chss
UNIVERSITY OF KENT

Centre for Health Services Studies

Teenage Parents' Experiences of Parenthood and Views of Family Support Services in Kent

Service Users Report, POSTNATAL

Jenny Billings
Jan Macvarish

Centre for Health Services Studies
University of Kent

June 2007

Teenage Parents' Experiences of Parenthood and Views of Family Support Services in Kent

Service Users Report, POSTNATAL

Date: June 2007

Commissioned and Funded by:
Kent Teenage Pregnancy Partnership

Jenny Billings
Jan Macvarish

Centre for Health Services Studies
University of Kent

Centre for Health Services Studies (CHSS)

The Centre for Health Services Studies (CHSS) is one of three research units in the University of Kent's School of Social Policy, Sociology and Social Research. It contributed to the school's Research Assessment Exercise 6* rating. This put the school in the top three in the UK. CHSS is an applied research unit where research is informed by and ultimately influences practice. The centre has a long history of working with public health practitioners, both as members of staff and as honorary members of staff who are active as consultants to the centre and as practitioners in the field.

CHSS specialises in the following disciplines:

- Care of older people
- Ethnic minority health
- Public health and public policy
- Risk and health care

Researchers in the Centre attract funding of nearly £1 million a year from a diverse range of funders including the Economic and Social Research Council. Medical Research Council, Department of Health, NHS Health Trusts and the European Commission.

Funding and acknowledgements

We would like to thank all the young parents who took part in the project for giving their time and sharing their experiences with us. We would particularly like to thank the Midwives, Connexions workers and Sure Start workers who were invaluable in helping us to recruit the respondents. Finally, we would like to thank the members of the project's steering group and the Kent Teenage Pregnancy Partnership for the funding.

Further copies can be obtained from:

Executive Officer
Centre for Health Services Studies
George Allen Wing
University of Kent
Canterbury
Kent CT2 7NF
Tel. 01227 824057
Fax. 01227 827868
chssenquiries@kent.ac.uk
http://www.kent.ac.uk/chss

Contents

1.0 Introduction 1
1.1 Background 1
1.2 Aims 1

2.0 Method 5
2.1 Research Design 5
2.2 Sites 5
2.3 Sample and Access 5
2.4 Demographics 6
2.5 Data Collection and Analysis 7
2.6 Ethical Issues 8

3.0 Findings 9
3.1 The Experience of Professional Support 9
3.1.1 Midwives 9
3.1.2 Labour 10
3.1.3 Immediate Postnatal Care 14
3.1.4 Health Visitors 16
3.1.5 Sure Start 17
3.1.6 Young Parents Groups 19
3.1.7 Connexions 20

3.2 The Transition to Parenthood 21
3.2.1 Early Days 21
3.2.2 Depression 23
3.2.3 Partner's Role 25
3.2.4 Family Support 27
3.2.5 Friendship and Socialising 31

3.3 Material difficulties 33
3.3.1 Finances 33
3.3.2 Housing 35

3.4 Education and Work 36
3.5 Childcare 38
3.6 Future Aspirations 40

4.0 Commentary and Discussion 43
4.1 Diverse experiences 43
4.2 More support needed? 44
4.3 Wariness of professionals 44
4.4 Labour 45
4.5 Formal postpartum support 46
4.6 Informal postpartum support 49
4.7 Peer group support 50
4.8 Identity transitions 51
4.9 Coping with young parenthood 55

5.0 Key Findings 57
5.1 Professional and family support 57
5.2 Maternity care 57

5.3 Young fathers 58
5.4 Postnatal care 59

6.0 Conclusions 61
Strengths and Weaknesses 61

7.0 Recommendations 63

References

Appendices
Appendix One: Postnatal Interview Schedule (Female)
Appendix Two: Postnatal Interview Schedule (Male)

1.0 Introduction

1.1 Background

This document reports on the second part of a study exploring the views and experiences of teenage parents across Kent. The young people had been interviewed during the third trimester of the pregnancy and were interviewed again approximately one year after the birth of their child. The research was conducted as part of a larger study into teenagers' views and experiences of sex and relationships education, sexual health services and family support services in the county. The project as a whole includes a survey carried out with over 4000 15 and 16 year old school pupils and focus groups conducted with teenage Looked-After Children across the county. The research was commissioned and funded by the Kent Teenage Pregnancy Partnership.

The contribution made by this study is to offer insights into the lived experience of Kent teenagers, both female and male, as they deal with becoming parents. By asking them to reflect upon their early experiences of parenthood it is possible to capture both the diversity in circumstances and experiences and to identify areas of commonality that may be of use in the improvement of service provision.

Teenage pregnancy has been problematised in recent years primarily as a contributor to poverty and social exclusion. Policy concern regarding teenage pregnancy followed the establishing of the Social Exclusion Unit in 1997 and the high priority given to the phenomenon was reflected in the setting up of the Teenage Pregnancy Unit in 1999 and the drawing up of a 10 year strategy with a target of reducing the under-18 conception rate by 50% by 2010. The Kent Teenage Pregnancy Partnership (TPP) was formed in 2000 as a multi-agency collaboration in response to the national strategy, under the remit of the Teenage Pregnancy Unit.

1.2 Aims

The aims of the study of young parents were:

Antenatally

- To describe strengths, weaknesses and gaps in sex and relationships education and sexual health service provision.
- To gain an understanding of how young parents reached this point in their lives, and discover on what informational basis the decisions and choices were made.

Postnatally

- To discover whether young parents feel they are adequately prepared for parenthood, and if family support services respond to the changing needs of young families.
- To provide recommendations for service development.

Table 1: Under 18 Conception Rates* by Local Authority, 1998-2000 to 2002-04

*expressed per 1000 population of women aged between 15 and 17 (Source: Teenage Pregnancy Unit)

Area	1998-00 Rate	1999-01 Rate	2000-02 Rate	2001-03 Rate	2002-04 Rate
Ashford LA	49.2	48.7	46.3	41.5	40.2
Canterbury LA	38.4	36.5	38.1	33.3	31.9
Dartford LA	43.8	46.1	48.6	47.3	45.0
Dover LA	44.8	41.4	38.9	34.6	39.1
Gravesham LA	43.0	39.8	38.4	34.9	38.4
Maidstone LA	32.2	33.8	35.9	34.9	36.2
Medway LA	47.1	46.5	44.6	43.8	42.5
Sevenoaks LA	27.5	23.5	22.6	22.4	23.2
Shepway LA	53.9	54.2	52.6	52.8	46.0
Swale LA	49.3	51.1	48.8	45.3	42.2
Thanet LA	61.5	59.7	57.5	50.0	48.0
Tonbridge and Malling LA	28.8	27.0	26.0	26.2	28.3
Tunbridge Wells	24.2	23.4	26.6	27.8	27.2
Kent County	41.1	40.2	39.8	37.3	37.0
South East Region	36.6	35.6	35.1	34.1	33.6
England and Wales	45.4	43.9	43.1	42.6	42.2

2.0 Method

2.1 Research Design

The research used a qualitative approach, considered more fitting to eliciting information from people that are more difficult to access by quantitative approaches (Popes and Mays, 2000; Denzin and Lincoln, 2003). Semi-structured interviews were used to provide a more personal, confidential and individual approach, employing open-ended questions that defined the area to be explored. 37 participants were recruited to the antenatal study, primarily through midwives, but also through other professionals dealing with pregnant teenagers, such as Connexions staff. Male and female interviewees were sought, resulting in interviews with 30 females and 7 males.

2.2 Sites

The research took place at multiple sites within eight of Kent's Primary Care Trusts:

- Ashford PCT
- Canterbury and Coastal PCT
- Dartford, Gravesham and Swanley PCT
- East Kent Coastal PCT
- Maidstone and Weald PCT
- Shepway PCT
- South Kent PCT*
- Swale PCT

[See table 2 below]

*No second interviews were conducted in South Kent.

2.3 Sample and Access

All of the respondents were 'white-British' and most had lived in Kent since birth. The age range of the female section of the sample was 14 to 19 years; the male section of the sample ranged from 16 to 25 years. Four of the females were aged under 16, most were aged 16-17. Most of the interviews were conducted in the teenagers' own homes. Some couples were interviewed together while others were interviewed separately. Consent was sought to record and transcribe the interviews.

Participants were interviewed approximately one year after the birth of their child. Enough time had elapsed for them to have experience of range of postnatal services such as health visitors, midwives, Connexions and Sure Start. Just under half (17) of the young parents were interviewed a second time, approximately one year after the child's birth. Two males were

interviewed in the second stage, relationship break-ups meant that fathers were more difficult to recruit for second interviews than the mothers. Problems maintaining contact during the time between first and second interview explain this fall. Of those successfully contacted, none refused to be interviewed a second time. However, a significant number proved to be non-contactable and were presumed to have moved address or be reluctant to be re-interviewed. Reliance on mobile phones as the primary source of contact exacerbated the problem, as numbers frequently changed or were discontinued. Letters were sent where mobile phone contact failed asking the participant to re-establish contact, but this worked in only one case. The young people's parents were also telephoned if their contact details had been provided at the first interview, but for reasons of confidentiality, they could not be asked to supply an updated phone number for their child, only to pass on a message asking them to make contact. This was also largely ineffective. Connexions workers were also asked to help with re-establishing contact, but without success.

It is obviously impossible to tell how many first-round respondents were uncontactable and how many simply preferred not to be contacted. It is reasonable to conclude that those who agreed to be interviewed a second time were more keen to continue participating than those who avoided contact. It may also be possible that they were easier to contact because they were living in more stable circumstances, enabling them to maintain a mobile phone and a landline and/or remaining at one address. Although it is tempting to speculate that those who were not re-interviewed were therefore living in less favourable circumstances, we do not have concrete evidence to support such assumptions. There are many reasons why participants would either be uncontactable or resistant to continued participation which may or may not indicate less stable or more problematic circumstances.

2.4 Demographics

The age profile of the 30 mothers interviewed antenatally was as follows:

- 14-16 years: 4
- 16-17 years: 15
- 18 years: 11

The age profile of the 15 mothers interviewed postnatally was as follows:

- 15 years at birth of child: 2
- 16 years at birth of child: 2
- 17 years at birth of child: 2
- 18 years at birth of child: 9

Details were not taken of the socio-economic background of each participant or their parents, but the young people were all clearly in class V, due to their low level of skills and employment. Their parents were estimated to be within classes III, IV and V (NC-SEC classifications, SOC2000), based on what the young people told us of their parents' employment circumstances. However there was a wide range of deprivation levels within the sample ranging from teenagers whose parents were working and whose homes were privately owned to girls who were financially independent of parents but dependent on benefits and living in hostel accommodation. The majority of the respondents were to some extent dependent on benefits either prior to or because of their pregnancy. Those who were in employment were on low incomes, such that they were eligible for Working Families Tax Credits and Housing Benefit.

The accommodation arrangements of the young parents at the time of second interview were as follows:

- 10 living with parents- 3 of these were about to acquire a Local Authority property, 1 couple had moved back in with parents after living independently for a few months.
- 3 respondents lived alone in local authority accommodation
- 1 couple lived in privately rented accommodation
- 1 couple lived in local authority accommodation.

The provision of social housing seemed uneven and related unpredictably to need across the county, for example, one married couple who were expecting their second child felt they had little hope of acquiring local authority housing, while other, single respondents with one child had readily received local authority accommodation although they were actually ambivalent about leaving the supportive environment of their parents' home. For those living with parents, overcrowding was an issue for some more than others, but all had siblings present in the family home.

2.5 Data Collection and Analysis

Data collection was carried out between December 2005 and December 2006. All of the interviews were conducted in the teenagers' own homes. Of the four interviewees living in couples, two were interviewed together with their partner while the other two were interviewed separately. Consent was sought to record and transcribe the interviews. The postnatal interviews were conducted face-to-face using a semi-structured schedule of questions, at times referring to the transcript of the first interview and exploring such areas as,

- The experience of labour

- Contact with midwives and health visitors, Connexions, housing, education professionals
- The use of local young parents services such as YAPs groups and Sure Start
- Key changes in their lifestyle since the baby's arrival
- Changes in relationships with family, friends and partner
- Most helpful sources of support and advice
- Future aspirations for education, training or work

2.6 Ethical Issues

Ethical approval was received from the East Kent Coastal Research Ethics Committee in July 2004. Due to the sensitive nature of the subject, care was taken to protect the identities of those responding and to ensure that no harm came from participation. Efforts were made to ensure that the teenagers participating could feel confident that any professional relationships they had or care they received would not be affected as a result of the study.

Table 2: Postnatal interviews completed by PCT and gender

PCT	Postnatal interviews completed by gender	Total
Ashford	4 female: 1 male	5
Canterbury and Coastal	2 females; 1 male	3
Dartford, Gravesham & Swanley	2 female	2
East Kent Coastal	1 female	1
Maidstone and Weald	1 female	1
Shepway	3 female	3
South West Kent	0	0
Swale	2 female	2
Total	15 females; 2 males	17

3.0 Findings

The findings are divided into six sections. 'The Experience of Professional Support' (3.1) explores the young mothers' and fathers' views and experiences of the formal services they encountered. 'The Transition to Parenthood' looks at the young parents' (3.2) descriptions of the early days and weeks of the baby's life as well as the role of informal support. In 'Material Difficulties' (3.3), we try to convey some of the practical, material problems faced by young parents in securing benefits and housing. 'Education and Work' (3.4), 'Childcare' (3.4) and 'Future Aspirations' (3.6) are self-explanatory and map out the context in which the young people see their future lives proceeding.

3.1 The experience of professional support

The professionals with whom the young parents had most contact were midwives. Health visitors played a more minimal role for a brief period after the birth. As discussed in the antenatal report and as was evident here, good Connexions workers were highly valued for their capacity to resolve the practical issues of life such as finances and housing. A number of the respondents continued to have contact with their Connexions workers in the year after the birth and some felt that they were on hand to resolve problems as they arose. Other formal sources of support with which the respondents had contact were YAPs (Young and Pregnant Groups), through which many of girls received their antenatal care, and Sure Start.

