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Fatherhood in the context of social disadvantage: Constructions of fatherhood and attitudes towards parenting interventions of disadvantaged men in Scotland

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Submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy

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Abstract

Background: Research on men’s constructions of fatherhood has proliferated over the last three decades, but most studies have focused on middle-class men. There is a need for more research exploring how disadvantaged men conceptualise good fatherhood and relate to changing societal ideals of fatherhood. In addition, parenting interventions are particularly targeted at disadvantaged parents but little is known about how disadvantaged fathers feel about being targeted, and how best to engage them. This study set out to explore disadvantaged UK men’s constructions of fatherhood and attitudes towards parenting interventions. The THRIVE trial taking place in Glasgow, evaluating two antenatal parenting interventions for vulnerable parents, offered an opportunity to investigate these issues.

Methods: Thirty-six fathers or fathers-to-be (aged 15-51) were recruited through their partner’s participation in the THRIVE trial or through community organisations working with families in economically-deprived areas. Men participated in in-depth interviews, incorporating elements of repertory grids method. Interviews focused on the men’s upbringings, current circumstances, understandings of good fatherhood, and attitudes towards parenting interventions.

Findings: Socially-disadvantaged men’s constructions of good fatherhood were complex and multi-faceted. Men drew on multiple discourses in constructing fathering identities which combined ideas about ‘involved’ fathering with more ‘traditional’ ideas around provision, protection and responsibility. In doing so, these men worked hard to align themselves with socially-acceptable discourses of good fatherhood, demonstrating their awareness of, and engagement with, societally-dominant discourses of modern-day fatherhood. Barriers to the men enacting their visions of good fatherhood centred around: the legacy of their upbringings; difficult relationships with partners and ex-partners; desire to demonstrate an acceptable masculinity; and their disadvantaged circumstances, including the instability of their lives and lack of work. The majority of these men displayed positive attitudes towards attending a parenting intervention. Factors affecting their intentions to attend included: desire to support their partner and feel involved in her pregnancy, perceiving benefits for themselves and their partners, and the belief that the interventions were relevant and appropriate to their needs. Potential barriers were: fear of public scrutiny, perceived lack of information, perceived lack of ‘need’, and notions of acceptable masculinity.

Conclusions: Findings suggest that disadvantaged men held normative ideas about good fatherhood but that there were significant challenges facing them in living up to these ideals. Parenting interventions targeting disadvantaged fathers should therefore: capitalise on men’s excitement and commitment to partner and baby in the antenatal period; emphasize the relevance of content to the needs of disadvantaged men; and bear in mind potential barriers such as perceived lack of ‘need’, overcoming social anxieties, and notions of acceptable masculinity.

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Author's declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Karen Maxwell

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1 Introduction

Over recent decades, fatherhood has become the subject of intense social and political interest (Dempsey & Hewitt, 2012; Dermott & Miller, 2015; Hobson & Morgan, 2002; Lamb, 2010; Lewis & Lamb, 2007; Scourfield & Drakeford, 2002; Williams, 1998). Social changes relating to family life, such as increasing divorce rates, increasing co-habitation and re-partnering, and increasing diversity in family forms have altered the landscapes that men are fathering in and pushed fatherhood up the research and policy agenda (Amato & Dorius, 2010; Equal Opportunities Commission, 2007; Equality and Human Rights Commission, 2016; Lamb, 2013; Poole, Speight, O'Brien, Connolly, & Aldrich, 2013; Scottish Government, 2013). At the same time, social trends which have characterised the late 20th and early 21st century, such as globalisation, re-structuring of the labour market, and women's increased participation in the labour force have undermined traditional models of fatherhood built around breadwinning (Bailey, 2015; Boyer, Dermott, James, & MacLeavy, 2017; Cabrera, Tamis LeMonda, Bradley, Hofferth, & Lamb, 2000; Coltrane, Miller, DeHaan, & Stewart, 2013; Lewis, 2002; Williams, 1998).

In parallel with these social changes, feminism and notions of gender equality have driven changes in popular conceptualisations of good fatherhood in western culture to encompass an emotionally-involved, nurturing father-figure (Henwood, Shirani, & Coltart, 2011; Johansson, 2011; Johansson & Klinth, 2008; Miller, 2010b; Wall & Arnold, 2007). Johansson (2011) comments:

> *we are witnessing a slow but gradual process of restructuring and reorganising fatherhood, masculinity and parenthood*
>
> (Johansson, 2011, p.227)

Popular mainstream cultural discourses of good fatherhood in the UK now portray an involved, hands-on, caring father, who is emotionally involved in his children's lives. Although many authors have documented that contemporary men struggle to integrate these 'new' ideals of involved fatherhood with continued societal expectations on them to perform 'traditional' fathering roles such as discipline and provision (e.g. Dermott, 2003, 2008; Finn & Henwood, 2009; Henwood et al., 2011; Lupton & Barclay, 1997; Miller, 2010a, 2010b; Miller, 2011), contemporary ideals of good fatherhood continue to place emphasis on the ‘involved’ father role, alongside other traditional roles such as protection, discipline, moral guidance and economic provision.

However, it is little understood how working-class and more economically disadvantaged men relate to these changing ideals of fatherhood. Critics have suggested that these ‘new’ ideals of involved fatherhood are a largely middle-class phenomenon and may be viewed with scepticism by working-class and more disadvantaged fathers (Carlson & Magnuson, 2011; Gillies, 2009; Plantin, 2007). Whilst middle-class fatherhood in the UK and the ways in which middle-class men construct their fathering identities have become more well-understood (e.g. Dermott, 2003; Henwood et al., 2011; Miller, 2010b; Shirani, Henwood, & Coltart, 2012a), there is still a significant gap in our knowledge about disadvantaged fatherhood and how disadvantaged men negotiate these cultural discourses and construct their fathering identities. This is particularly so in the context of the current economic climate, in an ‘age of austerity’ following on from the economic recession of 2008 and subsequent economic restructuring and welfare spending cuts in the UK (Boyer et al., 2017; Warren, 2015). Therefore, there is a need for more research documenting the fathering constructions, aspirations and experiences of economically-disadvantaged men in the UK, especially in the current economic climate of austerity.

Despite a gap in our understanding of disadvantaged fatherhood from the perspectives of disadvantaged fathers in the UK themselves, since the 1980s disadvantaged fathers have had to contend with stereotypes of themselves as ‘deadbeat’ and ‘absent’ fathers (Bradshaw, Skinner, Stimson, & Williams, 1999; Featherstone, 2004; Silverstein, 1996; Williams, 1998). In the 1980s and 1990s, growing concerns in the US and the UK about increasing family breakdown and single-motherhood, especially amongst disadvantaged families, positioned disadvantaged fathers as ‘problem’ fathers, characterised by their absence, lack of commitment and irresponsibility (Bradshaw et al., 1999; Carlson & McLanahan, 2010; Lewis, 2002; Silverstein, 1996). Societal stereotypes of ‘bad’ fatherhood continue to be highly classed, and serve to further stigmatise disadvantaged fatherhood (Gillies, 2008). Despite this, very little is known about disadvantaged fathers’ aspirations for fatherhood from their own perspectives, or about the challenges they face in living up to societal ideals of good fatherhood. Research into family life in poverty has focused largely on the experiences of mothers and children (e.g. Attree, 2004; Attree, 2006; McKendrick, Cunningham-Burley, & Backett-Milburn, 2003; Ridge, 2002, 2009), whilst fatherhood research has focused on the experiences of middle-class men (e.g. Dermott, 2008; Lupton & Barclay, 1997; Miller, 2010b).

Commentators have also noted the extent to which family breakdown and ‘father absence’, especially amongst poor families, have been linked to and used as explanations for societal problems (Gillies, 2008; Silverstein, 1996). Father absence has been linked in the US and the UK to a wide range of societal problems including youth crime, anti-social behaviour, teenage pregnancy and drug use (Bradshaw et al., 1999; Pleck & Masciadrelli, 2004; Scourfield & Drakeford, 2002; Silverstein & Auerbach, 1999). These problems are particularly associated with disadvantaged and socially-excluded families (Gillies, 2008; Scourfield & Drakeford, 2002; Williams, 1998). Gillies (2008) notes how, in the UK, parenting practices, and in particular the parenting practices of disadvantaged families, have been positioned by policy-makers as a prominent causal factor in poverty and enduring social problems. Economically-poor parents are viewed as reproducing a cycle of deprivation and anti-social behaviour through their “poor” parenting practices.

Against this backdrop, disadvantaged and socially-excluded parents have been particularly targeted for parenting intervention, on the premise that tackling “poor” parenting practices would ameliorate social problems which otherwise were seen as likely to endure down generations. The idea that cycles of deprivation and social problems are perpetuated by poor parenting has been implicit, and sometimes explicit, in social policy discourses for several decades (Buston, O Brien, & Maxwell, in preparation; Williams, 1998). Most recently, this can be seen in the “Troubled Families” programme initiated by the coalition government in 2012, specifically targeted at the poorest families and those experiencing multiple social deprivation. Introducing the programme in December 2011 David Cameron said:

> *That’s why today, I want to talk about troubled families. Let me be clear what I mean by this phrase. Officialdom might call them ‘families with multiple disadvantages’. Some in the press might call them ‘neighbours from hell’. Whatever you call them, we’ve known*

> *for years that a relatively small number of families are the source of a large proportion of the problems in society. Drug addiction. Alcohol abuse. Crime. A culture of disruption and irresponsibility that cascades through generations.*

(David Cameron, 2011)

Critics have argued that this approach deliberately conflates families “in trouble” with those “causing trouble” and thus, places blame at the door of individual disadvantaged parents rather than attempting to tackle the structural and economic causes of poverty and disadvantage (Cullen, 2016; Levitas, 2012; Welshman, 2007, 2008). Nevertheless, parenting has been targeted by successive UK governments, on both the political left and right, as a means to tackle social problems and reduce the burden on the state (Casey, 2012; Department for Work and Pensions, 2012; Social Exclusion Unit, 2005).

Parenting interventions generally are much more likely to target mothers than fathers (Lindsay et al., 2011; Scourfield, Allely, Coffey, & Yates, 2016). The evidence base for the effectiveness of parenting interventions for fathers is weak (Panter-Brick et al., 2014). This is particularly the case for sub-groups of fathers such as those who are young, involved in the criminal justice system, or substance users (Buston, Parkes, Thomson, Wight, & Fenton, 2011; Panter-Brick et al., 2014). Given this political and social context, there is a pressing need for more research exploring both disadvantaged fatherhood in the current economic climate and disadvantaged fathers’ attitudes towards parenting interventions. Indeed, in recent years there has been increased interest in understanding more about the role of fathers within socially-excluded families (Department for Work and Pensions, 2012; Scottish Government, 2011, 2012). There is currently limited research on disadvantaged men’s attitudes towards pregnancy and fathering a child, their expectations for fatherhood, their conceptualisations of ‘good’ fatherhood and the barriers they face in achieving this.

Therefore, the aim of this thesis is to understand more about the nature of disadvantaged fatherhood from the perspectives of disadvantaged men themselves and to explore disadvantaged men’s attitudes towards parenting interventions. In particular, the aim is to understand how they conceptualise good fatherhood and what the barriers are to their enacting their visions of good fatherhood. The position of this PhD study within a large randomised controlled trial – THRIVE - being conducted in greater Glasgow and Ayrshire investigating the effectiveness of two parenting interventions (in comparison to care as usual) supporting parents with additional health or social care needs, offered an opportunity to explore these issues.

1.1. The THRIVE trial

THRIVE stands for **T**rial of **H**ealthy **R**elationship **I**nitiatives for the **V**ery **E**arly-years. It is a large NIHR-funded trial, aimed towards ‘vulnerable’ mothers-to-be identified as having additional health or social care needs in pregnancy (for example, substance misuse, mental ill-health, domestic abuse, being looked after in local authority care or having criminal justice involvement). The broad aim of THRIVE is to evaluate whether participation in one of two antenatal parenting group interventions - Enhanced Triple P for Baby or Mellow Bumps - improves mother-child outcomes or maternal mental health, relative to routine antenatal care. Whilst the trial as a whole focuses on mothers, the recruitment of mothers experiencing social disadvantage offered a valuable opportunity to explore the attitudes of these women’s partners towards fatherhood and the parenting interventions offered by the trial.

For the purposes of this trial, ‘vulnerabilities’ are defined as:

- Substance misuse in the last 12 months
- Mental health difficulties
- Involved in criminal justice system (self or partner)
- Complex social care needs
- Domestic abuse
- Homelessness
- Child protection concerns
- Young person leaving care

These criteria are largely in line with criteria used by the Glasgow Child Protection Committee to provide additional support to mothers who may be at risk of child protection involvement (Glasgow Child Protection Committee, 2008).

The trial is taking place in Glasgow and the surrounding areas from 2013-2019 and the partners of the women participating in the trial are the focus of this PhD research. Participation in the trial involves women (and their partners) being invited to take part in one of two antenatal parenting interventions (or assigned to a control group), and then being followed up until their child is three. Recruited women are randomly allocated to one of three arms of the trial: Enhanced Triple P for Baby, Mellow Bumps or Care As Usual (control group). Enhanced Triple P for Baby's focus is on families and on teaching parents practical skills to cope with the challenges of parenting. The intervention consists of four two-hour antenatal group sessions and four post-natal telephone consultations. In line with their family-based approach, fathers are encouraged to attend every session. Mellow Bumps on the other hand, focuses on the mental well-being of the mother. Underpinned by attachment theory, it aims to encourage nurturing and attuned relationships between mother and baby. Because of the nature of some women's vulnerabilities (i.e. domestic violence), fathers / partners are *not* invited to all sessions, instead being invited to one specific antenatal session designed for fathers-to-be. The intervention consists of six two-hour antenatal group sessions for mothers, plus one session for fathers to attend with the mother. More detail on the theoretical underpinnings and aims of the two parenting interventions can be found in Appendix 1. Care As Usual (the control arm) involves fathers as much or as little as they are willing to participate (i.e. attending antenatal appointments and so on).

1.2. Thesis structure

This thesis begins with a review of the literature on contemporary fatherhood and men's engagement with parenting interventions (Chapter Two). Specifically, it focuses on three areas: contemporary discourses and debates around fatherhood; gender, class and fatherhood; and fathers' engagement with parenting interventions. Chapter Three outlines the methods used in this study, describing the underpinning theoretical approach, decisions around sampling and recruitment, research design, data collection and the analysis of the data gathered. In this chapter I also consider reflexivity and the researcher's role in design, data collection and analysis. Chapters Four, Five and Six report the findings of this study. Chapter Four examines the men's current circumstances and backgrounds and draws attention to the extremely materially and socially disadvantaged circumstances they have experienced cumulatively throughout their lives. In doing so, this chapter situates the men’s accounts of fatherhood within the context of their socially-disadvantaged lives. Chapter Five describes how the men in this study constructed ‘good’ and ‘bad’ fatherhood, and the barriers to their enactment of their aspirations for good fatherhood. Chapter Six presents findings relating to the men’s attitudes towards the two parenting interventions offered by the THRIVE trial: Enhanced Triple P for Baby and Mellow Bumps. This chapter locates this study within the wider THRIVE trial, and describes the men’s attitudes towards their own and their partners’ attendance at these interventions. Chapter Seven brings together the findings from the previous three chapters and situates them within the existing literature, providing final conclusions and recommendations for future research, policy and practice.

2 Literature Review

2.1. The contemporary context of fatherhood

2.1.1. Contemporary discourses of fatherhood

Understanding contemporary discourses on fatherhood can help us to understand better how men today construct their fathering identities, as cultural discourses provide the context in which men decide what is appropriate and acceptable fathering behaviour. Miller defines discourses as: “culturally recognisable societal visions of how things are or should be” (Miller, 2010b, p.22). They are “linguistic expressions” which people feel compelled to draw upon, even when their actual experiences are not reflected within them, such is their normative power (Miller, 2010b). Discourses have power over people’s lives because, although individual experience often does not live up to the cultural discourse, discourses define the boundaries of what is possible and desirable.

Predominant mainstream cultural discourses of ‘good’ fathering in the UK now portray an emotionally-involved, nurturing father-figure (Henwood et al., 2011; Johansson & Klinth, 2008; Miller, 2010b; Wall & Arnold, 2007). Henwood et al (2011) highlight how discussions of fatherhood, both scholarly and in the popular media, often refer to expectations of modern men to be more involved with their children than in previous generations. This increasing emphasis on ‘caring’ and ‘involved fatherhood’ signals an apparent “de-traditionalisation of fatherhood” and emphasizes the “rising cultural importance of hands-on fathering” (Sanchez & Thomson, 1997, p.750). Whilst these discourses of fatherhood are mentioned by both middle- and working-class men (Coltart & Henwood, 2012; Gillies, 2009) it has been argued that ideals of involved fathering are a more middle-class phenomenon (Carlson & Magnuson, 2011; Gillies, 2009).

Johansson and Klinth (2008) argue that, in the Scandinavian countries, these shifts represent a new hegemonic ideal of masculinity as well as fatherhood. They contend that hegemonic masculinity now encompasses the idea of being an involved father: someone who is willing and eager to engage in childcare. Similarly, in the UK, Coltart and Henwood (2012) also argue that hegemonic discourses of masculinity are changing, citing the popularity and prevalence of cultural narratives of involved fatherhood. However, Plantin (2007) questions whether discourses of involved fatherhood have truly become hegemonic in the UK, citing evidence that (particularly) working-class men still regard ideas about involved fatherhood and active participation in childcare with suspicion.

