy is the perspective of teenagers and young people" (Jewell *et al*, 2000: 522). In particular, the extent to which young pregnancies are planned is often a fact that (middle class) policy makers find difficult to deal with: "The difference between working and middle class women, in this respect, lies in timing; working class women favour an earlier ideal age for family building than middle class women" (Arai, 2003a: 213).

Qualitative research with teenage mothers in Australia demonstrated that the individuals were aware of the negative discourses that surround them, for example at mother and toddler groups, yet their own autobiographical accounts, by contrast, were of being good, proud and confident mothers, capable of learning parenting skills (Kirkman *et al*, 2001). Bell *et al* reported similar findings in their study of rural and seaside areas in Britain (Bell *et al*, 2004). Some of the positive results of teenage pregnancy that studies have emphasised include: increased family cohesion, a sense of stability and security, increased status, growing maturity and sense of responsibility, and improved self-esteem and behaviour among young mothers (Bell at al, 2004; Higginbottom *et al*, 2005; Jewell *et al*, 2000; Kirkman *et al*, 2001). Quotes from the mothers in the Australian study showed an awareness of the degree to which they have faced discrimination, for example in trying to access rented accommodation. Many of the women had a family history of teenage parenting, and although this was not seen as a determinant factor in itself, it did provide more positive discourses of teenage pregnancy than did wider society. This "consoling plot.. included the explanations that life was enriched, not restricted by motherhood; that young mothers will be free in the future when others are tied to children; and that the child is a source of pride and pleasure to the extended family" (Kirkman *et al*, 2001: 287). The disadvantages were not ignored, but efforts were made by the interviewees to ensure that the positive side was more dominant. The complex accounts of their lives points to the need for further research in this area, for a greater understanding of the experiences of teenage parents. As Swann *et al* state, "there are many different pathways to parenthood for young people, and more research is needed to understand them better" (Swann *et al*, 2003: 4). In particular, it would be beneficial for public policy to acknowledge the positive experiences and ambition of some young parents that qualitative research in this area clearly shows (Higginbottom *et al*, 2005).

Hirst's study, looking particularly at experiences of Pakistani, African Caribbean and Yemeni teenage parents, found - like Kirkman *et al* and Bell *et al* - that becoming a young parent enhanced individuals' sense of identity (Hirst, 2003a). This was in comparison to their awareness of (mis)representations of young parents (both men and women) in the media, politics and wider society. In particular, young black parents were conscious of the stereotypes in existence surrounding young black sexuality. Yemeni and Pakistani Muslim mothers, by contrast, felt that their pregnancy was viewed more positively, as a planned decision within marriage. Most of the participants within this study discussed feeling that they were treated differently from older parents within mainstream health provision (based upon some of the aforementioned stereotypes), for example, being discouraged from breast feeding, or fathers being ignored during scans, health check-ups, and so on. Higginbottom *et al*'s national study on Pakistani, African Caribbean, Bangladeshi and Dual Ethnic origin teenage parents found that "a high value was attached explicitly to motherhood and children in all the communities surveyed" (Higginbottom *et al*, 2005: 3). Furthermore, they argued that "social norms regarding pregnancy and parenthood within communities exert a powerful influence on young people, including peer pressure" (Higginbottom *et al*, 2005: 6).

McDermott *et al* have provided a major recent systematic review of qualitative studies on experiences of being a teenage mother (McDermott *et al*, 2004). This review pointed to two key factors characterising the life of a young mother: that of poverty; and resilience, which must compete with social prejudice, with the support of family and the development of a positive self-identity. The report is divided into four themes experienced by teenage mothers, which will be summarised here.

- Material and economic conditions

The majority of participants in the studies reviewed lived in poor social and economic circumstances. These were characterised by relying on state benefits with limited prospects for suitable paid employment locally. They did not lack a desire to change their circumstances, but rather they lacked the opportunity and resources to do so, for instance around affordable childcare to facilitate a return to education and/or work.

- The effects of stigmatisation

Young mothers' own views of their pregnancy were often in marked contrast to reactions to them in wider society: "The studies in the synthesis suggests that as the young mother's pregnancy became visible, their bodies became physical markers of immorality, irresponsibility, and inappropriate sexual activity" (McDermott *et al*, 2004: 28). As a way of combating these judgements, the young women often stayed away from health and support services. The stress between doing the right thing for their child, and wanting to avoid the disapproval of adults, was often a difficult issue for the young women in these studies.

- The 'good' mother identity

The report identified motherhood as providing young women with a source of love, social recognition, and a valuable identity. A positive aspect of early pregnancy was also seen to be the close age gap between mother and child, which would hopefully result in a closer relationship, whilst also allowing the mother to pursue educational or personal goals and/or employment later in life. Moreover, "The 'good' mother is defined through a discourse of her children's needs, and this discourse was heavily

drawn upon by the young mothers" (McDermott *et al*, 2004: 30). They also might define themselves as 'good' mothers in relation to other mothers for whom they used the disapproval discourse that they themselves shun. This process was described by Phoenix in 1991 as 'othering' (Phoenix, 1991). There was also often a contrast between the desire to work in order not to fulfil the 'benefit scrounger' image, and the desire to be a 'good' full-time mother at home (McDermott *et al*, 2004). Advantages of working mentioned by young mothers in de Jonge's study included "combating isolation, stimulation, setting a good example for the children, and feeling respected" (de Jonge, 2001: 52).

- Kinship and intimacy

McDermott *et al* concluded that families, usually living near by, and sometimes including the baby's father's family, were a source of emotional, financial and practical support for teenage mothers. The teenage mother's mother was often a key figure. It was in these close relationships with family members that the mothers were free from stigmatisation: "The young women were able to produce a positive sense of self through the 'good mother' identity by mothering practices which are made possible, partially through family support" (McDermott *et al*, 2004: 34). There were instances of young women needing to assert their independence over their own parents, however, if they felt that they were 'taking over'. In this connection, a Sure Start Plus evaluation also found young mothers identifying families, and extended families, as important sources of support to them; however, the *most* helpful source of support in this case was said to be their partners, with the majority of the sample still involved with the father of their baby (Hirst *et al*, 2003).

Conclusion

To summarise, research on teenage parenthood has included a wide spectrum, from studies emphasising patterns of risk and social exclusion to those questioning the social construction of 'early' parenthood as a problem. Within this general picture, most effort has been devoted to young mothers and their children; there have been few studies focusing on young fathers. The most recent UK studies available have provided evidence that the risks and problems of 'early' parenthood have been overstated to some extent; both qualitative and quantitative analyses indicate that poverty and processes of stigmatisation are the most powerful factors affecting outcomes for young mothers, rather than the age of a first birth. This underlines the importance of understanding the context for teenage pregnancy and parenthood in the UK, and of tackling underlying patterns of social and economic inequality.

3. Methodology

The study was designed to explore the perspectives of current and former teenage parents, some of whom are involved with services that target young parents, and some who are not (and never have been) involved with such services.

As a pilot, and qualitative study, the number of participants is necessarily small and we make no claims to generalisability. In fact, our primary approach is one of explicit non-generalisability insofar as we sought to expose the heterogeneity and diversity of experience and practice. However, our findings make a unique contribution to empirical and methodological knowledge that could usefully inform policy-makers' and practitioners' awareness of this population group and the means for working with and researching their needs.

The sample is drawn from South Yorkshire and the findings will be of interest to local service providers and policy makers.

While the research project contributes data that will enhance knowledge and understanding of teen pregnancy and parenthood, and the longer term impact of this, it was also designed to pilot a range of new research methods intended to build knowledge towards creating a model of practice for research that is: successful in engaging and retaining participants' interest in the project; flexible and sensitive to participants' personal lives and priorities; and elicits unique and in-depth insights which are meaningful to policy and practice in health, social care, education and employment.

Advisory Group
Developing trusting and collaborative partnerships with potential participants, service providers and other key stakeholders was seen as an essential prerequisite to the project achieving its aims to link research to action and fostering effective approaches and services for young parents. The project Advisory Group was key to the initiation of our project partnerships. Membership evolved from two duplicate initial meetings at the start of the project between the academic team, young parents, service providers and other interested parties, to share project plans and develop the foundations for partnership working. A number of participants who attended this first meeting subsequently became involved in the project, and included the following:

- current and former teenage parents (fathers and mothers);
- representatives from generic support services, and
- representatives from statutory and voluntary agencies/services that target young mothers and fathers.

The role of the Advisory Group was to steer the design, implementation, analysis, and dissemination of the research project. For example, at the start of the project views were sought on accessing participants, modes of advertising the research (e.g. specific design of a leaflet, see appendices 1,2 and 3 for final products), proposed methods, and preferred modes of communication. Advisory Group members and research participants were also asked for feedback on findings via an invitation to an interim findings event. It is hoped some will be involved in the dissemination phases (funding permitting).

Why participants got involved
Previous experience (see Hirst, 2004a; 2003a; 2003b; Hirst *et al*, 2003; Owen and Collins, 2002) has taught us that potential participants' willingness to be involved in research is influenced by their perception of what they will 'get out of' participation -

whether it is of sufficient interest to recruit and sustain their participation and whether there is a vested interest in outcomes. This required that our methods be engaging, unusual and enjoyable; that outcomes were tangible and rewarding; that they affirmed and accurately reflected personal experience, and had scope to contribute to change. To this end, we used methods that are a little unusual, judged as enjoyable (by participants), provided a safe space for sharing stories in one's own words and with time for reflection and thought, and with follow up opportunities to continue their stories and have them heard and acknowledged. Our approach was to be positive and supportive, position participants as the experts on their lives and declare advocacy as part of our role. This meant, not just listening but also affirming their stories and recognising them as having an important role to play in countering and reforming dominant, canonical (Kirkman *et al*, 2001) discourses that often condemn and judge younger parents, and at the same time hinder policy and practices ostensibly intended to support young parents. Through its process, our methods empowered participants through sharing stories and experiences with others and feeling affirmed by the commonality of some experiences. While for others, this was the first time they had told their story, or shared experiences without fear of judgement, and this in itself was sufficient for them to contact us to volunteer participation in the first place and to keep them involved and value the opportunity this afforded.

Other more practical factors are worth mentioning here for their role in facilitating access to, and engaging participants in the project (more details are provided in Phase 4 of Fieldwork). First, we were persistent in pursuing the agencies with whom we were particularly keen to work and made repeated efforts to involve them. The research team's prior experience of working with young parents and the agencies which provide support for them enhanced awareness of the multiple demands faced by practitioners and by young parents, and of the dangers of 'consultation fatigue'. Accordingly, in order to develop a realistic and sustainable approach to involvement and sample recruitment, we worked closely with user and practitioner partners, followed their guidance and advice, acknowledged and allowed for tensions of time, multiple demands and unexpected changes to plan. This led to inevitable extensions to timescales and deadlines but contingencies to allow for this are a necessary prerequisite to this type of partnership working. Overall, the recruitment strategy, with its attention to prioritising and meeting participants' needs, is judged as successful. We are aware, for example, that other researchers have experienced difficulties in accessing, recruiting and using narrative methods with young parents (Harlow and Jones, 2006).

Second, options for the preferred location and timing of first meetings and interviews were negotiated with service providers and/or participants (e.g. in own home, their work place, our work place, agency / service, or a neutral location such as a community venue). To ensure participants were fully aware of what the project entailed, we had informal meetings (at least one) for introductions to each other, to introduce the research project (aims and projected outcomes), consult on our proposed methods and the role of the Advisory Group, practical requirements (e.g. childcare provision) and discuss issues of consent and withdrawal from the project (see Phase 4, below). This was followed up with written information on the project (see Appendix 4: Participant information sheet) and, where appropriate, guidance on the particular method(s) they had opted to become involved in (see Appendix 5: Information for (BNIM) interviewees and Appendix 8: Guidance on photo' diaries). The success of these first meetings is evident in that all those who attended subsequently volunteered their participation. Attention to ensuring conducive and relaxed interviews (such as negotiating the arrangement of furniture, type and timing of refreshments, ensuring child settled) is a small but significant aspect, too.

Third, in recognition of the time participants dedicated to being involved in data collection (interviews, taking photographs, photo-elicitation discussions, etc.) we offered small tokens of appreciation (equivalent of £15 in retail tokens or cash). Individual participants or the agency through which individuals had been accessed guided us on whether cash or token was appropriate (so as not to impact on benefit payments) and on the type of token they preferred (with most opting for *Mothercare* vouchers). For some of the participants without paid work this might have served as an incentive to involvement but most regarded the payment as an added bonus rather than incentive.

Overall, our methodology adopted principles from feminist research practice as articulated by several authors, notably Stanley and Wise (1983, 1993), Oakley (1981), Roberts (1981) and Smith (1988). These principles facilitate methods that prioritise the subjective experience and their social reality, question previous and taken for granted conceptions of 'truth', synthesise the macro with the micro view and the private with the public, acknowledge hierarchies of power between researchers and participants and attempt to minimise these, and seek to empower participants in the process. The overall aim is to reflect a more genuine and rounded version of the participants' social worlds (Stanley and Wise, 1990) and counter more partial accounts that can result from less in-depth or more distanced research. No 'off the peg' model of research can satisfy these principles for research practice, but our methods are recommended, using the words of Mies (1994) in her thoughts on a methodology for feminist research:

> "They are not to be understood as prescriptions to be followed dogmatically but as an invitation for methodological experimentation and innovation." (p.66)

Who was involved?

The research participants were drawn from South Yorkshire. Although (a variety of) attempts were made to include all four districts within South Yorkshire (Barnsley, Doncaster, Rotherham, Sheffield), we eventually drew most of our sample from the Doncaster and Sheffield areas. We exceeded our hope to achieve a sample size of a maximum of 24, with a final total of 28 (see table below).

Generation	**Male**	**Female**	**Total**
1st (50+)	6	6	**12**
2nd (26-49)	6	3	**9**
3rd (15-25)	2	5	**7**
Total	**14**	**14**	**28**

Of these twenty-eight, there were significant additional personal circumstances that impacted upon their experiences of parenting, for instance:

- five had experience of domestic abuse;
- three had (or had in the past) additional caring responsibilities (on top of their own childcare);
- three had a disability, and
- nine were (or had been) a single parent (three fathers and six mothers).

These circumstances were unknown to the research team prior to data collection (the sole criteria for eligibility rested on experience of teen pregnancy/young parenthood) and participants disclosed all details without direct questioning.

Fieldwork

The fieldwork involved six phases, over 20 months (November 2004-June 2006).

Phase 1 (months 1 - 2) **– Consultation and planning with new and existing contacts and providers**
This involved a series of micro-consultations with a variety of individuals and groups in different locations in South Yorkshire. We capitalised on existing contacts and made numerous new contacts pointed up by our searching of hard and virtual literature, publicity, and websites. We were committed to inclusivity and partnership and tried to ensure that, (i) no services or projects involved with young parents felt excluded and, (ii) that all potential partners/participants appreciated how the current research built on previous studies on this target group (i.e. not replicating other studies) and had relevance for services and policy development. As mentioned above, we were also aware of the potential for research fatigue, particularly among the younger generation who were involved with support services likely to be connected to other research initiatives (e.g. Sure Start Plus, Sure Start, New Deal for Communities). In addition, we sought candid disclosures on any obstacles to participation (psychological, social or practical) and overcame these.

This consultation enabled us to establish a network of:
(a) current teenage parents (3rd generation), some of whom were service users
(b) 2nd generation mothers and fathers who became parents as teenagers, most of whom were involved in support services either as workers or clients
(c) 1st generation mothers and fathers who became parents as teenagers, most of whom were not involved in support services
(d) potential members for the Advisory Group.

Applications for ethical approval and research governance approval were submitted to Sheffield Hallam University's Research Ethics Committee for scientific review, and the SHSRC review panel for research governance approval.

Phase 2 (months 3 - 4) **– Broaden potential sample**
The sample was purposive (Robson, 1993) in that it was developed via phase 1 (existing contacts and networks, Advisory Group members) but we also recruited additional volunteers through:
- snowballing techniques
- an article in the local daily newspaper (interview with research team)
- a radio phone-in on BBC Radio Sheffield, hosted by a well known local broadcaster (the latter two methods were most successful in recruiting first generation parents)
- website: this dedicated site was developed to advertise the project and as a source of additional information for potential participants (www.shef.ac.uk/scharr/sections/hsr/ssh/keyresearch/funded/pathways.html)
- leaflets: in an effort to broaden the sample, we also produced leaflets to advertise the research project – one for current young mothers, one for young fathers, and one for former teenage parents. The Advisory Group were consulted on the design of the leaflet which was subsequently disseminated via community settings (e.g. Sure Start and Sure Start Plus settings, YWCAs, playgroups, crèches, gyms, colleges, Post Offices). To our knowledge, this leaflet did not yield any volunteers (see 'Reflections on methodology', below).

Phase 3 (month 5) **– Disseminate more detailed information**
Once potential participants had registered an interest in the project, we disseminated written information on the research project (see participant information sheet and information for interviewees – appendices 4 and 5) via post, email, or in person and made practical arrangements to begin consultations on the fieldwork through direct contact with participants (phone, email or text), or via project workers.

Phase 4 (month 6) **– Workshops and individual consultations to meet research team and discuss proposed methods**
Members of the research team met with groups (convened via their involvement with a specific agency/service) and individuals who had expressed an interest in the project so that potential participants had the opportunity to meet the researchers and thus allow them to make more informed decisions about *who*, as well as, *what* they might be getting involved with. Potential participants were also canvassed on their preferences for involvement, with the option to participate in more than one of the proposed methods. At this stage, participants were given clear information on the overall strategy; time commitment; availability of support (e.g. child care, translators); reimbursement of expenses and payment for participation; intended outcomes and use of outcomes (e.g. written report, dissemination events), and their rights to withdraw at any stage. The process of informed consent (and clarity on what they were consenting to) and strategy of confidentiality was made explicit.

