

'It's the way they look at you': Why discrimination towards young parents is a policy and practice issue

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Abstract

Qualitative research has long critiqued a simplistic association between youth parenting and poor outcomes. Despite this, the UK youth parenting policy continues to view young parents through a narrow deficit lens, focused on assumed risk rather than structural inequalities. The paper brings together the direct accounts of young parents' experiences, with ethnographic observation of practice, to argue that *discrimination* is the critical issue associated with being a young parent. This is then set within a wider critique of the policy framework which, it is argued, perpetuates and normalises negative ideas about young parents prevalent in political, societal and cultural processes. An integrative theoretical approach is used to highlight how a deficit lens at a policy level upholds, rather than undermines, young parents' intersectional experiences of discrimination and has ethical implications for practitioners working with them. The paper calls for a reorientation of policy which addresses and disrupts discrimination.

KEYWORDS

discrimination, teenage parenting policy, teenage parents, young parents

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INTRODUCTION

Sixteen years ago, Graham and McDermott (2006) advocated for the use of qualitative research to shape public policy. Using teenage parenting in the UK as a case study, they argued that, whilst quantitative research had demonstrated an association between youth parenting and disadvantage, it had not explained the nature and cause of this disadvantage. Since then, despite a growing evidence base critiquing the notion of youth parenthood as inherently problematic (Allred & David, 2010; Duncan et al., 2010; Kamp & McSharry, 2018) UK public policy has changed little and teenage pregnancy and parenthood continue to be viewed as a matter for public health (Evans, 2018). Consequently, policy in this area is assumptive, failing to take account of, let alone address, the complexity and diversity of experience associated with being a ‘young’¹ parent (Rudoe, 2014). In this context youth parenting has been linked to everything from inter-generational crime; the ‘underclass’; ‘bad’ parenting; adverse early life experiences (ACEs) and infant brain development (Macvarish & Billings, 2010). Young parents—particularly the often more visible mothers—are cast as having made poor moral choices (Peters, 2001), requiring realignment to the ideal neo-liberal economic citizen (Allred & David, 2010). Dependency on welfare assistance is constructed as morally inferior (Froggett, 2002) leading to intervention focused on re-educating individuals (Cook & Cameron, 2015) to make better ‘choices’.

This paper draws on the findings of a small-scale qualitative study conducted as part of doctoral research focused on the UK’s largest youth parenting initiative—the family nurse partnership (FNP). It presents young parents’ accounts of discrimination alongside those of practitioners who work with them, and situates these in the light of the policy and practice framework. The paper argues that this framework diverts little from the predominant attitudes towards young parents in wider society, and in doing so, reinforces a hostile and oppressive environment for young parent (Thompson, 2012). In the light of this, it is argued that rather than immaturity or parental deficiency, it is widespread and unchallenged *discrimination* that is the most pertinent problem associated with being a young parent. The paper takes a broad definition of discrimination, which encompasses stigmatising attitudes, stereotyping and assumptions, as well as structural disadvantage and inequality. The analysis focusses on the unfair treatment of young parents and the oppressive context that this creates (Thompson, 2012). However, discrimination is also understood within a framework of intersectionality, to acknowledge the diversity of experiences within the term ‘young parent’ and the multi-dimensional and inter-locking nature of negative social constructions (Nash, 2008). Through this lens, the paper considers how societal attitudes about age, social class and gender intersect within policymaking, creating a deficit framework that inadequately reflects the experiences of young parents and places untenable expectations on practitioners.

BACKGROUND

England’s Teenage Parenting Strategy (TPS) (1999–2010) was conceived by New Labour’s Social Exclusion Unit in the context of the UK consistently seeing the highest rates of teenage pregnancies in Western Europe (Cook & Cameron, 2015). Whilst there has been a consistent and continued reduction in birth rates (Arai, 2009) and conceptions (ONS, 2020) by young people over several decades, the TPS is widely attributed with accelerating this trend (Wellings et al., 2016). However, the question of whether youth parenting justifies the considerable policy attention it receives remains contested and complex. In the UK, being a young parent is associated school

difficulties, poor material circumstances, an 'unhappy' childhood and having low aspirations for the future (Cook & Cameron, 2015). Research also shows that the majority of babies born to teenage mothers register both parents (Fatherhood Institute, 2011) and that many form stable, long-term relationships (Fagan et al., 2007). Collectively, the qualitative literature questions the validity of simplistic correlations between being a young parent and poor outcomes (Duncan et al., 2010) and calls for youth parenting to be situated within a wider understanding of structural inequality (SmithBattle, 2018).