3.1.1 Midwives

Similar to the antenatal experience, most of the young mothers were satisfied with the level of support they received from midwives during their antenatal care, in particular those midwives who specialised in dealing with young mothers. When clashes of personality did occur, the young mothers generally were able to find another midwife or access care via specialist services, such as YAPs (Young and Pregnant groups).

> [she] is a special like kind of midwife for teenagers so she deals with all like the younger people. So some midwives can be a bit funny because like it's just different ages and everything, but ***** is trained in the younger like range of pregnant people so it's much nicer...She's lovely. She seems really young. She's not a young person but she does act it and she's really nice and it's much easier. (10: 9)

As with all relationships with professionals, young people tend to assume the worst – that they will encounter disapproval – and are pleasantly surprised when this does not occur. Those midwives who were most highly praised tended to be very reliable, readily available for contact

and able to relate to the young mothers and fathers in a way that recognised them as doing their best on the path to parenthood.

3.1.2 Labour

Approximately half of the interviewees had positive experiences of the birth, usually because the labour itself was relatively brief and straightforward. The two respondents quoted below enjoyed their labour, the second was pregnant with her second child at the time of the postnatal interview and despite having suffered from SPD (Symphysis Pubis Dysfunction) in both pregnancies, had a relatively pain-free first labour.

> it was really easy and I only had gas and air…I really enjoyed it. (9: 5)

> I enjoyed it. I did enjoy it and I'm looking forward to going through it again. I know it sounds really strange because not many people say that but I am looking forward to going through it again because I mean...I didn't really need pethidine but they just come in and done it anyway, but no, the gas and air and that worked fine. Although the pain didn't disappear it made it less intense and as soon as I got the pushing pains it was fine. (4: 2)

However, five of the girls had very negative labour experiences, some of them extremely distressing for themselves, their partners and their parents. Amongst these girls, most recalled that they had 'panicked'. It is obviously difficult to draw conclusions from their accounts but we might speculate that younger mothers may need particularly sensitive support to maintain a degree of control during the labour process. It seems significant that none of the girls had their regular antenatal midwife present at the birth and this caused some problems of trust and communication. According to some of the interviewees, hospital midwives seemed to find it difficult to relate sympathetically to the teenagers in labour and a number of stories emerged where the girls panicked and were treated as troublesome by midwives. In at least two cases, their mothers had been sent out of the labour room, which may or not have been reasonable at the time depending on the mother's behaviour and its impact on the girl's ability to cope.

> I was getting very distressed as well. So they got me all ready for my caesarean and I went in and they gave me my epidural but it didn't work so they cut me open with... basically I didn't have any pain killers in my system when they cut me and I screamed it hurt so much. I was panicking and panicking and panicking. They ended up having to put me completely under because I was in a lot of pain. (27:1)

> Well actually in the delivery room I had all my family but then with the caesarean I only had my granddad and my boyfriend because my mum got thrown out of the hospital…they threw half my family out so I only had them two there with me in the end.
>
> *So your granddad came in?*
>
> Yeah but he weren't allowed to come in because I panicked too much because like I was on pethidene and everything and I didn't really know what was happening and I was just panicking a lot and taking it out on everyone so they sort of put me out. Yeah. They said I was panicking too much. (15:3)

One girl reported consciously trying to deal with the tendency to panic and thought that labour had been manageable because she was able to retain some control of the pain.

> Well when I was in labour I went open-mindedly, because I think if you go in like oh my gosh it's gonna hurt, I'm going to die kind of thing, you're going to obviously be more wound up and everything thinking about that …They brought all the forceps stuff in and I saw it on like the trolley and I was like no, they're not using anything like this. So I just pushed him out. I think I just panicked…I was like forceps, what are you going to do to me? I started worrying and I thought actually no, I'm just going to push you out before I can have time to proper panic. (10:14)

However, the same girl raised issues of pain relief which resonated with other respondents' responses.

> The thing that hurt more was actually having the cut stitched up because like when they stitch you up…I was actually crying more than I was when I actually had the baby… (10:14)

These findings raise important issues for the management of labour in young mothers. For those whose labour is straightforward and relatively low on pain, there seemed to be little problem but for those whose labour went on for longer and especially those who had been induced (at least 4 of our sample), the adequate management of the labour by professionals they felt they could trust was significantly lacking. One girl even reported being hit by her midwife when she accidentally broke the bed (the midwife was subsequently disciplined).

> …she took my gas and air away from me and told me that if I didn't let a student deliver the baby then I would have a male midwife and at this point in time I was writhing in pain as they'd given me too much prostin to induce me so I had back-to-back contractions so whereas you would be pushing, I had that from 4cm dilated and when she took the gas and air away from me I couldn't cope with it and my foot went through the bedpost and smashed it and she hit me for doing that. (29:1)

Others reported many changes of staff and apparently inadequate explanations of procedures and options.

> I had about eight or nine of them. Obviously it's very daunting. You only want one and then you've got all these new faces and everyone was trying to touch me with latex gloves and I'm allergic to rubber latex and I was, 'Go away, leave me alone!'. And I'd be freaking out and they'd be like, 'calm down' and I'd be going 'Get away from me - your gloves!' and (partner) would be like, 'You can't touch her with them gloves - she'll come out in a rash'…So obviously I had to keep going over it with everyone else and what was wrong with me and what had been wrong with me…(27:10)

Although recent emphasis has been on the antenatal care provided for young mothers-to-be in preparation for labour and motherhood, our findings do not confirm an obvious correlation between antenatal preparation and the labour experience. It seemed that the very individual experience of labour could not be predicted and there was a limit to how much preparation could be done, what was more important was the professional treatment 'on the day'. One girl who had a pleasant labour recounted that antenatal classes had given her an overly negative expectation of birth.

> I think it scared me more than anything to be honest. You know we watched videos of actually giving birth and that and they gave me the wrong impression…The thing is I was lucky. I had a good birth. It could have turned out like that but I was sort of expecting it to be how it was in the videos, which scared me more than I was…(21:8)

In contrast, another who had become very engaged with learning about pregnancy, labour and child development, in part through her local YAPs group, and had formed firm ideas about the kind of birth she wanted (minimal intervention, no epidural, breastfeeding) had one of the worst birth experiences, ending in an emergency caesarean, a long recovery period and troubled attempts at breastfeeding.

The total absence of continuity of care from antenatal monitoring and advice into the delivery suite seems to be a very significant factor and calls into question the value of building good relationships with young mothers antenatally if this cannot contribute to a better birth experience. Although all the babies were born safely, a significant number of the mothers had very frightening and potentially traumatic labours. It is hard to believe that non-pregnant teenagers or children who went into hospital for a major procedure would be treated in such a way. Our findings may highlight the particular treatment received by teenage mothers, but they also seem to resonate with more general descriptions of the inadequacies of maternity provision in the UK with under-staffing, over-crowding, lack of continuity, lack of respect and undue risks for mother and child highlighted in a Healthcare Commission report in 2005 (Healthcare Commission 2005).

Most of the fathers (9 out of 17) including both of those interviewed were present at the birth. In some cases the girls found this helpful and reported the whole experience as being rewarding for the father, but in others, the presence of their partner was a distraction for the mother or the father seemed to have been unsure of what his role should be. This echoed some of the antenatal findings that fathers did not always feel adequately involved in the preparations for birth but also reveals the complications of involving fathers in the birth process, where the mother may be very anxious and the relationship may be under strain from making the adjustment to very serious, adult experiences. These experiences of young fathers feeling excluded by health professionals echo those of the latest Department of Health report on supporting teenage parents, 'Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts' (2007).

> He did come for the last couple (of midwife consultations) but she didn't really show any... like he was the dad and it's his as well and he's got to be involved as well but she didn't really try to involve him or anything. I don't know - it's just that she was really off-ish with him, but apart from that she did like give me good advice and everything and she was a pretty good midwife. (6: 8)

> They were quite wary of me. Because of the labour that ***** had, all the time that she was in pain, because of the way that the contractions were without breaks she was constantly in pain and it seemed that they were very wary of me as her partner, being a male, they kind of tip-toed around me so as not to upset me. But being there, I observed all the other nasty things that happened. But my treatment, I was very much tip-toed around and spoken very politely to. In some cases I just wasn't spoken to at all

> because the junior midwife that was attending to us was very uncomfortable with me being in the room, not because I said anything – I stayed very quiet, but I think it was that quietness that made her feel awkward. (30:1)

However, he went on to vividly describe the moment when he held his baby,

> I've never felt more blank in my entire life because it felt like I was holding somebody else's baby and it took about 5 minutes and then I just looked down and she was kind of wriggling around in my arms and someone said, 'You might want to have skin-to-skin contact because she might need that', because (partner) was out for about an hour and half and she needed skin-to-skin contact so I whipped off my shirt and that was it. I've actually got photos of that and … I think everyone has that sort of choky moment where they kind of go, 'Look at this. This is my … my spawn', and I think that was probably mine. (30:1)

3.1.3 Immediate postnatal care

The girls had very varied reactions post-delivery – some were keen to go home as soon as possible, while others were relieved to be able to stay in hospital and rest. Reasons for wishing to return home quickly included getting some sleep in a quieter environment, being able to have their partner or family present, and wanting to get to know their babies in greater privacy. Reasons for staying on in hospital included wishing to physically recuperate from labour and having greater support with breastfeeding. This young woman valued the choice to move from the labour ward to a specialist mother and baby unit after a caesarean delivery, where her partner was able to stay with her and she was able to access support with breastfeeding.

> I had her on the Friday, 6 hours later I was transferred to Buckland or I could have gone home - it was just which ever one I wanted to, but I couldn't breastfeed so I wanted to go back to Buckland so they could help me. So I had her on the Friday and I came out on the Monday so about 3 or 4 days…It was easier because I mean they tried to help me breastfeed but she weren't having it - she didn't want it…they've got a double bed in there and double rooms so he was allowed to stay with me all the time I was at Buckland. (4: 3)

> They've got about 8 or 9 rooms and they're like bedrooms and they've got double beds in them, TVs, DVD players, videos. It's just like a home - like a massive home with front

> room, sitting room, a kitchen and everything and they show you how to bath your baby and they help you and sometimes they do take the baby and your partner can stay overnight with you and there is no time limit to what time people can turn up. You can have as many visitors as you like. (27:6)

Interviewed approximately one year after the birth the girls' recollections of midwife intervention after the birth were understandably vague. In general, they were visited during the first few days to a week after the birth and most thought this was adequate but postnatal experiences of midwives varied considerably across the sample. Most were very well supported by parents and partners.

> The midwives visit for a week or so and then the health visitor only visits about 3 or 4 times and then that's it and then they kind of leave you to it. (4: 10)

This young woman found that the midwife in the hospital had little time to help her bottle-feed her son.

> She was doing it all so quickly because she had to rush off for other women as well, so my mum came up and she actually sat me there and helped. But I think if I hadn't have had no experience of other babies I would have been all fingers and thumbs and I would have been like really panicking…(32:9)

As in so many cases, family support and care was the most vital and reliable.

> I couldn't have done it without my mum and that and his mum and everything. You couldn't have done it without your family, not straight away. I mean I've looked after little children before I even had her and it's not the same as having your own. (4: 3)

It is possible, that girls with less familial and partner support would have received more time from midwives and health visitors, but none of our interviewees fell into this category. Some were pleased with the quality of support, finding that the midwife found time to offer support and answer questions. One girl reported that her midwife had been very proactive in helping her to get onto the housing list by writing a letter of recommendation to the local authority.

3.1.4 Health Visitors

Health visitors seem to have a more minimal impact on the young parents than midwives. Experiences were typified by home visits in the early days followed by visits to a clinic to weigh the baby in subsequent weeks and months.

> I had one health visitor and she was nice. She's quite nice. She's only just stopped now. The first two / three weeks, once a week and then once every two weeks and then once every month and then once every two months. (27:9)

This contrasted with another girl's strained relationship with her health visitor, particularly around the question of co-sleeping and breastfeeding. She felt that the professional was overly dogmatic about putting the baby into a cot to sleep as opposed to the parental bed and strongly advised against mixed feeding, despite the girl's struggle with breastfeeding while recovering from an emergency caesarean and other health complications.

> I got a Health Visitor twice and I got very annoyed because she kept telling me that I was wrong because the baby would fall asleep in my bed and I wouldn't bother to get her up and put her in her cot because I was so ill and she used to tell me that it was bad to do that and I should carry on breastfeeding and shouldn't give her any formula because it was wrong to do and all this stuff and I thought to myself 'I don't need that'. At the end of the day I was trying really hard and she was just putting me down all the time so I thought, 'no', so I haven't really seen her since. (29: 4)

However her specialist midwife from her YAPs group was more flexible and able to offer realistic advice in making the decision to move from breast to bottle feeding.

> I couldn't breastfeed properly…they tried to get me to express it and that just made me more miserable and I hated breastfeeding after that…It was excruciating. I was crying every time I had to feed her and I felt guilty about putting her on a bottle, but she said to me 'Don't be a martyr - sometimes you just have to' and I'm quite glad because as soon as she went on the bottle ... because she was really colicy and always screaming but as soon as she went on the bottle she was like this and she never cries. (29:3)

Her partner reflected similar praise for the specialist midwife and disappointment in the health visitor.

> a lot of people treated us as though because we were young parents and we were incapable but **** never did that. She was always willing to talk to us about anything and she was very mature about the whole thing to be honest. She was very professional. The health visitor, unfortunately, was not. She came round once in a blue moon, said she would come round and then didn't. I was quite disappointed with the help we got from the health visitor but to be honest, with the midwife that **** had, I don't think we actually needed her. (30: 3)

One of the youngest mothers found that the health visitors' capacity to support her during a period of postnatal depression later in the child's life was tainted by their role in monitoring parental adequacy and the risk of having the child taken into care.