Phase 5 (months 7 - 18) **– Data collection**
The range of methods (see detail below) was designed to invite respondents to talk about their lives and the place of pregnancy and parenthood within their biographies. All methods prioritised the telling of stories in participants' own words and using their own frames of reference. This also facilitated a comparative analysis of intimate intergenerational experience. Data were collected via different methods in order to (i) offer participants the choice of different modes for disclosure, (ii) permit triangulation of data in the analysis[2].

Phase 6 (months 19 - 20) **– Analysis, report writing, and dissemination**
The analytic process is detailed below. This project report was written post-fieldwork but the literature review that contextualises the work (see chapter 2) was updated throughout the life of the project. The project team also attended various events (conferences, seminars, meetings) relevant to either the substantive topic (on young parenting, teenage pregnancy, fathers), or specific research methods (see appendix 6). Regarding dissemination, we held an interim findings one-day conference entitled 'Sharing evidence, policy and practice on teen sexuality, pregnancy and parenting', in Sheffield on 24th March 2006 (see appendix 7 for final programme).

Methods: an overview

Method	**Number of participants**
1: Biographical-narrative interviews (2-3 interviews per participant)	9 (= 23 separate interviews[3])
2: Group discussions (+ potential individual interviews)	8
3: Photographic diaries	6
4: Group discussions facilitated by sharing of photographs (from method 3)	10
5: Video-recorded 'talking heads' documented on DVD	6
6: Radio phone-in	5 callers
7: Peer-led data collection methods[4]	see footnote 4

[2] Appendix 13 outlines participants' different methods of participation.
[3] 6 participants had 3 interviews; 2 participants had 2 interviews, and 1 participant had 1 interview and chose not to continue.
[4] Only one parent volunteered for this and intended to conduct one-to-one interviews with members of family who were also current or former teen parents. Personal reasons prevented her from carrying out this peer research.

Method 1 – Biographical-narrative interviews

This method of interviewing is particularly suitable to meeting the research objectives. To paraphrase Bertaux and Thompson (1997), it facilitates the collection of accounts of experience and their relationships with significant others, of aspirations, turning-points, and interpretations of experience. Hearing these stories told in the context in which they were experienced reveals the saliency of local contexts, structures, barriers and opportunities. McNulty's (2003) study of teenage pregnancy also used biographical-narrative interviews but her emphasis was on intergenerational transmission of values, beliefs and practices, which contrasts with our focus on appreciating the impact of context.

The biographical-narrative interview method used in this project builds upon a background of life history or life story research used in social science (Plummer, 1995). The narrative interview was developed by Schutz in the late 1960s, using an interview in two parts: the first uses one trigger question to encourage a long narration from the interviewee; the second part involves the interviewer asking follow-up questions based upon particularly interesting issues contained within the first interview (Zinn, 2005). Researchers, such as Wengraf and Rosenthal, have since elaborated on the narrative method and developed the biographic-narrative interpretive method (known as BNIM) (Wengraf, 2001). The pure BNIM process consists of three subsessions over two interviews. The first interview uses a 'Single QUestion aimed at Inducing Narrative (known as a SQUIN). There is then a fifteen minute break for the interviewer to make notes followed by subsession two which allows the interviewer to follow-up on issues raised in the respondent's narration by asking specific follow-on questions. Subsession three / interview two then takes place at a separate time and allows for more open-ended questioning around a given topic, related to but not necessarily directly arising from the initial narrative.

The use of narrative interviewing has been widely adopted and adapted by social scientists, and might now be called "in-depth, phenomenologically based interviewing" (Seidman, 1998: 9). As he describes, "the method combines life-history interviewing and focused, in-depth interviewing informed by assumptions drawn from phenomenology… The goal is to have the participant reconstruct his or her experience within the topic under study" (Seidman, 1998: 9). Dolbeare and Schuman, for instance, began using three stage interviews in the early 1980s: "The first interview establishes the context of the participants' experience. The second allows participants to reconstruct the details of their experience within the context in which it occurs. And the third encourages the participants to reflect on the meaning their experience holds for them" (Seidman, 1998: 11). Interview one, therefore, operates as a focused life history. Seidman suggests that interview two should focus on the details of their experience on the topic area of the study. The third interview allows for the participants' reflection on their past, their life context, and the specific topic area.

It is this three-stage approach that we have adopted. **Interview one** invites the mother or father to tell their own life story, or 'Gestalt', with a beginning and end defined by them, and without interruption from the interviewer. The aim was to appreciate the narrator's overall construction of her/his past and anticipated biography, the place of pregnancy and parenthood within the story, and its temporal, contextual and political/policy links. Among a plethora of other issues, the method illuminated whether the pregnancy was problematic or significant, and importantly, exposed what individuals were doing in addition to the pregnancy and being a parent. **Interview two** took place approximately one month later and was a more conventional semi-structured interview, which addressed issues raised by the provisional analysis of interview one, issues not covered in interview one, and

questions covering specific areas of interest to the interviewer (e.g. as raised by existing literature and/or policy). **Interview three** was an optional final interview (approximately one month later) that was used to develop themes raised in interviews one and two, issues raised by other data from group work methods (see below), and any outstanding issues relevant to the specific research objectives. It also allowed for the participants (and the researcher) to reflect on the method used, and their feelings about involvement in the project. The interviews were staggered in this way to offer the respondent time for reflection on their 'told' story, to offer an opportunity for adding to or reconceptualising aspects of the story, and for considering moves made against those not made.

Respondents were welcome to illuminate their history and story through other means, such as, photograph albums and other memorabilia, or the inclusion of other significant individuals in the interview process. The three interviews took place over a maximum 6-month period.

In practical terms, a three-stage interview process (often with additional telephone, text and/or email communication in-between) facilitated the development of a stronger relationship between the interviewer and interviewee, often important when emotional issues were being discussed, such as domestic violence, termination of pregnancy or divorce. The period of time in-between interviews allowed the researcher to get the interview transcribed and do some analysis in preparation for the next stage. These transcripts were occasionally shared with participants who wished to use them to assist in their reflection in-between interviews and/or as a record for themselves of what they had discussed, and therefore of their own life history. Many of the participants commented that this method had enabled them to think about events they had not thought about before, or in that way before. Often it was the only time they had felt able to speak of their experiences, and thus was a valuable process for them.

Method 2 – Group discussions (+ potential individual interview)
Several first meetings with participants accessed via services / projects took the form of an unstructured interview (group and individual), with consent to record the discussion. This was felt to be important in the early stages of the research process, as a means of maintaining the exploratory nature of the task, and letting participants determine the direction of the discussion (Spradley, 1979). However, discussions very often became more naturally focused when groups began to debate an issue in more detail, say for example in discussion of their family life or experiences of services. The interviewer's role was to ask questions that might excavate the variability and depth of opinions on a particular issue, and to ensure quieter or less confident members had a voice. This has the hallmarks of 'focus group interviewing' that use,

> "…group interaction to produce data and insight that would be less accessible without the interaction found in a group." (Morgan, 1997: 2)

This does not suggest that focus groups were used covertly. In all cases, participants provided the lead in focusing the conversation and were explicitly asked if it was okay to pursue these lines of conversation in more depth.

All participants in the group work were offered a **one-to-one interview** to provide a private opportunity to discuss issues that they may not wish to share with other participants; or to add to, question, or contradict themes/issues raised in group contexts. One group participant had a follow-up one-to-one interview.

Method 3 – Photographic diaries
Photographic diaries can provide meaningful insights into the contexts that frame experience and need, and help distinguish significant issues, achievements and concerns from the subjective perspective of the parent diarist. Experience has shown that this method (see Hirst, 2003b) is also particularly effective in revealing aspects of individuals' lives that might not be obvious to an outsider or which challenge taken for granted ideas about the issue under scrutiny.

Participants had the opportunity to utilise this method in addition to, or instead of, participation in group discussions (see below) or to the biographical-narrative interviews outlined above.

Participants were provided with a disposable camera and invited to take photographs to reflect their current or former lives as young parents. This could, for example, include important individuals, homes, neighbourhoods, and activities or events. Photographers were offered short, written guidance on what they might decide to photograph (see appendix 8). Most took photographs over a 2-4 week period. Participants had photographs developed themselves (pre-paid) or via the researchers. The end products provide visual records to illustrate 'portfolios' of experience. Two participants chose to utilise pre-existing photographs and albums, either instead of, or in addition to those taken specifically for the project, to create a collective historical and present day montage / narrative of their lives, and the place of parenting within that.

Method 4 – Group discussions facilitated by sharing of photographs
This method (10 participants) led to very animated conversations by drawing on images, memories, and stories evoked by each participant's photographs. Images included children and partners; other family members and friends; homes; cars; pets; social gatherings and significant family events; family holiday 'snap shots', and various representations of hobbies and interests. In the men's group photographic discussion, the three pictures generally picked as the most significant were of their children, partners, and a hobby (e.g. football ground, music collection, book collection, mountain bike, computer). For women involved in the photographic diaries, the most significant photo's they chose appeared to focus more exclusively on family members or particular family events. Unexpectedly, some participants brought additional photographs and albums to assist the telling of their biography. The photographs opened up areas of commonality and difference and facilitated a reflexive consideration of experience through hearing others' perspectives; they 'bounced' ideas off each other and through comments, encouragement, prompts and asking questions, helped each other to make sense of some of the experiences contained in the photographic images. We did not anticipate the extent to which the photographs exposed the minutiae of everyday lives, good and bad experiences, absences, needs and aspirations. Overall, this method provided access to a rich seam of subjective data that is particularly relevant to questioning the 'taken for granted' nature of some of the issues. For some participants who attended these groups without photographs (because they had missed the previous group when cameras were issued, or because they had not had the time to take photographs, for example) they were asked to discuss photographs they would have taken, and explain the reasons for their choices. This also worked surprisingly well as a method to elicit data that otherwise might not have come to light in conventional one-to-one interviews, or in group discussions.

All participants in the above were offered a one-to-one opportunity to share their photographs but no participant chose this option.

Method 5 – Video-recorded 'talking heads'
This method had 4 aims:

- To provide an alternative means of capturing opinions and experiences that 'harder to reach' participants might be more willing to be involved in. Previous experience of working with young fathers found this to be the case (see Hirst, 2004a)
- To provide a snapshot of local lay people's perceptions of young parenting that would also contextualize the report's findings
- To focus on the experiences of young fathers in particular
- To provide an easily accessible and gentle introduction to perceptions of young parents to accompany (not replace) the written research report
- To provide a vehicle to elicit discussion on young parenting that could be used in teaching in schools and colleges and in the training of professionals.

An independent film maker and editor were employed to record the 'talking heads' (using the brief above), edit the footage and produce a short film. The content of the final film was decided by the film maker and editor and the script that accompanies the film was negotiated between both parties (i.e. the film maker and editor, and the research team).

Method 6 – Radio phone-in
During the early stages of the study, we approached both the local paper and BBC Radio Sheffield in order to publicise the research and to invite participation. With Radio Sheffield, this led to an invitation to take part in a phone-in programme. In discussion with the presenter (Rony Robinson), we outlined the planned study briefly and then the lines were open for people to respond. Five people gave personal accounts of their experiences, and these were included in our analysis.

Method 7 – Peer-led data collection methods
Participants were offered the opportunity to be more actively involved in data collection by carrying out interviews with other current or former young parents. The research team wanted to explore whether resultant data would differ vis-à-vis issues raised and discourses used if the interviews were conducted from the perspective of a young parent. One person volunteered to carry out some peer interviews. She was supported by one-to-one guidance on areas for questioning, interviewing technique, and recording the interview, but it was made clear that she had the final decisions over what to ask and how to carry out the interviews. Unfortunately, for personal reasons, the peer interviewer was not able to complete her interviews. (See Conclusions for further discussion).

Ethics
As part of the planning stage of the research, and in preparation for ethics committee applications, a number of documents were designed to help achieve good ethical practice. The aim was to give potential participants and/or partners as much information about the project as possible, to enable informed consent. This included:

- a participant information sheet for all participants / potential participants (appendix 4);
- a one-page project summary for partners / potential partners, or participants if they were interested in further detail on the research process (appendix 9);
- more detailed guidance on what the three-stage biographical-narrative interviews involved (appendix 5), and
- three versions of a consent form to participate in the research (one for interviewees / group discussion participants, one for 'talking head' video

participants, and one for ‘VoxPox’ on the street video participants): one copy was designed to be kept by the research team, and one copy by the participant (appendices 10, 11 and 12).

Analysis

The data set was analysed using a Grounded Theory approach (Strauss and Corbin, 1990) (see process below), and utilised case study, temporal and thematic analyses. Data from individuals involved in more than one method (e.g. photographic diary, group discussion) were analysed as discrete case studies (Yin, 2003) to preserve their distinctiveness. Temporal analysis exposed the influence of, and relationship between, different generations.

Analytic process

Analysis followed a sequence as outlined by Miles and Huberman (1994):

- All individual interviews and group activities were tape-recorded and transcribed verbatim. Significant issues and themes depicted by photographs and written materials (from group work activities) were recorded as written data
- Additional demographic details from observation notes were attached to the interview transcript
- Interviewer's and observers' reflective (post-interview) comments were attached
- Transcription text was broken down into passages containing a broad idea or a discrete meaning (Bogdan and Biklen, 1982; Silverman, 1993), then grouped into descriptive categories and assigned a heading that captured the essence of the meaning(s) conveyed. In many cases small units of meaning were relevant to more than one descriptive category
- Note was taken of areas for substantiation, unanswered questions, and queries to be checked out in future interviews
- The units of meaning within each of the categories were then rewritten in the third person and this summary of the dominant categories was then compared to those made in observational notes immediately after the interview, and considered alongside another reading of the whole transcript. This built in checks to ensure the analysis had not strayed from the original transcripts
- Subsequent interview transcripts were analysed likewise, allowing both new and already established descriptive categories to be documented. Maps were drawn to bring together relevant features (similar themes, common sequences and differences) and those began to yield broader themes and firmer conclusions
- This process was repeated for each of the data types and then on completion of all the fieldwork; the data were then analysed as a whole to identify homogenous categories of meaning and dominant themes (Wertz, 1983). In contrast to the very detailed analysis for each of the 'case studies', this cross-site analysis described a more generalised orientation but individual differences and inconsistencies were kept in view to avoid generalisation. Where possible, variations were presented as a partial view of the different ways in which individuals perceive or react to the issue embodied in the theme
- The validity of our interpretation was repeatedly checked alongside the stack of verbatim quotes used to substantiate the analysis
- The outcomes of the analysis were then considered more closely in relation to the original aims and concepts concerning the transition to parenthood, models of parenthood, perceptions of inclusion/exclusion and identity, and experiences of services. The strengths, weaknesses and presuppositions of the original research questions were reflected on and provided a critique of the original theoretical framework
- The findings were then related to the formal body of knowledge, theories and constructs.

Outputs and dissemination

- **Interim findings conference:** 'Sharing evidence, policy and practice on teen sexuality, pregnancy and parenting', held in Sheffield, 24th March 2006, with approximately 70 participants (local project and agency representatives, midwives, students, practitioners, policy-makers, etc.). Themes discussed during the day included social inclusion/exclusion; ethnic minority young parents; support services for young parents; prevalence of teen pregnancy; provision for fathers; peer support, and sex education.
- **Interim conference report:** in process – will be available to download from CSI website (www.shu.ac.uk/research/csi).
- **University of Sheffield conference:** interim findings presentation at 'Childhood and Youth: Choice and Participation', 6th July 2006, Sheffield.
- **Full report with executive summary**.
- **Separate executive summary document.**
- '**Pathways into Parenthood' film (DVD)**.
- **Sheffield Health and Social Research Consortium conference:** round table discussion at 'Together in Innovation: Developing Research Collaboration', 9th November 2006, Sheffield.
- **International conference: comparative exploration of approaches to supporting young parents**. Subject to funding, these local findings will represent a key theme in a major international conference on young people's sexuality, pregnancy and parenting, hosted by Sheffield Hallam University and members of the research team. It is envisaged that participants from the research project will be employed to present aspects of the findings, including empirical data and views on the methods used.
- **Training materials:** subject to negotiation with study participants and with local agencies, and funding, we may also adapt some findings for use in training materials for local schools, sexual health and social care services. Pilot screenings of the Pathways into Parenthood DVD have received favourable reviews in supporting its potential as a teaching aid.

Reflections on methodology

Despite putting considerable effort and finances into the creation and distribution of three specific leaflets aimed at targeting teenage parents (former young parents; current young mums; current young dads), this strategy for recruitment did not appear successful. It is possible that some individuals may have seen the leaflets in key service delivery agencies and this prompted their decision to become involved, but this is not easy to ascertain because these participants were also approached via our direct contact with agency staff. It is our suggestion that participants are more likely to come forward when they feel they have had some contact with the research team; whether this be through an introduction via a support worker, team members attending existing support groups, reading an interview with team members in a local newspaper, or hearing a researcher involved in a live phone-in on a local radio station. In this sense, it is individual contact that is important; making the researchers appear more personable and potentially less intimidating (rather than being faceless names on a leaflet, no matter how much thought has gone into trying to make the leaflet friendly and un-intimidating). It is worth noting that the offer of financial reward for participation in the leaflets did not seem to persuade potential participants, in contrast to some concerns that researchers or research-funders have that providing incentives persuades people to take part in research when they do not actually have the commitment. In this sense, financial incentives can be viewed as a more straight-forward reimbursement for time spent; it would appear from our study that participants are more likely to take part out of personal commitment than monetary

reward (often driven by ‘wanting to help other people in the future’ or ‘wanting to give something back’ to an associated service provision).

This ongoing personalised contact may also be a factor in sustaining participation. With regard to this, we successfully used a text-enabled mobile phone specifically for project researchers to maintain contact with participants in-between interviews or other direct contact. This also enabled participants to easily contact the team (via text) without having to ring (whether for financial or personal reasons). This method was most often used by the third generation (i.e. youngest participants).

