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Focusing on young men: developing integrated services for young fathers

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Abstract

While some girls cope well as teenage mothers and often have a range of support services, young fathers do not often access services in their own right. This paper reviews literature about services for young men from the time they become sexually active. Through the use of a case study, it then asks questions about the type and nature of services required by young fathers. Health and social care practitioners may identify critical points in the life of a young father and offer appropriate services and 'joined-up' intervention, thereby facilitating long- and short-term involvement in the life of the child.

Key words

Young fathers, teenage pregnancy, service provision, integrated approach

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Introduction

The Teenage Pregnancy Advisory Group¹ highlights that fathers are still a largely unexplored part of the 'problem' of teenage pregnancy. The majority of policy initiatives on teenage pregnancy have been aimed at mothers and children. However, a recent document argued that 'while the negative consequences of teenage pregnancy are felt most by young women and their children, it is important that strategies to reduce teenage pregnancy also impact on young men's attitudes and behaviour' (p7).² Despite some studies, the needs of young fathers in the UK have gone largely unnoticed, and there is great variation among regions in terms of how much work is done to engage these young men³ or adopt an integrated approach to working with them.

This paper reviews literature on service provision for young fathers by statutory services, analyses professional involvement and seeks evidence of 'joined-up' thinking.

Aim and methodology

Sexual health, midwifery and social care literature was explored to identify the ways in which different health and social care professionals work with young fathers. This spanned the time young men become sexually active, through the antenatal and early childhood stage, and their possible involvement with social services and elements of the voluntary sector. The legislative and social policy framework was also considered and used to contextualise the findings. A case study was then used to identify critical points in the trajectory of one young father where professional intervention could promote good working practices for working with this group of often vulnerable young men.

Prevalence of young fathers in the UK

Recent commentary from the Trust for the Study of Adolescence suggests that 'we know relatively little about young fathers compared with young mothers. But the situation is changing as the focus on fathers increases. *Teenage parents next steps: guidance for local authorities and primary care trusts*² includes a

chapter on the characteristics of teenage mothers and young fathers. It shows that for babies born to teenage mothers, about a quarter of young fathers are aged under 20, around a half are 20 to 25 and a further quarter aged over 25.⁴

Many of these young fathers may benefit from professional help, as they are often perceived as being vulnerable.⁵ However, although the statistics provide some insight, they do not reveal the full extent of young men who father a child, as they only include those who are named on the child's birth certificate. Consequently, the true figure remains unknown. Also, these statistics do not include whether a young father is resident or non-resident in the child's home. Young fathers do not form a homogeneous group – some are resident, some are not and this status may change over time. Some may be offenders, some may have a physical or learning disability, and others may also be influenced by aspects of their cultural or religious background. This heterogeneity brings young fathers into the potential orbit of a range of health and social care practitioners and services.

Moreover, teenage relationships are fragile and at increased risk of breaking down, with research indicating that multi-partnering is increasingly common, with either party moving on to further relationships and to have more children, creating a web of often complex young families, with which professionals are or need to be increasingly involved.⁶ Accordingly, a young man could be a biological father to children he is living with and some that he is not. He may also be living with children that are not his own, or he may even be legally a child himself.

Legislation and policy

In recent years, there have been many legislative influences and policy changes that relate to children that also have a bearing on young fathers, who may themselves be a child as well as caring for one. Contemporary policy puts much emphasis on parenting and the support that might be needed to help families bring up children.⁷ It is recognised that parenting can be challenging and that,

in the majority of cases, it should be the decision of parents when to ask for help and advice on their children's care and upbringing. While it could be argued that parenting has become 'professionalised', with a plethora of programmes available to parents,⁸ it is also argued that professionals do need to engage with some parents early.⁹ Recent policy documents identify that fathers are often likely to need support,¹⁰ though parenting continues to be synonymous with mothering and many fathers have to be engaged actively by professionals. In terms of this engagement, the road can be bumpy and unpredictable.⁵

Professional interventions

Considering the trajectory of the life of a young father, it is possible to identify critical points where appropriate professionals can potentially exert a positive influence. The case example of Luke in the following discussion of services illustrates this (see Table 1).