The TPS attempted to draw on such structural interpretations by ascribing teenage parenthood to intergenerational deprivation. However, teenage mothers were nevertheless expected to make 'better' choices to 'break the cycle' (Carabine, 2007), meaning that the dominant focus of the TPS was on individual behaviour rather than structural change, set within a wider moralised discourse of shame (Duncan, 2007). This orientation set the tone for subsequent policymaking after the TPS ended in 2010. At this time, responsibility for reducing conception and improving outcomes for young parents fell to local government (Hadley, 2018). Current service frameworks are underpinned by two key policy documents focussing on conception prevention (Public Health England, 2018) and supporting teenage mother and fathers (Public Health England, 2019). In the latter, there are elements of a more sympathetic view towards young parents. For example, there is an exhortation for services to welcome young parents—a recognition perhaps of the hostility that they often experience in these contexts. Conversely however there is a statement that some will find parenting 'very challenging' (Public Health England, 2019, p. 3) alongside frequent mention of young parents' 'potential'—a word with patronising connotations which is perhaps euphemistic for assumed deficiency. Likewise, an unqualified and unclearly referenced claim that half of all mothers featured in serious case reviews are young, underlines the implication that by virtue of their age, young mothers are at risk of endangering their children. Thus, young parents are positioned within this policy as disadvantaged but also individually responsible for their children's outcomes, within an overarching narrative which constructs youth parenting as unquestionably problematic. Indeed, this is so self-evident to the authors of *A framework for supporting teenage mothers and young fathers* that the opening line states that a concerted effort has meant that 'over the last 15 years, the under-18 conception rate has more than halved, to the lowest level since 1969' (PHE, 2019, p. 3). It is hard to imagine another policy document so unashamedly celebrating a reduction in the very people it is designed to support.

The FNP was introduced into the UK from the USA in 2007. It is a public health, licenced, preventative, home visiting programme for first-time young parents, delivered by nurses. FNP represented considerable investment from the Labour Government (Dodds, 2009) and continues to be a significant part of PHE's programme of work around early intervention (Moore, 2018). It aims to 'improve pregnancy outcomes, child health and development and the parent(s)' economic self-sufficiency' (Rowe, 2011) through the delivery of a structured, facilitative, psycho-educational programme which draws on the theories of attachment, human ecology and self-efficacy (FNP, 2021). FNP clients are understood to be vulnerable, for example, having a low income, care leavers, insecurely housed and experiencing health and relationships difficulties. Beyond the delivery of the programme, nurses provide health visiting services, are involved in safeguarding processes, and offer emotional and practical support, including accessing services. Home visits begin during pregnancy and end at the child's second birthday, occurring weekly or bi-weekly. Central to the intervention is a focus on developing 'purposeful, respectful, empathetic' (Rowe, 2016) relationships to increase the strengths and confidence (Simpson, 2016). Accordingly, family nurses have smaller caseload compared to health visitors and more intensive training and supervision. The empowerment of clients is included in the structure of the model,

for example clients are asked regularly to give feedback to nurses and to participate in interview panels and governance forums (FNP, 2018). A two-stage randomised control trial (Robling et al., 2021) examining the effectiveness of FNP highlighted the complexity of setting outcomes and measuring success. The findings showed that whilst there were benefits to child development outcomes for the children of FNP clients, in other areas there seemed to be no difference, such as how likely they were to be involved in safeguarding services.

YOUNG MOTHERS

Being young and a mother is viewed by policy-makers, politicians, the public and practitioners as problematic (SmithBattle, 2018)—leading to greater professional scrutiny (Featherstone et al., 2018) and disapproval (Hollway, 2015). Besides age-related discrimination, young mothers experience an intensification of wider societal processes affecting mothers more generally. This include taking a greater percentage of child caring responsibilities (Joshi & Davies, 2002) and being subject to societal myths of maternal idealisation (Rose, 2018)—which particularly affects *new* mothers (Choi et al., 2005). Given the high value that both adolescents (Scholte & van Aken, 2006) and new mothers place on peer support (Ellis-Sloane, 2015), young mothers can be particularly disadvantaged in this regard, having limited access to similar people experiencing similar things. Navigating actual or anticipated stigma (Boath et al., 2013) without peer support, young mothers are often left with few resources to ‘shore up’ their moral agency (Thomson et al., 2011).