During the recruitment stage of the research we approached an organisation that supports young fathers and were subsequently invited to their weekly peer support meeting. The existing make-up of the group involved fathers who did not meet our criterion of 'current or former young parent'. However, they elected to stay in the group and contributed to discussion. We did not feel it appropriate to exclude them since this would disrupt their weekly support schedule; and, the disclosures from the current and former young fathers in the group may have been facilitated by their supportive peer group members.

4. Findings

Introduction

Decisions on how best to document the findings were difficult. Our aims were to ensure anonymity; report findings accurately and draw out possible explanations that did not stray from the participant's world as they experienced it; do justice to the richness and spirit in which stories were shared; highlight the complexity, diversity and uniqueness of individual stories, and highlight the commonalities and differences across three generations of young parents, between women and men, and individuals from different backgrounds, social classes and experiences of being parented (or not) themselves. Our original strategy was to document key analytic themes across all generations. This was successful in highlighting the breadth of issues contained in the data. However, to present this analysis alone risked obfuscating some of the issues salient to each generation and particular historical times and did not do justice to the gendered particularities of mothers' and fathers' experiences. Most importantly of all, while the overall thematic analysis offered a coherent and clear résumé it also appeared to minimise the humanity and emotion behind the data, and did not do justice to individual stories that were told so fluently and generously.

Hence, we present the findings in three forms, with each using third party description and verbatim quotes for substantiation. First, the data from each generation of women and men are represented as separate case studies. Individual case studies would not offer enough anonymity so these are composite case studies which highlight key themes by generation and gender and help to anonymise individuals in the (small) sample. Then commonalities and differences across generations and gender are presented in a summarising table, followed by some additional key themes that warrant further mention.

Case studies

The case studies are organised as follows:

- Case study 1: First generation mothers -- Six women aged 56 - 68 who had their first child in the period 1958 - 1968
- Case study 2: First generation fathers -- Six men aged 54 - 63 years who had their first child in the period 1961 - 1972
- Case study 3: Second generation mothers -- Three women aged 32 - 35 who had their first child in the period 1987 - 1994
- Case study 4: Second generation fathers -- Six men aged 30 - 49 who had their first child in the period 1976 - 1995
- Case study 5: Third generation mothers -- Five women aged 17 - 25 who had their first child in the period 1998 - 2006

Ideally, we would include a case study of current young fathers but we did not recruit enough young fathers to guarantee anonymity (hence, the reason for commissioning the DVD on young fathers). Previous studies include in-depth, up-to-date data on young fathers' experiences (see Hirst, 2003a; 2004a).

Case study 1: First generation mothers
Six women aged 56 - 68 who had their first child in the period 1958 - 1968

Family background

Most of these mothers came from middle class backgrounds and this provided a salient context for reactions to their pregnancy, as well as how they felt about it themselves. Teenage pregnancy was *"unknown in my sort of social background".* The desire or need for respectability was a key factor in mediating their experiences. Each woman also came from a relatively strict family which influenced her own feelings about how she wanted to parent in the future; none of the women saw their own parents as a role model.

Two of the women had mothers who had severe mental health problems that contributed to childhoods which were difficult or disruptive; ultimately, they were not really mothered. Family life had strong influences on educational attainment; two women struggled to meet their parents' expectations, harbouring feelings against authoritarianism and institutionalised norms, whilst another woman attempted to use schoolteachers as surrogate mother figures.

Marriage, shame or adoption

Each of the mothers perceived marriage to be their only option, with abortion not a consideration. For one woman this was because she was 'forced' into an abortion of her first pregnancy by her mother. Significantly, this was said to be the reason for the planned second pregnancy. One woman entered a marriage knowing it to be unsuitable but saw it as the only way she would be able to keep her baby, as her parents wanted her to give it up for adoption. Being an unmarried mother was perceived as far more stigmatising than being a young mother to each of the mothers of this generation: *"the sooner you got married the sooner you could convince people it were a honeymoon baby"*.

For one woman, the extreme reaction to her pregnancy from her parents and the grammar school where she was studying for her 'A' levels created a series of exclusions which she appeared to have internalised and retained some forty years on, in her strong sense of *"letting her family down"* and *"bringing shame"* to her family and neighbourhood. On hearing about her pregnancy, the school expelled her, then she was forced to leave home to avoid being *"a bad influence"* on her younger sibling. Her father found her accommodation but henceforth all family ties were severed for a period (aside from the rent money that her father slipped under the door each week). Without friends or family, she experienced extreme isolation and lack of support. In parallel, her husband turned out to be violent and abusive but she stayed with him because *"very mistakenly, I believed that any father was better than no father at all".*

These circumstances and others' reactions manifested in lack of self-worth and ultimately depression:

> *"… everything in my life sort of came together to make me feel humiliated and embarrassed and immoral and not worthy of consideration, because that was the message I was getting from everywhere, it was what I was getting from my parents, it was what I'd got from school, it was what I was getting.. from antenatal services, so I hadn't got anybody to tell me anything different, so that, that's what I believed. I was just this, this person that was completely unworthy of attention and respect."*

Caring for the new baby
With one exception, the partners of mothers in this age group were uninvolved in the care of their new baby:

> *"… my husband wasn't very interested in being a parent so he wasn't, just literally wasn't around very much, didn't come home very often"*

> *"… the most uninvolved dad you could imagine .. he never did anything basically, nothing at all.. I don't think he was very interested in being a dad"*

> *"He taught me how to cook because I didn't know and he taught me how to be a mother because I didn't know. He used to sit with her* [daughter] *on his knee and rock her and he used to change her nappy. He used to bath her. He used to do all sorts with her. He used to take her out. He's always been a really good father.. He was very unusual in that way, but he seemed to have a natural instinct to be a parent."*

The taboo and mysteries of puberty, sex, pregnancy, and birth
Sex education was lacking for all the women in this age group. Alternative sources of information included the library (for example, encyclopaedias or D.H Lawrence's Lady Chatterley's Lover), and friends at school. As one commented,

> *"… you couldn't even say the word 'sex'. You had to say S-E-X. You're talking about the late 1950s, early 60s here. It was taboo."*

Another woman reported: *"I knew absolutely nothing about sex because it hadn't been talked about".* Similarly, she described her lack of information about menstruation:

> *"When I started my period.. I was only 10 and a half and I woke up with this blood and I'd not a clue what it was and I was absolutely panic struck. I stopped in bed and refused to get up because I didn't want to tell my mother about this blood.. so I stopped drinking. I tried not to drink. I mean it's stupid. I tried not to drink because I didn't want to make too much blood you see"*.

She also said:

> *"I think the first time I had sex I thought, 'God, this is disgusting'.. I just found it absolutely violent, I suppose and animal-like really.. I mean you're the first person I've ever talked to it about really, yeah. No, my generation didn't talk about sex and I still find it difficult."*

Lack of knowledge about sex was matched by their inadequate information about labour and the birth process. Two women vividly described very similar circumstances with their own first pregnancy:

> *"I can remember that they put me in a delivery room.. I don't know what they're like now but then it was like an operating theatre.. with lots of lights around and all shiny steel whatever they were.. instruments.. And they left me in there for hours on my own and I was so frightened… nobody came in to see how I was doing, nobody really explained why I was in this.. delivery suite.. I can see the lights above me cos' I was flat on me back on this really narrow, narrow high bed that I was scared of falling off.. And I was so frightened that I ended up screaming and they all came rushing in and they didn't half tell me off. I got really, really told off. For, well for being naughty really"*

"I was taken into the labour ward, the labour room and there were all these trolleys with things covered over which I've got a vivid imagination so I'd gradually worked myself up into such a state that they knocked me out because I got the shaking and I was shaking from head to foot, I couldn't stop so they knocked me out. And they knocked me out for days.. I was in such a state. I can remember shaking myself so badly that I was going to fall off the bed and there was a woman in the other labour room screaming and I can remember this nurse saying, 'She's frightening her to death'."

…impact of ignorance and efforts to prevent conception

Two of the women became pregnant again within a few months of their baby being born, one because she believed you could not conceive whilst breastfeeding. Contraception was not always available to the women, either for lack of information and/or support, or through a lack of finances:

"I sort of procured a miscarriage, then felt terrible about it.. I shoved a knitting needle up and I just cannot believe I did it, but I did. And then I, because I'd tried, I'd tried, it wasn't that I wasn't trying. I mean I went to family planning and got fitted with this Dutch Cap between.. and got pregnant between going for one fitting and the check, you know. I couldn't bloody sort it out. And then I'd been on the pill and the pill hadn't suited me. I'd felt absolutely dreadful on it."

"I hadn't got a clue about contraception. I mean you just went and bought Durex and in the coming years before the availability of the pill we couldn't afford Durex sometimes, yeah. They were quite expensive given the other pulls on your budget, quite expensive really."

"They were 3 shillings a packet, which family allowance was 8 shillings and you got it on a Tuesday and that would last me till Thursday. We'd buy bread and food.. it was a lot.. I can remember feeling quite shocked when free contraception came in. I can remember thinking 'God, that's terrible!'.. It is a good thing, but you're fighting your upbringing I suppose, you pay for your pleasures!"

Much of the conversation around their lack of information about sex, contraception or birth centred on the fact that it was a topic not discussed, or even acknowledged, openly in wider society:

"It was totally not what I expected. Total and utter shock.. it was like when the Queen was pregnant with Charles and Anne, she was in an interesting condition. It was not talked about. I had no awareness of women being pregnant at all. When I went to work a girl was off work because she'd got pregnant and I were sort of fascinated because I'd not come across this – this phenomenon really – and I sort of watched her get fatter, but I hadn't got any real concept of it and I'd certainly no concept of what it was like."

Heath, social care and housing

Generally, the women described unsettling memories of their experiences of health care. One described how staff, clearly knowing she was unmarried, referred to her as 'Mrs', offered her no support, and made it clear they felt judgemental. Another described the health visitor as *"remote"*.

Finding appropriate and affordable housing was an issue shared by all. There was either a lack of information about council housing as an option, or a lack of available council housing e.g. an eight-year waiting list. The stress and uncertainty of staying with friends or living in cramped and unsuitable conditions was shared. The similarity to the 1960s television programme 'Cathy Come Home' was noted.

> *"… in that the place we lived in.. was one very small room, so like a sort of bed-sitting room with a tiny little kitchen and a little bathroom, which didn't have a toilet in. So there was nowhere to put a cot and for the first 6 months my baby slept in the pram and we used to get him off to sleep in the kitchen and then wheel the pram into the bathroom because, you know, we only had one room, but then he got too big to leave in the pram, so we had to move to a place that had 2 rooms because we couldn't put a cot up in this bathroom."*

Stigma

The experience of stigma from wider society, and isolation from other young women was a common pattern among the mothers in this age category.

> *"You did get quite negative reactions from people actually.. school friends were a bit shocked, they were a bit kind of 'ugh, dirty nasty things', you know. Actually the main problem was schools. You know, so it wasn't really 'til you got a bit older that you were starting to feel disapproval, if you like.. It was more to do with kind of interactions with teachers. I think it was the teachers, which remained a problem all the time actually.. I just always felt they weren't taking me seriously. Always. I mean even when I was in my 30s.. there was a feeling that they were looking down on you.. I thought I was treated quite badly actually by the schools.. I was shocked actually"*

For one, this resulted in an emotional need for affirmation of the experiences of other young women from that time:

> *"I just feel so, so sorry for those women, more, more than for the babies… it's just so poignant and so sad that we had a society that thought it was alright to do that to people* [referring to mother and baby homes]*… And they're still crying about* [it] *and it's just really upsetting… I feel something that it wasn't me and I'm kind of very, I don't know, grateful but I don't know who to, that, that I was able to keep my baby… is it some kind of affirmation that it wasn't just me it happened to, because I have never ever met anybody that it's happened to… part of it feels 'oh there's somebody that was in a similar position to me but didn't manage to escape and I did. And it wasn't just me'."*

Pragmatic acceptance and moving on…

Despite factors that made their lives difficult, these mothers appeared to describe themselves, implicitly or explicitly, as 'coping'. They were strong in their acceptance and response to the changes that pregnancy brought to their lives: to personal relationships; to financial circumstances; to material conditions; to emotional well-being.

For some, although not regretful of their children, there may still be a sense of grieving for what might have been had their lives been different; for others, there is still a sense of coping with the ongoing effect of their lives, as lived then (e.g. the long-term impact of years of domestic abuse). For others, looking back at their lives, parenting young has led to advantages in later life, for instance with a successful career without maternity gaps, or through close relationships with their children (believed to be because of their closer age).

Although their parenting may have been defined by their youth, ultimately, it was often the reaction to their pregnancy within their social surroundings (family, neighbourhood; school or employment) that was the key to their future experiences of parenting, rather than their age.

> *"… because everyone expected me to fail and then I had a lot of children so everybody expected me to fail with them, I became very serious. Very intense… I never went to dance halls and learnt to jive. It's one of the things I want to do before I'm 70, I want to be able to jive."*

Case study 2: First generation fathers
Six men aged 54 - 63 years who had their first child in the period 1961 - 1972

Family and marriage

All the fathers in this sample grew up in working class or lower middle class families. Two out of the six fathers went on to become senior university academics. Despite different career trajectories, there are significant commonalities in their experiences of being fathers.

All had two or more children, with the first being conceived when they were between sixteen and nineteen. All but one married the mother of the child soon after discovering she was pregnant, the exception being a couple who were already married when she became pregnant.

Each father identified family as being very important to them and their identity:

> *"The model.. I had was incredibly positive, extended family, grandparents lived in the same town and I think it felt as if my parents enjoyed being parents. I don't know whether they did, but they gave us a lot of time, played football with us and so on, my father did.. I remember with my school friends when we were talking about, 'What are you going to do? What do you think you want to do? What's the most important thing?' and I think I said, 'I want to have a family', and that was when I was 14, something like that."*

> *"I'm a very family orientated sort of person… birthdays are very important, you know, like, when you do get together and meet then you see the development, how it's progressed, you know, that they're getting bigger and taller, you know, like mark it on the wall every year that they grow up… Christmas is very important, always has been to me because that's when the family get together... the importance of not being ashamed to say how much you love each other and remembering the importance of a family unit. You know, that friends come and go, but family's always there"*

Learning about sex… plants and rabbits

Sex education at school occurred within the context of biology lessons but avoided human sexuality by focusing on plants and/or rabbits. Therefore, these men turned to informal sources of information, which meant their knowledge was restricted to what their friends knew or chose to share, to jokes, innuendos and hearsay. As with other generations, information from these sources was not always the most accurate. Describing his sources of information, one father said:

> *"... they* [his sources] *weren't parents and they weren't sex education. That much is absolutely crystal clear to me.. I think I can remember… you know, the smutty talk with small boys and… basically it was just peer group stuff actually and supplemented as we got older by a certain amount of clumsy self-help and experimentation."*

…misunderstanding and taking responsibility

One father deliberately sought out information on contraception from his local library. His misunderstanding of the rhythm method consequently led to his girlfriend's pregnancy and his own frustrations at his mistake:

> *"I think people talk, I mean, you know, with one's peers you talk, but it was on the level of, you know, jokes and stuff like that which wasn't terribly*

informative and we didn't get much education.. I was very conscientious and I went to the reference library.. I looked up, you know, about contraception and pregnancy and so on. Of course I got it wrong.. looked in an encyclopaedia.. Well, I can't remember all the details, but it said something about it is reasonably safe without contraception at these particular times and I think that's what I picked and then.. It's just that we decided not to use contraception at a certain time because I thought I understood it.. And of course because [my girlfriend] *then trusted me, she was right to some extent to blame me* [for the pregnancy] *because I'd got it wrong, but.. it was incompetence rather than being a bastard, if you see what I mean."*

Another father talked about the financial restraints of not being able to afford to buy condoms as often as he would have liked and the consequence of unprotected intercourse. How ever the conception occurred, each of the fathers felt that they should *"take responsibility"* for the mother and the baby, which meant getting married as soon as possible:

"I assumed I would have to take responsibility. There is, I mean the whole of my family background would say, 'You've got to take responsibility for children', or for your actions, and my mother I remember sort of saying, 'Well, do you want to get married?' The first thing my father said was, 'Do you know it's yours?' which was interesting. It never occurred to me! And then my mother I remember saying, 'Well, do you want to get married?' you know, 'What do you think?' and the whole impression was, 'Well, give it a go and see'.. That's the feeling I have anyway and I certainly, when I was talking to my friends as opposed to my parents, said, 'Well, it doesn't matter. There's always divorce.' The marriage was, it wasn't celebrated. It was all second best."

Of the six men in this group, three later became divorced/separated from the mother (two becoming single fathers), one was a widow, and two couples remain together.

On being a single parent

Both the fathers who had brought up their children without a partner for certain periods of time had strong support from family and friends, and spoke quite positively of their experiences of being a single parent:

"… [my wife] *buggering off and leaving* [the children] *with me was absolutely the best thing that could have happened to me... far from finding the business of parenting, whether single or double, a problem or a difficulty, I mean I've always been enormously grateful that I've had the opportunity actually and, as you'll see, I mean I'm not claiming to have done it well, in the slightest, but under the circumstances it could have gone a lot worse.. I've a feeling that they're the routine source of joy and heartache, but I suppose all kids are, but actually being a dad on my own at times hasn't been a problem"*

"I would say that the most consistent value in my life was being, that you do the best you can for the children.. I don't think that it's held me back from doing things perhaps I shouldn't have done in terms of relationships and so on.. But nevertheless underneath it all.. you've got to do the right thing by the children… it's not important for me to go for a career. It's much more important to nourish relationships.. that's the way that I've managed my life, my career. That's been the most important thing."