Lupton and Barclay (1997) point out that whilst discourses of ‘new’ fatherhood provide opportunities for men to express their nurturing feelings and develop caring roles for themselves in relation to their children, these must still be balanced against societal expectations for them to participate fully in the economic sphere and act as providers. A wealth of research has demonstrated the enduring centrality of ideas about provision to men's identities as men and as fathers (Christiansen & Palkovitz, 2001; Collier, 1995; Hatten, Vinter, & Williams, 2002; Johnston & McIvor, 2004; Kimmel, 2001; Morgan, 2005; Rochlen, Suizzo, McKelley, & Scaringi, 2008; Williams, 1998). Indeed, contemporary discourses of fatherhood emphasise both the nurturing and the providing role, despite these often being seen to pull men in different directions (Miller, 2010b).

These competing expectations on contemporary men highlight ongoing cultural debates about fatherhood which Hobson and Morgan (2002) termed ‘cash and care’: who should pay for children and who should provide the care. UK family policy continues to emphasize men’s economic responsibilities to their children without any concomitant responsibility to provide care (Daly, 2010; Department for Work and Pensions, 2017). Despite some evidence of change in the form of family policies which outwardly suggest support for more gender equality in parenting - for example, the introduction of Additional Paternity Leave in 2011 and Shared Parental Leave in 2015 - take-up of, and attitudes towards, paternity leave suggest that in the UK men are still seen primarily as breadwinners and women as primary caregivers (Kaufman, 2017; O'Brien & Koslowski, 2017). Recent estimates suggest that less than 1% of eligible men took up Additional Paternity Leave (the pre-cursor to Shared Parental Leave) in the year following its introduction (Kaufman, 2017). Lewis states that in the UK there has been a particularly strong commitment to the male breadwinner model in policy compared to other European countries (Lewis, 2002). Similarly, Miller (2010b) points out that whilst in the Scandinavian countries popular public discourses of involved fatherhood have led to increases in paternity leave and protected ‘daddy months’, in the UK and the US, family policy has not dramatically shifted to encompass a more gender-equal approach to parenting.

Similarly, pervasive cultural discourses on motherhood continue to pattern the way men and women parent. Motherhood continues to be positioned as a societal duty and mothers portrayed as ‘naturally’ caring, with ultimate responsibility for childcare (McKie, Bowlby, & Gregory, 2001; Silverstein, 1996, 2000; Vuori, 2007), leaving fathers’ roles relatively less well-defined. As Lamb (2000) comments, there is a far greater consensus about what constitutes a ‘good’ mother than a ‘good’ father. The continued dominance of these ideologies of motherhood means that most families are still characterized by a gender divide with mothers taking on the main responsibility for child care and family work (Cabrera et al., 2000; Deutsch, 1999; Johansson, 2011; Palkovitz, Trask, & Adamsons, 2014; Pedersen, 2012; Silverstein, 1996). Fatherhood research has consistently shown that changes in actual fathering practice lag far behind social attitudes, and that where change exists, it has been “slow, small, and evolutionary rather than revolutionary” (Lamb, 2013, p.99). Therefore, the prevailing structural and cultural conditions are not strongly supportive of fathers changing their roles in relation to their children, despite popular discourses of ‘involved’ fatherhood.

Running alongside these debates are political discourses around what constitutes ‘bad’ fatherhood. Since the 1980s, concerns about increasing relationship breakdown and numbers of children being parented by single parents (usually mothers) have led to political concerns about the ‘absence’ of fathers from children’s lives and consequences for children and society more generally (Carlson & McLanahan, 2010; Casey, 2012; Featherstone, 2003; Lewis, 2002; Pruett, Pruett, Cowan, & Cowan, 2017; Scourfield & Drakeford, 2002). Anxieties most prominently focused on men who were seen to be failing as providers for their children. Young fathers, ‘absent’ fathers, unmarried and unemployed fathers were particular targets for criticism (Featherstone, 2003; Pruett et al., 2017; Williams, 1998). This led to a widespread characterisation in the UK of disadvantaged fathers as either ‘absent’ or ‘feckless’ fathers: irresponsible and lacking in commitment to their children (Bradshaw et al., 1999; Featherstone, 2003). In the USA, this movement characterised these fathers as ‘deadbeat dads’ (Berger & Langton, 2011; Carlson & McLanahan, 2010).

Concerns over ‘absent’, ‘deadbeat’ and ‘feckless’ fathers centred on these men’s perceived inability to pay for their children, and thus, political concerns over who would financially support these children (Lewis, 2004; Williams, 1998). This led to the introduction by a Conservative government in 1991 of the Child Support Act in the UK, which required all non-resident fathers to support their biological children financially, regardless of their income, social circumstances, child contact arrangements or legal status (Lewis, 2002). This act remains in place, signifying the continued association of fatherhood and economic provision in policy discourse. Featherstone (2003) highlights how successive governments have continued to underscore this message, even in the case of disadvantaged fathers, with policy documents relating to socially-excluded fathers conveying the clear message that, regardless of age or social circumstances, fathers should be financially responsible for their children.

Added to this is the continued rhetoric, in both the mainstream media and policy discourses, of the association between disadvantaged fatherhood and a range of social problems. Discourses of ‘feckless fathers’ in the UK and ‘deadbeat dads’ in the US have been linked to a range of social problems, including youth crime and anti-social behaviour, teenage pregnancy, risky teenage drug and alcohol use, truancy and poor educational achievement and increasing child poverty (Bradshaw et al., 1999; Pleck & Masciadrelli, 2004; Scourfield & Drakeford, 2002; Silverstein & Auerbach, 1999). This enabled disadvantaged fatherhood to be positioned as a ‘social problem’ (Featherstone, 2003; Gillies, 2009). Fatherhood scholars have commented that these discourses stigmatise working-class and poor fathers in particular, placing blame on individuals rather than taking account of contexts of poverty and disadvantage (Neale & Davies, 2015; Tarrant & Ward, 2017).

So then, it can be seen that discourses of ‘bad’ fatherhood are particularly targeted at disadvantaged fathers, thereby further stigmatising them. The stereotypes are negative and value-laden, positioning disadvantaged fatherhood as a social problem (Featherstone, 2003; Gillies, 2009; Tarrant & Ward, 2017). Therefore, in negotiating the pressures and strains of fathering in socially-disadvantaged conditions, disadvantaged fathers also have to negotiate these discourses, position themselves in relation to them, and try to distance themselves from them in order to be seen as ‘successful’ fathers.

2.1.2. How do contemporary men construct their fathering identities?

If the preceding section considered how *society* conceptualises good and bad fatherhood, then it is also important to understand how *men themselves* conceptualise good fatherhood. Qualitative research in this area has tended to focus on the experiences of middle-class men, and has largely highlighted how contemporary men struggle to balance ideals of ‘new’ fatherhood with ‘traditional’ fathering roles, such as provision (Dermott, 2003, 2008; Finn & Henwood, 2009; Henwood et al., 2011; Lupton & Barclay, 1997; Miller, 2010a, 2010b, 2011; White, 1994). Research documenting working-class or more disadvantaged men’s constructions of fatherhood is sparse, particularly in the UK.

Qualitative work aiming to understand fatherhood constructions of contemporary men has documented both the hegemony of ‘involved’ fatherhood as the dominant ideal amongst men themselves and the tensions men face in trying to achieve this ideal. Most qualitative studies have concluded that contemporary men prioritise caring and nurturing involvement in their children’s lives as the ‘ideal’ model for good fatherhood in the early 21st century (e.g. Dermott, 2008; Doucet, 2004; Finn & Henwood, 2009; Johansson & Klinth, 2008; Lupton & Barclay, 1997; Shirani & Henwood, 2011; Shirani, Henwood, & Coltart, 2012b; Thomas & Bailey, 2006). For example, Lupton and Barclay (1997) highlighted “the ability to express affection for one’s children openly” as a significant part of contemporary men’s fathering identities in their middle-class Australian sample. Miller (2010b) also discusses how, compared to past generations, men see it as more acceptable now to show their emotions and to be seen in public caring for their children. Shirani and Henwood (2011) comment that there has been a discursive shift away from cultivating a public masculinity around work and towards developing a private masculinity around fatherhood.

With this in mind, Dermott (2008) proposed an emerging model of the 21st century father as an ‘intimate father’ – one concerned primarily with the emotional bond with their child, with the focus on intimacy and closeness with their child and not on other aspects of fathering, for example, breadwinning. Johansson and Klinth (2008), in their study of Swedish fathers, found that all the men they interviewed engaged with the ideal of involved fatherhood. They concluded that:

> *Today, the notion that fathers should get involved with their children, stay at home, and help care for infants seems to be met with complete acceptance and is almost the predominant figure of thought.*
>
> (Johansson and Klinth, 2008, p.58)

In the UK, Shirani et al (2012b) also conclude that involvement in childcare and domestic responsibility is now a fundamental part of contemporary paternal identity. Shirani et al documented the experiences of mainly middle-class men in the Timescapes 'Men as Fathers' study who had spent time as stay-at-home dads, experienced unemployment or worked from home. All the men described taking on some share of domestic duties and childcare during their time at home. However, stay-at-home fathers were more likely than those who experienced unemployment or who worked from home to endorse new models of fatherhood based on equal gender roles. They suggest that this had to do with choice, in whether the role was a product of a personal choice or forced upon the couple by unemployment.

Interestingly, many of the stay-at-home fathers felt they had experienced negative social reactions from others in taking on responsibility for caring for their children. Shirani comments on the struggle for 'social legitimacy' experienced by stay-at-home fathers. This was also expressed by Doucet (2006) in her work with stay-at-home fathers in Canada, suggesting a continuing societal attitude that fathers should be the economic provider and not the primary caregiver.

In line with this, much research has documented the tensions for contemporary men in aligning strongly-held desires to be more 'involved' fathers with societally-powerful discourses around men as providers (Finn & Henwood, 2009; Henwood, Shirani, & Coltart, 2010; Lupton & Barclay, 1997; Miller, 2010b; Shirani & Henwood, 2011; Shirani et al., 2012b). For example, Miller's (2010, 2010b) middle-class English men all invoked discourses of the caring, hands-on father in their antenatal interviews in discussing the kinds of father they wanted to be. However, longitudinal work with these men demonstrated that in the subsequent years after their children’s birth, the men retreated into familiar narratives about the importance of providing for their families in explaining why their actual practices had not been as ‘involved’ as they had anticipated. Similarly, Finn and Henwood (2009) highlighted this conflict in the narratives of the UK fathers they interviewed. Fathers in their study discussed struggling to balance coexisting ideas of ‘modern’ fatherhood – defined as emotional closeness and caregiving – on the one hand and ‘traditional’ fatherhood – defined as providing and gender differentiated roles for men and women – on the other.

Despite movement away from the idea of the father as sole breadwinner in men’s concepts of good fatherhood (Doherty, Kouneski, & Erickson, 1998; Lamb, 2013) the notion of providing for one’s children still pervades men’s talk of what it means to be a ‘good’ father. Fathers in qualitative studies from the UK, Sweden, the US, and Australia discussed their need to feel that they were providing for their families (Abrams, 1999; Finn & Henwood, 2009; Johansson, 2011; Lupton & Barclay, 1997; Paschal, Lewis-Moss, & Hsiao, 2011; Summers et al., 1999). This appears to be the case even amongst men who have limited resources to live up to the ‘provider’ ideal because of unemployment or low income (Marsiglio & Pleck, 2005; Paschal et al., 2011; Willott & Griffin, 1997). These men’s perspectives on good fatherhood will be explored below.

2.1.3. How do contemporary disadvantaged men construct their fathering identities?

As noted above, research exploring disadvantaged men’s constructions of good fatherhood in the UK has been lacking, particularly since the 2008 recession and in current conditions of austerity. In the UK, what research exists has predominantly focused on the views of young, disadvantaged fathers (Buston, 2010; Neale & Davies, 2015; Nixon, Whyte, Buggy, & Greene, 2010; Speak, Cameron, & Gilroy, 1997). Whilst the views of disadvantaged teenage fathers offer insights into the fatherhood constructions and struggles of disadvantaged men in the UK, their experiences do not necessarily represent those of the broader range of disadvantaged fathers. In particular, there has been little work documenting the fathering experiences of older disadvantaged men, men fathering in the context of drug-use or partner vulnerabilities, men fathering in the context of long-term unemployment or precarious employment, or fathers in child protection families.

In other geographical contexts, more work on disadvantaged fatherhood has been done. For example, there is now a relatively broad literature on how 'low-income' fathers in the US conceptualise good fatherhood. However, circumstances for low-income men, societal constructions of good fatherhood and expectations on low-income fathers in the US are all different to those for socially-disadvantaged fathers in the UK. For example, the US context differs to the UK in that discourses of good fatherhood in the US place particularly heavy emphasis on economic provision (e.g. Doherty et al., 1998; Townsend, 2002). In the UK, by contrast, similarly to many countries within Europe (for example the Scandinavian countries), caring and nurturing discourses of fatherhood tend to take greater precedence in cultural discourses of good fatherhood (Miller, 2010b). Nonetheless, the fatherhood constructions of men living in economically-disadvantaged circumstances in a range of settings can offer insights into disadvantaged fatherhood and so these bodies of literature will be reviewed here.

Qualitative work with 'low-income' and disadvantaged fathers in the US and UK has generally highlighted two positions. First, some research has suggested that disadvantaged men construct their fathering identities in remarkably similar ways to middle-class men (Lemay, Cashman, Elfenbein, & Felice, 2010; Shannon, McFadden, & Jolley-Mitchell, 2012; Shears, Summers, Boller, & Barclay-McLaughlin, 2006; Speak et al., 1997). Alternatively, other research suggests that there are key differences, such as increased emphasis on providing stability for their families, and increased reference to 'bad' patterns of fatherhood witnessed in their own childhoods, such as need to distance themselves from drug-addictions and partner violence (Gadsden, Wortham, & Turner, 2003; Hayes, Jones, Silverstein, & Auerbach, 2010; Paschal et al., 2011; Shannon et al., 2012; Summers, Boller, Schiffman, & Raikes, 2006).

In relation to the first position, Shears et al (2006) found that, similarly to middle-class fathers, the 'low income' fathers in their sample expressed desires to fulfil both 'traditional' and 'contemporary' fathering roles. 'Traditional' roles they identified included: economically providing, setting a good example for their children, protecting and teaching values. 'Contemporary' roles included: father as caregiver, father as mother's partner and father as source of affection and support. Shears et al concluded that low-income men's conceptualisations of fatherhood were not very different to more advantaged men’s constructions. Similarly, Summers et al. (1999) found that their low-income US men combined ideas around fathers as providers with ideas of involved fatherhood in their conceptualisations of good fatherhood. Although providing economic support was mentioned as part of the father role, it was not the most emphasized aspect. Men talked about their need to be “more than a provider”. Similarly to middle-class men, these fathers emphasized “providing love” and “being there” for their children as central to their constructions of good fatherhood. LeMay et al’s (2010) sample of US teen fathers also talked about being available to their children, providing emotional as well as financial support and being a positive role model.

Some studies, particularly in the US, have found that low-income men report constricted definitions of good fatherhood, emphasizing economic provision above all other roles (Hayes et al., 2010; Kost, 2001; Paschal et al., 2011). For example, Kost’s (2001) study with 20 young men on welfare who were fathers of children of poor, unmarried mothers found that these fathers elevated the role of breadwinner above all others and did not place much value on the emotional contributions they made to their children’s lives, potentially relegating them to peripheral roles in their children’s lives. Paschal et al. (2011) found that a majority of their African-American teen fathers talked about fatherhood primarily in economic and provider terms, irrespective of whether they felt they could fulfil this role or not. Hayes et al (2010) found that most of the ‘low-income’ men attending a ‘responsible fatherhood’ programme in the US started the programme with conceptualisations of good fatherhood which centralised financial provision. As noted above, the US fatherhood context differs to the UK in its emphasis on economic provision therefore these low-income US men may be reflecting their awareness of the wider cultural discourses of good fatherhood in their country.

Conversely, amongst two samples of working-class and incarcerated men in the US, Roy (2004b) reported that although there was still a strong focus on providing as part of their paternal identities, men who were unemployed or under-employed chose to construct fathering identities that placed more emphasis on caring and involvement with their children. Buston’s (2010) incarcerated, young Scottish men also emphasized being emotionally present in their children’s lives as a fundamental part of their fathering identity. In general, limited research in the UK and Ireland has suggested that disadvantaged men, and disadvantaged young men in particular, tend to prioritise ‘being there’ and providing love to their children in their conceptualisations of good fatherhood (Buston, 2010; Neale & Davies, 2015; Nixon et al., 2010; Ross, Church, Hill, Seaman, & Roberts, 2010; Speak et al., 1997; Whittaker, 2008). For example, Speak et al (1997) interviewed young fathers in the UK and concluded that, despite being non-resident and unemployed, their young fathers had normative aspirations for fatherhood, emphasizing their desire to be involved in their children’s lives.

However, some important themes have emerged from work with disadvantaged men which are not found in work with middle-class men. Shannon et al (2012) in the US found that the low-income men in their study particularly drew on their own ‘bad’ upbringings in defining their ideas around good fatherhood. They spoke of wanting to be different to, and better than, their own fathers, and specifically stated their commitment to not using drugs or perpetrating violence against women. They spoke of their desires to be the opposite of their own fathers by ‘being there’ both physically and emotionally for their children. Shannon et al concluded that the men’s understandings of their relationships with their own fathers were perceived as of central importance to their identities as fathers.

Other studies with disadvantaged fathers demonstrate that providing a stable environment for one’s children is emphasized as part of good fatherhood amongst disadvantaged fathers (Gadsden et al., 2003; Hayes et al., 2010; Paschal et al., 2011; Summers et al., 2006). Again, this is often portrayed as being in contrast to their own upbringings. For example, Summers et al (2006) analysed data from 575 interviews with low-income men across 14 US cities and reported that providing a stable environment for one’s children was one of the most emphasized themes. This was conceptualised by the men as: providing money, ‘being there’ and having a stable relationship with the child’s mother. Paschal et al (2011) also concluded that providing stability was at the heart of disadvantaged men’s concepts of good fatherhood in their study, with men emphasizing their need to ‘be there’ for their children as they felt their own parents had not been for them. These studies highlight how the contexts the men are currently fathering in, and their own experiences as children, shape their constructions of good fatherhood.