Literature addressing young mothers’ experiences of stigma, although limited, paints a consistent picture. Young mothers experience stigma from the media (Nayak & Kehily, 2014), strangers in public settings and professionals (SmithBattle, 2013). This has considerable psychological impact, including feelings of worthlessness and shame (Yardley, 2008) and a significant increased likelihood of postpartum depression (Boath et al., 2013). The term ‘inferiorisation’ (Fearnley, 2018, p. 64) describes the particular way that young mothers experience discrimination during everyday interactions. These include being frequently shouted at, sworn at and called names, being ignored and overlooked by professionals and receiving disparaging looks by strangers (SmithBattle, 2013).

Research drawing on young mothers’ views highlights a disparity between generalised homogenous discourses at large in society and the diverse experiences of those implicated within them. Kamp and McSharry (2018) and Duncan et al. (2010) are two collections of empirical research, which between them contain over 20 examples of studies critiquing the notion that teenage motherhood is equated with ‘risk’ posed by a young mother to her child. Literature orientated towards the voice and experience of young parents also highlights how young mothers cope with, and resist, stigmatising narratives and expectations (i.e. Conn et al., 2018). It does not, however identify examples of policymaking which either builds on these resistances or directly addresses the stigma experienced by young mothers.

FATHERS

Whilst motherhood is characterised by an expectation of childcaring responsibilities and the ensuing rearrangement of almost all aspects of a woman’s life, a corresponding culture exists which situates fathers as optional, absent and risky (Gupta & Featherstone, 2016; Maxwell et al., 2012). In welfare services, this is present in everything from appointment times,

recording systems and professional training which all assume a female carer (Ferguson & Gates, 2015). Whilst the literature is scant (Lau Clayton, 2016), that which exists highlights how younger fathers are considered by professionals to be less mature, uninvolved, of little use, and threatening (Lau Clayton, 2016). A vicious cycle means that 'hard to reach' fathers absent themselves from services as a defence against the dominant view they expect to find there (Featherstone et al., 2007).

As with studies of young mothers, qualitative research questions received ideas of young fatherhood. A summary of empirical knowledge (Osborn, 2007) indicates high levels of involvement by some young fathers and associated distress by those who were estranged. Rather than wilfully absenting themselves, financial precarity, a lack of confidence in fathering skills (Lau Clayton, 2016) and difficulty negotiating with grand-maternal gatekeepers (Neale and Lau Clayton, 2011 cited in Lau Clayton, 2016, p. 129) create barriers to involving young men in fathering (Duncan et al., 2010). An evaluation of FNP-involved fathers (Ferguson & Gates, 2015) showed that whilst fathers experienced poverty, parental instability and youth criminality, fatherhood provided meaning and purpose, echoing the qualitative literature on young mothers (Clarke, 2015).

Both young mothers and fathers' experiences of discrimination therefore are intertwined with societal expectations around age and gender. Young people, particularly poorer young people, have long been positioned as potential 'juvenile delinquents' (Hendrick, 2015). Simultaneously, they are subject to a policy context which includes a lower minimum wage (Department for Work and Pensions, 2021) and restricted access to affordable housing (Local Government Association, 2016). Given this and that education tailored to young parents' needs is extremely limited (Allred & David, 2010), financial inequalities are likely to land more heavily on young parents—particularly mothers. The general denigration of young people in society (Giroux, 2009) creates the conditions for pregnancy to become a marker for transgression, rather than social inclusion, as it is for older women (Thomson et al., 2011), with little critical resistance.

METHODOLOGY

The data presented was gathered during a doctoral study on the FNP model, undertaken via a collaboration between the University of Sussex and the FNP's National Unit. Fieldwork took place from July 2017 to May 2018, within four FNP teams in England. Ethical permission was gained from the University of Sussex's Ethics Panel, from the NHS's integrated research application system (IRAS) and from NHS Research and Development. Careful consideration was given to ensuring participants understood the voluntary nature of involvement. Anonymity and confidentiality were strictly adhered to. Teams were selected for conceptual and pragmatic factors, to provide a cross-section of geographical, demographic and governance arrangements across FNP.