> …when they're here I can't wait for them to go…Well yeah because when me and him got thrown out of here, social services were involved a lot so I suppose through all of that I just don't want anyone else to bother me.
> *So were you ever worried about her being taken?*
> Yeah. That was threatened a couple of times. (15:11)

The Department of Health's 'Next Steps' report (2007: 17) identifies a similar wariness amongst young parents of health visitors; feeling that they have been 'singled out' as unsuitable parents and are being 'checked up on' rather than supported.

3.1.5 Sure Start

Kent is not a participant in the Sure Start Plus pilot, which targets services towards young parents. Our respondents' experience of Sure Start was varied but generally minimal. The exception was a girl who had become very involved in Sure Start during her pregnancy and had since become a committee member and active in a peer-led sex education programme for teenagers. She had found in Sure Start an opportunity to pursue her interest in child development as well as a very positive network of practical support. She helped organise a 'swap-shop' of baby equipment and found meeting with other parents to be very informative. Another girl had attended domestic violence workshops at her local Sure Start centre having been referred by social services.

> They do all different things. Like there are toys and stuff for the kids to play with and you make different things every week and that and you get to obviously meet other parents and things. And they're all quite, you know, young parents… (21: 7)

> I mean I take him down to Imagine, which is to do with Sure Start. It's a big play area for like kids and there's a playschool down there…it's just mixing with other kids…and letting him run wild for a few hours. It's cheap as well … (23:15)

But participation in other Sure Start activities was more limited, attributed to pressures of work and time or simply being disinclined towards group activities.

> Male partner: She's independent. She gets on with it herself.
> Female partner: You don't know who is going to be there do you? It's probably a load of fruitcakes. It don't interest me really.
> Male partner: She's not very sociable.
> Female partner: Not with people I don't know I'm not. (23:15)

Others had attended sporadically, making use in particular, of play facilities and creative resources. The majority, who did not attend Sure Start activities, reported that they were adequately supported by their families, partners and friends, were shy of attending by themselves, or were too busy to attend.

> Sure Start, yeah. They send letters and stuff - newsletters telling you what's going on and stuff but sometimes we don't even have time really…They've got the community centre up the road which is where Sure Start is and they do like mum and dads groups and they can play and it would be good for them but it's like I don't want to go on my own, if you know what I mean. (4:11)

There was a strong sense amongst many of the girls of 'getting on with things' in their own. This may have been motivated by a desire to avoid unhelpful, overly dogmatic advice or scrutiny of their parenting, indicated in this young mother's reactions to Sure Start workers.

> Yeah I used to but they just got on my nerves after a little while…I found they were too nosey…Because they used to come out and a few of them were nice but…I don't know…I suppose I like to do things my own way…And it was just like yeah but I don't want to do it like that. (9: 11)

Some of the girls had a strong instinct to assert their independence, evident in some cases, in their decision to proceed with the pregnancy. They were therefore keen to assert their capacity to cope by themselves or with support from their family network. Others were simply shy of

new situations and were happier amongst family and friends in more familiar settings. None of the girls said they needed more support other than with practical assistance with finances and housing.

3.1.6 Young Parents Group

As reported in the antenatal study, some of the interviewees were recruited to the research through Young and Pregnant groups (YAPs). Some continued to attend these after the birth of their babies, valuing the peer support and the on-hand advice of professionals familiar with the particular circumstances of young parents that were on offer. Activities seemed varied, from learning about health and safety to child development and creative play.

> Sometimes we could just sit and chat. The other week we had fire safety come in. I think we're doing cooking sometimes and things like that. (3: 3)

It seemed that for the girls who were most actively engaged in such projects, they were provided with what amounted to an educational opportunity closely related to their own experience which enabled them to engage with motherhood in a way that increased their sense of authority, almost turning them into 'amateur experts' in mothering. In some of the girls this inspired or fulfilled a desire to pursue training and employment in childcare. Group sessions also enabled them to put their own experience and their own child's behaviour into perspective by witnessing other children at similar and different developmental stages.

> It was nice because you could see all the different kids growing up as well and then you knew like he would be like this and he would be like that so it was quite nice just watching them really, just changing…Yesterday it was lovely because he…before he went in the room, one of the Nursery Assistants was like just playing a game with him at the table and he was like that and he was all smiley and chatting and she had him all the way through the whole session. I wasn't called out for him so it was nice. (10: 6)

From this description it is evident that the YAPs sessions also offered an important break from their babies without stepping outside the role of being a 'good mother'. Given that few of the interviewees were making use of professional childcare, being able to have their child cared for a few hours by others was attractive, for those confident that they were coping, it also offered an opportunity to 'show off' their baby and therefore to gain affirmation for their mothering skills. It would be interesting to know whether those who were finding it more difficult to feel confident would expose themselves in a group setting.

3.1.7 Connexions

As in the Antenatal study, Connexions workers were particularly praised in the young parent's descriptions of available support. Although one or two were unable to find reliable support from this source, others found their Connexions worker to be very responsive to their needs in the antenatal period and in the early months of parenthood.

> I was getting the Care to Learn and they were going to help me fill it out but then the woman who was doing it went on sick and didn't tell me. I was left to do it myself, I didn't understand it, I had to go and find someone that could help me and it was just one big palaver. (2: 5)

> She used to come round I think it was once a month just to make sure that I'm getting everything. Yeah. If I need anything then all I have to do is give them a ring and they make an appointment and come out to you. (6: 8)

> If you get involved with Connexions there is enough support, there is loads of support. There's always someone to talk to and someone to come out to you. But obviously if you don't get involved with Connexions there is enough support if you've got your family but if you haven't got your family then you are going to need support. But where I had family, friends and Connexions I think there is enough support going if you actually let people know that you do need support. But if you keep it all quiet and you're a quiet person then, you know, support is going to be quite hard. But I think there's enough support. (32:10)

While some clearly valued 'befriending' support, most wanted practical guidance without strong direction on other matters. This young mother reflected both of these needs.

> She was here right from the beginning. If I had problems or not she was always there but she seemed to just help me. Because like if I was getting really stressed and angry…She was there for me, not only as in like help but she was there for me as a friend as well and it made it easier. (9: 17)

> In a way they do try to encourage you to do something with your life basically but because I'm sort of like my own person I just do anything, do you know what I mean? I like doing things off my own back. (9: 13)

3.2 The transition to parenthood

3.2.1 Early Days

A number of the young parents recounted experiences of the early moments and days which suggested that they were scrutinising their early relationship with the baby for signs of 'bonding'.

> I don't think it had hit me. I didn't hit me until 3 or 4 days later and then my mum said she could see that I'd bonded with her...it didn't really click in that she was mine. It took a long time for it to sink in that she was my baby. But now I wouldn't change her for the world. (4: 2)

In the case of this young mother, her difficulties with breastfeeding may have intensified her awareness of issues of 'bonding'.

> I expressed so she still got my milk anyway. They say you bond better, don't you, so it was quite important to me because I didn't quite click with her at first. (4: 4)

Others recounted feeling embarrassed in the early days when relating to their baby.

> At first I didn't feel like his mum and I used to get embarrassed by doing things for him because I didn't feel like I was his mum but I do now. (17:11)

> trying to talk to them, because you can feel stupid talking to a baby…(2: 7)

This is a relatively common experience amongst new mothers, not specific to teenagers, but it may be more difficult for younger women to feel that they can legitimately assume the 'mother' role and they may feel more watched than older mothers and therefore be more self-conscious.

Moving on from the early days, and the difficulties of dealing with lack of sleep, a recurring theme was the constancy of the dependence of child upon mother, in particular, the need for vigilance in protecting the child from harm and the daily tasks of household maintenance and child care.

> then comes the crawling around and you have to remember to shut gates and lift glasses and it's just there's continual washing, ironing, nappies…in most respects I'm there, but sometimes it's just all too much. You want to be a child…It's just about being monotonous every day. (2: 8)

Again, it seems likely that such views would be found amongst mothers of all ages. There was a variation in the points in the first year which the young parents found most testing. Some found it easier once the baby became more communicative.

> It's nicer now I think because you can enjoy him now. When he was little they don't do anything apart from sit there and…They rely on you but they don't sit down and kind of like show you anything. They just sit there and slightly gurgle and smile but now when they're like this they can sit there and they talk to you like. (10: 1)

While others reported increasing strain as the child became more active.

> *Which bit has been the hardest do you think, the early bit or now?*
> Now. Now that she's everywhere. I've got to watch her all the time.
> *And what about the early bit when she was first born?*
> Oh no I didn't mind that. She was just…She just used to sit there. She never used to do anything. She just sat there. That was easy….now because obviously she's picking everything up and then she's choking and you've got to watch her all the time.
> *She puts everything in her mouth?*
> Yeah. She's really busy. (15: 7)

The following couple reflected on the energy required to keep up with an active toddler, but while agreeing that things had got easier, they differed in their perspectives on the child's increasing independence, with the mother missing cuddles and the father pleased that he could now play football with his son.

> Father: There's more running about now. He's walking and we're chasing him around.
> Mother: It's easier now but I want him a baby again because you can't sit there and cuddle him. He wanted him grown up and I wanted him to stay little. (23:4)

Interviewed around the time of their child's first birthday, most of the parents reflected back on the early months of the child's life saying that it was easier than they imagined it would be. A number said that they been warned that their lives would be turned upside down, of sleepless nights and never-ending crying, but the reality had proved to be a lot more positive, a perspective demonstrated by this young father.

> You get all the horror stories and everything like that. No one ever stops to actually say, 'it does seem horrible, but actually it is worth it'…if I was to describe having a child to someone I don't think there's anything bad I could tell them apart from (partner's) labour, I'd say. The worst that could happen is you have a bad labour. (30: 5)

All of these experiences are arguably common to all new parents – adapting to the high level of demands of a young child, feelings of ambivalence about the baby growing up but relief in the increasing interaction possible with a developing infant. In general, the young parents seemed to display few signs of anxiety about their ability to negotiate these transitions, they all seemed fairly confident in their capacity to bring up their children well, perhaps indirectly expressed in their pride in how 'good' their babies were. Some clearly drew a sense of achievement from having succeeded at something commonly regarded as difficult, and as especially difficult at a young age.

3.2.2 Depression

The young people were not asked about postnatal depression, but a significant number of them (6 out of 15) described experiencing a period they identified as PND during the first year. Most recounted it as associated with early postpartum, but one of the youngest mothers attributed it to more recent developments in the difficulty of dealing with her one year old daughter and her frustration at not being able to work outside the home. Some self-diagnosed, while others were diagnosed by health visitors or GPs, however, all were reluctant to take prescribed drugs, preferring to 'bring themselves out of it'. Only one was undergoing counselling.

Although studies have suggested that young parenthood increases the risk of PND, the prevalence of PND in our sample could also reflect the raised awareness of the condition in recent years through campaigns and cultural dissemination 'normalising' the experience and providing an explanation for feelings of ambivalence about motherhood (Lee 2003). In the particular case of younger mothers, PND may offer a prism through which the difficult transition to parenthood and the renegotiation of identity and relationships could be performed, giving them 'permission' to express negative feelings about motherhood while at the same time offering a way through these feelings in its construction as a temporary problem (Billings 1995). For some, dealing with it by themselves was a source of pride as evidence of their ability to cope.

> I realised it because…I was always quite upset and everything and I didn't really want to go out anywhere or anything... I got upset over the tiniest things…I didn't really get any

> treatment or anything for it. I just worked through it myself…I did come through it pretty much by myself as well so I had to work it out for myself…I thought about a lot of things and put it round the right way up, like when I was having arguments with (partner) and everything and like part of it was because (partner) was going off with his friends and because I couldn't and it wasn't fair really and like when we did split up he got to have her for a couple of weekends and everything so I did get to go out with my friends then. (6: 3, 10)

For some, self-diagnosing with PND seemed to be another chapter in a highly dramatised narrative of the pregnancy and birth. It was noticeable that while some girls seemed to underplay dilemmas and experiences, others offered descriptions in which highly dramatic and confrontational situations seemed to arise continually.

> He (GP) said 'I'll put you on anti-depressants' and I said 'Well I don't really want to be on anti-depressants'. I didn't really want to be on them so I brought myself out of it. I forced myself to look after her. The first time everyone left me with her I cried and had to phone (partner's) brother and he had to come over and take her away from me because I couldn't do it. She was crying, I was crying and that was within an hour! My little brother came home - he was ill, luckily, that day from school and he came home and he helped me as well, so, you know, I do have and I did have support from family and I still do, which is good. (27: 4)

One of the youngest mothers had very ambivalent feelings about getting help. While health visitors had diagnosed 'baby blues', treatment was not forthcoming, she therefore expressed the view that she would get by alone.

> because I get the baby blues a lot and they said they were going to put me in for some counselling but that was about 2 months ago and I still haven't heard anything.
>
> *You've not been to the doctors or anything?*
>
> They said that they were going to sort it out with the doctors but they haven't got back to me.
>
> *And did you feel like you kind of got a bit low early on or is it more recently or all the way through?*
>
> Lately, since she's been busy.
>
> *And so why do you think they haven't…*

> I just don't think they're very interested. I don't really know what it is. It don't really bother me, I'm better off without them anyway. It don't bother me. I'd be better off…I'd prefer for them not to keep coming around. (15:11)

This same girl's fears of having the child taken into care were cited earlier and here we can see that the surveillance role of health visitors may conflict with their ability to offer support. Fear of having her child removed into care clearly loomed large for this young mother. Her sense of insecurity in this regard may have been exacerbated by the fact that her partner had been prosecuted for having underage sex with her and was on the sex offenders' register, despite their continuing relationship.

3.2.3 Partner's role

Nine of the fathers, including the two interviewed, were present at the birth of their babies. Of those that weren't present, one father did not know about his ex-girlfriend's pregnancy and two were permanently estranged from the mother. The majority of fathers had some involvement with their children ranging from supervised access in the presence of the mother and paternal grandparents to full cohabitation and shared parental caring. Most of the mothers expressed the view that it was important for the child to know who their father was and to have a relationship with him.