This latter quote contrasts with the other single father who felt that it had potentially made him more ambitious in terms of his career, so that he could adequately provide for his children:

> *"In my early career I was absolutely, not ruthless, but calculating.. in that I was quite different from lots of my peers and I basically discovered something I could do very well, that I enjoyed doing and that would allow me to have a career that would support the family.. It involved being a bit more hard-nosed in that.. I mean becoming a parent, as well as becoming a single parent, was an incredibly significant thing in calming me down in terms of, I think drink and drugs would have been an even bigger part of my life than they were for a period had it not been for this."*

Gender and taking up pathways to new possibilities

Like young men who are currently young fathers in this and previous studies (Hirst, 2003a; 2004a), we see here another example of the crossroads to new possibilities that becoming a young father can and did offer – despite the experiences occurring some 30 to 40 years previously. However, unlike the women in our sample who became young mothers during the same time-period, family support was salient to facilitating their parenting and career trajectory (compared to mothers who were ostracised by their family). Both men spoke highly of the practical and emotional support they had received which enabled them to be fathers and to continue with their education and/or employment; notably, in each case, their sisters had been particularly significant, for which they were grateful.

> *"It was absolutely crucial.. I couldn't say that too strongly. Without that I don't think anybody would have managed"*

> *"I, for example, have never felt that I've been prevented from doing anything I've wanted to do by virtue of the fact that I was a dad very early, but in terms of what enabled me to cope with that, then I think there's a whole set of informal and formal things helped me cope with it"*

Female dominated antenatal services

Negative or judgemental experiences of pre-natal services were not uncommon. For example:

> *"There was definitely a sense.. that when you're, as you're going through the antenatal things and so on you get a, as a young man you get a sense of women who are in authority; midwives, mothers-in-law, female doctors and you get, there is a, definitely a sense of you being blamed and then visiting on you as a man all of their disdain for maleness, as it were.. there was definitely a sense of people visiting some sort of vengeance..* [my girlfriend] *who was pregnant being sympathised with because, 'That's what men are like', as it were. So there was a kind of joining together and an exclusion, a very strong sense of that."*

This replicates comments made by fathers from the next generation (see below) and from those who are currently teenage fathers, suggesting, from the perspectives of these men, that little has changed over the past 40 years.

Stigma… gender specific kudos?

On the whole, the fear or experience of stigma appears to have been less of a direct issue for these men than it was/is for mothers across each of the generations:

"I think a lot of people think of it as some sort of massive struggle. It must have been some massive struggle against adversity and it didn't feel like.. the business of being a single parent was not horrible, wasn't even close to being horrible. It was, you know, it was fun."

The importance of social context was also highlighted, in that if there were more young parents in the area, it was less of an issue *("In context it wasn't out of the ordinary"*). This also mirrors comments from mothers twenty years younger. Nevertheless, there was a belief that teenage parenthood is currently constructed negatively in the tabloid press.

"Being pregnant and actually having a child is quite a public thing. Visually people can see and when you're not old enough to have a child when it looks as if you're their older brother, you know, taking them for a walk, then you, I think that still is there.. It's not quite some sort of moral religious sort of thing, but it is, it's a sort of status. It's a social status thing because you're not old enough to have had that. You know, you shouldn't have done that at that age and you're out of the ordinary, so I think that's, there's a stigma still."

One of the single parents felt that his status as a father bringing up his children alone was more extraordinary than his age, and resulted in particular preconceptions:

"I think that as a bloke on his own with kids I got all kinds of allowances made for me. I was cut all kinds of slack.. I think that as I'd been left on my own with the kids I was treated as some kind of fucking saint, which I assuredly wasn't.. So I got all kind of brownie points just by virtue of being a bloke and coping.. I was aware of that at the time. I occasionally, shamelessly, played up to it because it was useful, but more often than not I got pissed off with it, partly because I felt it wasn't actually very flattering as if, you know, blokes shouldn't be able to deal with this and I just thought that was bollocks and I still think it's bollocks."

On reflection…

Like mothers of a similar age, fathers reflected on the benefits of close ties and friendship with their children that can come from having a child at a relatively young age: *"*[my] *kids are almost like younger friends"*.

Overall, fathers with very different life courses and experiences of parenting were united by their love for their child(ren) and their role as father:

"It made me feel very, very proud. I was very proud to be a dad and I, I loved pushing my oldest son.. I loved pushing him in the pram and changing him and feeding him."

"Parenting's a difficult thing, but it's something that you either enjoy or take as a chore and I enjoy them all really."

Case study 3: Second generation mothers
Three women aged 32 - 35 who had their first child in the period 1987 - 1994

Family background
These women came from middle class professional or lower middle class skilled backgrounds. Each of these mothers had somewhat disruptive childhoods; either through their mothers experiencing domestic violence (resulting in them spending time in refuges or with other relatives), or because of parental separation, re-settlement and/or divorce. One had also been subject to severe bullying at school.

Learning about sex
All the mothers recollected some sex education at school but that it was far from adequate, either taking place too late (i.e. after they had started having sex) or being *"too biological"*, for instance:

> *"We had sex education at school. Obviously it didn't work very well.. It was rubbish.. biology teachers who really don't want to cover the subject"*

Alternative sources for information on sex, relationships and contraception were reported to be friends, or in some cases, mothers. It is interesting to note this was sometimes reported as *"mis-information"*.

The use of contraception was varied:

> *"... you just didn't think about using condoms at all, I don't think.. people were giving them out and you could get them if you wanted to.. but you'd just be too embarrassed to use them if you're having sex when you're young. It's bad enough having sex.. you'd just rather just have unprotected sex than use a condom."*

> *"We probably only used a condom a couple of times in all that time that I had sex so it was only a matter of time before I got pregnant, but I didn't really equate the two"*

> *"I was on the pill, so that was surprising that I got pregnant"*

Conception and decisions over the pregnancy
Each of the women had unplanned pregnancies, though two were married first and wondered if their pregnancies were *"subconsciously planned"*. They were all between the ages of sixteen and nineteen at conception. Most of the mothers had been sexually active since the age of twelve or thirteen. One explicitly said that the decision to have sex was to try to raise her self-esteem and keep her out of her childhood home (and hence away from her alcoholic and abusive father). Once pregnant, none of this group of mothers said they had seriously considered termination. This was mostly due to strong feelings against abortion, although one woman commented:

> *"I was too scared to go and get rid of it basically.. and he* [partner] *was really keen to have it and I was kind of keen that he was keen… I just didn't really think about it properly, to be honest. There was no informed choices going on there whatsoever. It was more a case of, kind of being very immature".*

Father's minimal involvement
With one exception, the fathers of babies to women in this age group appeared ambivalent about fatherhood:

> *"… he said he just wasn't ready to be a dad, he was 20. He started to lead a single life and didn't really know what to do I think, looking back on it"*

> *"I feel anyway, he resented the commitment and the responsibilities that came with being a parent and that was reinforced twice fold when* [my second child] *was born because he didn't really have that much to do with her. You know when it's obvious."*

Each of the women had later become single parents (see further discussion below).

Experiences of health care
Views of the health care they had received were unanimously negative. This was due to finding it difficult to be assertive as to their particular wishes or needs, or through professionals' blatant disregard for their wishes. This sometimes led to an ongoing fear or distrust of professionals working in health or social care.

> *"Do you know, nobody ever asked me 'Are you okay? How are you coping? Do you need any support?' Nobody ever asked me. They just judged me and that was it."*

> *"It's more the barriers with professionals that I found were one of the hardest aspects of it.. more difficult and more challenging, communicating with them.. Their attitude as well.. I'm just going from my own experience. I'm not generalising. I found some of them to be very condescending and, 'We know best', and they don't necessarily always."*

Single motherhood
These mothers perceived their 'single mother' identity as more significant than that of being a 'young parent', insofar as professional and lay reactions were concerned and the everyday machinations of caring. This reinforced an acute sense of a need for more support for single parents:

> *"It's a difficult way to live, so once that kid's in bed at night you can't go out the house.. you know you're trapped"*

> *"It's unhealthy not to have somebody to talk to about it* [bringing up a child]*.. If you're on your own, you just brood."*

Being the sole disciplinarian was often highlighted as being particularly difficult. However, they each had experienced support from immediate family, extended family, and/or friends during the course of their parenting, whether this was assistance with childcare; finding appropriate housing; financial aid; emotional support, or advice on child-rearing techniques. Parenting books were also noted to be important sources of information.

During periods when family or other forms of support were not in place, feelings of isolation were a key defining factor in their experience of raising a child. Two women had similar experiences of feeling isolated and lonely while living on a military base:

"I was totally apart from all of my family which was tough.. I found it difficult, I was very isolated on the forces camp"

"I was finding it difficult, I was very isolated, it wasn't great, his [son's] *dad would be away a lot"*

Housing and finances

Finding and maintaining appropriate housing was a key issue for all three mothers. This often compounded financial hardship and/or social isolation. When living with family, the balance between the advantage of support on-hand, and the disadvantage of potential interference; overcrowding; lack of privacy, and/or loss of independence, was often difficult. This could lead to the parent feeling disempowered by the situation, and/or other family members in particular.

"People say the general, stereotypical view is young mums get pregnant to get a house. Have you ever tried to get a house? That just blows that one out of the water because it is so difficult and I feel so strongly about that and I can't understand why people would hold that view"

In addition, all said their experience of being a parent had been financially difficult. It is difficult to assess whether or how far this relates to being a young parent or a single parent.

Significance of community context

The experience of stigma often related to contact with professionals (as discussed previously) or the context in which the mother lived. Those living in middle class areas often said they felt judged by middle class parents, for example it being assumed they were a nanny when picking their child up from school, or through their child not being invited to social events.

"If you live on a middle class street somewhere, nobody speaks to you. You take your kid to a middle class school, nobody speaks to you. They've all got Range Rovers, they've all got cars.. so you don't walk home with other sets of kids. They're all working.. I never felt judged by a lot of working class mothers and I always felt judged by a lot of middle class mothers… none of the kids were allowed to play out on the street. They were all booked up going to ballet lessons and cello and horse riding and being driven around from here to there and I never really did much of that. Well, I did as much as I could."

"I feel that society tends to believe that just because they're young parents they're rubbish parents and I don't think it necessarily always is the case."

'Missed out' but no regrets

These mothers described feeling they had 'missed out on' certain things by becoming a parent earlier than their peers, for example, having holidays abroad with friends, full-time higher education, or the ability to socialise more easily. However, they also highlighted the positive sides of being a teenage mother, such as greater energy levels and the ability to have a continuous career.

"I personally feel that the way that my life's panned out and the job that I do, having my children earlier it's been beneficial, rather than doing it the other way round. For me, it was the right way to do it because my life's now worked out that way."

“It can be a positive life choice for a young mum to have a baby young, but it can, like with every balanced view, it can have its negative aspects as well. But that’s, that’s parenthood whatever age you are”

“It’s my favourite thing in the whole world being a mum.”

Case study 4: Second generation fathers
Six men aged 30 - 49 who had their first child in the period 1976 - 1995

Family background
These fathers grew up in loving families with fond memories of their mother, father and siblings. As teenagers, working class backgrounds and neighbourhoods offered contexts and temptations that led peers astray, but community activities and hobbies were said to be very significant in helping these men avoid this. Examples cited included church youth club, brass band membership and football.

Sex education and sexual experience
Sexual activity began at 15-16 years but was shrouded in ignorance having had no school sex education other than references to reproduction in other mammals, during biology lessons, and well-intended paternal warnings against indulging in sexual relations with girls. They learnt most through practice (with more experienced older woman or future wife), but credit much of their learning about sex to having older brothers and/or male work mates. In one case, a girlfriend's mother gave the couple advice on contraception but this came after they had begun having sex. A common reflection was their assumption that their girlfriend was taking the contraceptive pill; talking about sex with a partner was not something they did nor felt they were expected to do (at that time).

Becoming a dad
Typically, they became a father for the first time in their late teens or early 20s, with a girlfriend or wife 2 or 3 years younger. The pregnancy was unplanned and a *"shock"* but termination was not considered and the child's birth is remembered with great joy and pride. Some couples remain together, while others stayed together for a short time (18 months - 3 years) before estrangement from the mother and sometimes child (for several years subsequently).

Exclusion from antenatal care and weaknesses in reformed policy
All fathers in this age band vividly remember their sense of explicit exclusion from maternity care, in formal settings, by medics and midwives and, in informal settings, by in-laws, particularly their mother-in-law. While their sense of disappointment at not being more involved is undiminished, they acknowledge this was a product of the age (late 70s-1980s). They are less forgiving, however, of their more recent encounters with maternity professionals. These fathers have had more children (90s - 00s) and feel that despite government rhetoric on improving the status and rights of fathers, that little has changed and they still occupy a position which is secondary to the female parent. Their sense is that men are seen as the cause of pregnancy and ensuing policy, provision and practice focuses inequitably on the mother. Though maternity care and paternity leave are acknowledged as having improved, in practice, there are significant flaws. Examples abound: radiologists obscuring the father's view of the prenatal scan/s; obstetricians excluding the father in decisions over pain control, difficult births or the care of the mother and/or child, or, sending the father home with a warning that his newborn child might not survive until the morning. In addition, fathers do not have a right to paid leave to attend ante-natal appointments or classes with their partner (hence they have to use up annual holiday leave) and the requirement (by some of their employers) to provide 4 weeks advance booking of paternity leave renders the possibility that paternity leave may not correlate as well as it should with the birth of the child.

On being asked if they had any advice for anyone due to become a father, a common response was to be aware of the potential for judgement, hostility and/or exclusion in

encounters with health and social care professionals. It was also suggested that fathers have to be as informed as possible by *"reading up"* as much as possible from *"books and the internet"* on options for birth, pain control, postnatal care, etc. in order to minimise the sense of exclusion and to have any chance of being involved in decision making.

Problematic perceptions of fathers

These fathers love being fathers. It is a role that they cherish and take seriously. But, outside the domestic sphere they feel invisible or castigated, with lay beliefs and representations in the media and politics failing to recognise or reflect the realities of their experience and responsibilities to their partners and children. This led some to have strong feelings about explicitly rejecting the stereotype which they feel exists about young (irresponsible) fathers – both for themselves, and for other young men.

Balancing family, parenting and leisure time

The family was frequently referred to as a source of both enjoyment and support, with family events such as birthdays and Christmas regarded as important and welcomed 'getting together' time. The home was frequently seen as a source of security and stability, with cars also important, often signifying the ability to enjoy family life. This was very similar to mothers in this age category (third generation mothers were less likely to own a car but aspired to having one).

A notable difference between mothers' and fathers' narratives was that although fathers saw their fathering responsibilities as important and crucial to their identity, this group of men felt strongly about their hobbies, which they often described as therapeutic or essential to being able to *"de-stress"*. This was reflected in photo-elicitation discussions wherein fathers selected images of their partner, children, and hobbies as the three most significant, and discussion of hobbies was particularly animated. This was in contrast to mothers in the same age group who did not appear to prioritise hobbies or relaxation time in the same way. Men's hobbies included reading, music, mountain biking, football, and computer games.

Aspirations for the future included: more financial security; family stability and happiness, and family holidays. These were also shared by mothers of the same age.

Case study 5: Third generation mothers
Five women aged 17 - 25 who had their first child in the period 1998 - 2006

This group of young women had one or more children already and/or were pregnant with their first or subsequent children at the point of first meeting the research team. All were engaged with a voluntary sector support service at the point of participation in the research.

Family background and current circumstances
A majority of these women had disruptive childhoods in that they had experienced bullying or abuse, domestic violence and/or were in the care system. The majority had already left school at the point they became pregnant, aged sixteen or seventeen. Most of the women were still with the father of their child(ren), though relationships were relatively new at the point of conception (three to five months). Most of the fathers were a few years older than the mothers, and most of the pregnancies were unplanned, though not unwanted insofar as all the women chose to continue with their pregnancy.

Sex education and contraception
There was greater knowledge about contraception among this group than older generations. Nevertheless, there were instances where individuals did not feel comfortable with particular methods:

> *"When I did find out about the pill I were, I'm not one for taking tablets so I either forgot or, and like men had their ways.. they expected you to put them* [the condom] *on and I was one of these, I didn't like touching them"*

Sex education, either in school, or at home, tended to be limited:

> *"My mum didn't talk to me about it. School, to me, they didn't go into much depth about it, so basically it was, I found out myself because my mum never talked about sex"*

> *"I'll be honest, to this day, I'm still learning a lot. I've had three serious relationships and I've still learnt different things from each one and still learning with my husband now"*

Who to tell?
Most women told their partners about the pregnancy first, followed by their mothers. All describe their mothers reacting with shock, anger and/or upset with some trying to persuade their daughter to have an abortion. However, with time, most eventually accepted the idea that their daughter was going to become a mother. The young women themselves remember feeling shocked but were determined to continue with the pregnancy, largely because of a belief that termination was wrong.

> *"It's like everybody were saying 'No, you're too young. You need an abortion', and all this lot but me mum had me when she were 16, so if she could do it, then I could."*

> *"When I found out I was pregnant I was very shocked. I was shocked because I was expecting to get pregnant but I wasn't expecting it to be that time. When you do a pregnancy test you never expect it to be that time, you always think 'oh it's gonna be the next time I'm due or the next time..'"*

Pride in 'mum' identity

Despite some ambivalence about the pregnancy initially, each of the mothers were proud of their new identity as mothers, and their achievements. In contrast to the weak sense of agency implicit to descriptions of *getting* pregnant, a clear sense of agency and being in control was evident in their reflections on *being* pregnant and/or giving birth:

> *"I did get commented from the midwife how I'd managed to get the breathing techniques.. while I was in labour with the contractions. The midwife said 'Oh, them antenatal classes did well, didn't they?' I said 'What antenatal classes?' because I never went to any.. I'd read books, I'd borrowed a video, but other than that it was just what I picked up off the TV watching normal programmes. And now I do give other teenage mums that I know, I say 'Look, don't listen to what they say on the telly all the time regarding the pain-wise because the pain's not as hard as that'. You forget the pain once you've given birth."*

> *"I couldn't think of anything positive with having a baby to tell you the truth because I were only 16 when I found out and I were like 'Well, I would rather be out like clubbing and seeing my friends', but then.. the negatives all just went. As soon as he come out I were like overwhelmed and it were great."*

Social isolation

The majority of this group had faced some degree of social isolation, either as mothers or as pregnant young women. This was often a result of former school friends distancing themselves from the young woman, or because relationships grew apart once they had stopped attending school. They appeared to accept that this would be the case, and whilst acknowledging the sadness they felt about it, sought to make new friends that were also young mothers (largely through connections made at support services).