A relational, practice-near (Cooper, 2009) study design facilitated observations, interviews and focus group data. In Site 1 upwards of a 100 ethnographic observations were collected over 8 months, involving the author accompanying five nurses on home visits and observing office interaction. Twenty-nine FNP mothers, four fathers, 23 children and 10 other family members took part in home visit observations, with five families participating more than once. This produced a rich data set which was triangulated with the focus group data gathered across the three remaining sites as follows: two with young parents; one with FNP professionals and one with related professionals (midwives, health visitors etc.)—with a total of 33 participants. Interviews across the four sites consisted of nine with FNP-involved young parents, two with grandparents, 13 with FNP staff and nine with related professionals.

Reflecting the FNP and wider nursing workforce (Robinson et al., 2013), the majority of professional participants in the study were female, as were most FNP client participants. The ethnic make-up of Site 1 broadly reflected the demographics of the area in which it was situated—suburban Southern England—with two Black and five White members of staff. The other three sites, based in a northern, rural and University city respectively, were majority White. The majority of young parent participants were White with a small number of Black and other ethnicities including mixed race and Eastern European. Most young parents were working class, with two who identified as middle class. Nurses were aged between mid-30s and mid-50s, and shared a similar class background to each other—and the author—namely one of the social mobility through education and professional training. Most young parents in the sample were aged between 17 and 19, with two who were interviewed post-FNP involvement, aged 21.

A psychosocial perspective was utilised, particularly in the study design to include Free Association Narrative Interviews (Hollway & Jefferson, 2000) and researcher reflexivity (Etherington, 2004). Material was analysed manually, using an adapted immersive method based on the Listening Guide (Gilligan, 2015), chosen for its feminist and emancipatory underpinnings in the pursuit of marginalised voices (Brown, 1997). The data pertaining to discrimination towards young parents was considered alongside the ethical challenges observed within practice settings. This led to a critical analysis of the overarching policy framework in maintaining these problematic conditions.

Limitations

Whilst there was a large data set, the number of interviews with young parents were comparatively low and further interviews might have yielded greater insights. Reflecting the discriminatory context discussed above, the study provided greater access to the views of young mothers than it did young fathers due there being far more mothers than fathers accessing FNP services within the study sites. Whilst this is reflected in the findings, rather than contribute to the marginalisation of fathers, their views, where available, have been included in the data presented below. Beyond this, the methodology surfaced ethical issues related to writing about young parents in a way that did justice to their reported discrimination, without further objectifying or stereotyping (Coleman & Dennison, 2006). This raises questions about how to design emancipatory methodologies which honour the diversity and individuality of people's experiences whilst also critiquing welfare practice, social policy frameworks and the wider social and political mechanisms influencing them.

FINDINGS

Young parents in this study described experiencing judgement, hostility and stigmatisation in their everyday lives. The nature and prevalence of discrimination directed towards young parents in public spaces, by professionals and through structural disadvantage is presented, followed by how this featured in, and impacted, family nurse practice.

Discrimination towards young parents

Young parents in the study felt a generalised and ubiquitous sense of being judged by members of the public, directly and indirectly. They described living in a hostile environment, where

judgement was meted out via the gaze of strangers, who consider them to be ‘no hoppers’. Mothers especially, had grown accustomed to this as a ‘normal’ part of life, though this did not diminish its stressful impact, as seen in this extract about public transport:

P1: it's the way they look at you. They just think, ‘She's young, she's got a baby’.

P2: Especially when you're on the bus with a pram.

P3: I was just going to say that.

P2: I got on the bus and it was the first time ever I think ... people were just looking at me like I'm stupid.

P4: I can relate to that.

P2: It's little things like that, that people just look at me like I'm being stupid but really and truly it's like you're just learning...

P2: The pressure of everyone watching.

(Site 2: Focus Group 1)

Participants in this focus group also spoke about how ‘looks’ from other people meant that they avoided accessing health services, or even going out, because of a feeling that others thought they were not good mothers. One mother, talking about her experiences of going to a health clinic said, ‘you feel eyes on you constantly, thinking – she shouldn't have a baby this young’, suggesting a sense of hostile surveillance and general suspicion of judgement from others.