> We're not together but we're just going to be good friends for her. We never spoke all through my pregnancy but now we have to basically because of the baby so…I suppose it's been difficult in a way but basically he's got to grow up. He's got to do it for the baby. You can't do it just because I hate him and he hates me so he can't see her because I hate him, it doesn't work like that. (9: 6)

There was a prevalent sense amongst the young mothers, especially those who were no longer in a relationship with the father, of managing his involvement. In some cases, this meant they were tolerant of what they considered to be the young father's immaturity and slowness to recognise full parental responsibility, or their inability to offer financial support, for the sake of the emotional needs of the child for a loving father, but also with sympathy for the father who they felt would eventually realise the full significance of the child.

> Yeah. He's keen to see her but he just doesn't… you know, he doesn't participate as much as he should you know? I mean he's happy to see her and do things for her but it's just… you know he doesn't pay any money or nothing for her towards any

maintenance and… you know he's just not there when he needs to be sort of thing, it's when he chooses to rather than when he needs to be. (21: 5).

One minute he wants to see her but now he's changed and he's devoted to her… He's not allowed her on his own yet. I haven't gone to that stage. He comes around here and I take her to his mum's so we're just all getting on I suppose but I've not got to that stage further yet. (9: 7)

... one of the reasons why we actually split up because he still wanted to go out with his mates and everything as well and he had to realise that he couldn't do that and look after ***. Because I did used to find when we used to go round like his mates in the beginning, he used to pay more attention to his mates than us, but over these last ... about 6 months, it might be a bit less, but he has matured quite a bit and he has actually realised that that was wrong when ... before and that he's got ... he's matured and he realises he's got a family to look after now. (6: 8)

Those couples who had remained together had a mixed experience of the effect of parenthood on their relationship. Some thought it had made them stronger while others described the strain of caring for a baby, living with grandparents and struggling financially.

No I thought it made us closer really. He's brilliant with her. She is a daddy's girl…I can't fault him with her - not at all…(4: 7)

he's brilliant with her. Better than I thought he'd be…They just act so big, don't they, in front of everyone but then they boo their eyes out really.
Do you think you'll stay together or…?
Sometimes I do, sometimes I don't. We argue a lot. We're getting on better at the moment.
And has she brought you closer together or has it made it a bit more difficult?
It's made it worse because we argue a lot because we're stressed out with her….I've said to him when like we get the flat through we will probably get on a bit better because like we'd have our own space whereas here it's a lot of people here. Because obviously my mum's boyfriend stays a few nights and we've got my brothers…(15:12, 19)

At first glance, some of the parental roles seemed quite 'traditional' in that the mothers seemed to take on the burden of care and relinquish their independence for the good of the child whether within or without relationships.

> She's put up with a lot. I still like my independence and I still want to go out a lot. I still want to go out and play football a lot. I always want to play football on a Friday night and things like that. But he comes along now. (Father 23: 8)

> He will play with him but he won't like change nappies. He doesn't like to do the bottles. He doesn't like to do nights. He doesn't mind giving him a bottle but it's just things like that that I'm like, 'you come down once every blue moon kind of thing so you could at least do the things that I have to do every day'. (10: 14)

However, many of the fathers did take on caring responsibilities when they were with the child and were able to offer relief for the mother, even when the parents were no longer together as a couple.

> when we weren't really talking that much he used to have her like some weekends and that to give me a break and I think that actually helped me as well, because on those weekends I did actually get to have time to myself, but also I got to go and have a couple of days out with my friends as well… (6: 3)

Of the couples who were living together, both parents were very closely involved in caring for the child, perhaps because their work tended to be part-time or shift-based. This young mother, who had recently split up from her partner described the difficulty of losing an important source of support, although the father still visited his son daily.

> It's harder now he's not there because I haven't got anyone to speak to or anything so it feels like it's harder, I feel like I need to rely on my mum and dad more now that he's not here for support and that. (17: 12)

3.2.4 Family support

One of the key findings of the Antenatal Study was the centrality of family support to the decision to proceed with a pregnancy and the ability to cope with becoming a young parent. In all cases, this support had continued, although in many cases the young parents were making the

transition to greater independence. Support was substantially material – especially providing housing and additional financial support, but also practical in providing childcare, freeing the girl to return to education or work for example, or respite from the pressures of being a parent.

> We couldn't do it without them. We really couldn't. You do need your family around you when you've got children. (4: 15)

> I have had a lot of support from them and I don't think I could have done it without them, so it has been really good. (3: 4)

> With my mum, it's made us closer because I mean before I even moved out, we hated each other ... not hated each other but we just really did not get along. Everything was an argument. We could never talk to each other. When I moved out it got easier. I fell pregnant and I think it got easier. But as soon as I had her we were like best friends - you can't separate us now! (4: 6)

From the young mother's perspective, having her own parents 'on hand' to help during the early years of the baby's life was invaluable. Many described family relations improving after the arrival of a grandchild, but some disclosed tensions caused by overcrowding and disputes over domestic responsibilities. The views and experiences of the grandparents (parents of young parents) are under-researched but it would be interesting to explore teenage pregnancy from their perspective, in particular, maternal grandmothers seem to bear much responsibility for the grandchild as well as continuing to care for their teenage child and other, younger children. Although the young parents described the grandparents as loving their new role, a more complicated picture of tensions and strains might emerge from including them in studies of teenage pregnancy.

The young mothers recounted negotiating with their own mothers around questions of care and responsibility. Some were grateful for the help and were not troubled by what others might consider 'interference';

> She wanted to do things but then she wanted me to do part of it as well which I prefer to do to tell you the truth. I was happy for somebody else to be helping.
> *And did you ever feel that she was doing too much or were you happy with the way she was?*
> Well I know she does a lot and that's a good thing because like we're a close family anyway so at least then she'll be close to (baby) as well. We've always been close, all my family. (15:10)

Others described tensions in demarking lines of responsibility and maintaining consistency in the child's treatment;

> My mum, she's let me get on with it so far. If like she's been bad or anything and she's naughty and I've got to tell her off because she's done something naughty then she'll run to my mum and my mum will go to pick her up and give her a cuddle and I've got to tell my mum, "No, you're not to do that" because otherwise she won't learn. (6: 8)

Encounters with maternal grandmothers in the course of conducting the interviews suggested that both sides, grandmother and new mum, were involved in managing their relationship to one another and in delineating responsibility for the grandchild. Some grandmothers were more concerned than others to make sure that their daughter did not become too dependent on their help. Similarly, some young mothers were more concerned than others to develop autonomy in the care of their child.

For those who were living in separate housing from their birth families, support could still be garnered but advice could be selectively taken on board.

> I don't know. Sometimes they interfere a bit too much don't they, but you're going to get that anyway aren't you? Oh do this and do that and we'll just listen and if we want to do it we'll do it and if we don't we don't. He's our son isn't he? (23:5)

This young mother had been living at home in the early months after birth but had more recently moved into a flat of her own. She attributed her desire to breastfeed in part, to her need to draw a boundary around herself and her baby, marking the child as her own.

> I love living with my mum. I love it…But I like my independence so I like being on my own as well… they seem to just take over and now I'm on my own it's me and her so we get bonding sort of thing. I think that's why I breast fed as well, because everyone seemed to take over but I knew they couldn't take that over … Me and my mum are very close so it was just like she thinks she's one of hers basically but I was just like she's mine! (9: 2)

Independence was highly valued by some of the girls, most commonly expressed as being responsive to advice, capable of autonomous problem-solving, 'coping well' or in producing a happy, 'well-behaved' baby.

It's easier now. Now I've got the routine and I know what to do, when to do it, how hot her food's got to be.

How did you learn all that? From your mum, or did you just kind of pick it up?

Some of it from my mum. Well, most of it from my mum but some of it just myself, which is not bad because I think I've done pretty well - she's a nice, content little girl. She's very happy.

And did you find it difficult ... was your mum keen to do stuff that you wanted to do yourself.?

No, not really. If I asked for help or if she could see I was getting tired she'd do it for me, but other than that she just leaves me to it. (27:12)

She went through a stage where she used to get into my bed. She wanted to come into my bed. She wouldn't… I put her to bed at half seven but she wouldn't go in. She went hysterical and then I found that it was her teddies, because she didn't like sleeping with her teddies. So I had to take her teddies out but I didn't know that and I just thought oh cuddle up with mummy. Then my mum said you don't want to get into that. She said you will never get her out. So about the third day I put her in her cot, took all her teddies out and she was fine. (9: 13)

Coping well offered a refutation of the problematisation of young parenthood.

I think if you're able to cope with it then I wouldn't say I was young. I mean I've obviously… I think I cope well and I've been able to look after her and give her everything she needs so… you know? [21:4]

Having a baby who slept well from the early days was raised by a number of respondents as a source of parental pride and also as an explanation for why parenthood was not as difficult as they or others around them had predicted. Crying, happiness and sleeping were key indicators expressed by the young parents of how well they were coping, however, coping well was more often attributed to the baby's innate 'goodness' rather than their own qualities as a parent.

See we're lucky because she's a good baby and she is easy to look after but some people don't always have that privilege. Some babies are really naughty...she sleeps all night now. Trying to get her to wake, that's the problem. (4: 19)

She's always slept through the night, ever since she was born; she's slept through 7pm 'til 7am all the time, which is really good. Obviously I think it was the first 2 weeks the

colic, but apart from that she was fine and she'd go straight down and she'd wake up at the same time and she's always happy. If you look over she always smiles at you and puts her arms out. She's always happy and she never cries. (27:5)

She never has done from day one (woken in the night)….She has never ever woke up, except when she's ill and that's when I know she's not well because she wakes up of a night time… She goes to bed at half past seven and she wakes up at eight o'clock. Honestly. She is as good as gold. I don't hear a peep from her. And you haven't got to be quiet around her. When she's asleep I'll have the telly on or I'll lay in bed and watch telly…She's really good. She's a brilliant baby. All my mates are so jealous of her. (9:12)

However, one of the girls was finding it harder to cope with a child she found to be increasingly demanding as she became more active. Consequently, she was more ambivalent about living away from her mother. Aged fifteen at the time of conception, she was one of the youngest interviewees and was least satisfied with her situation.

Would you be worried about it, like coping on your own or…?
I'd be worried about being alone with (baby) all the time because she does do my head in. She does stress me out a lot…But my mum's said like if I get somewhere close to here I can always walk over with her and leave her here for a couple of days to get my head around things and she's said if I want to go out with my mates she'll have her overnight and what have you. She's said she'll come over and get her during the day so I can have my mates over… (15:20)

3.2.5 Friendship and socialising

The most commonly reported change in the young parents' friendships was the restrictions on spontaneity that having a child brought about. There were differences between those whose friends also had children and those who did not, but also evidence of engineering a social life involving others in similar circumstances, whether through informal community connections or through organised groups for young parents.

With my friends, I don't always get to go to like the concerts that we used to go to and everything because I can't ... because we always used to go last minute... I always have to try to find a babysitter before so it's not as easy…like we used to go to Sittingbourne and then decide then whether we'd go to Canterbury or wherever and everything and it's just I've got to think of feeding times and everything. (6: 4)

> We go out twice a month so…And we do go out a lot…Or if we don't go out we either meet up around people's houses. We have like evenings in with the kids as well because all my friends have got kids as well. (9: 5)

> Well I still go out and that with my friends and my mum has him for me if I want to go out. I can't just like do things on the spur of the moment - it's all got to be planned out, like a babysitter, arrange what time I'm going to be back and where I'm going to be and that whereas before I could just go out and do what I wanted. (17:11)

While most of the young parents were still able to go out with friends and their parents or other relatives were often happy to babysit, one of the grandmothers expressed the view that it was sometimes difficult to negotiate the restrictions on freedom that her daughter had to now endure, for example, in having to tell her parents exactly where she was or what time she would be home, this was seen as a return to a level of parental scrutiny usually moved away from by the later teenage years.

The experience of restricted freedom may vary depending on the degree of 'accident' involved in the baby's conception. For those girls who had thought about becoming a mother prior to conceiving, even if the actual conception was earlier than they would have planned, or those who were more ambivalent about preventing pregnancy, their lives were often already suited to being with a baby. For example, they were happy to be at home with parents or siblings, either because they were ready to give up their days of hanging out with friends and partying or because they had never been particularly keen on wilder teenage pursuits. For these girls, the pregnancy was an opportunity to fulfil their aspiration for adulthood.

Another type of young mother was identifiable however, whose pregnancy was far from planned and who found it more difficult to adapt to a domesticated life. One of these was our youngest interviewee and she was evidently struggling with the speed with which she was required to assume total responsibility for her child, her mother was not able to offer as much support as she would have liked because she herself was involved in caring for elderly relatives. The pregnancy had not been chosen and was not revealed until the second trimester. In two of these cases, the girls' lives would possibly have been made easier by affordable, trusted childcare provision outside the family, as one was very keen to work and another was studying but very dependent on her mother to care for her daughter, which although very helpful, caused its own tensions for all parties.

3.3 Material difficulties

3.3.1 Finances

There were varying degrees of economic difficulty amongst the interviewees. All were in receipt of benefits of some kind, but in general, those living away from their own parents struggled more than those who were being semi-supported by either the paternal or maternal grandparents. One young couple, who were expecting their second child were in particularly precarious circumstances, a situation which had worsened over time, as debts accrued, local authority housing was not forthcoming and benefits payments were disrupted by bureaucratic procedures and mistakes.

> 9 times out of 10 our shopping gets sacrificed – not her food shopping, our food shopping gets sacrificed because of something. (4: 13)

Although both partners were working, they could only find part-time, low-paid employment in retail and care work. They claimed that they were worse off when working than when unemployed.