> *"I don't talk to any of my friends any more because now I've got a baby they don't want to know me, so… because they're all going out clubbing and things like that. They just… they all say 'Oh, I'll come down and see you' and stuff like that, but you never see anything of them, so.. I've made new friends who've got babies themself"*

> *"… they say 'Oh, I'll come and visit you', but… like my best friend from like who I've grown up with, she still comes down and stuff, but like most of my friends from school, they say 'Oh, we'll come down and see you', but they never do. Like I moved out of like town and we've met new friends which have got babies or are pregnant through going to like different things, attending different courses and stuff."*

> *"I'm always in the house. I only, I've only like got one real friend and it's like I only go to her house, so it's like I'd love to be able to just get out a few times a week."*

> *"Since I fell pregnant with* [my son] *at 16 and none of my friends wanted to know because they were all going out and stuff, so I've lost a lot of them which I'm not really bothered about because it just shows who your real friends are."*

Significance of dedicated provision and support services

This isolation from friends, and sometimes lack of support from family (or lack of family for those who had formally been in the care system), meant that the place of support services and specialist provision in their lives was often of paramount importance. This often included practical advice and assistance with housing and benefit applications; emotional support; facilitating peer support and/or friendship; access to childcare facilities, and education and training opportunities. Taking part in such activities could be a source of pride and self-esteem, with some women going on one course after another (e.g. in IT, personal development, communication skills, and/or business administration). The encouragement they received from support workers often boosted their confidence, helping to counter the stigma they often felt in wider society.

> *"I like to hear that I am a good parent and that I've done something and I've achieved something or I've done something in an appropriate way and in a good manner.. The more places and that you get, the more you feel better within yourself and the more you think, 'I can do it. I've got this far. I've done this', and it gives you more confidence to go out and do more successful things, i.e. go and get a job and not worry about it"*

> *"If you haven't got the support then you feel, you've got nothing. That's where my problems have been, is I've felt like I've not really had the proper support that I needed.. to me you need the support because that helps boost your self esteem and confidence and everything. And it's nice just to know that someone's actually there that you can go to and they can cheer you up and they can say that you're doing a grand job. Because that's what I like to hear, it's people telling me I'm doing a grand job, that my kids are lovely and my kids are okay.. whereas before it used to be dirty looks.. but now it's more 'Oh, isn't she gorgeous. Hasn't she got big, brown eyes? Doesn't she look happy? Is she always like that?' I say, 'Yeah', and I feel, 'Yeah, I've done that. She's happy because I've done that'."*

Resourcefulness, caring and coping

The mothers were often resourceful and accustomed to living off low incomes:

> *"I've coped with hardly any money and brought kids up. If I've done it once I can do it again and that's how I see it. I'm now one of these that if I've got the money I've got it, if I haven't, tough basically.. I get by as long as I've got my main things. My gas and electric, my food, my nappies, baby wipes. 'Owt else comes next. Sometimes I minimise by saving bus fare by walking".*

Sometimes their childcare responsibilities were in addition to other caring roles: one was a carer for her grandparent, and one for a younger sibling.

The problem of housing

As with the older generations of young mothers, for this current generation, housing problems endure as a key practical concern. Those who had their own home felt extremely grateful and fortunate because problems with living with family in cramped circumstances or living in unsuitable housing conditions were widely acknowledged and/or experienced. Council housing was very difficult to access, was often a source of worry, and if they were lucky enough to be eligible, poor timing was a common problem:

> "… [the council] *didn't give me a house until after the baby's born. I'm trying to sort the baby out and the house out and everything else. How can I sort it out when I've got no carpets down, no curtains up and everything and you've just*

shoved me in this house with a new-born baby and you've not given me the chance to get it done?"

Judgemental maternity care

Instances of poor maternity care were a shared experience within this group of women:

"It's like, 'Help. I'm asking for help', and it's just like they're looking down their nose at me… I felt like they thought I was overprotective and paranoid and that I didn't know what I was talking about.. because of the looks they gave, the attitude he gave me, the actual way he spoke down to me and he didn't actually look eye to eye"

"I was on a four bed ward, which made me feel a bit more uncomfortable because I'm not quite, because they were a lot older than me and some people, some visitors kept giving me looks.."

"Because I had two midwives for like four month and the first one like every time that I went to my appointment she always seemed to be with older women and, I don't know, I think she weren't actually explaining things to me and like I asked questions and like she answered them and then like I didn't really understand so I'd ask again and, I don't know, I just felt that she got sick of me a bit because I were asking questions and she weren't giving me it in enough detail where my new midwife like… I didn't really ask her questions because I go in and she tells me like straight away."

Stigmatised identity

This group were acutely aware of negative images of teenage parents in the media and wider society. This led them to feel stigmatised, with some facing direct discrimination or verbal abuse as part of their everyday lives:

"I remember getting filthy looks off some people.. anybody and everybody.. and snide comments from school kids, 'Slag, slut, tart'. Even when I, when he got older, when he was going to school himself, I still got them.. I got used to it and I just shrugged it off. Sometimes I'd not say owt or just walk away or I'd just ignore it and then go home and then probably cry because I was that kind of person."

"They think, 'You're young. You've got a kid.' You're basically branded: 'You're a slag, you're a tart, you're cheap, you're easy'."

"To me, young mums should be respected more. I remember I wasn't respected all the time"

"I haven't had any funny looks until about last week I was in town on my own.. and I was walking through and obviously you can see it now coz' I'm like seven months and I was getting some strange looks from people and I thought 'oh my God'.. normally I'm with like my pregnant friend and I'm sticking up for them saying 'd'you know what I mean, she's only a pregnant woman, there's nothing to stare about, she's just pregnant' and that time it was me and it was just shocking"

Reactions to negative constructs
Awareness of negative constructions of teen pregnancy and young mums manifested in a variety of reactions. Internalisation of implicit and/or explicit criticism commonly led to self-doubt:

> *"I used to be ashamed.. but I used to feel angry and frustrated with it as well. Angry and frustrated and scared because I thought, 'Does everyone actually think the same?' you know, 'Does everyone feel like I'm like that?' And that's when I started pulling myself down as well and saying, 'I'm not a good mum and I don't deserve to be a mum'."*

> *"I always felt like I had to justify what I was doing with my life because I'd had a baby so young, so whenever people asked me what I did I said 'well I've got a baby but I'm at college'.. but I always felt like I had to justify it"*

In others, it inspired anger or protective feelings over other mums younger than them:

> *"If they're talking about me they're leaving some poor bugger alone. That's how I see it now."*

> *"I just wish there was more.. help and support for young mums and people to actually listen and not judge us, not judge us too much because the judging can pull somebody down, it can hurt somebody.. we want just acknowledgement. We want positive feedback from people. We don't need the sniggers. We don't need the remarks. We'd get on fine, we wouldn't be no problem to people if they'd just give us the chance instead of pushing us aside and branding us straight away. And I think a lot of mums would feel that way"*

Defying expectations
For most of the women, reactions to demonising tendencies resulted in a strong desire to succeed: both to be a good mother, and to be seen to be a good mother. This meant they were proving not only to themselves but also to wider society that they could do it. Despite the practical difficulties and the experience of feeling stigmatised, therefore, these mothers, as with the older generations, did not regret having their child(ren). Motherhood was a rewarding experience for them:

> *"Now I've done it I can honestly say well, it's been the best part of my life. It's been a new experience and it's something I'm proud of. Not proud of for having him so young, but proud because I've got a son and that I've managed to work my way through it, through everything I've gone through, and for being such a young age."*

> *"Yeah, originally I wanted to get my career first before having kids, but I didn't. I've done it the other way round. But I don't regret not having a career first. I've got qualifications behind me if I want to because I've done part-time work and stuff in between times.. But I prefer to be at home with my kids."*

Mapping out a clear future
This group often had strong views about their wishes and plans for the future; these were often aspirations shared by the older generations. These included: owning a car; being able to afford family holidays; getting married; eating more healthily; owning a house; undertaking further study, and running their own business. Others focused on their families and household responsibilities, sometimes highlighting how they did not wish to work until all their children were at school.

“I just want my kids to be happy, make sure they’re secure, safe and happy and that they’ve got what they need and want and help them choose a career path, give them ideas and directions”

“Being a mum is a full time job”

“There’s no perfect mother out there, so to me you just do your best and you be the best parent you can. Yeah, other people might not like your views or your opinions or the way you bring your children up, but everyone brings their child up different. Every child’s different. Every parent’s different.”

“I just wanted to be a positive confident mother more than anything.. I just wanted to try and make my own way.”

Table of commonalities and differences between mothers and fathers and across generations[5]

Unless otherwise stated, we use the term 'commonalities' to describe features common to both mothers and fathers and to all three generations.

Commonalities	Differences
Desire to have their stories heard – for some parents, participation in the research was the first time they had told their 'whole' story	Older generation parents most likely never to have shared stories with anyone else (including ex and current partners)
All stories unique	
Assumptions from others that parenthood was unintended	
View of young motherhood and fatherhood as 'not a new thing' and not restricted to working classes / those with fewer material resources	
For mums, the sense of 'what might have been' never goes away e.g. missed teenagehood and youthful activities (dancing, clubbing) but this did not amount to regretting their choices	No dads mentioned this sense of loss
	1st generation mums have an enduring sense of being discovered as a former teen mum; and for some, once a teen mum there are always implications (e.g. being a young grandmother and potential for further childcare responsibilities)
Moral framework that with risk comes responsibility and this shapes decisions over proceeding with pregnancy (mums and dads)	2nd and 3rd generation dads assume they are blamed for the pregnancy, hence lack of recognition post-birth (policy, support services): *"Fathers are the cause, mothers are the product"*
2nd and 3rd generation young mothers are more likely to have young mothers themselves	1st generation mothers did not have young mothers (note: all these women were from middle class professional groups) Fathers did not mention any reproduction of this trend, but we do not have definite evidence of their parents' age
Couples from all 3 generations whose relationships were successful (beyond the birth of their child) felt that they defied others' expectations	
If problems were/are experienced, they either pre-exist child or relate to treatment by others	
Becoming a parent is seen as a crossroads to new positive possibilities for current generation of mothers and fathers	More problematic for 1st and 2nd generation
Tradition and expectation are a very significant force for mothers and influence their sense of self	Fathers are aware of this but do not appear to internalise to the same degree as mothers
1st and 2nd generation mums from middle class backgrounds experienced significant pressure in the 'shame' of not meeting class expectations	
Mums with working class backgrounds are commonly 'anti-abortion' (2nd and 3rd generations) or would never consider abortion as an option	Self-inflicted termination (1st generation mum)
Most pregnancies unplanned but not actively prevented, either through ignorance (1st generation) or non routine use of contraception: *"… knew it might happen"*	Planned pregnancy after forced or 'encouraged' termination (1st generation mum)

[5] 1st Generation = had child in 1950-70s; 2nd generation = had child in 1970-90s; 3rd generation = had child 1990s-2000+.

Commonalities	Differences
1st and 2nd generation mums and dads who married did so to resist termination or adoption, for security, or because it was expected (implicitly the 'responsible' thing to do)	In some of these circumstances marriage/relationship was short lived (and in a number of cases, abusive)
Separating / distancing response from friends, school teachers etc. not uncommon across generations	Middle class families unsupportive of 1st generation mums (50s-60s)
Negative responses from healthcare practitioners, teachers, landlords	Older generation felt judged by work colleagues
Media perceived as having negative and insidious effect on public opinion, discourses and representations	
Sexualities and relationships education poor and/or too late for all (biological focus, lacking relationship content)	Those from the first generation (who had child in 1950-60s) had no formal sex education; middle class mums and fathers relied on library/literature Fathers in semi-skilled jobs had more access to alternative sources of 'education' (brothers, friends, work mates, older partner's, partner's mother) but dads suspicious that 'bragging' (exaggerated accounts) undermined the reliability of information; mums also doubted reliability of informal sources, such as friends' 'misinformation' or parents discouragement / abstain attitude e.g. *"A few minutes of fun can lead to a lifetime of misery"*
Sense of ignorance re birth process common to all fathers and often lack of awareness of / confidence with contraception methods (1st and 2nd generations)	Current generation mums more knowledgeable and less fearful re birth process than 1st and 2nd generations (highlights importance / use of current support services)
All mothers have feelings of difference / defining self as 'other'/ not seeing self as part of the mainstream (which endures into older age)	Hence, affiliate with other young mums or join dedicated groups – more easy for 3rd generation now – greater isolation of 2nd/1st generations – also links to class / geographic location
Strong and proud motherhood and fatherhood identity for current generation	1st generation mums less likely to embrace identity at the time (1960s) Some concealment of motherhood and 'hiding' among older generation; elaborate plans to avoid being seen by certain members of community
Mothers across all generations desire traditional parenting identities (e.g. married) to achieve legitimacy	Being an unmarried mum was more stigmatising than being a young mum for 1st generation mums
Desire to demonstrate and make visible mothering pride, parenting and homecare skills e.g. to health visitor	Fathers' have less fear of health visitors etc. - may tie into next point (professionals' different expectations of fathers)
Being a 'good' mother and running the family home efficiently confounds lay and professional expectations (especially neighbours, health care workers)	Lone dads feel 'different' (due to wider view of fathers as providers not carers): the 'novelty' appeals to women but dads can find patronising
'Proving oneself', and 'striving to be good enough' common across all generations and social classes Enduring fear of child being taken away (2nd and 1st generation mums)	Current young mums aspire to a particular 'type' of home life (eating together, good diet, family holidays, car)
Acceptance of responsibility for child/ren and requirements of parenting role common among mums and dads of current generation	1st and 2nd generation mums report father of their child/ren (ex-partner) being irresponsible and inappropriate

Commonalities	Differences
Strong sense of desire for autonomy among all mums; reject dependency on State / support services (they recommend that support must facilitate autonomous parenting)	
Current generation of teen mums have clear 'continuous career' plans and aspirations for children's futures, explicitly seen as key advantage of early parenting (across generations) Careers must facilitate childcare 1st and 2nd generation mums and dads developed and sustained professional careers when children older	More difficult for mums to get jobs and/or sustain careers pre-90s
In control, ordered, routine lives with plans for future	
Not feckless, not victims, not lacking, not passive	
Common problems for mums: housing issues; isolation and loneliness; lack of money; stigma, name-calling; constant sense of 'coping' Benefit claims for fathers who are primary carers take longer to process than benefit claims for mothers	Sense of 'invisibility' common problem for dads, particularly in health care settings (scans, miscarriages, ill babies) And lack of available/flexible time off for pre-natal, health care visits or birth/paternity leave afterwards These issues aroused most animated, often angry, disclosures
No mother had expectations of support or money for leisure, social life or relationship maintenance	Dads see hobbies as important to *"de-stress"* etc.
Services and support: all prefer dedicated services Childcare (that they trust) is real barrier to education Support for transition to new identity and role very important	Dedicated services and support unavailable for 1st and 2nd generation parents – mainstream provision judgemental and inappropriate for mums; dads very critical though less involved
Need for transport a particular issue for those with disabilities and/or caring responsibilities (all generations of mums)	

Summary analysis of key themes across all generations

Responses to being pregnant

Participants' responses to discovering they are pregnant, fall into 3 themes:

- A pragmatic acceptance shaped by a moral framework which accepts that with risk comes responsibility and this informs their decision to reject termination and become parents. This often goes against the pressures of parents to terminate and is contrary to policy makers desires for a reduction in teenage pregnancy rates
- Going ahead with a termination against their wishes (pressure from mothers) but becoming pregnant for second time a short time later
- Marry to resist forced adoption

Responses to young parents

Others' responses to the pregnancy and young parenthood include those that, in effect, create distance and separation between the pregnant woman and her family, her school and teachers and school friends. Without direct questioning, all mothers named one significant friend who did not abandon them or could empathise because of similar experiences. More positive experiences focus on the responses from dedicated services e.g. Sure Start Plus Personal Advisors, YWCA, Learning Mentors, Father Figures, Developing Dads. Fathers from the first generation had very different experiences to 1st generation mothers in the support they received from their families. Irrespective of generation, mothers retain vivid memories of negative responses from various health care practitioners, their child's teachers, landlords, and other parents. Young mums felt that older mums were particularly judgemental in arenas they were least able to avoid, such as, playgroups, health clinics, hospital wards, playgrounds, and at work. Incidences of name calling that centred on the pregnancy as a sign of being sexually active were not uncommon. The media was singled out for its misrepresentation:

> *"…* [the media] *never mention that.. until you're 18 you can't get a bill in your own name and you can't get benefits, they have to be paid to your parents or to some responsible adult, which implies… you're not responsible enough. …you've had a baby but you're still not responsible. You're responsible for their life, but you can't be responsible to pay a bill"* (2nd generation)

Constructions of young parenting

Responses to young parents were often based on particular constructions of young parenting that were dominant in society at the time, and subsequently held by individuals that had contact with the young parent concerned (whether a friend, family member, professional, or stranger in the street). Sometimes the young parent themselves may have held similar views, that have only changed on reflection over time, illustrated below by the two quotes from one participant:

> *"The next door neighbour came into my house and the first thing she said was, 'Oh isn't it clean?' and my husband said, 'Well why shouldn't it be?' People had expectations of you that if you'd got… if you were young and you'd got all these children, A, you couldn't manage your money, B, you were thick and C, you were dirty, you know… So these were the sort of expectations people had of you. You were young and therefore you were bound to be dirty. You were bound to be feckless really. I was feckless. That's how everybody saw me as being, feckless."* (1st generation)

> *"I was aware of being proud that people thought I was coping, not angry at being patronised. That's come with years. I'm very angry now at being*

patronised, but then I was proud that people thought I was keeping my end up." (1st generation)

Casual encounters were often remembered many years later if the young parents felt they had been preconceived and/or unfairly judged, for example one woman vividly described an incident when she had been collecting financial benefit from a local Post Office when the worker had turned to a colleague and said loudly: *"They* [young mothers] *get everything for nothing these days".*

Self-identities

The young parents in this study tended to have experienced two opposing constructions of their self-identity: one based largely on internalising the negative messages from elsewhere, causing them to doubt their parenting skills, decisions, and own self-worth. In some extreme cases this led to severe depression and suicide attempts. For others, a much more positive self-identity resulted from becoming a parent (sometimes in direct contrast to their previous self-identity of being a 'bad kid'). In many cases, individuals had experienced both formations at different times.