Accounts of a generalised negative environment were punctuated by examples of open hostility. In the extract below from an interview, a mother describes a scene from when she was 16 and pregnant, looking after the children of family and friends. On presenting her youth travel card, the bus driver challenges it, insisting she must be an adult trying to pass herself off with a youth card. When she protests, he tells her to:

‘Like get the fuck off my bus’. He called the police and everything. Then I had to show him my birth certificate and everything... Then they were like, ‘No, this is not you. You're a liar’. I was like, ‘I haven't got anything to lie about. I haven't got anything to lose. Why am I going to lie?’ Then my sister came, the police came and they were like, ‘It's her’. They were like, ‘I'm not letting her on the bus’. Even to this day now, I don't get on his bus. They're so rude.

(Site 1: Interview I2)

Observations of conversations during home visits revealed that the impact of public experiences of being shamed, abused or looked down on was that, beyond their immediate circles, many parents who took part in this study did not expect to feel part of a welcoming wider community. Strangers did not dote on their babies or celebrate their new identity. Instead,

they described an unkind and unforgiving environment which left them carrying a generalised feeling of having transgressed.

The hostility that young parents experienced in public extended to encounters with services and professionals. Whilst parents in the study reported positive relationships with their family nurses this often contrasted with how they spoke about their experiences with other professionals, such as midwives, social workers and housing officers, from whom parents experienced stereotyping and disrespect. As with experiences in public, these were mediated both tacitly and overtly. For example, in the account below, a young father discusses how gender stereotypes intersect with assumptions about teenage parenthood in his experiences with his (mostly male) college tutors:

R: they tend to take me, as a teenage father and then, because I'm then a father, they will take it that I'm supposed to be an adult and supposed to act more mature. They forget that I'm also a nineteen-year-old. So, when I do things that nineteen-year-olds do, like the occasional disorganisation or not always focusing in lessons, the judgement on me is a lot heavier than on other people....because they're just nineteen-year-olds and they have the ability to fuck up in life but they look at me and think, 'But you're an adult now'.....and they'll make jokes about how tired I am

(Site 1: Interview I1)

These accounts describe incidents of discrimination through encounters with individuals. However, the ethnographic data also highlighted how young parents were subject to inequality through the way that services and societal networks were structured, particularly relating to gender and housing. One of the most obvious was how young mothers were vastly more impacted, compared with fathers. Mothers took the majority share of childcare and were far less likely to be employed or in education than fathers. In practice terms, mothers were overwhelmingly the named FNP client. Nurses' efforts made to involve fathers felt counter-cultural—it was rare for example to see a father mentioned on maternity notes—such that the health and social care system phenomenologically, if not ideologically, targeted mothers and saw engagement with fathers as a bonus.

The chronic over-burdening of young mothers (as compared to fathers) had significant material consequences, not least in the area of housing. One extreme example, was a mother who, having been homeless during her pregnancy, was unwilling to disclose her experiences of domestic abuse, due to her financial dependence upon him. Mothers with local authority tenancies did not fare much better due to the structure of housing services working against achieving stability. Rules around who could live in certain accommodations meant that pregnancy was a catalyst for housing insecurity. It was not unusual to attend a home visit where the focus was a mother and baby's imminent eviction, where the circumstances of the move were as yet unknown. This was often compounded by additional rules, for example a former Local Authority looked-after child who, although she had lived in her placement area for several years, was only permitted to apply for permanent accommodation in her original borough of residence, meaning that to retain her support network, she had to remain in insecure accommodation. Similarly, a rule that permanent tenancies were only granted those who were first temporary tenants, lead to mothers accepting unsafe or inadequate accommodation 'on paper', whilst remaining with their parents in overcrowded and often tense circumstances.

Whilst the multi-layered experiences of young parents—in public, with professionals and through the structure of services—paints a grave picture, this is not tantamount to claiming that teenage parenthood is inherently problematic. Rather, a focus on the discriminatory context opens up questions about what is enabling and sustaining these conditions.

The impact of discrimination on FNP practice

Family nurses often spoke about the discrimination that their clients experienced and about their attempts to mitigate its impact. All of the nurses in Site 1 were involved in protracted advocacy processes, to gain credibility and access to services on behalf of young parents. There were several reports of serious medical conditions initially overlooked, and later taken seriously after family nurses became involved. Nurses also spoke about young parents being spoken to disrespectfully and even cruelly. One nurse recalled a large professionals meeting where a social worker told a young parent that her recent miscarriage was 'probably for the best'. The nurse was incredulous at the insensitivity of the comment and shocked that no one else in the room had spoken out. Nurses spoke about how their work felt counter-cultural, within an otherwise hostile system. As one nurse expressed 'the changes we make are minute because we're not changing the context'.