> We were worse off by miles…we were still eligible for housing benefit but just not enough and I mean I wasn't even earning that much…they'd got all their figures wrong on my tax credits saying that I was earning triple the amount that I was earning. (4:13)

Another couple in similar circumstances but with a local authority flat felt more secure. They also felt that they were in the same boat as others around them.

> We manage. I mean everyone likes more money don't they? Having things and doing more but it's just being patient. We manage. Sometimes it's a bit of a struggle but everyone gets like that. (23:19)

To a number of the young parents, being able to work was very important to their sense of who they were and their quality of life.

> I'm just going to do like part-time. I just need to get out. I need to earn my own money because that's what I like, I like to earn my own money and I want to be able to support her and myself by myself so that's why I want to do night work. (9: 4)

This was particularly true of the fathers, who saw their role as father as integrally bound up with being able to provide for their families.

> not that I don't like living with (wife's family) but I feel like we're such a burden on them. It makes me feel so awkward that we're not living as a family unit and that we are pretty much dependent on them. I hate that. I really, really hate that so much. It's nothing personal with them, it's literally that my attitude is that I want to be supplying for them. That's what I want to do. (30: 7)

While for this young mother, going to work was seen as an opportunity to escape the home and the constant demands of looking after her daughter.

> *What kind of things do you really feel like you're missing out on now?*
> Working. I really want to work. And it's like if I want to go out I just don't want to worry about getting a babysitter and everything. I just want to get ready and go.
> I want to work now. I want to be a full-time worker. I'd love to be at work rather than be stuck at home.
> *And what are your options on that front then?*
> I ain't not ever getting a job until I'm 18.
> *Have you found that…Is it because of your age or because of the child care that's the most… What's the thing that gets in the way do you think?*
> Both. (15: 9 and 15)

Whereas for others, perhaps because they were still living with parents and still considered themselves to be young, the necessity to work was less pressing.

> I pay my mum rent. I give her £120 a month because I use up every room in the house…I get income support, which I've got for ages, but I don't know why I get that. I don't know how it works. I don't phone them up and go why am I getting this?..I get his child benefit, which everyone gets anyway. And I get child tax credit which I think numerous people get…Because without that I'd probably have to get a job and get another job and get another job. And at least with that money and living at home it's a lot easier and I can put money into his like saving account. (10:17)

3.3.2 Housing

Ten of the interviewees were living with their parents at the time of postnatal interview. Three were living alone and one with a partner in local authority housing, and one couple was living in privately rented accommodation. The availability of local authority housing was very varied and as described in the antenatal report, some of the girls had had to go through hostel accommodation whilst pregnant as they waited to be allocated a permanent flat. This couple's financial pressures were added to by the seeming reluctance of the housing office to provide them with accommodation.

> We've gone legal all the way and I think that's the problem – you get kicked in the teeth and you see all these people that are just like lying and scheming behind the benefit agency's back and …then there's us doing it all properly. I just think to myself, 'you're moaning about people doing benefit fraud but yet you're not giving anyone a reason not to….people keep telling us to pretend we've split up – to get him to go and live with his mum for a little while so then I'm on my own, can't afford to live here, they can house us and then afterwards we'll say we're back together and I'm going, 'Yeah, but then that makes me look bad'. (4:13)

Highlighting the inconsistency in provision across the county, their case contrasted sharply with other interviewees who had been allocated flats although they were ambivalent about moving away from their parents and living alone. Some of those who had independent accommodation still spent a lot of their time in their parent's homes, but thought that having space and living independently was the 'right thing to do'.

> I would like to live with my nan or my mum but like everyone has been saying to me… and I've been telling other people really, I've got my son now, you know, I need to do my own things. He's gonna want his own space when he's getting older and have his own toys and room and everything and I'm gonna need my own space as well so…I didn't want to go just yet. I'd like to have moved out when he was a bit older but obviously if a house comes up I've got to take it. I can't turn it down otherwise I'm never gonna get my own place so… (32:5)

One young couple had tried living in a privately rented flat with another couple but eventually moved back in with the mother's parents due to a combination of financial pressures and her ambivalence about moving out. Their particular financial difficulties were caused by the problems encountered by the father in finding sufficient hours of work in the new job for which

they had relocated and was exacerbated by a problem in the processing of their claim for housing benefit.

> You're living on a knife edge because if the computers go down, if anything happens, if something gets processed badly, you can have your entire claim shut down like that, and it has happened to us, which means everything gets stopped and you are literally left in the lurch. (30: 8)

3.4 Education and Work

In spite of a policy drive to encourage young mothers to return to education after the birth of their babies, the majority of our interviewees who had not already left school or college prior to conception did not continue. One girl was studying for her 'A' levels at the time of the postnatal interview, with clear plans to go on to university, but she was the exception. Four were attending college or otherwise involved in job-seeking oriented short courses such as Opportunities Plus. Courses ranged from Maths and English GCSEs to secretarial and beauty skills.

Further to similar findings in the Antenatal Report, a number of the interviewees described being inadequately served by Kent Education Welfare Services.

> they said they were going to try to help me do my GCSEs and get me a home tutor but until then they were sending work home and I just couldn't do it without a home tutor and in the end I just never even got one…She [Education Welfare Officer] came round and I showed her the work that I had done and like ... there was a lot that I couldn't do by myself and I needed help. I mean I wasn't the brightest person in school and I did have like a helper in my class that did come round and help and I needed a tutor and in the end ... I think on the phone I spoke to her twice and she came round once and that wasn't a great deal of help and in the end I never even got a tutor and by that time it was too late to get any coursework done for my GSCE, and everything. (6: 13)

Although the lack of educational support was a factor reported by a number of the mothers, there were other influences on their ability to remain in education. As reported in the Antenatal study, many of the interviewees were already disillusioned with or actually estranged from school prior to conception, making it difficult in the analysis to tease apart the respondent's actual educational aspirations from their understandable attempts to fit into the model of a 'good teenage mother' who embraces education and a 'career'. The most common obstacle to education cited was the absence of childcare suited to their needs and their sense of

what was right for their child. Although the girls were entitled to, and knew about, the Care to Learn funding package, many were unwilling to place their babies in formal childcare or as they saw it, 'leave them with strangers'. However, it is also possible that citing lack of childcare and concern for the baby's welfare provided the mothers with a legitimising rationale for resisting the pressure to learn or work. One of the younger mothers found the pressure from truancy officers to return to school unwelcome, and the lack of adequate childcare enabled her to justify the break from education. However, she later voiced her frustration with the lack of childcare that would enable her to work, something she was very keen to do, not least to escape a very demanding toddler.

> I left (school) for maternity leave early and I went back but just things weren't working out…I couldn't find anyone to have her because I won't put her with a carer…so I just couldn't find anyone to have her all the time so I had to leave. So my mum just wrote in and said I'm going to go on to college or whatever. (15:6)

Five of the young mothers were working or had worked at some point after the birth of their babies. One of the interviewed fathers had a job but the other had struggled to find work with adequate hours to support his family. All of the working mothers were working part-time, three as waitresses, one as a care assistant and another in a shop. These seemed to provide flexibility to fit around the childcare available from partners, family or a child minder.

Some felt that they had been able to manage their entry into paid work at their own pace and had plans for their future careers.

> … I started working about 7 months ago, just before she was a year.
> Right. And was that about the right time for you?
> Yeah. I felt that she was… I didn't want to do it before because she was still, you know, obviously growing up but I felt, you know, at that time I felt that she was OK to sort of have other people with her...I just wanted something to get a bit of qualifications. I was doing Learn Direct. I done maths and English with them and I got like 7 certificates out of that. I just wanted anything really, just something to sort of boost my grades. And then when she was a bit older I could, you know, obviously go into what I wanted to do which would probably be a receptionist or a PA or something. [21:9]

A number of those who were not in employment at the time of interview were reluctant to work outside the home when their child was very young, but thought that the right time to look for work would be when the child entered nursery at around the age of three.

3.5 Childcare

Similar to the antenatal finding, there was a striking lack of trust expressed in formal childcare such as nurseries, or even in trusting those outside immediate family.

> I don't think I'd like some stranger looking after her. (4: 6)

> I'd rather leave him with my mum than a stranger (18: 6)

> But if I do day work I don't really want her in a nursery…You watch it on telly, you hear things and think no. She's only staying with family and that's it…I suppose I do know a few nursery nurse like people and they're like well you don't want to go to this one and you don't want to go to that one. I'm like well she ain't going to none so it don't matter…I think if she could talk I'd be alright. If she could talk properly and tell me what people were like…But because she's like young and she can't… she can only tell me in like body language and it just doesn't work all the time so no she's staying with family and that's it. She don't go to nursery. (9: 3)

Gillies suggests that this mistrust of 'strangers' is a finding common to working class mothers who feel that the family is a safe haven relative to the threats and disappointments of the public world (Gilies, 2005). Other possible explanations are that perhaps the young mothers' fears of being judged and perhaps having the child removed by officials are 'projected' onto professional childcare providers.

> Well because you hear people that like run off with babies and things and I ain't having no-one run away with her.
> *Right. And is it just child minders that you're worried about or anything?*
> Anything like that.
> *Even nurseries?*
> Just people I don't know. Like I can't trust anyone that I don't know with her.
> *A lot of people have said that actually.*
> It's the same with midwives, they're too rough with babies. I don't like them with her neither.
> *Well they're just so used to them, that's the thing.*

> Even though they're qualified and everything they're too rough with them. They like swing them about and everything. (15: 8)

One young father was affronted by a midwife's suggestions that they were entitled to childcare, taking it as a slight upon his and his family's ability to care for the child.

> Mother: I had a midwife come round and… She was from Sure Start, from the hospital, the hospital midwife and she said like after you've had the baby would you think about like education? And I said well I don't know at the moment. And she's given me a leaflet and she said like you can get money for carers and everything and things like that. And I said well family and that will be there.
> Father: Money for carers! That annoys me. Money for carers. He's got a perfectly decent dad sitting here. And family.

One mother hinted at another explanation for the rejection of childcare – that it allowed the mother to resist pressures to get her into work or training.

> I know it's going to sound nasty but some girls say it so they don't have to go back to work and some girls don't. (9: 4)

Certainly there are competing versions of the good mother at play at the present time. On the one hand, the good mother is supposed to be intensively involved with her baby (Hays 1998; Douglas and Michaels 2004) and selflessly and anxiously devoted to its physical and emotional development. On the other hand, the teenage mother is supposed to be prepared to leave her baby in the early months to return to education or work. This tension in the conflicting constructions of motherhood and teenage motherhood could underlie the difficulties of legitimising the use of childcare in the early years. Balancing the needs of the child with the needs of the mother is difficult when there are few choices available for the mother. As discussed in the Antenatal report, these girls without shining educational records or employment prospects feel that they have little claim to a life of their own relative to the sentimentalised needs of the child. This was evident in the girls' reasoning around abortion but also seems evident her in the girls evaluation of the legitimacy of childcare.

3.6 Future aspirations

There was a strong sense amongst the parents of wanting their children to have a better start in life than they themselves had had. Disadvantage tended to be expressed in terms of their own inadequacies such as being lazy, or not recognising the merits of school.

> Better than what I did basically. I want her to make something of herself basically. I don't want her to not bother going to school like I did and ruining her life. I hated school. I'm not gonna tell her that…So she's gonna go to school. I'm gonna get her to make something of her life. (9:15)

> I want to get a good job for him…I want to make him proud of me - have a good job and set an example. I think I grew up a bit in the pregnancy but I think since I have had him it kind of like hit me a lot. Now, like, I want to get a good job and be a good parent and that and earn money for him but before I was a lazy cow and didn't want to do anything. (17:4)

Others attributed their own increased personal happiness and wellbeing to the arrival of their child.

> I just take it every day as it comes really. Before I had him I was quite depressed and I went through the whole of school kind of self harming and being depressed and everything but when I fell pregnant with William your whole life has to change. You can't be immature and silly and think I don't like my life I'm going to cut myself. You just can't do that. So having William it's like I know you have to be positive. You have to be happy. You have to be bright and when you are happy and bright you feel better so then when you start off you're thinking you're being fake and then you see actually you feel great anyway not being… not putting on a front anymore. So having him has just changed me totally because beforehand I was all down and now I don't really… I can't remember the last time I cried… I love it. It's just so much nicer not being down and this baby has changed that so that's why I'm grateful. Even if I am young something like that's changed me so it's lovely. (10:19)

This same girl expressed a commonly held view that having a child young meant that you had the rest of your life ahead of you to do what you want, rather than wasting a life as it might once have been seen, teenage parenthood is just another way of starting your adult life.

> I don't think a baby stops your life. You are the one that can like decide what you want to do. With Care to Learn and everything there is so much now for children… or teenagers really who have children so I think there's no point just like kind of thinking I'm pregnant I'm throwing my life away because you're not at all. Like OK it's my option to stay at home now but I enjoy spending time with William, seeing him change and just grow. I'd rather do that than at the moment be at college but I want to go to college. I want to have education. I want to get a job but I'm only 17 I have a huge life ahead of me so why not spend one or 2 years with William? If my mum allows me to stay at home then that's fine really. (10:20)

> Do you still think gosh I wish I hadn't or how does it work out?
> well I would have been better off having her when I was older but then I maybe missing out on a lot now but I'll get to do it when everyone else isn't doing it. So like I may not be able to do a lot now because obviously she's so young but then when all the people my age are older and having babies and they're all stuck in and moaning because they can't do anything I'll be out doing my thing. (15:15)

Anticipating future freedom seemed to be a way of off-setting more negative views of the restrictions and responsibilities of young parenthood. A common way of expressing the advantage of young parenthood was to talk in terms of 'energy' – younger people have more energy to put into their parenting.