Young men and their sexual 'careers'

Sexual health service initiatives, contraception and screening for young people, have resulted in a proliferation of clinics for young people, often featuring music and posters to encourage attendance, and held after school hours or on school premises to facilitate access.¹¹ These initiatives have generally been welcomed by young people, but clinics are often attended by a token number of young men, and this is the start of the problem. Professionals consequently have to actively promote awareness of sexual health provision among young men. For young men like Luke to become 'half the solution' to teenage pregnancy, their sexual health issues need to be addressed. Studies indicate that only 31% of young men feel that sex and relationship education in school fully met their needs, and this is important as young men are more likely to access school-based sessions than services through health.¹² This uptake of services through schools is positive, except for young men who have been excluded from school or who are school refusers. However, evidence suggests that it is young men such as Luke who are more likely to become young fathers.⁶ Alternative settings for sexual health services have been in healthy living centres, schools or youth clubs. These types of provision may encourage young men like Luke to walk in for a condom rather than with a baby.

Table 1. Case study: Luke's trajectory as a young father

Events in Luke's life, aged 14 to 18 years		Professionals and services potentially involved
Aged 14 to 15	Luke is expelled from school in year 9 – with limited exposure to PHSE sexual health and relationship curriculum	Teachers, school nurses, educational welfare officers
Aged 15	Starts a relationship with Beth, both go to sexual health clinic – he feels uncomfortable and out of place and leaves	Sexual health workers, school nurses
Aged 16	Beth becomes pregnant aged 16. Antenatal visit from midwife – Luke not actively engaged in the process or asked to parentcraft classes	Connexions, midwives, Sure Start
Aged 17	Birth of Rhianna – contraception used irregularly	Midwives, health visitors and Sure Start
Aged 18	Irregular contraceptive use results in the birth of Paige one year later. Both children on the child protection register	Social services, Sure Start, workers from the wider children's workforce

Poor sexual health and under use of contraception may be a consequence of a cascade of events in the life of a young man. These include a lack of service provision, absent sexual health education and also sex education that fails to take note of the prevailing concepts of masculinity¹³ and the corresponding peer group pressure to not use a condom. An understanding of contemporary masculinities is therefore important for healthcare practitioners in dealing with young men's sexual health, since understanding culturally dominant perceptions of masculinity may explain reluctance to attend and use contraception.

The Teenage Pregnancy Unit found that young men, particularly those disaffected or marginalised, felt that sexual health services were not relevant to them.¹⁴ Young men often reported that staff had little understanding of their needs, and commented that staff delivering services were often uncomfortable dealing with young men. Sexual health practitioners need to be trained to cater for the gender differential.

Discovering pregnancy

For many young men such as Luke, failure to access contraceptive services may result in fatherhood. For midwives, young expectant parents can be one of the more difficult groups to reach and engage with. Teenage mothers and their partners tend to commence pregnancy and parenthood with several clearly identifiable issues, including poorer health, poorer educational attainment, and economic, environmental and social disadvantage.¹⁵ They often access services later in the pregnancy and can be poor attendees at appointments,¹⁶ though local knowledge by health practitioners and

pro-active teenage pregnancy support helps to reduce this.¹⁷ Moreover, evidence suggests that young fathers like Luke are often not actively engaged by midwives, perhaps due to perceptions that they will be transitory in children's lives.⁵ This discourse is often self-perpetuating, as lack of engagement can make a young father feel that his contribution is not valued, and consequently he may keep away from professional environments and involvement. Evidence suggests that active promotion of a young father's role in the antenatal stages is vital, and encourages on-going engagement and practical involvement once the child is born.¹⁸ The ability of midwives to capture this initial enthusiasm is a window of opportunity for long-term health promotion.