The intensity of the relationship between family nurses and young parents was a strong theme. The facilitative aspects of this were apparent, with young parents and nurses speaking very positively about this. Whilst the benefits of this merits attention elsewhere, in relation to the current focus, its relevance relates to its impact on family nurses. Nurses described, for example, how being 'genuinely alongside somebody' and 'sharing your soul', led to a close emotional bond. One nurse spoke about what it was like to be emotionally available for someone when 'all [their] hopes and dreams are crumbling down'. At times, she said, it feels as if this is the loss of 'my hopes and dreams too', when 'yet another' client experiences her plans 'not working out'. Another said that the work could feel 'profoundly heavy...you really invest in them, you absorb the hard times, and they are hard for you personally'. She shared her experience of being with a mother who had to 'hand over her baby at ten days old' and the pain she felt at witnessing this. That the relationship between family nurses and young parents took place in the context of such hostility was a significant factor in explaining the often intense bond that was created. However it could also leave nurses exposed to unrealistic expectations—as one nurse explained, 'you want to do everything for your girls, but it comes at a human cost'.

Besides impacting the well-being of nurses, there were times when practicing within a policy framework oriented towards youth parenting as sub-optimal, caused tensions for family nurses, grappling with the most ethical way to support a client. An example of this was when a nurse grappled with whether it was her duty to influence a mother to prioritise economic activity, even when this went against the mother's preferences and what seemed best for her child. Observation notes from a reflective supervision meeting, read:

The nurse said that she thought the FNP programme encourages them to get mothers into work, but sometimes this is not good for the baby. She said she's seen a similar thing happen with a mother who switches her attention outside the home and seems to forget her baby. She said, 'it feels like I'm taking her out of the home, and then having to hold her'.

All nurses in the research seemed to agree that young parents should prioritise education or employment ahead of a second child and were motivated by the hope that FNP intervention would reduce the chances of an FNP client's child growing up and becoming a young parents themselves. However, developing an empathetic relationship with someone implicated by a policy framework so ingrained with the sub-optimality of youth parenting, an ethical conflict arises. Seeing the world

from the perspective of this mother undermines the idea of youth parenting as universally unwanted. It questions the rights of policy to say what is best for *this*—and therefore any—woman, based on her age. The normalisation of the sub-optimal narrative policy meant, however, that family nurses tended to address discrimination through individual advocacy and support, rather than engaging in a wider critique of enabling structures.

DISCUSSION

Young parents in this study described living in a hostile environment, with the fear of judgement at every turn. The data suggest that there is a complex range of unprocessed feelings and attitudes held towards young parents, ranging from a vague sense of feeling unsettled to rage and fear. Taking the young father's reflections on his college tutors for example, it was as if he shifted between the categories of 'student' and 'father', and that his *dual* identity was the cause of tension, particularly for those tutors who were also fathers. In their attempts to identify with him, his tutors seemed to default to stereotypes of masculinity—with 'maturity' in this instance perhaps reminiscent of the idea of 'manning up'. This led to him being treated with less respect than other (older) fathers, but with a higher expectations than his peers. Something similar was also evident with the young woman abused on the bus, where the uncomfortable combination of her age, gender and social class, alongside her caring responsibilities triggered accusations of moral deviancy.

As both situations highlight, the social punishment, interrogation and humiliation that many young parents experience is intersectional (Phoenix, 1988). As Arai argues, youth parenting is a trigger point for Western moral anxiety about the 'fertility of undesirables' (Arai, 2009, p. 124)—their undesirability emanating from the multiple and compounding negative social constructions around age, gender, class and race which intersect with cultural notions of the 'legitimacy' of parents, and especially mothers. Whilst the moral and religious ideology used to shame women as having 'illegitimate' children, no longer holds sway, the powerful shaming processes associated with them remain, coalescing around attitudes towards young mothers (McGhee & Waterhouse, 2017). This is stoked by a media reinforcing fearful narratives about 'epidemics' of teenagers having babies (Duncan et al., 2010) and representing young mothers in consistently derogatory terms. Labels such as 'chav' and 'pramface' are used to legitimise disparaging and ridiculing representations of working class young women and the marginalisation of young men (Nayak & Kehily, 2014).