> I think it's easier having them young because you've got more energy haven't you? People say wait until you're about 30 or 40 to start a family but most 30 or 40 year olds that you see now are all like sitting on their arse. But then when you get to like 30 or 40 you've had your kids haven't you and you can start doing everything. They're all growing up and you can go away on holiday and leave them. (23:18)

4.0 Commentary and Discussion

From a policy and service-providers' perspective, it is tempting to assume that health and welfare services have the power to shape people's lives and to determine their ability to cope with difficult experiences. Our research, which explores the user's perspective, suggests that professional services in fact constitute only a small part of a much wider context of support and influences, a finding supported by Ghate and Hazel's study of 'parenting in poor environments' (2002). Government targets aimed at tackling large-scale and health social problems through directing services towards particular individual behaviour, in this instance young parenthood, may exacerbate this distortion in the understanding of the influence of policy and services on individual circumstances. This places professionals in the difficult position of being on the frontline of implementing politicised objectives that may or may not coincide with their own knowledge and may clash with their commitment to meeting the needs of service-users. McCann, Smart et al suggest that narrow funding priorities may limit the ability of professionals to meet the diverse needs of young parents (McCann, Smart et al. 2006). Feedback from professionals involved in teenage sexual health services and services aimed at young parents suggests that many have their doubts about the policy target of reducing teenage pregnancy by half by 2010, but are nevertheless committed to providing effective and sympathetic care to young people. Our research has found many examples of such professional commitment being valued by young people themselves. However, our research also throws up particular issues with the way in which the needs of young parents are currently understood, with consequences for how services are delivered.

Our key findings are as follows:

4.1 Diverse experiences

Casting teenage parenthood as a social problem in the policy context has consequences for the way in which young parents experience the support available. Young parenthood may be associated with particular socio-economic and educational circumstances over a broad population, but qualitative studies such as ours uncover the heterogeneity of individual lives. As discussed in the Antenatal Report, the pathways into teenage parenthood are diverse and complex and are therefore very difficult comprehensively to describe and explain. In this Postnatal Report, the ways in which young parenthood is dealt with by individuals and their families are also found to be very varied. We would therefore emphasise the variation amongst young parents while at the same time highlighting common experiences that may be relevant to the improvement of services. In many ways, the recognition of teenage parents as individuals would itself contribute to improved service provision. Our interviewees responded best to

those professionals able to treat them as nascent adults and to credit them with the aspiration and competence to become caring parents. Conversely, they were most suspicious of and least receptive to intervention by professionals they perceived to have prior conceptions of what teenage parents are like and what teenage parenthood means for the parent, child and society in general. From our interviewees' accounts, it seemed that most professionals understood that needs varied and were able to adjust the level of intervention accordingly.

4.2 More support needed?

The findings demonstrate significant diversity in young parents' definitions of what constitutes good support. Most displayed considerable fortitude and resilience in coping with a multitude of issues and seemed content with a minimal level of formal support, while some felt they benefited from help that was more intense and 'befriending' in style. Some preferred an individual relationship with a professional conducted face-to-face, by telephone or text, while others thrived in a group context, where they could utilise peer support while accessing professional expertise when necessary. While a few of the mothers were keen to return to education or work either for reasons of sociability or for financial independence, others were protective of their time at home with a young child in the early years. There was also variation in the level of advice and support drawn from grandparents. All valued straightforward guidance with practical and financial matters such as benefits and housing, but even here, some prided themselves in finding their own way through bureaucracy while others felt let down by inefficient assessment procedures.

4.3 Wariness of professionals

A common characteristic amongst the sample was a wariness of health and welfare professionals. This may have been shaped by experiences of school, where for many of the interviewees staff had not been experienced as supportive. Wariness may also be attributed to a defensive 'teenage' impulse to protect their privacy from adult exposure. Less specific to teenagers, it may be evidence of a class disposition where the risk of exposure to and judgement from professionals was given additional weight by the recognition of the potential for professionals ultimately to remove children into care (Gillies 2005). The particular sensitivity of teenage parents to surveillance by health professionals has been noted in other studies (Breheny and Stephens 2006; McCann, Smart et al. 2006) and is exacerbated by their widespread construction as 'doomed to fail'.

This is not to say that relationships of trust were impossible. Many of the young mothers formed good relationships with midwives and Connexions workers in the antenatal period,

some of which continued after the birth of the baby. Trust was usually described as being founded upon a perceived absence of negative judgement by the professional concerned combined with evident knowledge and expertise, but was also facilitated on the part of the young mother by a desire to prove herself as a 'good' mother through her interactions with, for example, a Connexions worker or midwife.

4.4 Labour

The issue of wariness and lack of trust has particular import to the provision of maternity care and especially to the question of consistency of personnel. It seems significant in the descriptions of labour, that none of the girls were attended in hospital by the midwives with whom they developed rapport in the antenatal period. The importance of good care during labour cannot be over-stated, especially as girls such as these may have relatively low expectations of services and may tolerate low levels of care that older women would not. Given their socio-economic background, they may also lack vocal advocates confident in demanding high quality care in the hospital setting.

The level of pain and duration of labour varied very widely across the sample, but having a brief labour was the strongest determinate of a positive account. Although a few girls described a positive experience of labour, many described being fearful and the term 'panic' was used on numerous occasions in their accounts. This suggests that many young mothers feel little control during labour and do not necessarily feel that professionals have control of the situation. Contributing factors to the panic scenario may have been the exposure to or susceptibility to labour horror stories during the pregnancy, a prior nervousness of needles, hospitals, tearing, epidurals or even just exposing their bodies. Of course labour is a very individual experience both physically and emotionally and attempts to anticipate a women's level of coping are inevitably limited, it was interesting to note that there did not seem to be a correlation between an engagement with antenatal care and a positive birth experience. As well as the way in which each individual's labour naturally progressed, it seemed that being open-minded about what to expect and about options for pain relief was significant in maintaining the mother's ability to cope throughout the process and for having a positive recollection of the experience.

Although such retrospective, uncorroborated accounts of labour are inevitably very subjective and may be unreliable sources of information about what actually happened, it seemed that young mothers may risk being classed as 'difficult customers', perhaps because they are fearful and panicking, but some seemed to have received unsympathetic treatment from hospital staff due to their young age and/or, their social class and perhaps because their demeanour was not

judged to be sufficiently 'demure' and therefore 'motherlike'. Some of the girls provided us with accounts of highly dramatic, chaotic and noisy confrontations between staff and themselves and their families, which may have been dramatised in the telling, but which sometimes seemed to indicate the difficulties for professionals in dealing with young mothers who may have tense relationships with partners and their own parents. In the hospital setting, partners and parents may or may not be best placed to reassure and calm a panicking young mother. This reinforces the need for good quality accessible antenatal provision for young parents as provided at YAPS Groups. Consistent, specialist maternity provision for younger mothers is highlighted in the recent Department of Health report 'Teenage Parents Next Steps' (2007).

Given the tensions and complications involved in the relationships with families and partners, it is even more important for midwifery professionals to be consistent, present, trustworthy and a calming influence. For example, it may be very difficult for mothers to see their young daughters go through pain. Little is known about this even though they are the most common 'invisible' means of support in most cases. It would be interesting to know if mothers would like to be more involved in antenatal care, as few were described as being present during appointments, even though the majority were very supportive of their daughters.

It may also be particularly difficult for young fathers to witness the suffering of their partner in labour. From the antenatal study, it was evident that the young fathers had little involvement during formal antenatal sessions, nevertheless, most of the fathers were present at the birth. Some girls wanted more help from midwives or antenatal classes to involve their partners more and said they would be more likely to attend antenatal classes if accompanied (perhaps this was a test of the young father's commitment, but also an indication of the teenagers' general shyness of strangers and new situations) but after the birth, many seemed to be very effectively controlling and managing the relationship between father and child and between themselves and the father. At the birth however, most relationships are under strain and were unstable, and added a complicated dimension to the antenatal and labour process that midwives had to deal with. Therefore, it may be even more important for midwives to be consistent in focussing on the mother and on making her girl feel as much in control as possible, encouraging her feeling of competence and ownership over her body and the baby. Good quality, focussed antenatal care, such as that provided through YAPs groups may contribute to this control.

4.5 Formal postpartum support

The interviews elicited very varied needs and wishes concerning postnatal care. Most were keen to leave hospital as soon as possible, but others were grateful for a prolonged recovery period

in hospital. Two of the girls moved to specialist mother and baby units where their partners could stay the night and where other visitors could more freely attend. There was a strong desire to be close to the source of most support; mothers, other family member and partners. There was very little description of professional support in the hours and days after the birth. Midwives were spoken of as a source of feeding advice, but in reality, they did not always have the time to provide such guidance. Given how ill-at-ease the girls often described themselves being in the presence of professionals, being in hospital alone with their baby was not seen as the most supportive environment. Once they returned home, girls were better able to rest, get to know their babies in private and access their antenatal midwives with whom they tended to have established more trusting relationships than with hospital-based maternity staff.

Many of the young parents, both male and female, described themselves as in need of a lot of support in the early days and weeks. It was often said that they thought it would have been impossible to get through the immediate postnatal period without familial support. The majority had received such support but were not sure whether in the absence of such intensive family help, professional support would have been available to fill the gap. They were therefore sympathetic to other younger parents who may not be in such a fortunate position of having strong family networks.

Many of the young mothers had little to say about the professionals with whom they came into contact in the postpartum period, except when they were critical. It seemed that where professional intervention worked best it was in harmony with the round the clock support being provided by a partner and/or parents and affirmative of the young parent's position as a good mother or father. Exemplary midwifery care was described in a number of cases for example in proactively getting the ball rolling in applying for housing provision or in offering the young parents very supportive, practical advice that connected with their own instincts and needs. In such cases, midwives seemed to play a significant role in affirming the young people's identities as good mothers and fathers and in encouraging them to be realistic and to trust their instincts. In contrast to bad experiences, the positive descriptions conveyed a confidence that the midwife was 'on their side' and not judging them. As Ghate and Hazel have reported, there is often a fine line between 'suppport' and 'interference' (2002).

After midwife visits had ceased (usually after one or two weeks) health visitors took over the care of the young parents and baby. Again, there were few positive comments but in two cases, professionals were criticised for being overly dogmatic about exclusive breast-feeding of the baby and in another case, about co-sleeping. Knaak has discussed how advice to parents has

become increasingly narrow over the past 30 years (Knaak 2005). There is now a developing critique of the often contradictory but increasingly inflexible advice offered to parents (Füredi 2002). This is a problem described in studies of motherhood at all ages, in particular in relation to feeding (Lee and Furedi, 2005). We would propose that flexibility, empathy and realism is more important in supporting parents of any age than conveying strict recommendations which set parents up to fail.

It could be argued that younger mothers may have more resistance to internalising notions of failure unwittingly conveyed by professionals because a) they are less avid consumers of parenting advice material b) they are less socially isolated c) their identities may be less tied up with a particular version of 'intensive' motherhood (Hays 1998) d) as they are often more closely supported and affirmed by their own mothers and other relatives than older mothers. As MacIntyre and Cunningham-Burley suggest,

> in Britain at least, the sort of woman who typically has a baby at 16 is more likely to be living with or near her family, gaining social support and practical services from them. The loneliest women, and those least well integrated into helpful networks, are often the geographically mobile middle-class women who do not have their first babies until their late 20s. (Macintyre and Cunningham-Burley 1993)

In contrast to the more nebulous threat to identity posed by unwelcome advice, a more concrete threat was attributed to health visitors by some of the young women, who were aware of the Health Visitor's 'policing' role. It is clear here that professionals have a dual role as sources of support and sources of scrutiny, and while the former may facilitate the latter, the latter may compromise the former. Few of the girls named health visitors as particularly relied-upon sources of advice and support, so the examples of mistrust and unwelcome advice stand out all the more. In one case, the mother was explicitly concerned about threats made in the past to take her daughter into care. In another case, health visitors were seen as having a scrutinising role, or being too 'nosey'. In the latter case, the mother seemed very confident of her own abilities and was therefore able to resist the advice of professionals and to withdraw herself from contact. Others recounted being very embarrassed in the early days about interacting with babies, saying they felt stupid talking to a baby, over time, this embarrassment diminished, but it emphasises the need for both privacy and encouragement in getting to know their baby.

4.6 Informal postpartum support

As discussed in the Antenatal Report, family was consistently described as the most comprehensive source of support for the young parents. For most of our interviewees, professionals were looked to only to fill the gaps in expertise in the family network, usually identified as medical expertise, specific pregnancy and baby advice and accessing welfare state benefits. In a review of the literature on teenage parents, McDermott and Graham found that young parents consistently make use of families and their own 'personal capacities' (McDermott and Graham 2005) . This confirms the findings of Edwards and Gillies (Edwards and Gillies 2004) in their study of a cross-section of British parents of mid-age children, where family was seen as the most appropriate providers of childcare, emotional support, and advice about children's health and behaviour. Professionals and welfare state services were seen as the appropriate source of financial assistance, health expertise and formal education. The majority of parents did not feel that they needed professional advice in helping them rear their children (Edwards and Gillies 2004).

The strong role of family in supporting young parents was evident despite the earlier difficulties of revealing the pregnancy to parents, considering the options of terminating or proceeding with the pregnancy and the adjustment to pregnancy. As in our study, McDermott and Graham found that

> over time the young women and their family members were able to re-negotiate their relationships, with the result that the new mother and baby were welcomed and supported. (McDermott and Graham 2005)

Many of the young parents described relationships with their parents improving following their pregnancy. Our sample gave many examples of new grandparents being delighted with the arrival of the new baby and of very strong relationships between grandparent and grandchild. This perspective relies only on the accounts by the young parents, it would be very interesting to know more about the grandparents' responses to their role, which is not to doubt they were adoring of their grandchild or finding joy in the new arrival, but that there may be complicating factors such as new financial pressures, new burdens of childcare and new levels of concern about the future. From some of the accounts, it was clear that grandparents were make very serious adjustments, such as leaving their jobs to care for the baby, coping with the younger siblings of the young parent and trying to accommodate mother and child and sometimes partner too within less than spacious homes.