In the UK, work with disadvantaged teenage fathers has found that, like middle-class fathers, young fathers emphasised their desires to be emotionally-involved in their children's lives but, significantly, that they also emphasised the broad range of challenges facing them in being able to become good fathers (Buston, 2010; Neale & Davies, 2015; Nixon et al., 2010; Speak et al., 1997). For example, teenage fathers articulated the challenges of unemployment and difficulty finding work, living apart from partners and the interference of older family members in their parenting (Buston, 2010; Neale & Davies, 2015; Nixon et al., 2010). Moreover, work in the UK context has suggested that working-class and disadvantaged men may be more constrained than middle-class men by constructions of working-class masculinity (Dolan, 2014; Plantin, 2007; Willott & Griffin, 1997). For example, Plantin (2007) documented how for some working-class English men, maintaining a strong masculine identity in front of their peers limited their willingness to engage in the caring work of raising children. These themes will be returned to and explored in more depth in sections 2.2.3 and 2.2.4 ('Working-class masculinities and fatherhood', and 'marginalised masculinities and fatherhood').

There has been little work studying how disadvantaged fathers conceptualise good fatherhood in the current economic climate of austerity. Conditions of austerity may be expected to exacerbate the already challenging circumstances of disadvantaged fathers by creating more challenging employment environments, and decreasing household income through cuts to welfare (Oxfam, 2013). Indeed, research has suggested that austerity policies have disproportionately affected the poorest in society (Browne & Levell, 2010; Oxfam, 2013). Browne and Levell (2010) reported that the poorest two-tenths of the population would see greater cuts to their net income, in percentage terms, as a result of austerity policies, than every other group, apart from the very richest tenth. In addition, research has shown that, in the wake of the 2008 recession, jobs characterised by shift working - jobs traditionally done by working-class men and women - were particularly vulnerable to reduction in hours and restructuring (Fagan, McDowell, & Perrons, 2008; Warren, 2017). Thus, conditions of austerity could be seen to exacerbate the challenging circumstances that disadvantaged men are fathering in and may mean that their fathering circumstances are even more challenging than those in periods of time examined by other researchers. Therefore, understanding how men negotiate these current economic conditions and experience fatherhood under these circumstances is worthy of further research.

2.1.4. How do men with vulnerable partners construct their fathering identities?

The current PhD study is situated within a large trial – THRIVE – aiming to understand what forms of parenting support work best for vulnerable mothers: those experiencing mental health problems, drug or alcohol addictions, domestic abuse or complex social care needs. Thus, the fathering constructions of men fathering alongside vulnerable partners are of interest here. I have been able to find no studies on how mothers' vulnerabilities affect men's conceptualisations of fatherhood. Current research has focused either on how men's drug abuse or mental health issues affect their own fathering (e.g. McMahon, Winkel, & Rounsaville, 2008; Neault et al., 2012) or how female drug abuse or depression affects their mothering (Hanlon, O'Grady, Bennett-Sears, & Callaman, 2005; Manuel, Martinson, Bledsoe-Mansori, & Bellamy, 2012; Street, Harrington, Chiang, Cairns, & Ellis, 2004). Thus, there is a gap in our understanding of how female vulnerabilities affect male partners' constructions of good fatherhood.

It could be conceived that having a vulnerable partner could affect men's fathering in one of two ways: men may compensate for the mother's vulnerabilities and become more involved; or they may be affected by the same kinds of vulnerabilities as the mother, contributing to increased parenting stress overall for the family. Research has shown that in mothers with depression, partner support is a crucial mediator of parenting stress (e.g. Goodman, Lusby, Thompson, Newport, & Stowe, 2014; Manuel et al., 2012). However, in partnerships where the male partner is also suffering from mental health problems or substance abuse problems, it may not always be the case that they are able to offer support to the mother (e.g. Duncan, 1998; McMahon et al., 2008). For example, McMahon et al (2008) found that drug-using fathers reported constricted personal definitions of their fathering role and less involvement in child-care. The current PhD therefore offers opportunities to address this gap and study how partner vulnerabilities affect men’s conceptualisations of fatherhood.

2.1.5. Conclusions: Contemporary men’s constructions of fatherhood

In summary, contemporary men’s accounts of their constructions of good fatherhood indicate a largely uncontested view that models of involved and nurturing fatherhood are the normative ideal for good fatherhood in the UK currently. However, research also indicates that whilst men aspire to this ideal of fatherhood, this is still in tension with other societal expectations and structural constraints on men (such as work expectations, and work/family policies). Research with disadvantaged men has demonstrated that there are some similarities to middle-class men in the ways that disadvantaged men construct their fathering identities, for example, negotiating provider and ‘involved father’ role expectations. However, there are some important differences: emphasis on distancing themselves from drugs and violence, drawing on their own ‘bad’ upbringings in their constructions of good fatherhood and emphasizing the provision of stability for their families. In addition, very little is known about the fatherhood constructions of men fathering in the context of vulnerable female partners, or of the fatherhood constructions of disadvantaged men in the UK in the current economic climate. The current PhD study offers opportunities to address these gaps.

2.2. Masculinity, class and fatherhood

2.2.1. Setting fatherhood in a gendered context

Gender pervades every aspect of our social lives and patterns the way men’s and women’s lives are lived (Miller, 2010b). This is especially true in relation to parenting (Dermott & Miller, 2015; Miller, 2010b; Pleck, 2010a). This can be seen in the very clear gendered expectations surrounding care of young children (for example, that women will be the ones to take time off work to look after infants), societal attitudes towards responsibility for children (women’s) and the continuing association of the home and care work with femininity (Doucet, 2006, 2011). Pleck (2010a) notes that:

> *one of the clearest ways that gender influences experience of parenthood is that, after a birth, fathers' labour force participation generally increases whilst mothers' decreases.*
>
> (Pleck, 2010a, p.51).

Societal expectations surrounding fatherhood and motherhood also continue to position motherhood as a moral duty, whilst fatherhood is seen as something elective and personal (Vuori, 2007).

Dominant notions of masculinity have traditionally dictated that, to be masculine, men should control their emotions and distance themselves from the feminine (David & Brannon, 1976; Kimmel, 2008). This would suggest that any entry into the 'feminine' domain of the home and childcare may be a threat to a man's masculinity. The ways in which ideas about masculinity influence men's constructions of fatherhood is implicit in much of the research on fatherhood, for example, in the way men continue to position themselves as the 'protectors' of their families (Hayes et al., 2010; Summers et al., 2006; Tamis-Le Monda & McFadden, 2010), emphasize the provider role even in cases where they feel they cannot fulfil it (Buston, 2010; Doucet, 2011; Paschal et al., 2011; Roy, 2004b; Townsend, 2002; Willott & Griffin, 1997) and see themselves as primarily responsible for discipline within their families (Summers et al., 2006; Tamis-Le Monda & McFadden, 2010).

In order to situate the study of fatherhood within its gendered context, it is important to understand theories of gender and where masculinity theory and research fits in.

2.2.1.1. Sociological theories of gender

Until the 1970s, differences between men and women were generally seen as being consequences of biology and genetic differences (Miller, 2010b; West & Zimmerman, 1987). This belief that men's and women's differing positions and roles in society were caused by innate and inevitable biological differences can be termed 'essentialism' (Miller, 2010b). However, in the 1970s, these views began to be challenged, with feminist scholars and theorists advancing the view that gender was socially constructed, and not biologically determined (Goffman, 1976, 1977; Oakley, 1981; West & Zimmerman, 1987).

Miller (2010) charts how these debates in the field of gender studies in the 1970s led to men's and women's roles in relation to parenting being questioned. For example, the essentialist view that women were 'naturally' suited to emotional, expressive, caring work and men to the 'rational' world of paid work, was challenged on the basis that these social positions were less a product of biology and more of an unequal division of power in society. Feminists and gender scholars argued that essentialism ignored the implicit power dynamics which had led women to be positioned within the home as primary care-givers (Hays, 1996; Miller, 2010b; Oakley, 1981). Essentialism was also criticized for ignoring the role of socialisation in shaping men's and women's behaviours (Oakley, 1981).

These debates between 'essentialism' and 'socialisation' gave rise to a distinction being drawn between 'sex', which can be seen as a biological category, and 'gender', which can be seen as the 'cultural overlay' created by socialisation (Brickell, 2006; Connell & Messerschmidt, 2005; Kimmel, 1992).

As gender started to be understood more as socially constructed and reinforced, and less as biologically determined, gender theorists such as West and Zimmerman (1987) proposed that gender should be seen as a performance. They proposed that gender was "not simply an aspect of what one *is*, but, more fundamentally, it is something that one *does*, and does recurrently, in interaction with others" (West and Zimmerman, 1987, p.140). West and Zimmerman's theory can be understood as three core ideas. First, gender is accomplished through social interactions. For example, it is not a characteristic *of* an individual, but rather something that is created through interaction with others. Second, gender is dependent on context; different masculinities and femininities will be enacted by individuals in different situations. Third, men and women adopt particular gender displays that others expect of them. In other words, men and women behave in ways that they believe to be consistent with what others expect of someone of their gender (Sallee & Harris, 2011).

So, in West and Zimmerman's view, gender is something that is *accomplished* through a continual process of gendered performances. These are negotiated in collaboration with others; dependent on context; and men and women are held accountable for their gendered behaviours. West and Zimmerman highlight that:

> *To 'do' gender is not always to live up to normative conceptions of femininity or masculinity; it is to engage in behaviour at the risk of gender assessment.*
>
> (West and Zimmerman, 1987, p.136)

In other words, men and women can choose their actions and behaviours, but they do so at risk of social judgement. In this way, men's and women's behaviours are constrained by what is currently deemed to be socially 'gender acceptable' in their culture. In West and Zimmerman's words:

> *the 'doing' of gender is undertaken by men and women whose competence as members of society is hostage to its production.*
>
> (West and Zimmerman, 1987, p.126)

This view of gender as a social construction is useful to understand men's and women's behaviour and choices in relation to their parenting roles.

2.2.1.2. Theories of masculinity

Early masculinity theory was dominated by conceptualisations of gender as sex roles (Berggren, 2014). In this view, masculinity consisted of conforming to a gender role that was expected of one as a man or a woman. David and Brannon (1976) neatly summarise this view of masculinity in their four basic rules of masculinity:

1. No sissy stuff
2. Be a big wheel
3. Be a sturdy oak
4. Give 'em hell

In other words, to be seen as masculine, a man must: distance himself from anything feminine; achieve the admiration and respect of others (especially other men); show no weakness; and exude an aura of risk-taking and aggression. However, whilst critics generally agreed with the description of traits commonly associated with masculinity, this framework for conceptualising masculinity was challenged on account of its failure to pay attention to the patriarchally-organised society which created the conditions in which masculine and feminine 'roles' were formed.

Connell in particular took issue with role theory for its lack of account of men's power and structural privileges (Berggren, 2014). She therefore theorised masculinity in a way which centralised power dynamics between men and women, and between groups of men (Berggren, 2014; Connell, 1995). Set against this backdrop of role theory and a growing understanding of gender as a performance, Connell developed her theory of hegemonic masculinity, which has gone on to be profoundly influential (Berggren, 2014; Coles, 2009; Connell, 1995; Connell & Messerschmidt, 2005).

In Connell's view, masculinity can be seen as hierarchical, fluid and socially constructed (Connell, 1995; Connell & Messerschmidt, 2005). Hegemonic masculinity theory argues that there are always multiple forms of masculinity in any culture, but that these are not all equal and certain forms will always be culturally more valued and respected than others. Therefore 'hegemonic masculinity' is the form that holds the most prestige in any given culture or social setting. Connell and Messerschmidt (2005) say that hegemonic masculinity can be understood as the pattern of practices which act to place certain men above other men (and women) in a hierarchical social order in which those embodying hegemonic masculinity are at the top of this hierarchy. In this way, hegemonic masculinity theory provides a framework to describe how multiple masculinities can exist at any one time, but how these are arranged in a hierarchy of power, with certain patterns of practices becoming subordinated or marginalised and others elevated (Dolan, 2011; Hearn, 2007).

So hegemonic masculinity theory asserts that despite a wide variety of different forms of masculinity which may exist, certain masculinities will always be held as more dominant, more valued and more persuasive than others. However this has been critiqued by theorists such as Coles (2009) who maintain that this neglects the complexities of the everyday lived experiences of men, who may experience themselves as dominant or powerful even when not matching up to the 'hegemonic' ideal.

Coles (2009) highlights the disparity between the theoretical concept of hegemonic masculinity as the culturally-dominant ideal and men's lived experiences of a variety of dominant masculinities. He uses Bourdieu's concepts of 'habitus' and 'fields' to introduce the possibility of multiple dominant masculinities existing at any one time, and operating within ‘subfields’ of the broader ‘field’ of masculinity. As he explains:

> *Hegemonic masculinity may be that which is culturally exalted at any given time, but dominant masculinities need to be drawn from this and contextualized within a given field (or subfield), as well as located culturally and historically. It is possible to be subordinated by hegemonic masculinity yet still draw on dominant masculinities and assume a dominant position in relation to other men.*
>
> (Coles, 2009, p.33).

This allows for an understanding of how men who are subordinated or marginalised by hegemonic masculinity are able to refute their position as subordinated or marginalised. Coles argues that this explains how many men’s lived experiences of masculinity can be far from perceived as having a relegated status in comparison to other men’s masculinities. This is particularly useful in seeking to understand the lived experiences of the socially-disadvantaged fathers who will be the subject of the present research.

Other critics of Connell, and those who sought to move forward the field of masculinity studies, such as Anderson, have proposed theories of masculinity which encompass at their core tenets such as acceptance of homosexuality, respect for women and emotional intimacy, and reject some fundamental principles of ‘orthodox’ masculinity such as homophobia, misogyny and excessive risk-taking (see Anderson, 2008; Anderson, 2009; Anderson & McGuire, 2010). Anderson has termed this form of masculinity ‘inclusive masculinity’ and has demonstrated this as the ‘hegemonic’ form in a number of settings more traditionally associated with ‘orthodox’ masculinity (all-male sports teams and university fraternities). Anderson contends that this form of ‘inclusive masculinity’ is now a construction of masculinity competing for hegemonic status in Western cultures, particularly amongst white, educated, middle-class males. This view of masculinity as encompassing more emotionally-intimate traits has also been demonstrated within the fatherhood literature, with key fatherhood authors contending that in the Scandinavian countries, notions of ‘involved fatherhood’ have now become part of hegemonic masculinity (Brandth & Kvande, 1998; Johansson & Klinth, 2008; Plantin, Månsson, & Kearney, 2003).

In this thesis I will take a theoretical position informed by West and Zimmerman (1987), Connell (1995; 2005) and Coles (2009), taking the view that men's performances of masculinity and fatherhood are: first, informed by others' perceptions of what is seen as gender acceptable; and second, influenced by hegemonic forms of masculinity, but also, crucially, third, locally-influenced by their own peer group's norms of dominant masculinity.

2.2.2. Setting fatherhood in a classed context

Social class has been widely acknowledged as a major influence on the way both masculinity and fatherhood are constructed (Deutsch, 1999; Gillies, 2008, 2009; Kimmel, 2008; Morgan, 2005; Plantin, 2007; Sherman & Harris, 2012). There have been multiple and varied approaches to the study and analysis of class (for example see: Dorling, 2014; Jakopovich, 2014) but a useful theoretical approach comes from Bourdieu (1977, 1984) who conceptualised class in terms of 'capitals' and 'habitus'.

The notion of 'habitus' is central to Bourdieu's understanding of class, and refers to shared lifestyles, expectations and access to resources (Margolis, 1999). 'Habitus' refers to the ways in which individuals live out their daily lives through practices that become aligned with those of others around them (Robbins, 1991; Swartz, 1997). Individuals must use the habitus at their disposal based on past experiences and developed over time, in order to negotiate everyday experiences (Swartz, 1997). Bourdieu's theory posits that by using their habitus, individuals can both support and challenge dominant social structures, leading Coles (2009) to comment:

> *the inference of Bourdieu's theory of practice is that individuals are neither completely free to choose their destinies nor forced to behave according to objective norms or rules imposed upon them*
>
> (Coles, 2009, p.35)

Thus, habitus describes the shared conditions which shape an individual's expectations about life and ways of dealing with life, offering them a degree of freedom over their life choices, attitudes and behaviours but still constrained within certain bounds.

Another central element of Bourdieu's theory of class is the notion of 'capitals'. Bourdieu delineates three types of capital: economic capital, referring to financial resources; social capital, referring to one's social networks and the status of individuals within these; and cultural capital, broadly referring to the cultural skills, tastes, preferences and qualifications of an individual which serve to function as class distinctions (Bourdieu, 1986; Coles, 2009). The possession and accumulation of capital determines the class position of individuals within society. Those of the same class will have access to similar capitals, which in turn leads to them developing a shared habitus. Thus, in Bourdieu's view, class is produced and reproduced through the passing on of capitals and shared habitus from generation to generation (Coles, 2009; Robbins, 1991). For example, men born into working-class families may be denied access to middle-class occupations by their limited social, economic, and cultural capital. In taking on working-class jobs they develop similar habitus to their peers in terms of shared experiences, lifestyles and expectations. Their children grow up in households with working-class levels of economic, social and cultural capital, and develop this as their habitus, thus replicating class in the next generation.

In taking a view of class influenced by the ideas of Bourdieu, I draw on an understanding of class as 'habitus', referring to shared lifestyles, expectations and access to resources.

In the following sections, classed dimensions of masculinity and fatherhood will be explored. As many fatherhood researchers have noted, class is a potent and significant influence on men's constructions of good fatherhood (Brannen & Nilsen, 2006; Deutsch, 1999; Gillies, 2008, 2009; Hobson, 2002; Plantin, 2007). This review will focus on working-class and marginalised masculinities and fatherhood as these provide a backdrop against which to understand the lives of the socially-disadvantaged men who will be the focus of this study.