For those that did not have a positive construction of self-identity, they were likely to view themselves as 'other', or not having a 'normal' identity, because of the feeling that being a young parent was to possess a stigmatised identity. For some, their relatively young age as a source of stigma was compounded by also being an unmarried mother. This sense of being 'other' was often challenged by belonging to a specific support group or service that was aimed at young parents; having friends and acquaintances that were also young parents could help establish a more positive view of themselves and other young parents.

In contrast to the stigmatised identity often prescribed by others, some young mothers and fathers were able to create a more positive self-identity based on their new role as parent (see Case studies 2, 4 and 5 for examples). This concurs with previous research (Hirst, 2003a; McDermott *et al*, 2004). This positive parenting identity is built on notions of being responsible, mature, and in control. For some, getting married added further legitimacy or acceptance to their new status as parent.

"Actually settling down as well, that's a big achievement for me because I've had dreams and that and hopes and they've never turned out. This is the only dream I've actually managed to keep or managed to succeed in and that's getting married.. and being settled" (3rd generation)

Children's needs come first

Many of the parents had a clear sense that part of being a good parent was to put their child's needs above their own (this was even evident in their choice of gift voucher for participating in this project).

"I wanted to buy things for myself and I couldn't because I had to think of the baby first" (3rd generation)

They often held strong views about the right ways to parent, including:

- ensuring the family ate healthily
- maintaining 'quality time' with family meals taken all together, around a table
- prioritising or aspiring to family holidays, where possible
- devising career plans (both for themselves and possibilities for their child)
- wanting a job that required minimal (or no) external child care

'Striving to be good enough'

For many participants there was a constant sense of surveillance, as if their parenting was being judged and could be punished, with some individuals saying they had a fear of their child being taken away, though they were not able to explain why they thought that this might happen. This resulted in a feeling of always *"striving to be good enough"*, demonstrated in many varied ways, including: keeping a tidy house, maintaining a certain level of perceived 'quality' of clothes for their children, or requiring a particular range or choice of toys for their children.

> *"I wanted to prove that I could do it. Not just to everybody else, to myself"* (3rd generation)

Living on a low income

Most of our participants had experienced living on a very low income at some point during their parenting, which manifested itself in many ways:

- lacking enough, or appropriate, furniture
- having no money to support leisure/holiday activities for themselves or with their partner
- restrictions on activities/holidays they could facilitate for their children
- transport difficulties for education, training, employment or leisure because of a reliance on public transport
- lack of time together as a family because of employment necessities
- problems accessing or receiving benefit entitlements

> *"You can have a 17 year old mum who gets less than an 18 year old mum, but they still have basically the same needs, yet they're on £10 a week less simply because of their age. Their baby still needs nappies and milk and stuff like other mums"* (2nd generation)

5. Conclusions

Conclusions on methods

Biographic narrative interviews

The biographic narrative interview method was highly successful in eliciting in-depth qualitative data on experiences of teenage pregnancy and young parenthood. The method exceeded our expectations in situating these specific events and roles in broad, historical, social, political and familial contexts. Hence, we have been able to appreciate participants' identities and biographies in relation to their whole life course, including their upbringing, schooling, further education and employment, family and friendship networks, sexuality and relationship histories. Most importantly, the use of this method has highlighted diversity across genders, generations and social class, and specific experiences such as, domestic abuse, drug and alcohol use, disability, depression, being a young carer, growing up in care, enforced abortion and bereavement. These issues were raised by participants without direct questioning from the interviewer, and without them, our data would be partial and less holistic.

This method was also employed as a means to facilitate participants' reflexivity. The extracts from the data (below) illustrate that this was achieved.

Photo' diary / photo-elicitation

This method offered a means of providing a relaxed focus for group discussion and like the biographic interviews above, were very successful in excavating the contexts in which participants experienced their everyday (present and/or past) lives, and mapping complex relationships. For example, a first meeting with one participant revealed considerable detail but it was not until the second discussion which involved her photographs, that more nuanced understanding emerged, such as details on her ex-partner, and the place of her estranged child's social worker. The social worker had not been mentioned previously, but the photograph with him sitting to one side during the interviewee's daughter's birthday party, confirms him as respectful, supportive and having a tactful rather than judgemental distance from the main family group.

The following quotes from participants illustrate the success of these two methods:

> *"I don't believe half of what I'm saying to you, cos' do you know.. I was saying to a friend of mine when I went out with her last week, that you know, that I was seeing you today and doing this stuff and I said 'I've told some people some stuff and I've told other people other stuff and other people other stuff but I have never ever told anybody everything'.. I'm quite amazed really hearing it meself"* (1st generation)

> *"I find that for me they've been very good at sorting out things. They might have come across as a bit disjointed, but I think I've been working out what do I think about things and I think what comes – what I've thought about afterwards – comes across is a lot of the contradictions that are in life."* (1st generation)

> *"I'd not put that piece of the jigsaw in place before now.. it was a fairly difficult home situation really, when I think about, when I kind of put it all in context"* (1st generation)

Talking heads DVD
The brief for this film was to elicit wider, contemporary public views on teenage pregnancy to provide a meaningful and up-to-date context for our own research data. The result meets this brief in offering examples of both negative constructions of young parenting, as discussed previously, and more positive opinions on young parenting, from people of diverse ages and identities. The film also attends to a deficit in our data by focusing particular attention on the experiences of current young fathers (who locally may be more used to creative formats because of their experiences of particular support services). We hope the end result will be useful as a teaching and training aid, to stimulate discussion on this topic.

Peer interviewing
As discussed in the methodology, our peer interviewing did not produce any data due to the personal circumstances of the peer interviewer. Funds did not permit more extensive exploration of methods that might offer firmer guarantees regarding recruitment, peer researcher support, and data collection. Also, at this stage in the research we took decisions to consolidate data collection from the other methods, hence recruiting additional participants via other means. However, we firmly believe that this is a worthy method to include in a menu of options since participates were enthusiastic about the method on first hearing about it. But, caution is necessary in ensuring that funds will support participants to carry out the peer interviews because initial willingness can be overshadowed by other pressing commitments that might jeopardise eventual involvement.

Overall, trialing these methods has reinforced our belief that qualitative approaches that utilise feminist principles of research, flexible timescales and space to accommodate participant and partner agency needs have great potential to elicit meaningful, reliable and valid data on young parents' experiences. But, we must also be innovative in our choice and design of qualitative methods if we are to unearth the true complexity and diversity of experience. As Sally Goldsmith urged at our interim findings dissemination conference (2006):

> *"Lets break free from traditions that only see surveys or focus groups as legitimate"*

At our interim findings conference in March 2006, Sally Goldsmith and Rony Robinson offered a positive example of innovative ways of documenting young parents' insights and experiences. Sally and Rony worked with a number of young mums and dads in South Yorkshire in order to devise and write a musical play for BBC Radio 4 ('Mummies and Daddies', broadcast on 6.11.06). The final script and songs contained in the play reflect the 'real life' experiences of the young parents; the lyrics for the 'documentary song' (Goldsmith, 2006) contained in this report are taken from verbatim quotes with one particular mum. These lyrics ('Just me and him') appear at the beginning of the report (see page 3).

Conclusions on findings

Sharing stories for the first time
These data provide rich and in-depth insights to the stories behind having a child at a relatively young age and the meaning which that experience has today. We were struck by the willingness and time that participants dedicated to telling their stories and this may be a reflection of the fact that several participants had few or no opportunities for endorsement of their experience, especially among those from the older generation. One can only guess at the impact of not sharing particularly harsh experiences, such as, enforced termination, self-inflicted termination, domestic abuse, and ostracisation by friends and family. Our view is that it is likely to have been the same for younger generations were it not for dedicated support services.

Research highlights a complex and diverse picture of young motherhood and fatherhood, for past and present generations
Though there are commonalities across generations, individual biographies are, as would be expected, unique and complex, with no fixed patterns in pathways to parenthood. In this sense, many of the personal circumstances experienced by the young parents we spoke to, and the aspirations they had for the future, echo those held by other parents. In other words, young parents' identities and experiences are not defined or determined solely by their age any more than older parents are. (Interestingly, the identity of single parent, if applicable, was often far more important than that of young parent, for those we interviewed.)

Pregnancy is not planned
For a majority, the pregnancy was unplanned and the news was commonly accompanied by 'shock'. Reflections often indicate a sense of passivity and fatalism e.g. *"Just did* [got pregnant]*", "… didn't plan it but didn't try to prevent it"*.

Sense of turning-point and purpose
Having a baby often provides a crossroads to new possibilities for both young women and men. This theme surfaced in accounts from both fathers and mothers, and in each of the three generations. In some cases, there were references to 'getting back on the rails', for example in relation to social life ('I'd been drinking too much…') or to education ('I knew I had to make a go of it for the baby's sake…'). In other instances, there was a strong sense of wanting to form a loving family; for some, this was a reaction to an unloving or chaotic background; for others it represented building on sound family networks and parenting models. This message is slowly percolating through to the media, for as Tickle headlines (2006) 'Babies put teenage mothers back on course'.

This notion of crossroads was gendered insofar as it represented different opportunities, choices and/or problems, for males and females. Though there are no clear definite trends, women were more likely to consider the crossroads as a possibility for role modelling family life or returning to education in order to serve as positive examples for their child/ren, whereas men were more likely to consider individualised opportunities for lifestyle changes or determination to achieve career ambitions.

The young parents we spoke to often also had a strong sense of empathy for, or anger on behalf of, other young parents. This led some to actively give advice to others where they felt able to, and points to the potential for capitalising on peer support for future provision (see below).

Becoming a parent is one route to adulthood – no 'one best way'
From this data and that from our previous studies (also see Jones, 2002), there is no doubt that becoming a parent transforms a young person into an adult. This raises questions about whether an 'inclusion' policy that aims to reintegrate young parents back into education by returning them to their former school (Dawson *et al*, 2005; Harris *et al*, 2005; YWCA, 2004a) is the most appropriate mechanism for supporting the transition to adulthood.

Benefits of having a child at a relatively young age
These include:

- closer relationships to children / grandchildren because of smaller age gap
- successful, continuous careers for mothers (without maternity leave gaps)
- youthful health and energy whilst childrearing
- time left *"to enjoy life"* after children have left home

> *"I am glad I was a young mum simply because of the way my life has turned out since really. I think it's kind of been such a positive experience for me"* (2nd generation)

Sense of pride and pleasure in parenting experiences
Mothers and fathers stress the importance of their identity and role as parents, and their sense of achievements that defied others' expectations e.g. health and/or happiness of child, staying together with partner, educational qualifications gained when children young.

Becoming a parent is a positive choice
This was the case for all mothers and fathers, across all age groups (all 3 generations) and social classes. In contrast to the weak agency displayed in relation to becoming pregnant, a much bolder sense of agency is evident thereafter in decisions to reject abortion (despite strong pressure from some of their mothers to terminate) and take responsibility for their actions by progressing with the pregnancy and becoming a parent. This echoes findings from research by Cater and Coleman (2006), Hoggart (2006) and McDermott and Graham (2005).

Feeling of shame, stigmatisation, 'proving yourself' or of feeling 'other'
For mothers across all generations, the feelings they experienced at having a child young continued throughout their life. These included:

- needing to / avoiding 'disclosure' at work
- ongoing fear or distrust of health / social care professionals
- anger towards media's portrayal of young parents
- not meeting / defying social class and/or parental expectations (potentially leading to feelings of guilt or low self-esteem many years later)
- missed sense of youth, feeling left out of youthful activities
- need for affirmation later in life
- striving to prove one's self over and above expectations of older parents
- sense of having to do 'more' or 'better' to be accepted.

This is important in highlighting the impact of others' attitudes on young parents. The impact is long term and insidiously undermining. It can also influence the ways in which young parents perceive each other, in that some may make efforts to highlight their own positive identity as a parent at the expense of other young parents. This process of 'othering' (Phoenix, 1991) highlighted earlier is counter-productive to peer support.

The stigma of being a young mum endures to the present day

Mothers from earlier generations (and in some cases their parents) went to great efforts to conceal the pregnancy and child and employed Goffmanesque 'passing' techniques to avoid attention or identification (Goffman 1969, 1968) as a young mum. Fathers from the same generation were aware of the stigma but felt it was not as negative as that focused on the mothers, perhaps because of different expectations of male and female sexuality. For the current generation, young pregnancy is more visible, but young mums still experience inappropriate actions such as staring, judgemental attitudes, and insults. These actions reinforce young mothers' sense of 'otherness'. One female participant's use of the metaphor of being 'branded' as both sexually active and pregnant at a young age clearly demonstrates the visibility and permanence of the stigma surrounding teenage (sexuality and) pregnancy. Some women in our study explicitly linked negative responses to their pregnancy with subsequent diagnoses of depression and later improvements in health when appropriate support services were accessed. This ongoing psychological impact of the stigma associated with young parenting was only possible to identify because of our research looking at previous as well as current generations of young parents. This finding suggests the important role that understanding and sympathetic (dedicated) support services may have in the future in decreasing this long-term negative impact.

Constant sense of coping / having coped with range of adversities

Despite enjoying motherhood, women from all generations describe a sense of continually swimming upstream, that nothing is/was straightforward but that they had or would cope. This could apply irrespective of one's childbirth chronology, but, for young mothers, there are specific issues that have appeared and continue to appear over the past five years with significant regularity. These include: housing difficulties, financial problems, stress, lack of support, and social isolation.

Housing

Mothers across all generations stated housing as being a major problem. Appropriate housing provided a 'nest' that facilitated planning and a sense of control, security, safety, pride and legitimacy in the parenting role and its responsibilities. By contrast, not having one's own home or having inappropriate accommodation undermines preparation for birth, self-esteem and effective parenting and hence adds to the stress and coping described above. All participants were aware of the myth that childbirth can secure housing and cited much counter evidence on the profound difficulties that most experience. These include the problems of sharing accommodation with family members, often in cramped conditions, which adds practical problems as well as leading to issues around a lack of independence and/or self-control because of family support crossing the line to becoming possible interference or domination.

> *"It's when that support becomes interference because* [you] *can't get near* [your child] *for* [your husband's sister].. *and she's telling* [me] *that* [I'm] *doing all this the wrong way and undermining* [my] *self esteem and* [my] *confidence.. feels like* [I'm] *being watched constantly"* (2nd generation)

> *"It's my house, it's not anybody else's. It's mine and I pay for it and it's where I feel safe and where all the love in my life is… that's why it's so important to me"* (2nd generation)

Pregnancy or parenthood is rarely the primary problem for those experiencing difficulties or adversities

Contrary to popular stereotypes, lay beliefs and some academic and political discourses that highlight links between young parenting and adversities (in health, education, employment, etc.), our data offer further evidence that if problems are experienced, they are more likely to pre-date pregnancy and/or be linked to structural / material / familial factors that have potential for longer term problems irrespective of whether the individual became pregnant or had a child at a relatively young age.

Lone parenthood more stigmatising than being a young parent

Some women and men over the three generations and all social classes believe that being an unmarried parent is regarded as (even) more deviant and stigmatising than being a young parent. The Government's Teenage Pregnancy Strategy shows evidence of a dominant ideology and set of values that privilege the 'traditional' family and at the same time illegitimises sex and childbirth outside the confines of marriage. Those outside this tradition have steadily become more numerous; nevertheless, they continue to serve as scapegoats for the moral right who view young unmarried parenthood as a threat to the sanctity of the 'family' and the maintenance of normative expectations for gender roles and parenting. These views have deep historical roots which are resistant to change and far reaching in their implicit effects (such as impact on lay beliefs) and explicit effects (such as policy that privileges the family).

School sex education poor for all

This might be predicted for the older generation of parents, but younger age groups were unanimously disparaging about their formal sex education, or they missed it completely because it took place on a day when they were absent from school. Talking about sex, particularly between sexual partners, is still a great taboo and no participants had had any 'relationships education'. Lack of confidence to talk about sex and contraception (especially safer sex) was common across generations for females and males and may have contributed to their unplanned pregnancies. Hamm (2006) found a similar lack of sex education among her sample of (current) young mums. Several studies (see Chambers, 2001; Hirst, 2004c; Hoggart, 2006; Swann *et al*, 2003) highlight the importance of Sexualities and Relationships Education to ensure accurate knowledge of contraception and pregnancy, but also to enhance self-confidence to negotiate safer sex and be aware of support services and individuals in whom they can confide.

The lament that sex education occurs too late is not uncommon but to find that one can miss-out on sex education because it is limited to one dedicated day in year 11 of schooling (as for three 2nd and 3rd generation mums) was unexpected. That more schools are relegating PSHE and SRE to dedicated one-off days is alarming and that this day occurs in the final year of compulsory schooling begs questions about its utility and timing.