In contrast, Richardson et al's American study (Richardson, Barbour et al. 1991) found considerable conflict between young mothers and those around them, especially their mothers and found that grandmothers often had an undermining effect on the young mother's confidence in her parenting ability. We did not find evidence to support this. Most of the young parents seemed confident in their ability to negotiate the line between support and interference and those who were living with parents were happy to do so, while those who were not, had managed to secure independent accommodation. Like Speak (Speak, 1995), we found that young mothers spent a large amount of time in their parental home even after getting independent accommodation. We found families providing childcare assistance, child-rearing advice, emotional support, financial assistance, housing and transportation. Most of the young parents described feeling indebted to their families, especially mothers. Support was often forthcoming not just from the maternal grandparents but also from the paternal grandparents, in some cases, they offered more support than the father and acted as mediators between estranged or conflicting young parents.

While our study investigated familial support only from the perspective of the young parents themselves, an important question arises for service providers should familial advice and support contradict current policy recommendations, for example, concerning breastfeeding, smoking, diet and other aspects of babycare. In addition, while it was clear that teenagers appeared to benefit from the comprehensive and supportive environment created by their families during the ante- and post-natal periods captured by this study, the sustainability of this supportive environment could not be predicted.

4.7 Peer group support

A number of our interviewees were recruited through Young And Pregnant groups which offer one-stop antenatal and childcare advice, peer support and welfare advice. As discussed in the Antenatal Report the specialist professionals involved in these schemes were usually very highly praised for their sensitivity to young parents' needs and sensibilities. The aspects of the schemes most valued were the relaxed access to midwives and other experts, the opportunity to meet in an environment exclusively for young parents and therefore free from the perceived judgment from older parents and the chance to form relationships with other mothers going through similar experiences. As in the antenatal report, a sharp divide emerged in the young parents' conceptualisations of parents like themselves and 'older' parents. It was not clear whether 'older' denoted simply age or also class.

Not all were keen to attend such groups. Some preferred to socialise within existing friendship groups, especially where these included other young parents. Those who did not spontaneously know other young parents, appreciated the opportunity to feel that they were 'not the only one'. Group settings, whether spontaneous or organised, may increase the confidence of young parents by giving them the chance to observe other mothers and children, with whom they can compare themselves. Although groups of young parents can offer a haven from the threat of judgement from others, peer groups also have their own pressures and judgements. Higginson observed young mothers in an educational scheme in the US and found a culture of intense competition and judgement amongst them (Higginson 1998). While some of our young mothers may have avoided group settings perhaps for these reasons, others were more able to share experiences and swap advice and build friendships in a 'sheltered' setting than one open to mothers of all ages (Symon and Wrieden 2003; Wiggins, Oakley et al. 2003). It was a safer place to acknowledge the negative as well as the positive sides of becoming a parent, where they could also temporarily escape the 'constant demands' of their babies without being judged as bad mothers for doing so.

Access to professional advice through such settings was valued in the antenatal period, but was mentioned less in the postnatal interviews. The peer support was more important as well as the resources available for creative play, brief respite and space. Some also valued the educational aspects of such gatherings, learning, for example, about safety, nutrition and child development. Again, there is delicate balance between welcome advice and a sense of intrusion and judgement. Higginson (1998) found an acute degree of defensiveness about any perceived advice or criticism. It was difficult to judge which of our interviewees who rejected professional advice did so from a basis of self-confidence or one of defensiveness. Given how sensitive many of the young parents were to judgement by those outside their immediate social circle and how aware they were of negative cultural and political constructions of teenage parenthood, it is not difficult to imagine the importance of maintaining a protective shell of confidence whether real or projected in order to preserve self-identity as a good parent.

4.8 Identity transitions

Some young mothers were reluctant to make a sudden transition to being 'total mothers', for others, this was precisely the role they sought to embrace. For some, becoming a mother was bound up in becoming extremely child-focussed, self-sacrificing and knowledgeable, while for others, they were constructing themselves as a more relaxed mother, who took things in her stride, pragmatically entrusted the child to others to help her cope and did things her own way.

Similar degrees of ambivalence were apparent in the mother's accounts of the babies' fathers' relationship to fatherhood.

Almost all of the young parents had a version of teenage parenthood that challenged the dominant negative portrayals by claiming that younger parents had more energy to deal with their children, in contrast to worn out older mums and dads. The 'energy' motif is found elsewhere (Higginson 1998; Kirkman 2001) and seems to be one of the few points where the teenage parent can claim superiority over other parents. While having more energy is claimed as beneficial for the child, it is usually bound up with an inversion of the expected progression of education, career, then parenthood with the claim that they will have plenty of time when the child reaches school age and needs them less, to pursue a career.

This also demonstrates a sensitivity to current pressures for young mothers to remain in education or pursue training and employment even when their child is very young. This pressure has been widely criticised as coercive and inappropriate given the work and childcare available and given the wishes of many young mothers to be at home with their young children (Arai 2003; Arai 2005; Harris and England 2005). Amongst our interviewees, those who wished to postpone working outside the home until their child was at the age of state nursery or school provisions were usually keen to do what they saw as being best for their child in the early years while at the same time aspiring to 'amount to something' in the long term. Many of the young mothers said they wanted their children to be proud of them and were keen for their child to do better than they themselves had done at school. Other mothers who had or wished to enter training or work were motivated by similar aspirations but had formulated more concrete plans early on and had found childcare they felt they could trust, whether with family members or with childminders. Only two had returned to full-time study or training. Both were making use of Care To Learn but one paid a professional childminder while the other's mother had trained as a childminder so that she should benefit from the scheme, leaving her existing job to care for her granddaughter and another child.

The work available to most of the young mothers was low-paid care or catering work, which most enjoyed but which had to be juggled around informal childcare and benefit requirements. As Wilson and Huntingdon have pointed out,

> To insist that teen mothers enter the workforce on this basis while their children are young puts them at a double disadvantage as they struggle to make ends meet and at the same time provide a satisfactory home for their families. On the other hand, if they

> successfully resist the pressure to return to work or schooling they face implied criticism when confronted with the regular news stories extolling the virtues of teen mothers who return to school and university while their children are still young. (Wilson and Huntington 2005)

One way in which this pressure may have been resisted was to claim a mistrust of formal childcare provision. Many of the girls said that they would not trust a 'stranger' to look after their child, this usually meant nursery staff or childminders. Although this may have reflected a 'them and us' worldview noted by Edwards and Gillies (Edwards and Gillies 2004) where family is regarded as a safe haven in the midst of a threatening world, it is also plausible that the girls were sensitive to wider social concerns about child abuse and about the supposedly deleterious effects of nursery care in the early years and employed these endorsed beliefs to legitimise their position as a 'stay-at-home' mum. There is a widely-acknowledged ambivalence about mothers working full-time (Hays 1998; Douglas and Michaels 2004) which is repeatedly played in public discourse. Motherhood is a symbol of adult status and of womanhood and it is still idealized in many ways (McDermott and Graham 2005). In contrast, the new working mother mould has not comprehensively taken hold. However, there is a relatively undisputed consensus around the importance of 'intensive parenting' where very close attention is paid to anticipating the needs of the child and the parental role is defined by it's heightened sensitivity to these developing needs and risks (Hays 1998; Füredi 2002). Transforming their identity from that of 'feckless' teen who made the mistake of getting pregnant to a loving mother, making sacrifices for her child, may be more effectively accomplished in the eyes of those around her through putting on hold her own needs for a few years, and prioritising 'being there' for her child. Other research has suggested that young mothers are aware that being a 'devoted' mother is central to gaining recognition as responsible, affirmed adults (Botting, Rosato et al. 1998; McDermott and Graham 2005).

It has been argued that 'prioritising the mother/child dyad' is important not only in identity terms, but also as a way of developing a stabilising emotional relationship in contrast to more 'transient love associated with male partners' (Botting, Rosato et al. 1998; McDermott and Graham 2005). This seems to resonate our findings, however, it risks casting females as the hard done by victims of flighty males. Our findings offer a different view. Although few of the mothers could rely on the fathers for financial support and only a small number continued in a couple relationship with the father where he could be said to be her primary source of emotional support, there was a noticeable tendency for the mothers to seem in control of managing their relationship with the father of their child. Many were managing this relationship

as one between father and child, motivated by a strong recognition that a 'child needs a father' but also that the father had a right to see his child. It was striking in some cases that the mothers were nurturing the relationship despite the perceived inadequacies of the father but with a view to him 'growing into' his role and becoming better able to recognise and respond to the child's needs as the baby developed into a child. An additional group of mothers had managed the paternal relationship to the extent of excluding him from knowledge of or contact with the baby on the basis that he was a negative influence.

The exercise of choice in the pursuit of a liveable moral identity, albeit in circumstances of limited real opportunity, suggests that for some young people, young parenthood is an effective way of achieving an adult social position, of fulfilling certain ambitions to create or enrich a loving family and to move them on from a position of stasis in relation to formal education and the labour market. Many recent qualitative studies of teenage parenthood have found similar 'positive' experiences. Seamark and Lings interviewed mothers who had become parents as teenagers and found that becoming a parent during the teenage years was associated with an increased focus on career and life satisfaction (Seamark and Lings 2004). Coleman and Cater's study of planned parenthood found that having children was experienced as a source of satisfaction and fulfilment rather than as an exacerbator of social exclusion (Coleman and Cater 2006).

Wilson and Huntington question whether young parents themselves feel excluded, positing that it is more likely that they see themselves as being integrated into society by having children than excluded from it (Wilson and Huntington 2005). An alternative way of understanding young parenthood amongst working class teenagers is offered by Bynner et al, contextualising in a dual framework of 'fast' and 'slow' lanes to adulthood, whereby middle-class adolescents follow a slow, linear path with assumed progression from school, through higher education and into successively better-paid employment, while working class adolescents are typically on a fast lane, without the mediations of progressive stages and without the surety of 'career' and improved circumstances as time passes (Bynner, Elias et al. 2002). Geronimus suggests that for the latter young people, having children young makes sense because they can still rely on intensive familial support and have no guarantee that should they postpone parenthood, they will be in a more secure financial position (Geronimus 1997). This is not to suggest that amongst our sample, any more than a few of the pregnancies were planned, however, taking contraceptive risks which made pregnancy more likely and deciding to continue into parenthood once the pregnancy was discovered were choices shaped by a broader awareness of life's options, familial support and the young person's assessment of their own ability to cope.

4.9 Coping with young parenthood

The young parents' ability to cope with motherhood and fatherhood was striking in our study and raises questions about the presumption of 'vulnerability' often made in policy approaches. In anticipating parenthood and in its practise, many of the young people were relatively confident that it would 'come naturally' and that their families would surround them with very practical and emotional support.

> I wasn't scared about having a baby because, you ask my mum, I've been brought up around babies all my life, if you know what I mean…(antenatal, 16: 35 Female, 16 years)

> Some people know what they're doing and some people don't I suppose, but when you have a baby it all comes natural. No matter how much people tell you, you never do what they say. You end up doing it your own way anyway. (antenatal, 4:19 Female, 18 years)

McIntyre and Cunningham-Burley have argued that young mothers may experience particular problems, but not necessarily more problems than their older counterparts

> We have found that teenagers may be more realistic about what to expect with motherhood than older women, both because they may more recently have had young siblings in the house and because they may come from larger families. (Macintyre and Cunningham-Burley 1993).

At the point at which the young parents were interviewed, a few said that they felt in need of more support from professionals. The support that was felt to be lacking was generally very specific 'expert' support such as with accessing housing, benefits, or childcare funding or with better maternity care. In the vast majority of cases family was appreciated as providing the most comprehensive and supportive assistance, with an absence of judgement and a ready availability. It is important to note however, that our sample contained very few examples of young people profoundly lacking in familial support. It is quite possible that less supported young parents may have been amongst those with whom the researchers were unable to re-establish contact for a postnatal interview. The importance of familial support reported by our sample suggests that those young people in more isolated circumstances may find it considerably more difficult to cope.

5.0 Key Findings

5.1 Professional and Family Support

- For the majority of respondents in our sample, family members were described as providing the most comprehensive and supportive assistance. The needs that could not be met by families tended to be for specific, expert advice and guidance, for example, in accessing benefits and housing, or maternity care.

- The importance of familial support reported by our sample suggests that those young people in more isolated circumstances may find it considerably more difficult to cope.

- Committed professionals were highly valued, especially those with recognisable expertise and with a supportive and open-minded approach to young parents. Professionals who were reliable, attentive and consistent were also highly praised.

- Although the findings demonstrate considerable variation in young parents' definitions of what constitutes good support, our interviewees responded best to those professionals able to treat them as individuals and to credit them with the aspiration and competence to become caring parents. Conversely, they were most suspicious of and least receptive to intervention by professionals they perceived as holding preconceptions of what teenage parents might be like.

- Overall, the young parents' ability to cope at that point in their lives was striking. In anticipating and experiencing parenthood many of the young people were relatively confident that it would 'come naturally' and that their families would surround them with both practical and emotional support. The nature and potential longevity of this support was not fully ascertained.

5.2 Maternity Care

- Experiences of maternity care were variable. Exemplary midwifery care was described in a number of cases, offering the young parents very supportive, practical advice that connected with their own instincts and needs. In such cases, midwives seemed to play a significant role in affirming the young people's identities as good mothers and fathers and in encouraging them to be realistic and to trust their instincts.

- It was evident that the girls were not attended during labour by the midwife with whom they had developed a rapport in the antenatal period. Given the aspiration of policy to provide specially trained midwives to teenage mothers during the antenatal period, it seems a significant problem that this care does not continue into the labour ward.

- It seemed that some young mothers may risk being classed as 'difficult customers' while in maternity care, perhaps because they are fearful and panicking. However, some seemed to have received unsympathetic treatment from hospital staff due to their age and/or, their social background.

- In the immediate post-partum period, there was a strong desire to be close to the source of most support; mothers, other family member and partners. Midwives were spoken of as a source of feeding and other infant-care advice, but in reality, they did not always have the time to provide such guidance.