The discrimination that young parents experienced in public was mirrored in their encounters with welfare services. This is not surprising, given that the policy framework does little to challenge negative perceptions of young parents, but rather conforms to dominant cultural and societal ideologies (Levitas, 1998). Within policy, ideas about the deficiency of youth parenting are couched within scientific discourse around the sub-optimal 'choices' of young people. Along with other socially marginalised people dependent on welfare services such as asylum seekers and refugees (Bloch & Schuster, 2002), young parents are constructed as 'vulnerable' at best and at worst, as social deviants in need of correction. Consequently, the thrust of policy and practice is not on addressing the structural inequalities experienced by young parents, but rather locates the problem with youth parenting itself. This is rationalised by a belief that youth parenting is 'intergenerational' (Askew, 2018, p. x), that is, young parents were 'sub-optimally' parented themselves, and that, without intervention, their children will also grow up to be young parents. Whilst this belief is disputed (i.e. McNulty, 2010) the idea of 'breaking the cycle' is used within policymaking to cast young parents as 'victims' of their own families but with responsibility for engaging with professional intervention to 'overcome' this legacy. Such ideas manifest in the

encounters that young parents have with representatives of services. When, for example, the young mother's social worker pronounced her miscarriage to have been 'probably for the best' she was acting within an ideology which has already positioned youth parenting as undesirable. Within this ideology there is no room for considering whether a youth pregnancy might have been planned and wanted. It also precludes a humane and individualised response—as if any hint that a youth pregnancy might be desired is dangerous, because it might lead to its increase. Consequently, the framework facilitates a professional atmosphere where young parents are devalued, are easily disbelieved and belittled, as they seek to access services.

Many examples were given in the study of the negative impact of bringing up children in hostile, uncertain and sometimes abusive situations. An extreme example was the mother in the study who was experiencing domestic abuse, where it was apparent that gendered expectations around parental roles, gendered forms of violence, youth unemployment and a punitive and inadequate housing system all intersected to create a scenario where her only route into safe housing was to first become destitute (Bernard, 2015). Despite the self-evident need to restructure services to be more advantageous to young parents—for example by lessening their experiences of homelessness or addressing gender inequalities by investing in services which engage fathers—the dominance and power of the ideology of youth parenting as the problem preclude such discussions. Such policymaking sits within a lineage of misogynistic attempts at controlling young, working class and minoritised women, their reproductive choices and the support available to them (Smart, 1992) which has caused state sanctioned brutality, scrutiny and shame. In contemporary policymaking, these processes are reworked under neo-liberal political ideology—focussed on individual responsibility, choice and economic independence (Nozick, 1974)—to similar effect.

The Family Nurse Partnership seeks to undermine a deficit approach by developing self-efficacy in young parents. Its relationship-based approach showed many benefits, but the high levels of hostility and discrimination experienced by FNP clients, and the limited routes for collectively challenging this, led to nurses feeling personally responsible for the welfare of clients, including a wish to mitigate the discrimination that their clients experienced. Nurses had little critical awareness of this however, despite how unreasonable it might seem, given the multi-faceted nature of the discrimination. Such awareness was perhaps obscured by the emphasis on individual responsibility built into the structure of welfare services. As such, expectations on individual young parents to make changes are mirrored by expectations on individual practitioners to facilitate this change (Dodds, 2009). The scarcity of routes for lasting, structural change—rather than interactions with young parents in distress—creating emotional toil and burn-out (Reynolds, 2011). Although such individualised methods cannot (and arguably are not intended to) address structural problems, without a shared narrative about this, practitioners experience guilt at not being able to do more.

There is an ethical cost for both clients and practitioners working within, and receiving services, within this policy context. Family nurses deliver a model with strong values around being strengths based and promoting self-efficacy in young parents, within an overarching policy framework that assumes a predetermined view of youth parenting as sub-optimal. Whilst not a single professional disputed this general idea in the study, observations of practice suggest a more complex picture. The nurse who questioned whether she was right to 'encourage' a mother to pursue her education or not for example—highlights how a homogenised view is challenged by listening to and spending time with actual young parents. Generalised discriminatory assumptions about young parents contrasted strongly with the diverse stories of strength and resilience nurtured during home visits with family nurses. However, setting observations of this practice in the light of the wider policy framework gives rise to troubling questions about how possible it is to provide a transparent, respectful and empowering youth parenting service within the current

policy climate. A policy framework that considers young parents sub-optimal and a potential risk to their children but also oversees responses based on empowerment, strengths and self-efficacy, has unresolved incongruities. These incongruities sit at the heart of the current policy and practice framework and are ethically injurious to both practitioners and young parents alike.