2.2.3. Working-class masculinity and fatherhood

Typically, portrayals of working-class masculinity have centralised concepts such as physicality, toughness and emotional stoicism – the 'hard man' stereotype (Dolan, 2011; Johnston & McIvor, 2004; Morgan, 2005; Young, 2007). On the other hand, working-class masculinity also elevates provision and financial responsibility for the welfare of one's family – the 'family man' archetype

(Collier, 1995; Williams, 1998). Research shows that these working-class masculine archetypes still resonate with British fathers today. Dolan's (2014) work investigating masculinity amongst working-class fathers in the UK found that men reported a consistent set of traits associated with being a man; namely physical and emotional toughness, achievement, authority and providing for one's family. Above all, men prioritized providing for their families. Dolan reports that:

> *without exception, these men's relationships with their families were portrayed primarily in financial terms; where good husbands/ fathers were identified as those who provided reasonable standards of living for their families.*
>
> (Dolan, 2014, p.590)

Thus, current research suggests that the centrality of the 'breadwinner' role for working-class fathers has not been diminished by changing gendered working patterns, deindustrialisation and patterns of unemployment in many working-class communities (Dolan, 2011, 2014; Dolan & Coe, 2011; Morgan, 2005).

Plantin et al (2003) also demonstrated that men drew upon dominant stereotypes of working-class masculinity in their work on discourses and practices of masculinity and fatherhood in Sweden and England. Their sample included middle-class and working-class English men and they showed that the working-class men displayed more tensions between the discourses of 'involved fatherhood' and their practices of 'tougher' masculine identities. In particular, these men had to work hard in public to demonstrate a masculine identity in front of their friends and peers (i.e. not be seen to be a 'sissy'). Plantin et al demonstrated that men's desire to maintain a strong masculine identity in front of their peers limited their willingness to engage in the caring work of raising children. Plantin et al (2003) reported that amongst English working-class men, although they showed a growing involvement in family life, the discourses of involved fatherhood and being a 'modern man' were looked upon "with both scepticism and uncertainty, and above all as being associated with middle-class beliefs and values" (p.14).

Dolan's (2011) research with working-class English fathers attending a parenting intervention also found that whilst men were committed to their children and desired close and emotionally-connected relationships with them, some ideals of involved fatherhood still clashed with other masculine ideals, such as that a man shouldn’t be too emotional, and that men should distance themselves from ‘women’s work’. These studies suggest that, in the UK context at least, whilst working-class men may engage with notions of ‘involved fatherhood’, dominant ideas about appropriate masculinity may still place constraints on their behaviour.

However, Gillies and others (Brannen & Nilsen, 2006; Deutsch, 1999; Ferri & Smith, 1996; Gillies, 2009) have reported that working-class men often demonstrate some of the most egalitarian childcare practices whilst espousing values which reflect the opposite of their practices. For example, Gillies (2009) found that working-class men in the UK were more likely than their middle-class counterparts to engage in everyday caring activities for their children, despite expressing more traditional views about gendered parenting responsibilities than middle-class men. This finding has also been demonstrated in the US (Deutsch, 1999). Ferri and Smith (1996) in the UK also reported an *inverse* relationship between social class and equal parental responsibility for childcare. Interviews with mothers and fathers found that shared childcare was more common in working-class families than middle-class families, despite the fact that working-class parents were more likely to express traditional attitudes.

Dolan (2013) suggests that British working-class men are brought up in a culture that encourages characteristics such as stoicism, emotional independence and denial of weakness. It has been argued that working-class boys grow into men by imitating the physicality, toughness and solidarity of their fathers (Willis, 1977, cited in Nixon et al. 2010). The masculinity of the ‘hard man’ may be particularly influential in Glasgow and the west of Scotland where working-class masculinity has traditionally been associated with physical work and heavy industries such as ship-building and steel works (Johnston & McIvor, 2004; Young, 2007). The stereotype of working-class masculinity in the West of Scotland is a man who is tough, strong, aggressive and enjoys drinking (Johnston & McIvor, 2004; Lawson, 2013). Kimmel highlights how violence has long been considered a hallmark of masculinity (Kimmel, 2001), and Lawson emphasizes how violence and aggression have also been traditionally associated with west of Scotland masculinity, and particularly the ‘Glasgow hard man’ (Lawson, 2013). However, there is some evidence of a diminishing of the influence of this ‘hard man’ masculinity amongst the younger generation of working-class men in Scotland (Ross et al., 2010). Ross et al (2010) reported that in their sample of young Glaswegian fathers there was less conflict between their paternal identity as a caring father and their masculine identity. The young men Ross et al. interviewed were aged between 16-25 in 2006 (born in the 80s and 90s) and reported sharing the care of their children and responsibility for earning money with their partners. It is conceivable that a younger generation of Scottish working-class men, born after the decline of heavy industry and brought up under social conditions of greater gender equality, are moving away from constructing masculinity in line with the ‘hard man’ archetype (Anderson, 2009; Morgan, 2005; Young, 2007).

2.2.4. Marginalised masculinities and fatherhood

Morgan (2005) discusses the emergence in social policy and public discourses of the idea of an ‘underclass’ and ‘social marginalisation’. He suggests that it is doubtful whether a single masculinity can be identified with the socially-marginalised. However, he documents the common themes by which this group are often represented in the media: masculine violence, absent fatherhood and long-term unemployment. This group is often discussed in terms of ‘failed masculinity’: these men do not match up to mainstream society’s ideas of what a man should be.

The work of Willott and Griffin (1997) with long-term unemployed men in the West Midlands suggests that these men did not see themselves as having ‘failed’ in terms of masculinity but instead adopted a range of ‘survival strategies’ in order to feel successful. Willott and Griffin suggested there was little evidence that these men used their circumstances (for example, being at home all day) to radically reconceptualise their ideas of masculinity and good fatherhood, for example, constructing a paternal identity around gender equality. Instead these men engaged with dominant ideas of masculinity, such as the provider role, but adopted various strategies to maintain their position in relation to this, such as complementing their benefit payments with casual work.

In many ways Willott and Griffin’s men identified more strongly than their middle-class counterparts with dominant ideals of traditional masculinity. For example, seeing the man as the financially responsible partner in couple relationships and seeing their own value primarily in terms of what they could provide financially for women. In the main, they saw childcare as ‘women’s work’ and expressed dissatisfaction with being expected to do ‘women’s work’ as well as with the amount of time they spent in the home. This also resonates with the findings of Ferri and Smith (1996) who reported that where fathers were unemployed and mothers working, the sharing of care was not significantly different to that of dual-employed families (in contrast to their findings with working-class fathers). They concluded that male unemployment did not result in a major role reversal of domestic and childcare responsibilities. However, as noted above, today’s unemployed men, living post-2008-recession and in conditions of austerity may be facing different circumstances, and may construct fatherhood differently, to these unemployed men.

In the current economic climate, there has been a paucity of research on fatherhood from the perspective of unemployed and marginalised men. Where it has been done, research in this area has focused on specific sub-groups of marginalised fathers such as teenage fathers or those involved in the criminal justice system. Nevertheless, it is possible to gain insights from these pieces of research and they will be surveyed here.

Teen fatherhood is often associated social marginalisation (Nixon et al, 2010). Young fathers are more likely to have fewer years of education, be in low-income jobs, or be unemployed, to live apart from their children and to lose contact with their children (Coley & Chase-Lansdale, 1998; Cooksey & Craig, 1998; Nixon et al., 2010; Speak et al., 1997). Nixon et al. (2010) report that the young Irish fathers they interviewed conceptualised the three most important aspects of fatherhood as: spending time with children, supporting the child’s mother and going out to earn money. This suggests that amongst teenage fathers, whilst providing was acknowledged as important, emotional and practical support were also recognised as being part of being a good father.

This resonates with Buston’s (2010) findings from her work with Scottish young offenders. These disadvantaged young fathers prioritized three aspects of fatherhood: being emotionally close to their children, protection and financial provision. However, Buston reports that the provider role was particularly emphasized by the young men when they talked about fatherhood. Their lack of ability to fulfil this role was stated by many as the primary reason they did not feel ready for fatherhood. This finding is echoed in other work with young, socially-disadvantaged fathers; that poverty, low income and lack of regular or full-time work is viewed by men as a barrier to good fatherhood and erodes their sense of confidence in their ability to be a good father (Marsiglio & Pleck, 2005; Nixon et al., 2010; Paschal et al., 2011; Speak et al., 1997).

Unemployment is often discussed as causing a crisis of masculinity (e.g. Morgan, 1992; Shirani et al., 2012b; Willott & Griffin, 1997). Men who fear that they may be unable to provide financially for their families may be fearful of being labelled ‘deadbeat dads’ or ‘feckless fathers’ (Roy, 2004a), engage in criminal behaviour in order to fulfil the provider role (Roy, 2004b; Whittaker, 2008; Willott & Griffin, 1999) or decide to leave the family rather than ‘fail’ in what they perceive as a crucial masculine role (Berger & Langton, 2011; Speak et al., 1997; Willott & Griffin, 1997).

Liebow’s (1967) ethnographic study of African-American inner-city men (cited in Townsend, 2002), describes how men who depended on casual labour or had minimum-wage jobs felt they had nothing to offer the mothers of their children and, because they felt they could not satisfy their own expectations, did not become involved fathers. This is mirrored in Willott and Griffin’s (1997) sample of unemployed men in the UK, some of whom articulated the feeling that it was better to leave, rather than ‘let down’ their partners and children by not being able to provide for them. In his study of low-income families in inner-city neighbourhoods in the US, Wilson (1996) also observed that conditions of high unemployment and low-earnings were linked to the absence of fathers in many families. Marsiglio and Pleck (2005) suggest that:

> *when men are unemployed or underemployed, they often find it difficult to feel good about themselves as fathers because the provider role continues to be an important feature of hegemonic images of masculinity and men’s fathering experience*
>
> (Marsiglio and Pleck, 2005, p.260)

There is, however, evidence of change in more recent work. Ross et al.’s (2010) research with the partners of teenage mothers in Scotland, exploring these men’s attitudes towards parenting and levels of involvement with their children, reported high levels of involvement of these young fathers with their children and a relative lack of consideration of gender in terms of the allocating of parental tasks, such as shopping, earning money and caring for the child. This work may suggest that for a younger generation of socially-disadvantaged men, other facets of being a good father (such as time spent with their child) takes precedence over providing in their paternal identities. However, these young people may reflect an unrepresentative view as they represent young men who had remained in a relationship with their partner and shown commitment to co-parenting. The authors acknowledge that their sample had higher levels of education, work, and family support than many other studies of teen parents.

2.2.5. Conclusions: Masculinity, class and fatherhood

It appears that across the literature on working-class and economically-disadvantaged fatherhood, there is still a strong attachment to provision as a core pillar of masculine and paternal identity, even when this means damage to self-confidence or identity as a man as a result (Buston, 2010; Dolan, 2011; Plantin et al., 2003). Although there is some indication that this is changing, this evidence is tentative and requires more exploration. Whilst it is clear that provision continues to play a central role in unemployed and disadvantaged men’s constructions of fatherhood, there is also evidence that young men also emphasize other aspects as essential for good fatherhood, such as developing emotional bonds with their children, and spending time with them (Buston, 2010; Nixon et al., 2010). In addition, work in the UK context suggests that constructions of UK working-class masculinity, and what is deemed acceptable behaviour for working-class men in terms of emotional displays and demonstrations of ‘toughness’, may constrain what is possible and desirable for working-class and more disadvantaged men (Dolan, 2014; Plantin, 2007; Willott & Griffin, 1997). Therefore, the ways in which socially-disadvantaged men are influenced by these constraints and relate to provision are important questions for this thesis.

2.3. Fathers and parenting interventions

2.3.1. The UK context on parenting interventions: Why are disadvantaged parents targeted?

In the UK in the 1990s increasing concerns about the link between social marginalisation and a range of negative outcomes for children led to pressing demands on governments to intervene. Successive governments, starting with new Labour and their emphasis on social exclusion and continuing with the coalition and latterly the Conservatives' 'Troubled Families' initiative, have positioned parents and parenting as potential solutions to social problems (David, 1999; Lee, Bristow, Faircloth, & Macvarish, 2014; Levitas, 2012). In political discourses, parenting came to be seen as one of the key mechanisms in the intergenerational transmission of poverty and deprivation and thus, as a target for intervention. The Labour government from 1997 onwards put parent training at the forefront of their policy agenda by linking it with social exclusion (Daniel, Featherstone, Hooper, & Scourfield, 2005; Lucas, 2011). Two major commitments of this Labour government were eradicating child poverty by 2020 and tackling social exclusion (David, 1999; Levitas, 2004). As a key strategy in addressing both of these commitments early parenting intervention was promoted, positioning 'good' parenting as key in preventing future crime and delinquency (Hoghughi & Speight, 1998; Lucas, 2011).

The coalition and Conservative governments which followed also expressed commitment to tackling the problems which disadvantaged families faced but couched this in language about 'troubled families', 'chaotic lives' and a 'responsibility deficit'. The rhetoric had shifted from addressing social exclusion to tackling the behaviour of 'troubled families' themselves as being the root cause of crime and anti-social behaviour. In doing so, Conservative policies explicitly linked families experiencing problems, with families *causing* problems for society (Levitas, 2012). Critics argued that this represented a shifting of blame onto disadvantaged parents and a return to the 'pathologising of the poor' (Lucas, 2011). Lucas (2011) states that the Conservative government's social policies:

> *can be seen as part of a broader political movement that focuses on individual characteristics above societal responsibilities for the poverty, unemployment, poor health, lack of resources and poor housing that make parenting difficult.* *(Lucas, 2011, p.191)*

In this political context, parenting interventions were touted as potential solutions to enduring social problems. Targeted disproportionately at disadvantaged parents, they purported to offer support to parents, whilst at the same time having the underlying aim of ameliorating parenting practices which were seen as perpetuating social problems. For this reason, critics argued that social policies advanced by both new Labour and the Conservatives aiming to intervene in parenting have often had a moral agenda, attempting to impose middle-class parenting values and styles on disadvantaged parents (Cullen, 2016; Gillies, 2008; Welshman, 2007). Thus, despite their potential benefits in terms of alleviating parenting stress and teaching parenting skills, parenting interventions exist in an ideological context of moral judgement of poor parents, individualised blame and increasing placement of responsibility on parents to ensure positive outcomes for their children, and society more generally.

In addition, parenting interventions have generally been much more likely to target, and be attended by, mothers than fathers (Lindsay et al., 2011). There has been increasing interest in encouraging fathers’ participation, driven by growing evidence of the positive and beneficial role fathers can play in children’s development (Lamb, 2010; McWayne, Downer, Campos, & Harris, 2013; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). Governments have increasingly sought to position socially-disadvantaged fathers as resources for their families (Featherstone, 2003; Scourfield & Drakeford, 2002). However, the difficulties of engaging men in parenting interventions have been well-documented (Bayley, Wallace, & Choudhry, 2009; Panter-Brick et al., 2014). The following sections will explore the rationale behind the increased interest in involving fathers in parenting interventions, what is known about the effectiveness of fathers’ involvement in parenting interventions, and what is known about the barriers and facilitators to engaging disadvantaged men with parenting interventions.

2.3.2. Why do fathers matter for children?

There is now substantial evidence of the beneficial impact of fathers on children’s short- and long-term social, emotional, and behavioural development (Lamb, 2010; Lewis & Lamb, 2007; Parkes, Riddell, Wight, & Buston, 2017; Sarkadi et al., 2008). This has prompted governments to take an increasing interest in the role of fathers within families and to seek to understand ways to increase father’s positive involvement in their children’s lives (Department for Children Schools and Families, 2010; Department for Education and Skills, 2007; Scottish Government, 2012).

Paternal involvement has been found to be associated with a range of positive social and emotional outcomes for children, such as greater empathic capacity, better social functioning in childhood and adulthood, more secure father-child attachment, less traditional attitudes towards gender roles, higher relationship satisfaction in adulthood and higher internal locus of control (Brown, Mangelsdorf, & Neff, 2012; Cox & Bithoney, 1995; Fagot & Leinbach, 1995; Flouri & Buchanan, 2002b, 2003b; Frascarolo, 2004; Koestner, Franz, & Weinberger, 1990; Veríssimo et al., 2011; Verschueren & Marcoen, 2003; Williams & Radin, 1999; Williams, Radin, & Allegro, 1992). In addition, greater father involvement has been linked to positive behavioural outcomes for children, such as fewer internalising and externalising behaviour problems in childhood and adolescence, lower aggressive behaviour, lower smoking and bullying behaviour in adolescence, and lower criminality and substance abuse in adolescence and early adulthood (Aldous & Mulligan, 2002; Carlson, 2006; Chang, Halpern, & Kaufman, 2007; Coley & Medeiros, 2007; Flouri & Buchanan, 2002a, 2003a, 2003c; Harris, Furstenberg, & Marmer, 1998; Harris & Marmer, 1996; Menning, 2006; Vaden-Kiernan, Ialongo, Pearson, & Kellam, 1995).

Three reviews of evidence on the outcomes of father involvement for children have concluded that there is now ample evidence that father involvement is positive for children’s socio-emotional, cognitive and behavioural outcomes (Downer, Campos, McWayne, & Gartner, 2008; McWayne et al., 2013; Sarkadi et al., 2008). However, these reviews also highlighted that studies vary in their definitions of father involvement, do not always account for family structure, socio-economic status or mother-involvement, and do not always take account of the possible bi-directionality of associations between father involvement and children’s socioemotional outcomes over time. Recent UK research attempting to address these problems supports the premise that more frequent father involvement and fathers’ positive attitudes towards their parental role benefit children’s socio-emotional development (Flouri, Midouhas, & Narayanan, 2016;

Kroll, Carson, Redshaw, & Quigley, 2016; McMunn, Martin, Kelly, & Sacker, 2017; Opondo, Redshaw, Savage-McGlynn, & Quigley, 2016).