Significance of supportive community context for young parents

Both mothers and fathers highlighted the social and support benefits of living in a community where young parents were not unusual. This contrasts with the isolation described by some (2nd generation) mothers of living in middle class communities where young parenthood is less visible, community spirit sparse, and car travel prevalent which minimises the visibility of mothers and pushchairs. From our data, it is unclear whether the supportive local community context extends to an influence in decisions to reject abortion since all participants named their mother as the person who tried to persuade them to have an abortion. However, Hamm's (2006) study in the same geographic region found that a majority of young women were against

abortion or rejected abortion because *"It's not the baby's fault".* As a result, only one out of 23 young mothers attending an ante-natal clinic had even considered a termination. This lends support to Tabberer *et al*'s (2000) study which found some British working class communities attached more stigma to abortion than to teenage motherhood (cited in Hoggart, 2003).

Universally poor experience of professional care
Irrespective of generation, age group, gender and class, all participants described poor experiences of maternity care, with major problems being insensitivity and judgemental attitudes from professionals, professionals' actions and communication that excludes fathers, and lack of information and consultation on choices available for birth and pain relief. This reinforces accounts from previous studies (see Hirst 2003a and other studies in literature review). It is worth noting that improvements have been made since our first generation mothers were in labour and had so little sex/reproductive knowledge that they literally were not sure where the baby was going to come from. This relates to slow shifts in the acceptability of discussing sex, contraception and/or reproduction openly, both in public and between partners. The availability (and cost) of contraception has also improved in the last forty years. Nevertheless, more openness regarding sexualities and sexual relationships could still be encouraged within education and health settings (see earlier discussion on school sex education specifically).

Female dominated care
Fathers from the 1st and 2nd generations describe experiences of female dominated care, in both formal and informal domains (e.g. radiologists, doctors, midwifes, health visitors, mothers-in-law, sisters, female teacher colleague). This enhances fathers' sense of exclusion from involvement in decision making and/or caring for the child.

Gendered patterns
Analysis of the data highlights some gender difference regarding both parenting behaviour and responses to young parenting. First, regarding time spent parenting, and time spent away from parenting, male participants in our study appeared to attach more importance to relaxation activities when not involved in childcare than mothers in the same age groups (see 'Case study 4: Second generation fathers' and 'Table of commonalities and differences between mothers and fathers and across generations'). This may be due to practical differences in spare time between mothers and fathers, single mothers' financial constraints, or because of different perceptions (whether on the part of the individual, or in society in general) about the acceptability of parents' prioritising personal hobbies. What is key, however, is that the men saw leisure time as important in up-keeping their family role, whilst the women assumed, and fully accepted, that they would not have any leisure time.

Second, there was some evidence to suggest different responses towards single fathers, compared with single mothers because of particular expectations in society of gendered patterns of parenting (see 'Case study 2: First generation fathers'). In sum, single mothers in this study tended to experience practical difficulties in their parenting and/or face stigma, whereas some single fathers experienced 'praise' by virtue of being a lone male parent. In this sense, being a single father was sometimes viewed as 'a novelty' (and more unusual than being a young father) because of perceived norms held in society about who becomes a single parent, or the gendered distinction between a 'caregiver' and a 'breadwinner' role in a two-parent family (Hirst, 2004a).

Importance of dedicated support

The current generation of young mothers viewed dedicated support as very significant. It helped them emotionally, socially and practically. Mothers from previous generations were at a distinct disadvantage if they did not have family support as other forms of support were not available. Some mothers talked about the importance of this support in facilitating independence, autonomy and growth, rather than feeling like dependence, pity or charity.

> *'*[referring to a break from her children] *…just for a couple of hours because you can lose yourself in that role especially if you're on your own as well, of just being a mum and you kind of forget and neglect that you've got needs as a person in your own right as well"* (1st generation)

Social isolation; potential for peer support?

The social isolation that many mothers experienced in this study, for instance losing old friends once they became pregnant, often added to the importance they placed upon having friends in similar circumstances to themselves. This need for empathy and affirmation has already been identified. It also suggests the strong potential for the development of peer support programmes within young parenting support services. As Kidger argues, public policy needs to adapt broad notions of participation and of social capital, not only reduced to formal employment or education and training (Kidger, 2004a).

In conclusion, our findings reinforce the messages from another recent piece of research commissioned by the Joseph Rowntree Foundation (Cater and Coleman, 2006) that for a majority, young parenting is a positive choice. Any 'problems' experienced are likely to either pre-exist pregnancy or be created by the lack of appropriate support offered to them by their immediate surroundings and/or society as a whole. It is paradoxical, therefore, that the New Labour Government appears to refute these findings (as well as similar previous findings, themselves funded by the Government):

> 'Beverley Hughes, minister for children, families and young people said [of Cater and Coleman, 2006]: 'This is an unfortunate study which, on the basis of a very small and carefully selected sample, suggests that teenage pregnancy can be a positive option for some young people. We reject that view completely. There is overwhelming evidence that, overall, teenage parenthood leads to poorer outcomes both for teenage mothers and their children'.' (BBC News, 17.07.06)

The key point that the Government do not appear to want to address is the importance of social context in facilitating positive or negative experiences of (young) parenting, whether this be the existence of poverty, stigma, inadequate support services and/or professional care, or poor housing. Yet, the experiences of young parents is often inseparable from these factors, as research which allows the place of context and life course to be explored fully demonstrates.

> *"Because they're teenagers we as adults think there's a reason why they've done it other than they want to be a parent"* (2nd generation)

Research with and about young mothers has consistently emphasised their sense of resilience and of resistance to stigmatisation (McDermott and Graham, 2005). Our findings prompt us to reflect that this has problematic aspects as well as positive ones. One concern relates to research methods. In a public climate which devalues

and stigmatises ‘early’ parenthood, it is unsurprising to find that young women reflect those negative images when interviewed, asserting their own sense of agency and of self-respect – and perhaps feeling that any acknowledgement of difficulties will only feed into further negative stereotypes. We suggest that research which includes longitudinal aspects, or ethnographic and biographical techniques is particularly important in this context. We found that both the biographical-narrative interviews and the photo-elicitation techniques facilitated exploration of the transition to parenthood in some depth, including difficult or ambiguous feelings and experiences as well as more straightforward ones. The fact that so many studies are limited to one-off interviews or focus-group discussions – substantially because of resources – is a concern.

6. Recommendations

Recommendations about methods and future research

1. Appropriate research methods

This study highlights the need for all research to utilise sensitive and appropriate research methods that both engage and sustain participants' interest.

2. In-depth / narrative research

There are clear advantages to using a narrative research approach which highlights the importance of studying a given topic within the context of individuals' life course. This emphasises both the significance of social context *per se*, but also the diversity of experiences (for example, associated issues which may also exist such as domestic violence, disability, and/or additional caring responsibilities). In some cases, narrative research methods can be empowering simply by allowing individuals to tell their stories, and thus potentially validating their experiences.

3. Researching in partnership

There are also clear advantages to adopting a partnership approach with both participants and relevant local agencies/organisations. Research, whilst maintaining impartiality, should not be an in/out procedure. Developing and sustaining strong links and ongoing working relationships with local stakeholders can benefit future research through mutual consideration and consultation on the needs of research-funders, participants, practitioners, and researchers.

4. Future research

This research has identified potential research gaps that could be addressed in further detail in the future:

- More work with young fathers to understand their experiences, support needs, and aspirations
- Further research into the experiences of teenage parents at the younger end of the spectrum (often policy and practice adopts a standardised approach when evidence from previous research, and the views of teen parents themselves suggests that becoming a parent at 13/14 is very different to being a parent at 18/19). Greater evidence in this area would help future policy and practice development
- There is a need for longitudinal research into the experiences of upper and middle class young parents (both past and present) as this research suggests significant differences between the experiences of different social groups. There is also evidence to suggest that middle class young parenting is not as uncommon as is often assumed (Allen, 1997; Aitkenhead, 2005). Research in this area may help to further highlight the place of social disadvantage / deprivation in producing different outcomes for teen parents and their children, which could also feed into policy and practice development
- There remains a gap in research focusing on 'planned' young parenthood, particularly as a route to adulthood or as a (positive) turning-point in life
- Previous research has not looked at the effect of forced abortion, adoption and/or marriage as a result of teen pregnancy, and its impact on mental health, subsequent pregnancies, future relationship(s), and/or experiences of parenting
- International comparative research could help to identify the influence of different economic / social contexts (see Arai 2003b), and varying attitudes towards teen pregnancy, on the experiences of young parents

Policy and practice recommendations

1. Dedicated support

This research further emphasises the importance young parents place on dedicated service provision (see Hamm, 2006 for another recent example). Support services such as these, whether in the voluntary or statutory sector, help with practical issues such as housing and benefit claims, as well as emotional needs, helping to address social isolation and low self-esteem. They may also provide links to future educational and/or employment opportunities.

This support should be young people-friendly and both lone parent and unmarried parent-friendly (practitioners should confront how they feel about single and unmarried parents, irrespective of age). Services can support young people in making the transition to a new identity as parent. Respondents in this research highlighted the need for *"appropriate support",* combining both formal and informal approaches, and providing affirmation to foster personal learning and growth, rather than dependency. The support needs to facilitate individuals' social networks (i.e. attempt to address the social isolation many young parents experience) – for example, this might involve allowing young parents to bring friends to certain activities supported by the service(s).

Public policy on dedicated support services needs to take account of young peoples' views that becoming a parent can be a turning-point; a route to adulthood; can provide perceived benefits; be a source of pride, and ultimately a positive choice. Public policy and provision in this area needs to begin to tackle the stigma young parents experience, and heed the long-term impact that this can have.

2. Peer support

Future service development could explore the possibilities for peer support and/or training that could be offered, to the benefit of both those delivering and receiving it (Kidger, 2004a; 2004b; 2005).

3. Dedicated website

The need for information, and requests for a dedicated website on sexual health, teen pregnancy and young parenting (and the services available) is reinforced by this and previous studies (Hirst, 2003a; Hirst *et al,* 2003; Hamm, 2006). This is particularly important to improving access and effectiveness of support for fathers (Hirst, 2004a), and is an appropriate strategy given that fathers appear more likely than mothers to utilise virtual information and signposting to support services.

4. Childcare

Childcare remains a barrier to future education, training and employment (practically, financially, and culturally), which is an issue that needs to be recognised and addressed in future service design/delivery.

5. Transport

Support for improving and/or financing (public) transport is also an issue that needs to be addressed in order to help young parents pursue healthcare, education, employment, and leisure.

6. Housing

Improvements need to be made to the availability, accessibility, appropriateness and quality of social housing provided to young parents. Consideration should be given to the young parents' decisions around support needs, their own support network (e.g. regarding geographical location), relationship to the child(ren)'s other parent(s), their

sense or level of independence, and the time needed to prepare during pregnancy. In all housing support, provision should be available to allow children to know both parents – this is vital for mums and dads who are not the primary carer.

7. SRE and PSHE in school

The place of Sexualities and Relationships Education in school is vital to giving young people the confidence to talk about safer sex, and in discussing prevention and/or support for pregnancy and parenting. This is especially true of work with young men on fathering. This research suggests that this needs to take place much earlier than it presently does, given that some participants became sexually active at the age of twelve. Issues that need to be addressed include: intimate relationships and sexual relationships, gender, sexualities, contraception, pleasure, responsibility, risk, and consent: schools need to facilitate honest and frank discussions around these topics, and consider accompanying awareness raising / guidance about these issues at home by working in partnership with parents and carers.

8. Community contexts

This research highlighted the importance of supportive community contexts in facilitating positive experiences of young parenting. This suggests, therefore, that service provision needs to link in with local community activities and needs.

9. Professional care

Unsupportive and/or female dominated professional care was a key factor in experiences of support, healthcare particularly, for participants in this study. Training needs to be carried out with practitioners working with young parents to identify and address the implicit and explicit messages they may be giving out to their clients.

10. Training needs

It is suggested that peer training techniques be adopted, and efforts made to involve young parents and/or former young parents in delivering awareness raising training to practitioners working in this field. Innovative methods should also be explored to disseminate information and engage interest e.g. visual and/or creative elements. Groups that could be targeted include: teachers, social landlords, school pupils, healthcare workers, social workers, and social care practitioners, who all need to be aware of the fears young parents may have about them, as well as the practical difficulties and stigma young parents often face. The use of our 'Pathways into Parenthood' DVD could begin to start this process.

11. Specialist education provision

Specialist provision for young parents' education centres should be continued and expanded (both geographically and in numbers of places available). There is evidence to suggest that this model works more effectively than returning young parents to mainstream education (Aitkenhead, 2005; Dawson *et al*, 2005; Harris *et al*, 2005; Mitchell, 2006; Tickle, 2006; Ward, 2004; YWCA, 2004a).

12. Benefit entitlements

Attempts should be made to equalise benefit entitlements for young parents under and over eighteen years of age.

13. Specialist healthcare provision

Following the demise of Sure Start Plus, consideration should be made to how forms of specialist healthcare support can be provided. This could include specific drop-in sessions, for instance, in an attempt to reduce the stigma sometimes faced by young parents (from older parents and/or unaware/untrained practitioners) and improve the take-up of certain services. Again, there is evidence to suggest specialist support is

welcomed by young parents (Hirst, 2003a; Hirst *et al*, 2003). Thought should be given to models of provision and approaches to support that could include and engage (young) fathers in this process.

14. Dads awareness raising

General awareness-raising sessions could be offered to healthcare and related practitioners, drawing on evidence from this research and elsewhere, on the ostracisation fathers sometimes feel (Hirst, 2003a; 2004a). This could also include issues affecting dads in relation to benefits and paternity rights.

15. Government policy

Government policy should begin to address some of the issues academic research has been raising in recent years in relation to young parenting. This could include:

- Young mothers' (and some fathers') wishes to remain at home during the first few years of the child's life, and to re-enter education and/or employment later on
- The present framework and discourse that surrounds the welfare to work agenda which implicitly adds to the social exclusion that young parents can face, that the Teenage Pregnancy Strategy itself seeks to eradicate
- A shift within the Teenage Pregnancy Unit to an emphasis on choice and support for young parents, rather than risk and prevention (this could include consultation with young parents themselves and draw upon existing academic research)
- Recognition of the complexity of young parenting which is not a one-dimensional existence: policy makers need to be mindful of other issues that can surround – but importantly pre-exist – young parenting, for example drug and alcohol use, disability, depression, and/or growing up in care
- The need to tackle some of the issues / social contexts that surround – but again often pre-date – teen pregnancy, such as poverty, stigma, inadequate support services and/or professional care, and poor housing.

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Appendices

Appendix 1: Former young parents recruitment flyer

Appendix 2: Young mothers recruitment flyer

Appendix 3: Young fathers recruitment flyer

Appendix 4: Participant information sheet

Appendix 5: Information for (BNIM) interviewees

Appendix 6: Relevant events attended during the course of the project

Appendix 7: Interim findings one-day conference programme

Appendix 8: Guidance on photo' diaries

Appendix 9: One-page project summary

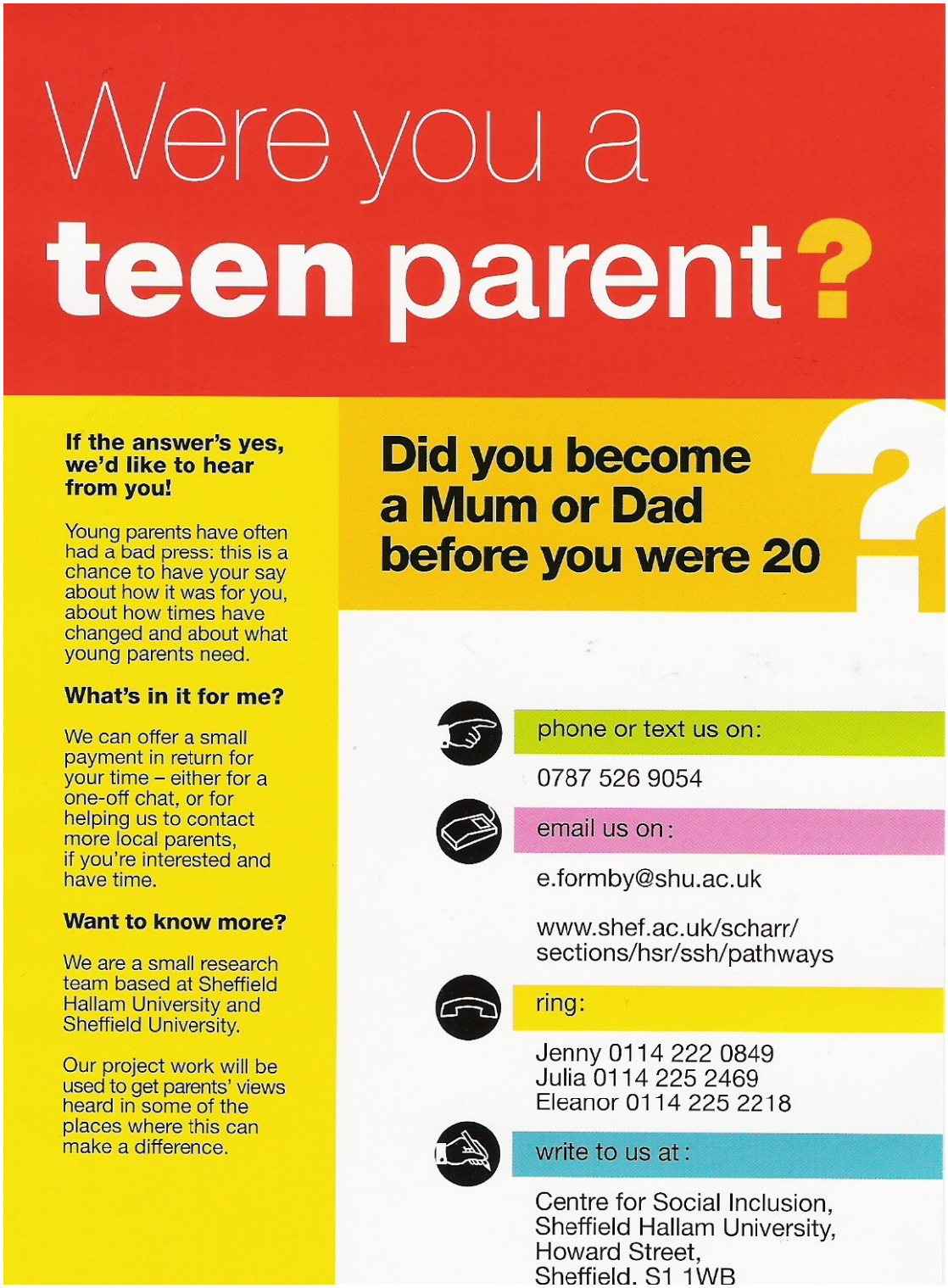
Appendix 10: Interviewees / group discussion participants consent form

Appendix 11: 'Talking head' video participants consent form

Appendix 12: 'VoxPox' on the street video participants consent form

Appendix 13: Participants' method(s) of participation

Appendix 1: Former young parents recruitment flyer



Appendix 2: Young mothers recruitment flyer

Appendix 3: Young fathers recruitment flyer

Appendix 4: Participant information sheet

Centre for Social Inclusion
Sheffield Hallam University

ScHARR
School of Health and Related Research

PATHWAYS INTO YOUNG PARENTHOOD:

PARTICIPANT INFORMATION SHEET

You are invited to take part in a study that hopes to develop a deeper understanding of being a teenage parent and help the development of better services for pregnant teenagers and parents. The study will be based in South Yorkshire and has been funded by the Sheffield Health and Social Research Consortium.