Although some young fathers may be keen to be involved in the pregnancy, there is often a lack of information about them within maternity records.¹⁹ Within some hospital trusts, minimal information is gathered about prospective fathers – irrespective of the age of either parent – with the emphasis predominantly on the mother and her physical health. Gathering and sharing this information can help to plan appropriate services for this group, for example targeted services for young fathers and their child.

Antenatal classes can be unconstructive places for young fathers, and thought needs to be given to enticing young men like Luke along. Similarly, in postnatal support groups or 'parenting groups', young people in particular can feel that they are being singled out and labelled as potentially poor parents. Attendance is improved if classes are specific to young people.²⁰ If a group can develop from antenatal classes, the support offered becomes more acceptable to young parents,

and parenting advice is best delivered informally and by example.²¹ Using peer support to help promote appropriate parenting behaviour in newer parents increases the self-esteem of the 'experienced' parent as well as the confidence of prospective young parents. One programme for fathers that has been introduced from the US, called 'Hit the Ground Crawling', involves new first-time fathers, their babies and a facilitator together with first-time expectant fathers to discuss the changes that fatherhood can bring.²²

Need for postnatal contraceptive advice

*Teenage pregnancy next steps*²³ points out the importance of preventing further unplanned pregnancies, but many service providers fail to put some simple strategies in place. Healthcare professionals can use resources like the 'DAD Pack'²⁴ to provide young men with information about women's feelings and emotions after childbirth. Midwives could also liaise with the outreach sexual health worker to initiate good contraceptive practices. Providing an information leaflet is often not enough, especially with the distraction of a new baby, as young people are more likely to resume sexual relationships earlier than other couples.²⁵ Strategies for young parents on discharge from the postnatal ward should therefore include condoms handed out by the midwife and liaison by the midwife with the sexual health

outreach worker who can give advice specific to their needs. For example, there are options involving the contraceptive pill that can accommodate breastfeeding, or of an intrauterine device or long-acting reversible contraception. However, these should involve informed decisions that may require advice from the sexual health outreach worker, health visitor or midwife involved with the family.

Role of the health visitor

Health visitors traditionally play a significant role in supporting families. However, until recently, their emphasis on family-centred care was perceived to focus primarily on mother and child. A review of their role²⁶ suggests that health visitors often make a number of assumptions about young fathers and can be ill-equipped to offer them any support. There is a predominately female workforce within both midwifery and health visiting, and this is evidenced by the NMC register, which reports that only 1.5% of health visitors are male.²⁷ This is known to have an impact on both the mode of service delivery and uptake by fathers.

However, health visiting has reached a turning point. It is now perceived that health visitors should be taking a lead in delivering an integrated approach to family-focused interventions and support,²⁸ and to specifically identify that both resident and non-

resident fathers should be involved routinely in health promotion and parenting support and guidance. Health visitors can now capitalise on the universal access opportunities provided by children's centres. The new performance management framework for children's centres²⁹ includes fathers in a list of most excluded groups, and brings with it greater emphasis on employing male workers and shared staff training. This in turn will support health visitors to access activities designed specifically for fathers, and provide greater opportunity to consult with and plan activities and interventions that fathers can relate to. Health visitors have the opportunity to reach fathers effectively by embracing integrated working opportunities that already exist within children's centre agendas. For example, Seashells on the Isle of Sheppey in Kent, working with the University of Greenwich now has a dedicated father's worker with a brief to work interprofessionally and specifically engage young fathers.³⁰

Vulnerability and child protection

Following the birth, a young father has to adapt to parenthood. This in itself can be challenging for any new parent, but particularly so for the young father, who is more likely to be from a disadvantaged background and possibly unsupported by family networks.⁵ Furthermore, it is

Table 2. Case study: opportunities for intervention in Luke's sexual 'career'