Conversely, lack of father involvement has also been associated with poorer social, emotional and behavioural outcomes for children (Jaffee, Moffitt, Caspi, & Taylor, 2003; Parkes et al., 2017; Ramchandani et al., 2013). For example, recent work using the Growing Up in Scotland (GUS) longitudinal study demonstrated that low father supportiveness in early life was associated with lower child-reported social and emotional wellbeing, lower life satisfaction and lower well-being at school in adolescence (Parkes et al., 2017). Parkes et al also found that poverty was predictive of less supportive father-child relationships. Ramchandani et al (2013) reported that disengaged and remote father-child interactions as early as three months predicted children's externalising behaviour problems at age one. Fathers' negative involvement has also been shown to have a detrimental impact on children. For example, Jaffee et al. (2003) reported that where fathers showed high levels of anti-social behaviour, the longer they lived with their children the more conduct problems the children demonstrated. Phares et al (2010) also found that where fathers demonstrated anti-social behaviour, substance abuse, domestic violence or mental health problems, this correlated with children's increased internalising and externalising behaviour problems.

Therefore, there is substantial and growing evidence linking fathers' positive involvement in their children's lives to a range of beneficial social, emotional, cognitive and behavioural outcomes for children. This has led to calls to find ways to increase fathers' positive involvement in their children's lives, including engaging fathers in parenting interventions, as the important role that fathers can play in their children's lives is increasingly recognised.

2.3.3. Evidence on engaging disadvantaged fathers with parenting interventions

The difficulties of engaging fathers generally, and disadvantaged fathers in particular, in parenting interventions have been common themes in the interventions literature (Bayley et al., 2009; Bronte-Tinkew, Burkhauser, & Metz, 2012; Buston, in press-b; Lindsay et al., 2011; Moran, Ghate, & Van Der Merwe, 2004; Panter-Brick et al., 2014). However, some promising work, particularly with low-income fathers in the US, has shed light on the barriers and potential facilitators to successfully engaging disadvantaged men in parenting work (e.g. Anderson, Kohler, & Letiecq, 2002; Bronte-Tinkew et al., 2012; Martinson & Nightingale, 2008; Scourfield et al., 2016).

Bayley et al (2009) reviewed evidence on fathers and parenting interventions and identified some of the common barriers fathers face to participation in parenting interventions. These broadly fell under the themes of: lack of awareness of programmes, work commitments, female-oriented services and concerns over programme content. One of the most consistent findings they reported across the studies they reviewed was that men tended to perceive family centres and venues in which interventions took place as female spaces. For example, in an evaluation of fathers' engagement with family centres in deprived areas in England and Wales, Ghate at al. (2000) found that men reported feeling unwelcome in the centres and perceived the centre's services as being primarily spaces for women and children.

Additionally, disadvantaged and socially-marginalised men may face barriers to engaging with parenting interventions not experienced by more advantaged men. Research suggests that parents living in poverty are more likely to be stressed and depressed, which may hinder them from accessing parenting support (Katz, Corlyon, La Placa, & Hunter, 2007; Neale & Davies, 2015; Wickham, Taylor, Shevlin, & Bentall, 2014). Disadvantaged men also experience multiple risk factors including substance use, mental health problems, lack of social support, and low educational attainment, all of which may make seeking out parenting support more challenging (Barlow et al., 2011; Buston et al., 2011; Neale & Davies, 2015). Studies have concluded that unless interventions targeted at disadvantaged fathers take a holistic approach in offering support across the multiple areas in which men may face difficulties (for example, housing, employment, drug and alcohol addictions and so on) they are unlikely to be successful (Bronte-Tinkew et al., 2012; Moran et al., 2004; Neale & Davies, 2015; Nixon, Parr, Hunter, Sanderson, & Whittle, 2008; Pruett et al., 2017).

Furthermore, research has suggested that a common perceived barrier for disadvantaged men engaging with parenting interventions is fear of public scrutiny and worries about social judgement of them as a 'bad father' (Dolan, 2014; Fletcher & Visser, 2008; Ross et al., 2010; Whittaker, 2008). Men may also have concerns about the way they will be perceived by other men at parenting groups, particularly around being asked to share feelings, which they are reluctant to do for fear of being seen as unmasculine (Dolan, 2014; Miller & Nash, 2017; Scourfield et al., 2016).

However, some fruitful work has suggested ways to facilitate disadvantaged fathers' engagement with parenting work. First, research suggests that intervening early may be key in engaging disadvantaged fathers. Studies have found that young, disadvantaged and unmarried fathers who are more involved in the antenatal period and in the first year of the child's life are more likely to stay involved with their child, even if the relationship with the child's mother breaks down (Carlson & McLanahan, 2010; Fagan, 2008; Garbers, Tunstill, Allnock, & Akhurst, 2006; Lloyd, O'Brien, & Lewis, 2003). Pruett et al (2017) argue that intervening early, when the father is still emotionally-connected to the child and child's mother, offers the best chance for gaining fathers' engagement with the parenting intervention and continued involvement in his child's life. Conversely, it has been found that interventions to encourage father involvement in families where father-child contact has already broken down and parents have new relationships have, by and large, been unsuccessful (Knox, Cowan, Cowan, & Bildner, 2011).

Targeting the couple-relationship has also been identified as a recommendation for interventions working with disadvantaged fathers (Pruett et al., 2017). Research suggests that young, disadvantaged fathers in the UK want help with negotiating difficult relationships as well as support in caring for their children (Ashley et al., 2013; Neale & Davies, 2015). The link between couple conflict and fathers' lack of involvement is strong, especially in disadvantaged families (Fagan & Lee, 2014; Pruett, Ebling, & Cowan, 2011). Research has shown that a father's relationship with his children is highly contingent on his relationship with their mother (Fagan & Lee, 2014; Parke, 2002; Pruett, Arthur, & Ebling, 2006; Pruett et al., 2011). Pruett et al (2017) therefore argue that interventions which focus on the couple or co-parenting relationship hold most potential to increase disadvantaged fathers' involvement with their children.

Understanding the motivators or incentives to disadvantaged men's attendance at parenting interventions is also important in facilitating engagement. It has been found that for many disadvantaged, non-resident fathers a key motivator to attendance was the opportunity to build a better relationship with, or to have contact with, their child (Anderson et al., 2002; Dolan, 2014; Martinson & Nightingale, 2008; Scourfield et al., 2016). Martinson and Nightingale (2008) reviewed evaluations of 'responsible fatherhood' programmes for low-income fathers in the US and reported that activities around improving fathers' relationships with their children were particularly highly valued by participants and served as an incentive to participation. Anderson et al (2002) also demonstrated that where fathers perceived benefits to participation, such as increased employment opportunities, better relations with the child's mother and increased opportunities for closeness with their child, they were more likely to actively participate.

Finally, a key facilitator to successful engagement and retention of disadvantaged fathers appears to be building trust and positive relationships with programme practitioners, as well as the emotional support offered, which may be otherwise lacking in their lives (Katz, La Placa, & Hunter, 2007). Evaluations of responsible fatherhood interventions for disadvantaged fathers in the US identified that an atmosphere of social support and positive and trusting relationships established with programme practitioners were crucial to the success of the programmes (Anderson et al., 2002; Bronte-Tinkew et al., 2012; Hayes et al., 2010; Martinson & Nightingale, 2008).

Therefore, whilst it is a noted problem that fathers are hard to engage with parenting interventions, and this may be particularly so for disadvantaged fathers, there is some evidence around potential facilitators to disadvantaged men's engagement, namely: intervening early, targeting the couple relationship, understanding motivators to participation, and building trust. However, whilst there is a relatively large literature on low-income fathers' engagement with parenting interventions in the US, much less is known about how disadvantaged men in the UK view parenting interventions and being targeted for parenting support. Therefore, this is an area that could benefit from further research.

2.3.4. Evidence on the outcomes of involving fathers in parenting interventions

The evidence base on the short- and long-term outcomes of involving fathers in parenting interventions is weak (Panter-Brick et al., 2014). Researchers attempting to systematically review evidence in this area have noted that this stems from the methodological weaknesses of much of the research in this area (McAllister, Burgess, Kato, & Barker, 2012; Panter-Brick et al., 2014; Tiano & McNeil, 2005). For example, few studies involving fathers in parenting interventions have undergone robust or long-term evaluation, numbers of fathers included in evaluation studies are small, and many studies report evaluations in which ‘parents’ are undifferentiated by gender in analyses (Panter-Brick et al., 2014). For example, Tiano and McNeil (2005) conducted a systematic review of studies which involved fathers in parenting interventions and reported that due to limitations in many of the evaluation studies there was insufficient evidence to draw conclusions about the benefit of involving fathers in parenting interventions.

Similarly, in a systematic review of parenting interventions for incarcerated young fathers, Buston et al (2011) found that although such programmes were well-liked by prisoners, they had rarely been systematically evaluated. They reported that longer-term outcomes were rarely measured, and as such there was little evidence on the longer term impacts of participation in these types of interventions, for example on parenting practices or child outcomes. Of the studies they reviewed, only Dennison and Lyon (2001) conducted follow-up interviews with a subset of the men, six months after their release. This study reported that men had liked the courses, felt they had remembered a significant amount of the content and were finding it helpful in their post-release parenting. However, mothers were less positive, reporting that the course had made little or no difference to the father’s involvement with the child, highlighting the importance of collecting data on parenting changes from multiple sources. Buston et al (2011) comment that the design of the majority of evaluation studies makes it very difficult or impossible to assess long-term impact of parenting interventions for fathers.

However, what evidence does exist can enhance our understanding of this area. Magill-Evans et al (2006) conducted a systematic review of studies involving fathers in early parenting interventions and found that where interventions involved active participation with or observation of the father’s own child then the parenting intervention was more effective in improving the father’s interactions with his child. They also found that interventions were more likely to be effective if the father has multiple exposures to the intervention (i.e. longer interventions rather than only one or two sessions).

Research has also indicated that interventions attended by both mothers and fathers are more effective than programmes attended by mothers alone (Bakermans-Kranenburg, Van Ijzendoorn, & Juffer, 2003; Cowan, Cowan, Kline Pruett, & Pruett, 2007; Lundahl, Tollefson, Risser, & Lovejoy, 2008; Rienks, Wadsworth, Markman, Einhorn, & Etter, 2011; Tiano & McNeil, 2005). For example, Bakermans-Kranenburg et al (2003) in a meta-analysis found interventions including fathers to be ‘significantly more effective’ than those attended by mothers alone. Similarly, Lundahl et al (2008), in a meta-analysis of 26 studies, concluded that interventions that included fathers, compared to those that did not, reported significantly more positive changes in children’s behaviour and improvements in parenting practices. However, as Panter-Brick et al (2014) have pointed out, very few of the studies included in these meta-analyses were randomised, meaning we cannot be sure whether positive effects have more to do with the nature of families in which both parents participate, than with fathers’ participation per se. However, a small number of studies which have used randomisation to test this proposition have found that the participation of both parents, rather than just one, did appear to deliver benefits (Bagner & Eyberg, 2003; Cia, Barham, & Fontaine, 2010; Cowan, Cowan, Pruett, Pruett, & Wong, 2009; May et al., 2013; Rienks et al., 2011). For example, Rienks et al (2011) found that in a randomised intervention designed to increase father involvement, mother and father reports suggested that father involvement increased more in the condition where couples attended groups together than in the group which mothers attended alone.

Bakermans-Kranenburg et al (2003) also looked at whether involving fathers in parenting interventions was linked to improved outcomes *for mothers*. Their meta-analysis of parenting interventions for mothers and fathers found that interventions that involved fathers as well as mothers were significantly more effective on a number of mothers’ outcomes than those attended by mothers only. However, they point out that these results are based on only three studies in the meta-analysis which involved fathers (Dickie & Gerber, 1980; Metzl, 1980; Scholz & Samuels, 1992), and as such further evidence is needed. However, there is also some evidence to suggest that fathers' involvement in parenting interventions may hinder beneficial effects for mothers. Stolk et al (2008) investigated the impact of fathers' involvement on maternal outcomes and found no association between paternal involvement and any of the maternal outcomes (maternal sensitivity, maternal discipline strategies). However, process evaluation suggested that fathers were sometimes unsupportive and critical during the sessions, which could have had a negative effect on mothers' outcomes. Thus, conflicting findings in this area suggest a need for more research to understand the ways in which men's attitudes affect outcomes of parenting interventions for mothers.

Finally, there is some evidence that fathers may benefit less than mothers from attending parenting interventions (Fletcher, Freeman, & Matthey, 2011; Panter-Brick et al., 2014; Sanders, Kirby, Tellegen, & Day, 2014). In a meta-analysis of the Triple P Parenting Programme, Fletcher et al (2011) found that although the Triple P programme worked to change parenting practices for both mothers and fathers, the effect was smaller for fathers. Lundahl et al (2008) also report that, compared with mothers, fathers report fewer beneficial gains from parent training.

Therefore, there is a need for more systematic evaluation of the effectiveness of parenting programmes for fathers (Buston, in press-b; Buston et al., 2011; Panter-Brick et al., 2014). The available evidence suggests that the involvement of both parents in parenting interventions can lead to beneficial effects for fathers, mothers and children (Bakermans-Kranenburg et al., 2003; Lundahl et al., 2008; Panter-Brick et al., 2014). However, there are some conflicting findings, and the evidence base on the effectiveness of involving fathers in parenting interventions is still weak, suggesting a need for further research (Panter-Brick et al., 2014; Tiano & McNeil, 2005).

2.3.5. Conclusions: Fathers and parenting interventions

The available evidence suggests tentatively that paternal involvement in parenting interventions can enhance outcomes for mothers, fathers and children

(Panter-Brick et al., 2014; Ramchandani & Iles, 2014). However, there is also evidence that fathers may not benefit as much as mothers from parenting interventions and it is a recognised problem that fathers are harder to recruit and engage with parenting interventions (Bayley et al., 2009; Panter-Brick et al., 2014). Recommendations from across the field are that fathers should be encouraged to attend parenting programmes and that practitioners should focus on removing practical and psychological barriers to enable fathers to participate (Bayley et al., 2009; Panter-Brick et al., 2014; Ramchandani & Iles, 2014). In this sense, more research is needed into men's attitudes towards parenting interventions, the barriers they feel they face and why they choose to participate (or not) in order to understand how parenting interventions can work for both mothers and fathers.

2.4. How this study adds to the existing literature

The existing literature highlights the conflicts for many contemporary fathers in reconciling ideas about greater involvement and nurturing aspects of fatherhood with traditional fatherhood ideals such as economic provision and protection. However, there is a gap in the literature around how socially-disadvantaged men relate to these issues and whether they also refer to these discourses in relation to their ideas about fatherhood, especially in the context of the current economic climate of austerity. There is also a gap in terms of understanding how partners' vulnerabilities affect men's views of fatherhood. In relation to parenting interventions, although there is evidence that fathers' involvement in parenting interventions can have beneficial effects for parents and children, the literature on disadvantaged men's engagement with interventions in the UK is sparse.

The literature reviewed has highlighted the following gaps in the literature:

1. One of the major gaps in our understanding is around the constructions of good fatherhood of disadvantaged men in the UK, and particularly after the financial crisis of 2008 and subsequent conditions of austerity. The economic recession of 2008 particularly affected the unemployment and underemployment of working-class workers (Fagan et al., 2008; Warren, 2015). Conditions of austerity have also been disproportionately borne by

the poorest in society (Browne & Levell, 2010; Elliott, Dodd, & Sparrow, 2010; Oxfam, 2013). Therefore, understanding how disadvantaged men conceptualise good fatherhood and the challenges they face under these circumstances merits further study. Moreover, in the UK, much more work has been done exploring how middle-class men construct their paternal identities than exploring these concepts with disadvantaged men (e.g. Dermott, 2003, 2005, 2006, 2008; Finn & Henwood, 2009; Henwood et al., 2011; Miller, 2010a; Miller, 2010b, 2011; Shirani & Henwood, 2011; Shirani et al., 2012a, 2012b), with the possible exception of disadvantaged teen fatherhood (e.g. Buston, 2010; Neale & Davies, 2015; Speak et al., 1997). One of the key questions for the current thesis therefore is whether a wider range of disadvantaged men construct their fathering identities in similar ways to other groups of men referred to in the literature, or whether they draw on different discourses of fatherhood.

2. There is also a gap in our understanding around how partner vulnerability affects men's views of fatherhood. Research exploring parenting in families with mothers experiencing vulnerabilities such as drug addictions, mental health problems and child protection involvement has focused on how these vulnerabilities affect women's mothering. How fathers in families experiencing vulnerabilities construct their fathering identities has yet to be explored.

3. Regarding fathers and parenting interventions, although there is growing evidence of the benefits for men and for children of fathers' involvement in parenting interventions, there is a lack of research on disadvantaged men's attitudes towards parenting interventions in the UK and how this affects their engagement with them or that of their partners. Particular areas that could benefit from more research are: understanding what factors encourage or create barriers to disadvantaged men's engagement with parenting interventions and understanding disadvantaged men's views on being targeted for parenting intervention work.

The current study aims to contribute to filling these gaps and to add perspectives of socially-disadvantaged UK men to the growing body of literature on how contemporary men think about fatherhood and engage with parenting interventions. With these gaps in mind, the next section outlines the study's research questions.