5.3 Young fathers

- From the antenatal study, it was evident that young fathers had little involvement during formal antenatal sessions, nevertheless, just over half of the fathers were present at the birth. Some girls wanted more help from midwives or more inclusive antenatal classes to involve their partners in the pregnancy and said they would be more likely to attend antenatal classes if accompanied by their partner.

- The two fathers interviewed were as dedicated to the care of their child as were the mothers and were extremely 'hands-on'. Some of the mothers, whose partners were not interviewed, also described the fathers as competent and devoted parents, although some were less reliable and mature.

- Although few of the young mothers could rely on the baby's father for financial support and only a small number continued in a cohabiting couple relationship, there was a strong recognition that a 'child needs a father' but also that the father had a right to see his child. In many instances, the girls demonstrated considerable patience and maturity in fostering the paternal relationship.

5.4 Postnatal care

- It seemed that where professional postnatal support worked best it was in harmony with the round-the-clock support being provided by a partner and/or parents, and affirmative of the young parents' positions as 'good' parents. In such cases, midwives seemed to play a significant role in affirming the young people's identities as good mothers and fathers, in encouraging them to be realistic and to 'trust their instincts'.

- Some young mothers were reluctant to make a sudden transition to being 'total mothers', resisting full domestication noticeably by refusing invitations to cookery or childcare classes. In contrast, others embraced their new identity as mothers and full-time carers, enthusiastically finding out more about feeding, child development and often enjoying advising others.

- Many young mothers welcomed the opportunity to meet in an environment exclusively for young parents and therefore free from the perceived risk of judgment from older parents. Such settings (e.g. YAPs groups) provided the chance to form relationships with other mothers going through similar experiences.

- However, some young parents preferred to socialise with existing friendship groups, especially where these included other young parents, or with their partner and family.

6.0 Conclusions

Qualitative research such as ours can offer insights into significant distinctions and variations amongst teenage parents which may assist in the further tailoring of services to those most in need. In this study, we have found that against the backdrop of a well-supported family environment, respondents were able to develop a resilience and ability to use professional services that did not undermine their own much-valued autonomy. However, we have also identified significant scope for improvement in the provision of services that could make them much more user-friendly and in tune with the needs of many young parents.

Whereas in our study young parents have been found to be aspirational for their children and want them to do better than themselves, they anticipate or have been faced with judgemental and negative attitudes from health and social care agencies. This may induce a defensiveness that helps to explain why it becomes more difficult for young parents to make use of available resources such as child care and state-provided play facilities because they cannot take the risk of experiencing further scrutiny or judgement of their ability to be good parents. In contrast, being surrounded by a family welcoming of a new infant and affirmative of the teenager's transition to adulthood is infinitely more appealing and supportive.

Our study revealed that there are examples of good practice and appropriate service intervention; professionals working in acute and community services are best able to connect with teenage parents by recognising the role of the family in the provision of care, acknowledging young people's skills and aspirations as parents and working alongside their existing informal support networks.

Strengths, weaknesses and limitations

The research elicited a rich source of data that covered many aspects of the experience of young parenthood. There are, of course, areas and issues that were not reached by the study. Most significantly, more extreme cases of deprivation and difficulty were not found amongst the sample, quite possibly because individuals in such circumstances would be less settled and therefore less easy to contact for the follow-up interviews. Comparisons between the antenatal and postnatal samples do indicate that the few in the most difficult circumstances (for example, living in hostels or in very poor, temporary accommodation) were not contactable for a second interview because they had moved address without other means of contact. The findings cannot claim to be representative therefore of the fullest possible range experiences, but qualitative lines of inquiry do not seek to achieve representativeness. However, within the postnatal sample are individuals living in a variety of circumstances, including those living with parents, those living independently in local authority housing or privately rented property, married

couples and single mothers and separated couples both involved in parenting. The material circumstances varied from those in part-time work to those studying, those relying on family for financial support and those struggling to make ends meet on their own from work and/or benefits, however, all were reliant to a greater or lesser extent on state benefits for survival.

7.0 Recommendations

Clear indicators were revealed from the study findings in relation to professional characteristics that constitute a good model of practice:

- Those practitioners most highly praised adopted a non-judgemental and non-prescriptive attitude, were reliable and able to provide expert advice, whether concerning labour and infant care or benefits and housing.

- We propose that flexibility, empathy and sensitivity are more important in raising and maintaining the confidence of young parents in their new role than conveying strict recommendations (for example, regarding breastfeeding and co-sleeping) which may not promote service use in the future.

- It is important that services and professionals are able to recognise that young parents are often very well-supported by their families and sometimes by their partners. Being reluctant to access further support, does not necessarily indicate that young parents such as these are 'hard-to-reach', but rather, that they already feel adequately supported and gain self-worth as parents and young adults from coping for themselves.

- The importance of good care during labour cannot be over-stated, especially as girls such as these may be more wary of professionals and sensitive to negative attitudes. Finding ways of maintaining the confidence of the young mother and her partner or other family members supporting her during labour is something that needs to addressed.

- This study reinforces the need for good quality accessible antenatal provision for young parents such as that provided at YAPS Groups. These services were important in fostering good relationships that were durable through to the post-natal period. In addition, fathers should be incorporated into the provision of antenatal care, but alongside their partners, rather than in separate, fathers-only groups.

- There is a need for longitudinal research that seeks to understand how models of parenting evolve among well-supported teenage parents, following them through the early years of parenting to discover how patterns of support change, the role professionals play, and the influence this has on child and family development and parenting behaviour.

References

Arai, L. (2003). "Low expectations, sexual attitudes and knowledge: explaining teenage pregnancy and fertility in English communities. Insights from qualitative research." The Sociological Review 51(2): 199-217.

Arai, L. (2007). "Peer and neighbourhood influences on teenage pregnancy and fertility: Qualitative findings from research in English communities." Health and Place vol.13, issue 1, pp87-98.

Billings, J.R. (1995) "Bonding theory - tying mothers in knots? A critical review of the application of a theory to nursing." Journal of Clinical Nursing 4: 207-211

Botting, B., M. Rosato, et al. (1998). "Teenage mothers and the health of their children." Popul Trends 93: 19-28.

Breheny, M. and C. Stephens (2006). "Irreconcilable differences: Health professionals' constructions of adolescence and motherhood." Social Science and Medicine, Vol. 64, Issue 1, pp112-124.

Bynner, J., P. Elias, et al. (2002). "Young people in transition: Changing pathways to employment and independence." York: Joseph Rowntree Foundation.

Coleman, L. and S. Cater (2006). "'Planned' Teenage Pregnancy: Perspectives of Young Women from Disadvantaged Backgrounds in England." Journal of Youth Studies 9(5): 593-614.

Douglas, S. and M. Michaels (2004). The Mommy Myth: The idealization of motherhood and how it has undermined women, Simon and Schuster, New York.

Edwards, R. and V. A. L. Gillies (2004). "Support in Parenting: Values and Consensus concerning who to turn to." Journal of Social Policy 33(04): 627-647.

Füredi, F. (2002). Paranoid Parenting: Why Ignoring the Experts May be Best for Your Child, Chicago Review Press.

Geronimus, A. T. (1997). "Teenage Childbearing and Personal Responsibility: An Alternative View." Political Science Quarterly 112(3): 405-430.

Gillies, V. (2005). "Meeting parents' needs? Discourses of 'support' and 'inclusion' in family policy." Critical Social Policy 25(1): 70.

Harris, J. and Y. England (2005). Great Expectations: How Realistic is the Government Target to Get 60 Per Cent of Young Mothers Into Education, Employment Or Training?, YWCA.

Hays, M. S. (1998). The Cultural Contradictions of Motherhood, Yale University Press.

Healthcare Commission (2005) "Kennedy calls for improvement in poor performing maternity services."

Higginson, J. G. (1998). "Competitive Parenting: The Culture of Teen Mothers." Journal of Marriage and the Family 60(1): 135-149.

Kirkman, M. (2001). "'I know I'm doing a good job': canonical and autobiographical narratives of teenage mothers." Culture, Health & Sexuality 3(3): 279-294.

Knaak, S. (2005). "Breast-Feeding, Bottle-Feeding and Dr. Spock: The Shifting Context of Choice." The Canadian Review of Sociology and Anthropology 42(2): 197-217.

Lee, E. (2003). Abortion, Motherhood, and Mental Health: medicalizing reproduction in the United States and Great Britain, Aldine de Gruyter.

(2005) with Furedi, F. Mothers' experiences of, and attitudes to, using infant formula in the early months. http://www.kent.ac.uk/sspssr/staff/academic/lee/infant-formula-full.pdf

Macintyre, S. and S. Cunningham-Burley (1993). "Teenage pregnancy as a social problem: a perspective from the United Kingdom." In A. Lawson and D. Rhode, The Politics of Pregnancy, Adolescent Sexuality and Public Policy pp. 59-73.

McCann, D., H. Smart, et al. (2006). A Retrospective Exploration of Young Women and their Partners Experience of Services Whilst Pregnant and Having Small Children. Edinburgh, Queen Margaret University College, Edinburgh.

McDermott, E. and H. Graham (2005). "Resilient Young Mothering: Social Inequalities, Late Modernity and the 'Problem'of 'Teenage'Motherhood." Journal of Youth Studies 8(1): 59-79.

Richardson, R. A., N. B. Barbour, et al. (1991). "Bittersweet Connections: Informal Social Networks as Sources of Support and Interference for Adolescent Mothers." Family Relations 40(4): 430-434.

Seamark, C. J. and P. Lings (2004). "Positive experiences of teenage motherhood: a qualitative study." Br J Gen Pract 54(508): 813-8.

Speak, S., Joseph Rowntree Foundation, et al. (1995). Young Single Mothers: Barriers to Independent Living, Family Policy Studies Centre.

Symon, A. G. and W. L. Wrieden (2003). "A qualitative study of pregnant teenagers' perceptions of the acceptability of a nutritional education intervention." Midwifery 19(2): 140-7.

Wiggins, M., A. Oakley, et al. (2003). "Postnatal support for mothers living in disadvantaged areas: a randomised controlled trial and economic evaluation." Social Science Research Unit Report. Institute of Education, London, UK.

Wilson, H. and A. Huntington (2005). "Deviant (M) others: The Construction of Teenage Motherhood in Contemporary Discourse." Journal of Social Policy 35(01): 59-76.

APPENDIX ONE

Teenager Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services

Draft Interview Schedule - One Year Follow Up – Mother

Key Changes

Since speaking to you last year, could you tell me about any key changes to your lifestyle?

School or employment, living arrangements, when you go out or what you like to do

Has the birth of your baby changed your relationships with your family, friends or the father in anyway?

Preparing to be a Parent

Thinking back to the support and advice that you were given to help to prepare you for becoming a parent, what did you find most valuable at that time?

- Advice from family or partner?
- Advice from friends that already have children?
- Specific community services, family planning, health visitor, midwife or GP

Is there advice or support that you would have liked at that time that you didn't receive?

Did you receive much support from you friends, family or the father at this time?

After Birth

Now that the baby is born can you tell me about any help that you've had with the baby?

- Housing, financial, health visitor, schooling or education, connexions

Who has given you the most help?

- Is there anyone that you would have liked more help from?
- What other help would you like? From who?

Do you know of any schemes that are there to support young parents?

Has anyone told you how you can get to these?

Do you use any of them? Reasons why not, or benefits of using them?

Future Aspirations

Have you been offered any support to help you to continue with your education or to return to work?

- What was offered?
- Do you think that you will return to education or work?
- If so or if not what support would help you to do this?
- What if anything, would prevent you from doing this?

Have your aspirations (goals/ aims) for the future changed since having your baby?

- How?
- If so or if not what support would help you to achieve your goals?
- What if anything, would prevent you from doing this?

Do you think that you will return to education or work?

Alternatively, if they are currently in education or work:

What support did you find most helpful in enabling you to return to work, school or college?

Summary
Could you tell me about the best and worst experiences of support services since the birth of your child?

Is there any advice you would give to other young parents bearing in mind your experiences?

APPENDIX TWO

Teenager Parents' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services

Draft Interview Schedule – One Year Follow Up - Father

Key Changes

Since speaking to you last year, could you tell me about any key changes to your lifestyle?

School or employment, living arrangements, when you go out or what you like to do

Has the birth of your baby changed your relationships with your family, friends or the mother in anyway?

Preparing to be a Parent

Thinking back to the support and advice that you were given to help to prepare you for becoming a parent, what did you find most valuable at that time?

- Advice from family or partner?
- Advice from friends that already have children?
- Specific community services, family planning, health visitor, midwife or GP

Is there advice or support that you would have liked at that time that you didn't receive?

Did you receive much support from you friends, family or the mother at this time?

Birth

Do you feel that you were fully involved with the birth of your baby?

- Would you like to have been more or less involved?
- Do you feel that the professionals looking after your girlfriend involved you?

After Birth

Now that the baby is born can you tell me about any help that you've had with the baby?

- Housing, financial, health visitor, schooling or education, connexions

Who has given you the most help?

- Is there anyone that you would have liked more help from?
- What other help would you like? From who?

Do you know of any schemes that are there to support young parents?

Has anyone told you how you can get to these?

Do you use any of them? Reasons why not, or benefits of using them?

How much contact do you have with your baby now?

- Explore how this makes him feel
- Would you like to be more or less involved?

- Do your girlfriend and her family want you to be involved?
- How does your family feel?
- What support might they need to enable them to spend more time with their baby

Future Aspirations
Are you still in education or working now that the baby is born?

Have your aspirations (goals/ aims) for the future changed since having your baby?

- How?
- If so or if not what support would help you to achieve your goals?
- What if anything, would prevent you from doing this?

Do you think that you will return to education or work?

(Alternatively, if they are currently in education or work)

What support did you find most helpful in enabling you to return to work, school or college?

Summary
Could you tell me about the best and worst experiences of support services during this time?

Is there any advice you would give to other young parents bearing in mind your experiences?