Luke	Sexual health workers	Midwives	Health visitors and school nurses	Social care workers, social workers
Aged 14 to 15 and sexually active	Provide an environment where Luke feels able to access services at young people's sexual health clinics and through condom or 'C' cards			Alert to signs of vulnerability to becoming a young father. Share information about sexual health services
Aged 16 and a 'father-in-waiting'		Engage with and include the young man, for him to attend appointments and parentcraft classes, and establish an individualised professional relationship	Work with and for the young father, engaging other services such as youth workers, education welfare officers or school nurses as appropriate	Pathway plan should address vulnerability if young man is a care leaver
Aged 17 and becomes a father	As above, and also work with midwives to establish safe sexual health and practices following the birth. Consider any other sexual partners	Importance of promoting involvement in childcare and positive parenting, sexual health and contraceptive advice	Recognise when the child of a young father may be vulnerable and/or at risk of abuse and neglect. Share information and follow up any concerns	If involved, work with the young man to develop attachment to his child and his own resilience. Encourage use of children's centres
Aged 18 and becomes a father for the second time		Acknowledge experience with previous child. Sexual health and contraceptive advice		
Aged 20 and over, moves on to a new relationship	Potentially, need to consider sexually transmitted infections		Professional knowledge of Luke as a person, advocate a child-centred approach	Knowledge of his children and previous relationships. Be alert to coping, stress and access issues

documented that young parents are more likely to neglect their children, especially if they are aged 20 or less at the birth of their first child.³¹ This cannot be generalised to all young parents, but must be considered within the context of the social situation and the parents' past experiences. Social situation alone cannot be said to predict that neglect or abuse will take place, though the more vulnerable the young father, the more vulnerable their baby. Practitioners involved in working with young fathers and their families must be alert to these vulnerabilities and be able to recognise risk factors that may lead to abuse or neglect.

It is also important that practitioners are able to act on concerns and intervene early to help improve the outcomes for the child in accordance with policy and legislation.

For many years, the need to work within a multi-agency context to safeguard the welfare of children and young people has been acknowledged and highlighted in policy documents¹⁰ and legislation, and there has been a drive toward interprofessional working, to integrate services and improve outcomes.³² Those working with young fathers and their children are part of this integrated approach and so must collaborate with other workers across all sectors.

Developing a model for good practice

As highlighted in this paper, many health and social care professionals are likely to be involved throughout the 'career' of a young father. For health and social care workers to be able to identify critical points in the lives of young fathers and focus on targeted, task-centred interventions, a move toward a positive interprofessional approach must be implemented (see Table 2). This requires professionals to share information with the young father and their family, as well as with other professionals. It also depends upon building on local community development networks, including children's centres and knowledge within the neighbourhood that can be used positively.

Key to developing this model is the integration of services that are tailored, flexible and holistic. This is important not only for young parents, but for all vulnerable families. Young fathers are a heterogeneous group and may be part of different family groups, as biological resident and non-resident fathers with different partners. Professionals who are alert to the demography of often complex families, perhaps through local knowledge and mapping

Key points

- Engagement of young fathers before childbirth promotes involvement immediately following the birth and in the longer term, and is a crucial window of opportunity
- Accurate data on the father should be gathered before birth and shared with health visitors
- Professionals need to recognise the importance of a co-ordinated approach to contraception when young parents leave hospital following the birth of their first child
- It needs to be recognised that there is a pre-dominance of women in health and social care services, and that this may affect engagement with young fathers
- Children's centres provide a space and opportunity to work in an integrated way with young fathers by involving a range of health and social care professionals

biographical details of the child carefully, perhaps through active use of sociograms, will be better placed to assess the needs of teenage families.

Conclusions

In recent years, there has been a realisation that young fathers have an important role in the care of their children, whether resident or not. However, they are more difficult to reach, as they do not push themselves to the front of the queue to be engaged by professionals – they will often do the opposite and make themselves scarce. The focus of intervention for professionals often compounds this by focusing on the mother and the maternal family. Clearly, the involvement of the father benefits the father himself, his children and his partner. Many young fathers are vulnerable, sometimes because they are still legally a child themselves and by their own social context. It is important to recognise that there are key moments of professional influence that can have long-term implications for the outcomes for both father and child.

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