2.4.1. Research aims and research questions

The broad aims of this study are two-fold: first, to understand more about the nature of disadvantaged fatherhood in the UK, and second, to explore socially-disadvantaged men's attitudes towards parenting interventions. To achieve these aims it is also imperative to understand more about the contexts in which socially-disadvantaged men are fathering or becoming fathers. Thus, the following research questions were developed to address the aims of the study and the gaps identified in the literature:

1. What are the circumstances of socially-disadvantaged men's lives at the point of becoming fathers?
    a. What were men's childhood experiences of being parented?
    b. What life experiences have they had which may affect their current fathering circumstances?
    c. What are their current circumstances, especially given the current climate of austerity?

2. How do socially-disadvantaged men construct good (and bad) fatherhood?
    a. How do they engage with contemporary societal ideas about good fatherhood?
    b. How are their conceptualisations affected by their disadvantaged circumstances?
    c. How does having a vulnerable female partner influence their constructions of fatherhood?
    d. What barriers do men perceive to enacting their ideals of good fatherhood?

3. What are socially-disadvantaged men's attitudes towards parenting interventions?
    a. What are their attitudes towards taking part in a parenting intervention?

b. What are their views on their partner attending a parenting intervention?
c. How do they feel about being targeted to attend a parenting intervention for ‘vulnerable’ parents?
d. What are the barriers to engaging socially-disadvantaged men with parenting interventions?
e. What are the facilitators to engaging socially-disadvantaged men with parenting interventions?
f. How do socially-disadvantaged men evaluate the two parenting interventions in the THRIVE trial: Enhanced Triple P for Baby and Mellow Bumps?

3 Methods

3.1. Overview of chapter

This chapter describes the process of designing, developing and conducting the PhD study. I start by discussing my theoretical stance and explaining how this informed my choice of methods. I highlight the link between the PhD study and the wider THRIVE trial, and describe how this influenced the final study design. I then discuss the process of conducting the PhD study: recruitment and sampling, data collection, characteristics of the sample and reflections on conducting the research. Finally, I describe the process of data analysis. Throughout this chapter I aim to be reflexive about my own role in the processes involved in collecting, analysing and writing-up the data.

3.2. Theoretical approach

3.2.1. Taking a qualitative approach

The process of choosing methods for any study is shaped by ontological and epistemological considerations. Ontology refers to our understanding of the nature of reality, whilst epistemology refers to our beliefs about “the nature of knowledge and how it can be acquired” (Snape & Spencer, 2003, p.23). A researcher’s ontological and epistemological stance dictate what kinds of knowledge s/he sees as legitimate, adequate, and possible to acquire through the research process (Gray, 2013). For example, positivist researchers believe ontologically that there is an external, objective reality and epistemologically, that this can be discovered and measured through research. Therefore, in the positivist tradition experimental research designs have been used, aiming to accumulate and quantify objective knowledge about the external world. In this research tradition, constructs such as ‘feelings’ and ‘subjective experiences’ are not classified as knowledge since they cannot be quantifiably measured (Bryman, 2004). For interpretivists, in contrast, truth and meaning do not exist in some external world, but are created by the subject’s interactions with the world (Gray, 2013). Meaning is *constructed* not discovered. In this way, interpretivists believe that knowledge is constructed through individuals *making sense* of their experiences, not simply through having *had* particular experiences (Snape and Spencer, 2003). Hence, multiple accounts of the world can exist at any one time

(Gray, 2013). I took an interpretivist epistemological stance, believing that meaning is constructed by individuals' interpreting and making sense of their experiences.

In the interpretivist tradition, qualitative methods have been widely used because they have at their heart the aim to explore individuals' interpretations and understandings of their social worlds, and they acknowledge that multiple 'truths' are possible (Snape & Spencer, 2003). In this way, the aim is not to uncover some universal 'truth' but to contribute to knowledge in a particular area (Denzin & Lincoln, 2005). One of the strengths of qualitative research is that knowledge of social phenomena is developed as new authors add to understandings of an area by adding their own interpretations.

One of the main strengths of qualitative methods is that they enable the researcher to explore participants' understandings and experiences in an adequate level of depth. Quantitative methods such as questionnaires can gather surface level information but are not well-suited to capturing the richness and fullness of individual's interpretations of their experiences (Polkinghorne, 2005). Given the focus of the current study on gaining a deeper understanding of the meanings of fatherhood for disadvantaged men, a qualitative approach was deemed to be most appropriate. Thus, the aim of this study was to contribute to understanding in the area of disadvantaged fatherhood through exploring and listening to men's accounts of their lives and experiences of fatherhood.

3.3. Study design

3.3.1. Choice of methods

In line with the interpretivist theoretical stance and the research questions of this study (see Chapter Two), a qualitative approach was chosen. This section outlines my decisions over particular qualitative methods.

3.3.1.1. In-depth interviews

For a number of reasons, it was thought that in-depth interviews were the most suitable method for the current study. Interviews are useful as they can explore how individuals make sense of their lives, roles and experiences, being "attempts to understand the world from the subjects' point of view, to unfold the meaning of people’s experiences, to uncover their lived world” (Kvale, 2008, p.15). In this sense, interviews offered an opportunity to gather rich data about men’s lives and interpretations of their fathering experiences. Interviews are particularly suitable for studies which aim to gather participants’ detailed perceptions, beliefs, attitudes and opinions on a particular subject (Kvale, 2008; Polkinghorne, 2005).

Other qualitative methods, such as focus groups or participant observation, can also be used to explore participants’ subjective experiences (Kvale, 2008; Silverman, 2013). Participant observation involves a researcher taking part in and observing the daily rituals and experiences of a group of people as a means to understand their implicit and explicit culture (Bryman, 2004). Whilst it might have been possible to observe, for example, men’s behaviour at parenting groups, it was thought that this would not provide sufficient opportunity to explore the men’s understandings of fatherhood. In addition, observing a parenting group might have been seen as obtrusive and perhaps led to men modifying their behaviour. In contrast, interviews provided an opportunity to ask detailed questions and gather in-depth responses related to specific research questions.

Focus groups were also considered as a potential method for garnering rich qualitative data. Key reasons to use interviews instead were: the sensitive nature of the topic to be explored, the unlikeliness that men (and specifically, socially-disadvantaged men) would readily disclose their views about masculine and paternal identity in a wider group, and the difficulty of getting socially-disadvantaged men to attend such a group. It was thought that in order to allow for the fullest disclosure of men’s experiences, as well as their reflections on how their circumstances (i.e. their partner’s vulnerabilities, their own difficulties) and attitudes towards masculinity affected their views, interviews would offer more privacy and opportunity for reflection.

3.3.1.1.1. Advantages and disadvantages of using interviews

An advantage of in-depth interviews is that they offer the freedom and flexibility to probe deeper into areas of particular relevance for particular interviewees. But it is also important to acknowledge that data collected through interviews are necessarily a product of the interaction between interviewer and interviewee. The interviewer is not simply holding up a mirror to a person's experiences but actively playing a role in constructing and reconstructing the interviewee's 'story'. The interviewer and interviewee co-construct knowledge through the discourses and narratives in the interview (Kvale, 2008, p.70). The interviewer's role is therefore to elicit the 'story' from the participant, but at the same time the interviewer is an active participant in the process of reconstructing this 'story', a co-constructer of knowledge, not simply a 'speaking questionnaire' (Wetherell & Potter, 1988). The interviewer's social status, stance (e.g. feminist), gender, age, ethnicity, social class and sexual orientation will all affect this process. In other words, who the interviewer is, the questions they ask (and how they ask them), and the interviewee's willingness and ability to translate an experience into words will all have bearing on the data gathered through interviews. These important points will be returned to in section 3.4.5 ('Reflexivity in research').

Thorogood and Green (2009) state that data gathered through interviews are necessarily "accounts, rather than subjective beliefs, or objective reports of behaviours" (Thorogood & Green, 2009, p.104). This is in line with the interpretivist stance discussed above, in that as a qualitative researcher I was not seeking to discover objective 'truths' but rather explore individuals' understandings of their experiences.

3.3.1.2. Repertory grids

My early reading around the subject of men's constructions of fatherhood highlighted an interview technique called repertory grids (Harter, 2000; Puckering, Evans, Maddox, Mills, & Cox, 1996; Wilson, 2008). The method stems from Personal Construct Theory (Kelly, 1955) which posits that we all have underlying 'personal construct systems': frameworks for interpreting the world, built up based on our past experience. The repertory grid interview aims to uncover an individual's 'personal construct system' and thus, explore the ways in which s/he interprets and makes sense of her/his social world. Kelly (1955) postulated that we interpret our social worlds in terms of a series of bipolar distinctions. For example, an individual may classify people with whom s/he comes into contact along a continuum from, say, 'responsible' to 'irresponsible' or 'emotional' to 'rational' (Fransella, Bannister, & Bell, 2004). These distinctions are entirely personal to the individual, and become part of their underlying belief system based on their past experiences.

The technique offers interviewees a chance to discuss and compare people in their lives, which repertory grid proponents believe will reveal their underlying beliefs about the world. Given that the literature on disadvantaged fatherhood suggests that disadvantaged men may often have had unreliable parenting role models, I thought that comparing their parenting role models with other prominent figures in their lives could offer useful insights into their views on fatherhood and motherhood. I hoped the technique may elicit additional insight into these men's personal views of the world (their "personal construct system" in repertory grid terminology), their childhoods, and how these had influenced their views on good fatherhood.

3.3.1.2.1. *What does the technique entail?*

In a repertory grid interview, the interviewee is presented with various combinations of 'elements' (usually examples of real or hypothetical people e.g. 'my father' or 'the perfect father') and asked to describe how they would distinguish or connect them. Elements are presented to the interviewee on cards. Figure 3.1 gives an example of element cards used in a repertory grid interview.

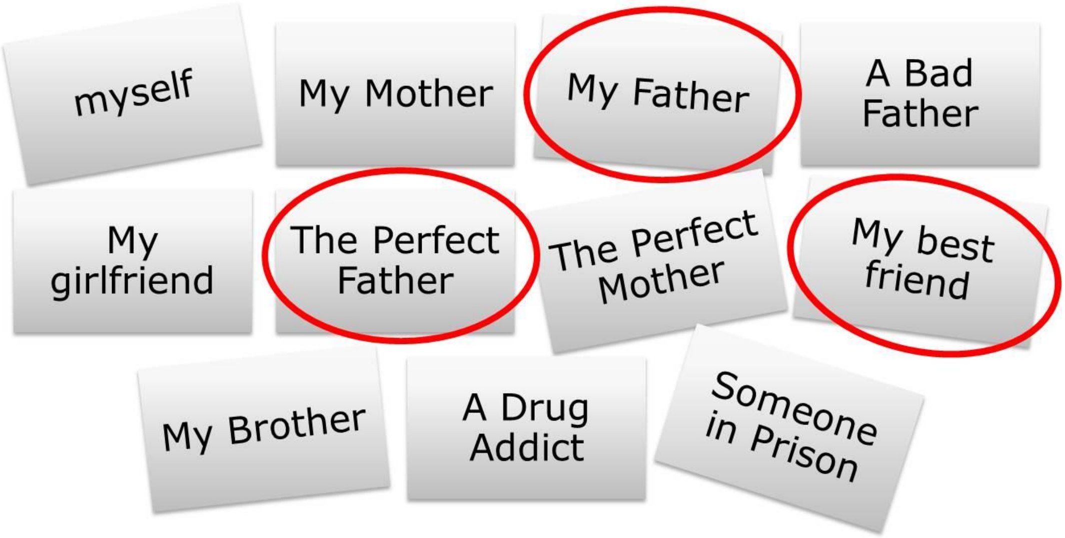


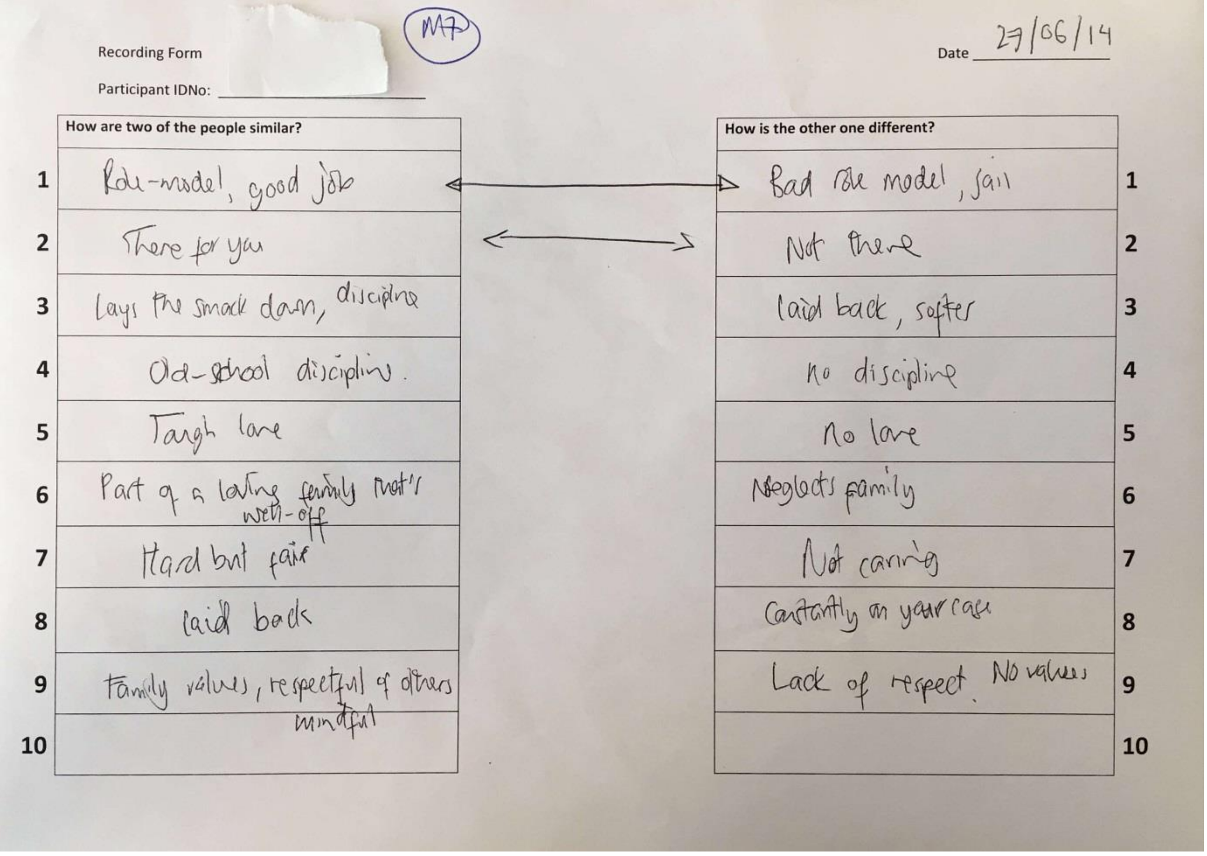
Figure 3.1. Element cards used in a repertory grid interview

Typically, these element cards are presented in triads, with the interviewee being asked to say what makes two of them seem similar, and the other different. Personal Construct Theory postulates that the characteristics that interviewees identify are those that have underlying meaning for them and represent their underlying system of understanding the world. For example, in relation to fatherhood, an interviewee might be presented with the following triad: ‘my father’, ‘my best friend’ and ‘the perfect father’ and asked to say how two seem similar and one different. The interviewee might say:

> *my best friend and the perfect father are similar because a perfect dad provides for his kids and my best friend has always worked to provide for his kids. My dad was different because he never worked.*

This elicits a ‘construct’ which the interviewee considers important in relation to fatherhood: a good father “provides for his kids”.

The interviewee is then presented with additional triads of element cards until no more constructs can be elicited (usually around 8-10 sets). The verbal content of these constructs can be treated as qualitative data pertaining to the interviewee’s personal construct system. Figure 3.2 shows an example of a list of constructs generated in one of my repertory grid interviews.



Recording Form

Participant IDNo: [redacted]

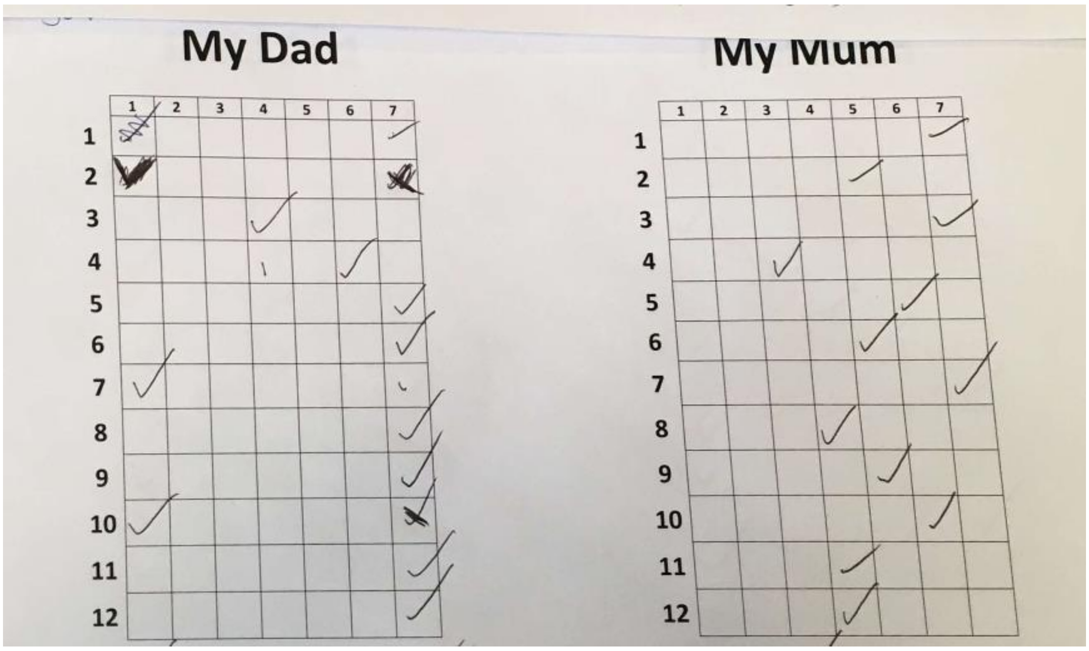
M7

Date 27/06/14

	How are two of the people similar?	How is the other one different?	
1	Role-model, good job	Bad role model, jail	1
2	There for you	Not there	2
3	Lays the smack down, discipline	laid back, softer	3
4	Old-school discipline.	no discipline	4
5	Tough love	No love	5
6	Part of a loving family that's well-off	Neglects family	6
7	Hard but fair	Not caring	7
8	laid back	Constantly on your case	8
9	Family values, respectful of others mindful	Lack of respect. No values	9
10			10

Figure 3.2. Example of constructs generated from a repertory grid interview

Whilst still a qualitative method, the rich data gathered using the repertory grid method can also be quantified. In the final stage of a repertory grid interview, the interviewee can be asked to measure each element on each construct. Each construct is considered as a continuum with the two poles being the opposites that the interviewee identified. For example, in Figure 3.2 the first continuum would be from "*Role model, good job*" to "*Bad role model, jail*". The interviewee would then rate each person (element) on these traits. Figure 3.3 shows an interviewee's ratings of two elements ("my dad" and "my mum") on these constructs.