CONCLUSION

Despite attempts by the TPS, and its legacies, to shift the blame from individuals to society (Carabine, 2007) by using the language of vulnerability and evoking pity (Dodds, 2009), the policy framework's assumptions and underlining construction of teenage parents remains one of individual responsibility. The unequivocal message from research is that there is an urgent need for policy-makers to critically examine the stereotypes normalised within the framework, which are so pernicious they are rendered practically invisible. To draw on the quotation from the title of this paper, there is a fundamental flaw in how policy-makers 'look' at young parents and this underlines and perpetuates a discriminatory context. A one-dimensional view needs to give way to a more diverse outlook. Specifically, policy-makers need to interrogate (i) the idea that intergenerational suboptimal parenting is the 'cause' of youth parenting (McNulty, 2010); (ii) the over-simplification of the connection between young parents, deprivation and poor outcomes (Hawkes, 2010) and (iii) engage with research demonstrating the life enhancing effects of being a young parent (Smithbattle, 2008). This will be greatly facilitated by engagement with young parents directly and drawing on the significant body of qualitative empirical research, to which this paper contributes. An assumed deficit lens is unfounded and harmful to young parents. It perpetuates discrimination at the hands of the public, professionals and via structural processes, and it needs to go.

Shifting the current policy framework away from a focus on the perceived risk posed *by* young parents should be followed by a shift towards addressing the risks posed *to* them. Rather than trying to change the behaviour of individual young parents, the reconstructed framework should address the social and economic factors impacting their lives (SmithBattle, 2018). Policy-makers should recognise young parents' strengths as active citizens (Levac, 2013) and their rights to substantive equality in policymaking and under the law (Campbell, 2021; Fredman, 2016). Even the architects of the TPS agreed that the UK's comparatively high rate of young parents was attributable to macro societal differences, identifying that societies with lower rates of youth parenting have greater gender and income equality, realistic societal norms about young people's sexuality and readily available sexual health education and support services (Hadley, 2018). These factors therefore, should be the target of policy. A framework like this would open up possibilities for practice methods such as the Family Nurse Partnership to support young parents to name and challenge the discrimination they experience, offering solidarity and validation, as well as facilitating collective action and peer support (Levac, 2013). Changing the focus from changing young parents to societal chance would shift the orientation of practice, to alleviate the current ethical tensions and open up new opportunities for relational work focussed around social justice.

By paying attention to the experiences of those who use services, alongside those who deliver them, this paper throws into relief incongruities at the heart of policy. It is hoped that highlighting these, and their impact, will contribute to a shift in the impasse, whereby qualitative research critiquing assumptions about young parents exists on one track, and policymaking on another, and never the twain shall meet. Such a division is no longer logically or ethically justified. The imperative for social policy to name and challenge—rather than facilitate—discrimination towards young parents, is long overdue.

CONFLICT OF INTEREST

The research was part sponsored by FNP who facilitated access to participants in the study but the author acted in an independent capacity as a doctoral research student at the University of Sussex.

ETHICAL APPROVAL

Ethical approval for the research described in this paper was sought via:

- the NHS IRAS process;
- the four Research and Development Ethics departments representing the NHS Trusts where Family Nurse Partnership teams, who took part in the research, were based; and
- the University of Sussex's Ethics Board.

PATIENT CONSENT

All participants of this research (NHS patients and nurses) provided their written consent to take part.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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ENDNOTE

- ¹ This paper uses 'young/youth' parent/mother/father, acknowledging that these are contextual and contested terms. 'Teenage' parent/mother/father is used when this reflects terminology in a reference. There is no official definition. *A framework for supporting teenage mothers and young fathers* (Public Health England, 2019) uses 'conceptions under-18'; 'mothers up to 25'; and 'mothers under 20 and young fathers under 25'. Young parents in this study were current or recently 'graduated' clients of The Family Nurse Partnership (FNP), and therefore, based on FNP eligibility criteria, were aged under 24 years (FNP, 2021).

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