"Why have I been asked to take part in the study?"
As someone with the experience of being a teenage parent we see you as an expert on this issue and therefore we want to hear your views and experiences.

"How long will the study last?"
The study will be eighteen months long. You can choose how to take part: for instance, this could include being interviewed informally (3 visits over 3-6 months), or you could help with other methods of collecting parents' views e.g. photographic and tape-recorded diaries, or group discussions. See below for more information on this.

"Who are the researchers?"
The researchers are Julia Hirst and Eleanor Formby from Sheffield Hallam University and Jenny Owen from the University of Sheffield. They have long-standing interests in understanding experiences of teenage parenting and have been involved in various research projects about improving services for young people.

"What will it involve?"
If you agree to take part in the study, you will be able take part in one or more of the options below:

- be interviewed three times over three-six months by one of the researchers
- participate in photographic and audio-taped diaries
- train as a researcher and carry out one-to-one interviews with other people who are or were teenage parents
- participate in group meetings and discussions.

"Where will all this take place?"
The study focuses on South Yorkshire. Venues will be agreed in consultation with participants but we will ensure that they are convenient, accessible and safe, and spread across different locations within South Yorkshire. Any travel expenses will be reimbursed.

"What if I do not wish to take part?"
Participating in the study is totally voluntary. If you decide not to take part after reading this information, that is fine. If you do decide to get involved and later change your mind, that's no problem: it would be helpful if you could let one of the researchers know. If you don't want to get involved at the moment but change your mind later on, don't hesitate to ring us. We'll be pleased to hear from you.

"What if I change my mind during the study?"
You are free to withdraw from the study at any time without giving a reason. During an interview or discussion group you have the right to choose not to answer any question or to stop or pause the discussion at any time.

"What will happen to the information from the study?"
All information (data) will be entirely confidential. The data will be kept in a locked cupboard. Tapes from interviews will be transcribed, all personal details will stay confidential and the tapes will then be destroyed once the study is completed. The information collected will be written up by the researchers but any names or identifiable information will be changed or removed. The final results will appear in a report and in papers submitted for publication. No information included in any report or publication will identify you in any way.

"Will I have the opportunity to find out more about the project and give my views, at any stage in the project?"
Yes. At the beginning of the project the researcher will ring you to make sure that you feel clear about the aims and methods for the study and you can ask as many questions as you like. During the project there will be lots of opportunities to discuss the study and your feelings about your involvement. If you wish, the researcher can arrange a follow-up appointment for you to discuss any issues in private.

"What if I need support or someone to talk to during the study?"
If your involvement in the project brings up issues or concerns that you would like to talk about, the researchers will be available to offer their support, or help you to access other specific support services.

"Can I find out about the results of the study?"
We see you as vital to sharing the results from the study with people providing services. We will invite you to take part in the planning and running of a conference to achieve this.

"How will the research be brought to an end?"
All participants in the project will be invited to an event to celebrate the end of the project and give their feedback on their experience.

"What if I have further questions?"
You can ring or email the researchers. Their contact details are:

Julia Hirst	Eleanor Formby	Jenny Owen
0114 225 2469	0114 225 2218	0114 222 0849
j.hirst@shu.ac.uk	e.formby@shu.ac.uk	j.m.owen@shef.ac.uk

Appendix 5: Information for (BNIM) interviewees

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PATHWAYS INTO YOUNG PARENTHOOD:
INFORMATION FOR INTERVIEWEES

As part of this research, we would like to talk with you 3 times, over the course of about three months:

The 1st time
The first time we would like you to tell us a little about your life, for us to get to know you, without us interrupting! You can choose where to start, where to end, what to leave in, what to leave out and in whatever detail feels best for you, e.g. it's up to you how much you tell us about your childhood, or particular memories. We simply want to hear what you describe as the significant events in your life. You may like to show us photographs or other things that are part of your story – but it's totally up to you. This interview will probably last *about an hour*, depending on how much you want to tell us.

The 2nd time (about a month later)
The second time we would like to check we've understood what you told us the 1st time we met, and then ask you some questions about your experiences of being a teenage parent. This meeting will probably last *60-90 minutes*.

The 3rd time (about a month later)
The third, and final time we meet, we would like to finish talking about your experiences of being a teenage parent, check that we have recorded all the information correctly, and give you the opportunity to change or add to it, or add anything else that you may have forgotten to tell us in our 2nd meeting. This meeting will probably not last any longer than *45 minutes*.

The 3 interviews will be tape-recorded and the interviewer may also take notes to help us write them up – if that is OK with you. The tapes won't be played to anyone else and the tapes and notes will be stored securely.

When we speak with you to arrange each interview, we will check how much time you have available, and if you need any help with childcare. The interviews will take place at the location that is most convenient for you - this could be at your home, at the researcher's place of work, or somewhere else that suits you. We will pay any travel expenses.

If you have any concerns or questions about any of this, please get in touch! You can ring or email us on:

Eleanor Formby, 0114 225 2218 or 0114 225 5786, e.formby@shu.ac.uk
Julia Hirst, 0114 225 2469 or 0114 225 2543, j.hirst@shu.ac.uk
Jenny Owen, 0114 222 0849, j.m.owen@shef.ac.uk

Thank you!

Appendix 6: Relevant events attended during the course of the project

Event details	Date	Participation
National Teenage Parent Research and Practice Group quarterly meeting	9/12/04	One researcher attended
National Teenage Parent Research and Practice Group quarterly meeting	9/6/05	One researcher attended
YWCA launch event 'Great Expectations: How realistic is the government target to get 60 per cent of young mothers into education, employment or training?'	18/7/05	One researcher attended
Father Figures annual conference	21/7/05	Two team members attended
Trust for the Study of Adolescence one-day conference, 'Young People and Sexual Health: Recent developments in research and practice'	20/9/05	One researcher attended
Gender Statistics User Group seminar, 'Using all the evidence: Including gender in the teenage pregnancy strategy'	10/11/05	Two team members attended
Scottish and Northern Narratives Network workshop, 'Narrative as Methodology'	3/2/06	One researcher attended
Sheffield Hallam University one-day conference, 'Sharing evidence, policy and practice on teen sexuality, pregnancy and parenting'	24/3/06	Devised and run by research team; all team members presented interim findings
University of Huddersfield one-day conference, 'Narrative and Memory Group Sixth Annual Conference'	8/4/06	One researcher attended
Economic and Social Research Council one-day seminar, 'Fathers and Social Capital: Transatlantic Perspectives on Fathering, Support and Community Networks'	26/5/06	Two team members attended
University of Sheffield, three-day conference, 'Childhood and Youth: Choice and Participation'	4-6/7/06	Two team members attended and presented interim findings

Appendix 7: Interim findings one-day conference programme

Sharing evidence, policy and practice on teen sexuality, pregnancy and parenting

Date: 24 March 2006

Venue: Centre in the Park, Norfolk Park, Sheffield

Cost: £15

This is a one-day conference that aims to bring together those with an interest in supporting young people on issues of sexuality, sexual health, pregnancy, and parenting.

The idea arose from shared working between practitioners, policy makers, managers and researchers and the desire to maximise and share learning from each others' experiences of working in this field - in practice, research, project development, policy development and allied roles.

Conference Aims:

1. To share insights, experiences, research findings, project news & developments, and policy updates
2. To focus thinking on improving support for young people with tough lives
3. To consider priority areas for policy and practice development and research
4. To facilitate close working between those involved in prevention and support services/projects
5. To provide an informal forum for networking and introductions to new projects and people

FINAL PROGRAMME

9.30 Registration and tea/coffee

10.00 Introduction: Julia Hirst (Sheffield Hallam University)

Theme 1: Sharing evidence/research on teen sexuality, pregnancy and parenting

10.10 Interim findings from 'Pathways into Parenthood: a three generation study of young parenting', Julia Hirst and Eleanor Formby (Sheffield Hallam University)

10.30 'Inclusion, exclusion and choice: messages from a recent study with Black and Minority Ethnic young parents, and research on housing support', Jenny Owen (University of Sheffield)

10.50 Panel (Julia Hirst, Jenny Owen, Eleanor Formby) for comments and questions

11.10 Tea/coffee break

11.30 'Evaluation of support services for pregnant young people and young parents', Tricia Hamm (Social Policy Researcher) and Debbie Crofts (Children's Centre Coordinator)

12.00 Small group discussions: collate responses to contributions, issues raised? questions? omissions?

12.30 Feedback to whole group

12.45 Lunch

Theme 2: Policy and provision

2.00 'Sheffield's Teenage Pregnancy Programme: Past, Present but what Future?', Andrew Furber, Consultant in Public Health Medicine, Sheffield SE PCT

2.20 'Support for fathers', Paul Elsworth (Project Coordinator) and Andy Stockton (Boys, Young Men's and Fathers-to-be Worker), The Father Figures Project

2.40 'Peer support in sexual health', Liz Murray, Kath Broomhead and Steve Slack of the Sheffield Centre for HIV & Sexual Health

3.00 Panel (comprising above speakers) for comments and questions

3.20 Tea/coffee break

Theme 3: Methodologies

3.30 'Teenage Parent Stories: A dramatic approach', Sally Goldsmith and Rony Robinson reflect on work in progress towards a play to be broadcast on BBC Radio 4

4.00 End

Appendix 8: Guidance on photo' diaries

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PATHWAYS INTO YOUNG PARENTHOOD:

PHOTO' DIARIES...?

Why...?

A chance to try out taking pictures about you, your family, your experiences:

- Special occasions: birthdays? House moves? Other things?
- Day to day life: what's fun, what's difficult? What's changing?
- And any other things/people/places you want to include...

How...?

- Pick a week and have a disposable camera
- Return camera to ..... (or other arrangement if necessary)
- Project can pay to develop the photo's, including good copies to keep
- Meet together to have a look and talk over the pictures
- Meet one-to-one (with Julia, Jenny or Eleanor) to comment.

After that?

If you've enjoyed it, we'd like to have another week later and take a second set of pictures - e.g. a couple of months later.

Appendix 9: One-page project summary

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PATHWAYS INTO YOUNG PARENTHOOD AND BEYOND: IMPLICATIONS FOR POLICY AND SERVICE PROVISION (A CROSS-GENERATION STUDY)

PROJECT SUMMARY

This study aims to develop a deeper understanding of being a teenage parent and help the development of services for pregnant teenagers and parents. The study will be based in South Yorkshire and has been funded by the Sheffield Health and Social Research Consortium.

Research aims

The research objectives are to:

- uncover an in-depth appreciation of the experiences of teenage parents (both current and former);
- question the notion of teenage pregnancy/parenting as a 'problem' and to examine its relationship to dominant models of social exclusion, exploring the range of issues and support mechanisms which hinder and facilitate social inclusion for young parents and their children;
- contribute knowledge to inform policy and service development in relation to teenage pregnancy and parenting; and
- devise and pilot models of research practice which prioritise consultation and partnership with service users and providers, and facilitate sustainable involvement in data collection, analysis, and dissemination.

Research methods

The methodology will involve:

Phase 1 - Consultation / planning with variety of existing key contacts and providers (individuals and groups) in South Yorkshire to establish a project Advisory Group and a network of current teenage parent service users and older individuals who became parents as teenagers, and who are not current service users

Phase 2 - Identifying potential sample for research and developing and updating a literature review

Phase 3 - Dissemination of written information on research project to potential participants with verbal follow-up to request involvement in Phase 4; consultation on methods and research questions with Advisory Group

Phase 4 - Group workshops to canvas potential participants' preferences for involvement(s) and give clear information on overall strategy, time commitment, availability of support (e.g. child care, translators), expenses / payment, intended outcomes / uses (written report, dissemination events etc.), and rights to withdraw

Phase 5 - Data collection via the following methods:
Method 1: researcher-led biographical-narrative interviews (6 participants, 3 interviews each)
Method 2: researcher-led photo' / audio diaries (6 participants)
Method 3: peer-led facilitated group discussions (9-12 participants across 2 groups)
Method 4: peer- or researcher-led 1-1 interviews (9-12 participants from group discussions)

Phase 6 - Data analysis

Phase 7 - Dissemination including a regional conference open to young parents, local agency representatives, practitioners, policy-makers, and researchers; and the circulation of a full report and/or an executive summary

Appendix 10: Interviewees / group discussion participants consent form

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PATHWAYS INTO YOUNG PARENTHOOD:

CONSENT FORM

Title of Project:
Pathways into Young Parenthood and Beyond: Implications for Policy and Service Provision (A Cross-generation Study)

Name of Researchers and Research Organisations:
Julia Hirst, Sheffield Hallam University
Eleanor Formby, Sheffield Hallam University
Jenny Owen, University of Sheffield

I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. ☐

I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected. ☐

By signing below, I agree to take part in the above study and give my written consent to the information being used in research reports and publications. ☐

Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent (if different from researcher)	Date	Signature
_____	_____	_____
Researcher	Date	Signature
_____	_____	_____

Appendix 11: 'Talking head' video participants consent form

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PATHWAYS INTO YOUNG PARENTHOOD:

VIDEO CONSENT FORM

Title of Project:
Pathways into Young Parenthood and Beyond: Implications for Policy and Service Provision (A Cross-generation Study)

Name of Researchers and Research Organisations:
Julia Hirst, Sheffield Hallam University
Eleanor Formby, Sheffield Hallam University
Jenny Owen, University of Sheffield
Ben Yeger, Fatherspeak Project

I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected. ☐

By signing below, I agree to take part in the above research video and give my written consent to the final product being used in research dissemination, awareness raising events and/or training materials. I understand that I will be invited to a showing of the film. ☐

Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature
_____	_____	_____

Appendix 12: 'VoxPox' on the street video participants consent form

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PATHWAYS INTO YOUNG PARENTHOOD:

'VOX POX' CONSENT FORM

Title of Project:
Pathways into Young Parenthood and Beyond: Implications for Policy and Service Provision (A Cross-generation Study)

Name of Researchers and Research Organisations:
Julia Hirst, Sheffield Hallam University
Eleanor Formby, Sheffield Hallam University
Jenny Owen, University of Sheffield
Ben Yeger, Fatherspeak Project

I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my care or legal rights being affected. ☐

By signing below, I agree to take part in the above 'VoxPox' video and give my written consent to the final product being used in research dissemination, awareness raising events and/or training materials. ☐

Name of participant	Date	Signature
_____	_____	_____
Researcher	Date	Signature
_____	_____	_____

Appendix 13: Participants' method(s) of participation

Participant[6]	Participation
Eileen (F, 1st)	BNIM x 3
Kate (F, 1st)	BNIM x 3
Helen (F, 2nd)	BNIM x 1
Rachael (F, 2nd)	BNIM x 3
Joanne (F, 3rd)	BNIM x 3, photo' diary, group photo' discussion
Ruth (F, 2nd)	BNIM x 3, photo' diary, group photo' discussion
Robert (M, 1st)	BNIM x 2
Colin (M, 1st)	Radio phone-in
Hilary (F, 1st)	BNIM x 3
James (M, 1st)	BNIM x 2
Katrina (F, 3rd)	Group discussion, follow-up interview
Beth (F, 3rd)	Group discussion
Chantelle (F, 3rd)	Video
Dave (M, 3rd)	Video
Debs (F, 3rd)	Video
Damian (M, 3rd)	Video
Linda (F, 1st)	Radio phone-in
Kay (F, 1st)	Radio phone-in
Paul (M, 1st)	Radio phone-in
Barbara (F, 1st)	Radio phone-in
Pete (M, 2nd)	Group discussion, photo' group discussion
Nick (M, 2nd)	Group discussion, photo' diary, photo' group discussion
Patrick (M, 2nd)	Group discussion, photo' group discussion
Dave (M, 1st)	Group discussion, photo' diary, photo' group discussion
Craig (M, 2nd)	Group discussion, photo' diary, photo' group discussion, video
Tim (M, 2nd)	Group discussion, photo' diary, photo' group discussion, video
Charlie (M, 1st)	Photo' group discussion
Matt (M, 2nd)	Photo' group discussion

[6] All names are pseudonyms.

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