My Dad

	1	2	3	4	5	6	7
1	~~✓~~						✓
2	✓						~~✓~~
3				✓			
4						✓	
5							✓
6							✓
7	✓						
8							✓
9							✓
10	✓						~~✓~~
11							✓
12							✓

My Mum

	1	2	3	4	5	6	7
1							✓
2					✓		
3							✓
4			✓				
5						✓	
6					✓		
7							✓
8				✓			
9						✓	
10							✓
11					✓		
12					✓		

Figure 3.3. Example of rating elements on constructs

The ratings for each element on each construct can be used as quantitative data, allowing various statistical analyses (Winter, 2003). For example, correlation scores between construct pairs can be examined to assess whether they are related; factor analysis of the ratings can show which elements are seen as similar or dissimilar; and a principal components analysis of the ratings can show which constructs are associated with which elements. For example, Figure 3.4. shows a principal components analysis performed with ratings elicited from a repertory grids interview with a disadvantaged mother. It can be seen that, in this mother's personal construct system, she associates being "strict" with being "house-proud" (constructs) but dissociates this from her concepts of "a perfect mother" and herself (elements).

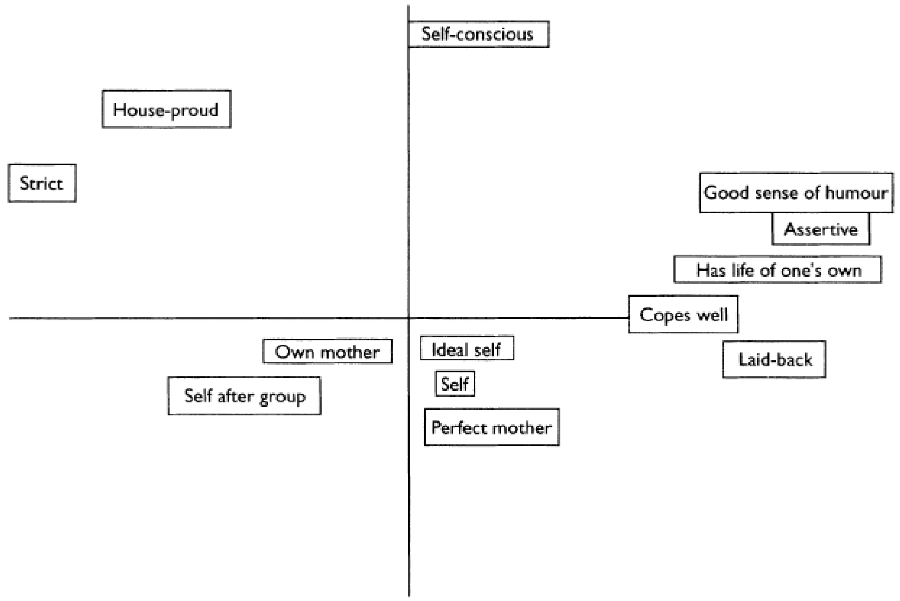


Figure 3.4. Example of principal components analysis with constructs elicited from a mother relating to concepts of good motherhood
(reproduced from Puckering et al., 1996)

Thus, it is possible to use repertory grids as both a qualitative method for eliciting insights into participants' understandings of the world and as a quantitative method enabling associations between constructs to be seen.

3.3.2. Context of the research: The THRIVE trial

Decisions about the design of the study were taken in the context of the wider THRIVE trial, of which the PhD formed a part. As described in Chapter One, THRIVE is a clinical trial evaluating the efficacy of two antenatal parenting interventions for vulnerable pregnant women. Although being linked to THRIVE offered opportunities in terms of access to a 'hard-to-reach', socially-disadvantaged population, it also constrained possibilities regarding research design. One of the main constraints centred around timings. Initially, I was keen to use a qualitative longitudinal design, conducting two interviews: one before the birth of the child and one after. This has been done before (Coltart & Henwood, 2012; Miller, 2010b; Ross et al., 2010) and would have offered the opportunity for establishing relationships with men and following up their experiences over time, especially exploring continuities and changes in their understandings of fatherhood over their transition to fatherhood.

Unfortunately, delays in the start of recruitment for the THRIVE trial meant that this design was not possible. Recruitment for the trial was only just beginning in

May 2014 when I also needed to start data collection for the PhD study. In practice, this meant that there was not a large pool of potential participants ready and waiting to be recruited to the PhD study. Therefore, it appeared likely that men would be recruited to the study over a period of many months, as their partners were recruited to THRIVE. Conducting longitudinal research spanning the period in which a baby is born would have required at least nine to twelve months, from the point at which each man's first interview was conducted. As it appeared that all the first interviews could not realistically be conducted in the first two to three months of data collection, it was felt that a longitudinal design would have taken the data collection too far into the studentship, not leaving enough time for data analysis and writing up. Therefore, I decided to conduct single interviews, conducted during the antenatal period. This offered opportunities to explore aspirations for fatherhood, views on meanings of good fatherhood and attitudes towards the THRIVE interventions.

A second challenge of the link to the THRIVE trial was that I was limited to sampling from the partners of women in the trial, which from the outset involved uncertainty in both *who* these men may be and *whether* it would be possible to recruit them. The pool of potential participants was further limited within this to the partners of women who a) *had* partners and b) would allow us to contact their partners. In this sense I was more limited than if, for example, I could go out and recruit in the community. I was also aware of the potential challenges of recruiting such a potentially highly-marginalised group. Therefore, in case of difficulties recruiting a large enough sample through THRIVE, a 'Plan B' was designed in which the PhD study sample would be bolstered by recruiting through organisations working with socially-disadvantaged fathers. The pilot study was designed, in part, to initiate contact with some of these organisations. In this way, provision was made to accommodate some of the uncertainties introduced by being part of a larger trial, working with a highly-marginalised population.

3.3.3. Refining the research design: The pilot study

A pilot study was conducted between November 2013 and February 2014, the broad aims of which were to test the feasibility of the main study design and make contacts with organisations working with socially-disadvantaged fathers. In the pilot study, ten men were recruited through community organisations working with disadvantaged fathers.

3.3.3.1. Pilot study recruitment

Pilot study recruitment was designed to recruit a sample with similar characteristics to those anticipated of the men in the main study. I contacted organisations specifically working with disadvantaged fathers: those with current drug or alcohol addiction problems, young fathers, fathers with children on the child-protection register and fathers in contact with community organisations working with families in economically-deprived areas. I started contacting organisations in November 2013. Table 3.1 shows the contacts made with various organisations and the nature of the men they were working with.

Organisation	Where	Population working with	Nature of Services (drop-in / support group)	Nature of contact	When contacted	Number of men recruited
Stepping Stones	Edinburgh	Drug-using men / Men recovering from addiction.	Support group for drug-using fathers.	Met and spoke to group co-ordinator. Attended support group meetings.	November 2013	0
Y Sort It	Clydebank, Glasgow	Young people living in a deprived area. Young fathers.	Youth centre offering support services and drop-in facilities. Run a group for young fathers.	Met and spoke to group co-ordinator.	November 2013	0
Geezabreak	East End, Glasgow	Families ‘in need’.	Parenting support service offering respite support and parenting advice to families in need.	Met and spoke to parenting support workers.	November 2013	3
Quarriers Children and Families Centre	Ruchazie, Glasgow	Families living in a deprived area.	Centre offering support services and drop-in facilities. Run a 'dads’ group'.	Met and spoke to ‘Dads’ group’ co-ordinator. Attended 'dads’ group' meetings.	November 2013	7
AddAction Scotland	Glasgow	Drug-using men / Men recovering from addiction.	Support services and advice.	Met and spoke to support worker.	November 2013	0
Mellow Parenting	Glasgow	Vulnerable parents. Parents with children on the child-protection register.	Run parenting groups to promote better attachment. Just starting up a group for dads – “Mellow Dads”.	Met and spoke to “Mellow Dads” group co-ordinator.	November 2013	0

Table 3.1. Organisations contacted in recruitment phase of pilot study

Recruitment for the pilot study enabled me to begin building up networks of contacts which might be useful for the main study, in the case of low recruitment through the THRIVE trial.

3.3.3.2. Pilot study data collection

Ten interviews were conducted – five in-depth interviews and five repertory grid interviews. Men were recruited in two main ways: through flyers advertising the study placed in public areas of the community centres men attended (see Appendix 2), and through face-to-face contact with men organised by support workers working in the community centres.

On arrival at the interview, following an explanation of the aims of the study and consent, a short demographic questionnaire was completed with the man (see Appendix 10). This enabled me to get a broad overview of the man's reported circumstances and family situation, for example, his age, how many children he had, whether he was currently working or not, whether he lived with his children or not. This generally took around 10-15 minutes and also provided an opportunity to chat informally with the man and establish rapport. For several men, it became apparent that they had problems with literacy. I tried to handle this situation as sensitively as possible by picking up early if the man appeared to be having problems (for example with the consent form) and, in these cases, go through the questionnaire out loud with the man, with me filling it in, rather than expecting him to fill it in.

The interviews then consisted of either an in-depth interview, or repertory grids interview. In the in-depth interviews, I trialled the questions and topic areas proposed to be used in the main study interview schedule (see Appendix 3) including broad topic areas for discussion, open-ended questions and potential probes. These interviews lasted between 1 hour 10 minutes and 2 hours 10 minutes. In the repertory grids interviews I also conducted the first section of the interview as an in-depth interview, in order to ask some general background questions and get a picture of the man's life. The second half of the interview then consisted of going through the repertory grids technique (see Appendices 4, 5 and 6). These interviews lasted between 1 hour 40 minutes and 2 hours 35 minutes.

3.3.3.3. Lessons learnt from the pilot study

In terms of recruitment, one lesson learnt from the pilot study was the importance of trust and familiarity in recruiting socially-disadvantaged men. I used flyers to recruit in the pilot study. However, this approach garnered no participants. All the men recruited came through a face-to-face discussion with either myself or one of their support workers. Familiarity and trust were crucial: a face-to-face contact explaining the study achieved more than flyers left in public places, requiring men to be proactive in contacting a researcher. On this basis, I decided that to maximise recruitment in the main study I would attend as many THRIVE visits as possible with the other THRIVE researchers in order to establish face-to-face contact with potential participants.

In terms of the feasibility of the proposed methods, both in-depth interviews and repertory grids interviews worked well with the target population to generate rich interview data. In particular, in-depth interviews offered the freedom and flexibility to be able to probe deeper into areas of particular relevance for particular interviewees. They also offered greater breadth than repertory grids in terms of which topics could be explored. The repertory grid technique on the other hand seemed to be particularly useful for generating deeper insights from men into ways in which their upbringings had affected their current conceptualisations of fatherhood and in getting beneath the men’s surface presentations of their constructions of good fatherhood. Men seemed to be particularly relaxed and candid during the repertory grid interviews and seemed to enjoy the game-like nature of the activity. It is theorised that this increased candour and reflection came about through shifting the focus from a ‘question / answer’ format to ‘playing a game’, thereby allowing the men to reflect on their ideas in a less pressurised way (in a similar way to using vignettes or other prompts).

One point noted during the pilot study was the time taken to complete the full repertory grids method, in particular completing the rating scales. On average these interviews lasted around 2 hours, including around 30 minutes of the men completing the rating scales. In discussion with my supervisors post-pilot study, I felt that the main advantage of this method was in its effectiveness at generating in-depth reflections from men on their fathering constructions. Therefore, I decided to adapt the method to use just the qualitative part (comparison of element cards) and drop the ratings scales. In this way, the repertory grids method was used in the current study in a similar way to vignettes or visual prompts such as pictures, to prompt discussion and reflection on topics relevant to the research questions.

3.3.4. Final research design

The final research design took into account the research questions to be answered, my interpretivist theoretical stance, constraints placed on the study by the link with THRIVE and lessons learnt from the pilot study.

The final research design consisted of single interviews during the antenatal period combining elements of in-depth interviewing and repertory grids technique. In-depth interview questions were used in the first half of the interview, with the second half of the interview consisting of the repertory grids activity. The final main study interview schedule can be seen in Appendix 7.

3.4. The main study

Fieldwork for the main study took place over an eight-month period from May to December 2014. Twenty-six interviews with fathers and fathers-to-be were conducted. Twenty-two men were recruited through THRIVE and four men were recruited through community organisations. All the men recruited through THRIVE were expectant fathers at the time of the interview and interviews took place when their partner was 20-36 weeks pregnant. The additional four men were recruited through community organisations identified during the pilot study phase of the research. The processes of sampling, recruitment and data collection for the main study will be described in more detail in the following sections.

3.4.1. Ethical considerations

Both the pilot study and main study were assessed for ethical practice and approved by the College of Social Science Research Ethics Committee at the University of Glasgow, in October 2013 and March 2014 respectively. The main study was also assessed and approved by the West of Scotland NHS Research Ethics Committee in March 2014 as a sub-study of the THRIVE trial.

Key ethical issues of importance to this study were: informed consent, confidentiality and the sensitivity of the issues covered within the research. In terms of informed consent, it was important to make clear to participants their rights within the research process. All participants were told at the outset that they did not have to answer any questions they did not want to and that they could withdraw from taking part in the study at any point. Prior to the interview all participants were given a simple, comprehensive Information Sheet which clearly explained their rights to confidentiality, anonymity and to withdraw from the study if they should wish (see Appendix 8). At the beginning of the interview, I read aloud this information sheet to participants and they were given a chance to ask questions about anything which was unclear to them. Literacy was an issue for some participants and this approach ensured that all participants had been made aware of their rights as a research participant prior to taking part in the research. Participants were then asked to give their consent to participate in the study by filling in a Consent Form (see Appendix 9).

During interviews some potentially sensitive topics were covered, for example, participants’ childhood experiences of neglect and abuse, drug taking and criminal behaviour. In line with best ethical practice, care was taken to treat these subjects with sensitivity. It was stressed to participants that everything said during the interview would be confidential and would not be seen by other parties, for example social workers or police. I also made participants aware at the start of the interview that I had a duty of care to inform the relevant authorities if they said anything which suggested that they might harm themselves or others.

To preserve anonymity, all participants were assigned pseudonyms in reporting of findings. Incidental details which could identify individuals (for example place names or organisations attended) were also changed in reporting of findings.

3.4.2. Sampling strategy

According to Polkinghorne (2005) the aim of sampling in qualitative research is to gain insight into the variation of experience within a given population. Rather than aiming to be representative, participants are selected to provide contrasting accounts of an experience. This is called purposive sampling (Merriam, 2002).

In planning the PhD study, due to uncertainty over who the partners of women in the THRIVE trial would be, a number of different sampling strategies were considered. Specifically, it would have been possible to sample based on the characteristics of the women recruited to the THRIVE trial or the characteristics of the men themselves. I decided to recruit based on the men's characteristics and, to combat uncertainty over who the potential pool of men would be, to adopt a pragmatic sampling strategy. This involved using a loosely-defined sampling framework based on the arm of trial and paternal status and then pragmatically aiming to achieve a range of characteristics within this, for example, a spread of ages, residential status and employment status (see Table 3.2 below).

		Paternal Status		**Total number in sample:**
		Father	**Father-to-be**	
		Iterative sampling to include a spread of participants, with mix of: • *Age* • *Resident / non-resident father* • *Employment status*		
Arm of trial	**Enhanced Triple P for Baby**	4-6	4-6	**8-12**
	Mellow Bumps	4-6	4-6	**8-12**
	Care as Usual	4-6	4-6	**8-12**
	Total	**12-18**	**12-18**	**24-36**

Table 3.2. Sampling framework

The sampling strategy was to recruit all partners who agreed to participate until quotas for any particular category were filled. Once 12-18 men (roughly half) had been recruited, their characteristics would be tallied and a decision taken as to whether the original categories for the intended sample were realistic. Recruitment in the second stage would then complement the existing sample, aiming to complete potentially revised quotas for each category.

The aim with this pragmatic approach to sampling was to recruit a range of men fathering in disadvantaged circumstances. However, as there was still uncertainty about whether I would be able to recruit enough men through

THRIVE, it was considered important to have a 'Plan B' for recruitment. 'Plan B' consisted of recruiting men through community organisations used in the pilot study. It was envisaged that a decision on whether this route would be necessary would be taken in the second half of the recruitment period.

3.4.3. Recruitment

Men were recruited to the main study in one of two ways. The majority (22/26) were recruited through the THRIVE trial, and the remaining men (4/26) were recruited via the 'plan B' route: through community organisations working with economically and socially-disadvantaged families.

For the 22 men recruited through THRIVE, recruitment primarily took place through the men's partners. Table 3.3 shows the points at which the THRIVE research team had contact with the trial women, and therefore potential opportunities to recruit men.

Recruitment opportunity	***Stage of partner's pregnancy***	***Who?***
Initial meeting with woman (baseline visit). Woman given pack and asked to pass it on to her partner. OR Partner is present in the house at time of visit and is given pack.	12-20 weeks	Karen / THRIVE team
Man completes questionnaire with contact details.	12-40 weeks	Participant. Karen to contact.
Attending parenting intervention meetings.	20-30 weeks	Karen

Table 3.3. Summary of recruitment opportunities / points of possible contact with THRIVE men.

The main time at which men were recruited was through the initial meeting to recruit his partner to the trial. Initially it was envisaged that, at these meetings, the THRIVE study team would talk to the woman about the PhD study and, if they were amenable to their partner being contacted, the THRIVE researcher would leave a PhD study pack (see below) with the woman to pass on to her partner. In practice, I often attended these meetings as well to build a sense of familiarity and trust with the man and encourage his participation. In a large number of cases, this approach was effective as the men were often present, and seemed to be more willing to take part having had a face-to-face conversation with me about the study prior to being contacted by phone.

A study pack was designed containing an Information Sheet about the study (see Appendix 8) and a questionnaire to collect demographic information about the man's circumstances. The questionnaire included questions on educational qualifications, employment, living arrangements, relationship with partner, previous children and feelings about the pregnancy amongst other things (see Appendix 10). This enabled me to get a broad overview of the man's reported circumstances and family situation.

Contact at these visits and returned questionnaires were the main routes through which men were recruited. If the man was present at the initial meeting, I often filled out the questionnaire with the man at the time. Practically, this removed the need for the man to be proactive in filling out and posting the questionnaire, since the pilot study suggested few were motivated in this way. If the man was not present but his partner was happy for him to be contacted, a study pack was left with her to pass on to him. Figure 3.5 shows the number of questionnaires given out, the number returned, and the number of interviews conducted during the period of data collection.

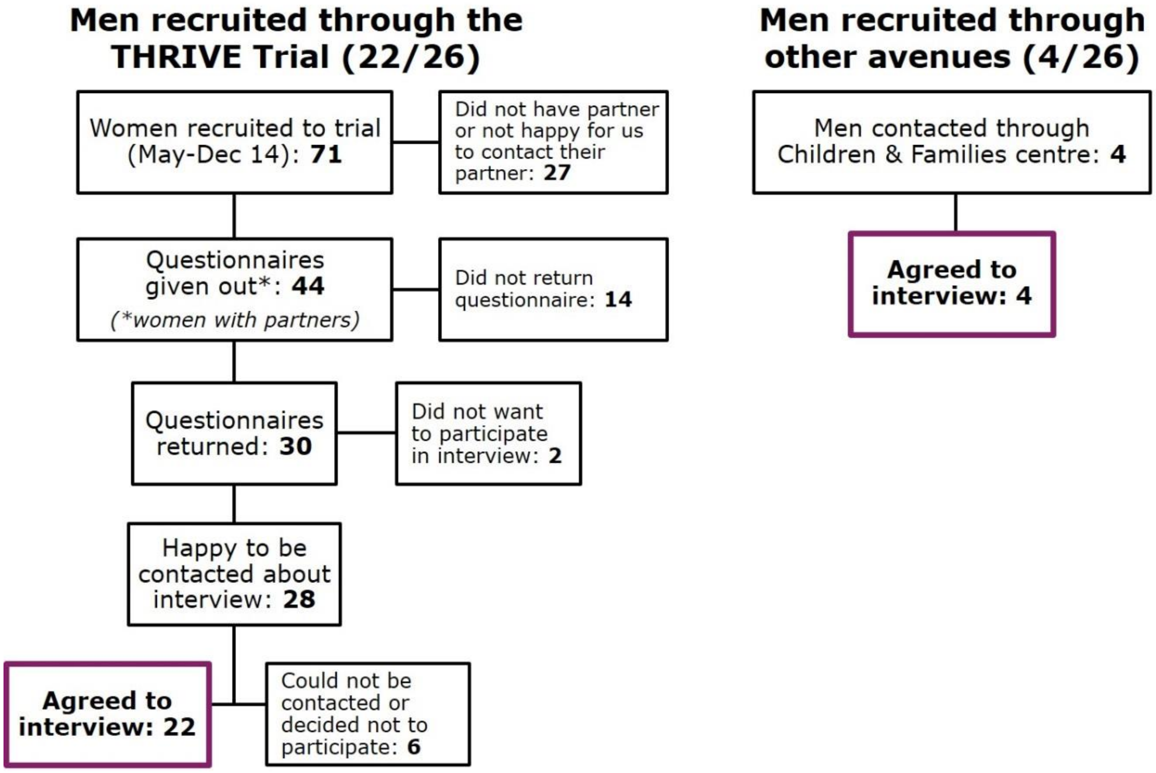

Men recruited through the THRIVE Trial (22/26)
Women recruited to trial (May-Dec 14): 71
Did not have partner or not happy for us to contact their partner: 27
Questionnaires given out*: 44
(*women with partners)
Did not return questionnaire: 14
Questionnaires returned: 30
Did not want to participate in interview: 2
Happy to be contacted about interview: 28
Agreed to interview: 22
Could not be contacted or decided not to participate: 6
Men recruited through other avenues (4/26)
Men contacted through Children & Families centre: 4
Agreed to interview: 4

Figure 3.5. Consort diagram of recruitment through different avenues

Finally, four of the main study men were not recruited through THRIVE. Due to slow recruitment through the THRIVE trial, in October 2014 the decision was taken to broaden recruitment to include men recruited through other avenues. Community organisations used in the pilot study were re-contacted and men recruited through these organisations. Table 3.4 shows the number of men interviewed in each month throughout the data collection period.

	Period of Data Collection (May-Dec. 2014)							
Method of recruitment	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Through THRIVE trial	3	5	2	4	1	3	1	3
Through community organisations	-	-	-	-	-	-	2	2

Table 3.4. Recruitment methods used during data collection phase of main study

Table 3.5 shows how the final sample compared to the original sampling framework.

		Pilot Study	**Main Study**		
		Paternal Status	**Paternal Status**		**Total number in sample:**
		Father	**Father**	**Father-to-be**	
Arm of trial	**Enhanced Triple P for Baby**	n/a	**5** (aim: 4-6)	**6** (aim: 4-6)	**11** (aim: 8-12)
	Mellow Bumps	n/a	**4** (aim: 4-6)	**2** (aim: 4-6)	**6** (aim: 8-12)
	Care as Usual	n/a	**1** (aim: 4-6)	**4** (aim: 4-6)	**5** (aim: 8-12)
	Not part of THRIVE trial	**10**	**4**	**0**	**14**
	Totals	**10**	**14** (aim: 12-18)	**12** (aim: 12-18)	**36** (aim: 24-36)

Table 3.5. Final sample compared to original sampling framework

3.4.3.1. Link with THRIVE: Recruitment challenges and practical decisions

As predicted, the highly-marginalised nature of the population to be recruited to the THRIVE trial meant that recruitment throughout the data collection phase was slow. By September 2014, only 23 male questionnaires had been returned (potential participants) and 15 interviews had been completed. Slow recruitment of women had a knock-on effect on the numbers of men it was possible to recruit to the PhD study. For example, no women at all were recruited in June or July 2014, leading to no potential new partner questionnaires being returned in July and August 2014. Practically, this meant that I had no new potential participants in these months but instead continued to try to contact the men I already had questionnaires for but who had previously proved elusive.

As a result of these challenges, practical decisions had to be taken as to how to ensure an adequate sample for the PhD study. My supervisors and I were always acutely aware of the potential need to employ additional routes to boost sample size. Therefore, contacts were made and maintained with community organisations working with socially and economically-disadvantaged men. These routes did end up being employed towards the end of the PhD data collection period. Men were also often interviewed before they had had a chance to take part in one of the parenting interventions. This came about because of practical delays in the larger trial being able to recruit enough women in similar geographical areas to make up numbers for a parenting group to run. I made the decision to interview men shortly after they had been recruited whilst the study was still fresh in their minds rather than wait perhaps months for them to be assigned to a group. This had implications for the data it was possible to collect, and the focus of the interviews shifted from the men's evaluations of taking part in the interventions to exploring their attitudes towards the parenting interventions prior to attending.

3.4.4. Data collection

3.4.4.1. Setting up the interviews

Upon receiving a man's contact details, I contacted him by phone to arrange a suitable time to conduct the interview. After explaining to him what taking part would involve, we agreed on a time and place to meet. The men were offered a choice of location, with the only consideration being that it had to be a place that had a quiet, private space where we could talk. Elwood and Martin (2000) note that giving participants choice in the location of the interview can help to address possible power imbalances in the interview process through allowing participants to choose a place that is familiar and comfortable to them. The majority of main study men (20/26) chose to be interviewed in their own homes. In the pilot study, the majority of men chose to be interviewed in private rooms in the community centres through which they had been recruited. Table 3.6 shows the dates and locations of the interviews.

Name*	**Participant number**	**Interview Date**	**Interview location**
PILOT STUDY			
Fred	**(P1)**	18/11/2013	Community centre
Frank	**(P2)**	27/11/2013	Community centre
Tony	**(P3)**	27/11/2013	Community centre
Kieran	**(P4)**	07/02/2014	Community centre
Tom	**(P5)**	10/02/2014	Community centre
Shaun	**(P6)**	10/02/2014	Community centre
David	**(P7)**	13/02/2014	Community centre
Bobbie	**(P8)**	13/02/2014	Community centre
Kenny	**(P9)**	13/02/2014	Community centre
Archie	**(P10)**	24/02/2014	Community centre
MAIN STUDY			
Evan	**(M1)**	07/05/2014	His home (changed at last minute to University)
Sayid	**(M2)**	09/05/2014	University
Jake	**(M3)**	21/05/2014	His home
Kyle	**(M4)**	05/06/2014	His partner's grandmother's house (where they were currently living)
Cameron	**(M5)**	06/06/2014	His home
Neil	**(M6)**	20/06/2014	His home
Aaron	**(M7)**	27/06/2014	His home
Lewis	**(M8)**	30/06/2014	His home
Tyler	**(M9)**	01/07/2014	His home
Warren	**(M10)**	30/07/2014	His home
Charlie	**(M11)**	01/08/2014	His home
Darren	**(M12)**	05/08/2014	His mother's house (currently homeless)
Lee	**(M13)**	21/08/2014	His home (changed at last minute from his partner's flat)
Chris	**(M14)**	21/08/2014	His partner's mother's house (where they were currently living)
Phil	**(M15)**	19/09/2014	His home
Rob	**(M16)**	06/10/2014	His home
Bryan	**(M17)**	08/10/2014	His home
Logan	**(M18)**	22/10/2014	Community centre
Malcolm	**(M19)**	05/11/2014	His home
Ethan	**(M20)**	20/11/2014	Community centre
Matthew	**(M21)**	21/11/2014	Community centre
Rick	**(M22)**	01/12/2014	His home
Michael	**(M23)**	03/12/2014	Community centre
Aidan	**(M24)**	04/12/2014	His home
Gavin	**(M25)**	05/12/2014	His partner's grandmother's house (where they were currently living)
Shane	**(M26)**	10/12/2014	Community centre

Table 3.6. Dates and locations of interviews

**All names are pseudonyms.*

The home setting for interviews had benefits and limitations. Participants were comfortable and at ease, and therefore potentially more likely to disclose sensitive or personal information about their lives. Additionally, this setting offered the opportunity to observe where they lived, to witness aspects of their lifestyle, and to meet others in their household. I made fieldnotes about these aspects immediately following the interview. One limitation of this setting was that partners or other family members were often also present, which may have limited participants' openness. Houses were very often small and often I struggled to find suitable spaces to conduct interviews without feeling I was inconveniencing other members of the household. Spaces used to conduct interviews included kitchens, living rooms, and on one occasion a spare bedroom. Because of this constraint, partners often came in and out of the room during the interview. It is possible that this may have influenced the data generated, with participants aware that their partners may have been listening to what they were saying. In this way, interviews conducted in the community centres offered more privacy and confidentiality.

3.4.4.2. Conducting the interviews

At the start of the interview, I went through the study information sheet (Appendix 8) with the man and completed the study consent form (Appendix 9). I was particularly careful to stress at this point that I was not linked to social services or the criminal justice system. I also emphasized the confidential nature of anything the man said to me and that his data would be anonymised in any reports of findings. This generally took around 5-10 minutes and provided an opportunity to chat informally and establish rapport. Most men had completed the questionnaire in advance of the interview (either with me at a baseline visit or on their own and returned by post). This allowed me to use their demographic information to prepare for the interview, for example posing questions about previous children or experience of growing up in foster care.

Interviews then followed the structure set out in the main study interview schedule (Appendix 7) with the first half consisting of interview questions and the second half consisting of the repertory grids activity. I used a flexible interview schedule, which included topic areas for discussion, some open-ended questions and potential probes. Interview questions broadly covered the following topics:

- General life (*where he was currently living; who he was living with; current circumstances – employment, contact with previous children*)
- Pregnancy story / Anticipating fatherhood
- Ideas about good fatherhood (*what is a 'good' father? Can you be 'manly' and be a good father? What are the expectations of fathers nowadays?)*
- Relationship with partner (*good / bad; when did they meet?*)
- Own childhood (*happy / difficult; own mother and father; childhood experiences of being parented*)
- Fathers' and mothers' roles in parenting (*should they be similar or different? In what ways?*)
- (If they were already a father) Fathering experiences
- (If part of THRIVE) Attitudes towards taking part in a parenting group

Examples of specific questions and probes used can be seen in Appendix 7 (Interview Schedule).

The second half of the interview consisted of the repertory grids interview technique. I positioned the repertory grids method as a game that the participants would play in which they randomly selected groups of three element cards and talked me through these. The cards used can be seen in Appendix 10. The elements chosen for the cards were examples which it was thought would elicit insightful comparisons in relation to the topic area of fatherhood, and which had been piloted in the pilot study. So for example, the cards 'my dad', 'a perfect dad' and 'a bad dad' were used to elicit comparisons of their own father with a perfect or bad father. Female examples were also chosen (for example, 'my mum', 'a perfect mum', 'my partner') to elicit comparisons which could provide insight into their underlying beliefs about mothers' and fathers' roles. Examples were also included at the extremes, for example, 'a dad in prison' and 'a perfect dad', to elicit their underlying views about these types of examples.

First, for each of the cards, I asked the man if he could remember or had this person (for example, granddad / uncle). If not, this card was removed from the game. I also asked about who brought him up, if it had not already been covered earlier in the interview, and made sure this person was included in the game (for example, a step-father or foster-carer). Blank cards were brought to the interview for this purpose. In addition, I also asked about and added in any other people who he named as being a big influence on his life. For example, one man felt his first boss had been “like a father” to him, therefore his boss was added in on a card, as including him in the comparisons was likely to generate qualities which this man considered to be important in a good father.

Cards were shuffled and spread out in front of the participant. Participants then picked up groups of three from the spread and talked me through how they thought two were similar and one different. I provided prompts and direction where necessary. This task was repeated until we had generated eight to ten constructs. I recorded their responses on a pre-prepared form, an example of which can be seen in Appendix 5.

All interviews were recorded using a digital recorder. Part of the consent process concerned whether the man was happy to be recorded. I also tried to make the recorder as unobtrusive as possible to minimise awareness of it throughout the interview and reduce self-consciousness. At the end of the interview the man was given a £15 gift voucher as a ‘thank you’ for participating.

Interviews lasted between 1 hour 20 minutes and 2 hours 15 minutes. I was always conscious of taking up the man’s time but on a small number of occasions at the end of the interview the man expressed surprise and said he would have liked to carry on talking. This boosted my confidence that I was not taking up their time but instead offering the men an opportunity to talk about themselves that they may not have had otherwise.

Following each interview, I wrote up detailed fieldnotes noting my impressions of the participant, his living environment, others in his household, his general attitude towards me and other notes I thought might be relevant to the analysis of the interview. I also noted down my initial impressions of themes in the interview which might aid analysis.

3.4.5. Reflexivity in research

Reflexivity is about acknowledging the role that the researcher plays in every aspect of the research from design, to data collection to analysis (Finlay, 2003). Denzin and Lincoln (2003) note that:

> *it is perhaps difficult for an analytically trained mind to admit that recording, gathering, sorting, deciphering, analyzing and*

> *synthesizing, dissecting and articulating are already imposing our structure.*
>
> (Denzin and Lincoln, 2003, p.54)

In qualitative research, reflexivity is crucial in acknowledging that the nature of the knowledge acquired is co-constructed by both the researcher and the researched and, thus, that the characteristics of the researcher are not independent of the findings.

Reflexivity is therefore about considering the impact that the researcher's characteristics, behaviour and values will have on the research. Characteristics such as age, gender, social class, body language and the clothes that are worn can all be used by participants to form opinions about the researcher which may affect how they tell their 'story' and which aspects of their experiences they choose to disclose or disguise. I therefore tried to remain aware of how my identity and personal attributes might have affected how participants viewed me.

A salient aspect of my identity at the outset was my difference from the men I was interviewing: I was a middle-class English woman interviewing predominantly disadvantaged Scottish men. Prior to commencing data collection, one of the things I was most nervous about was my English accent and how this would be perceived by the men. On reflection, I think that I tried hard at the beginning of interviews to prove that I was 'nice' (by smiling, adopting a relaxed demeanour and so on) so as not to be perceived as 'posh' and therefore someone they could not relate to. However, these worries did not appear to be borne out. Most men struck up an easy rapport with me and seemed happy to reflect on their lives and share their experiences with me. At the end of one interview, a man commented that he had enjoyed speaking to me and that I had a "nice voice", which surprised me, so convinced had I been that the only possible reaction to my "Englishness" would be suspicion and defensiveness.

I was also conscious that the men's awareness of education and class differences might have affected the data gathered. I was aware that my clothes, language and accent all may have indicated that my education and class background was different to that of the men and perhaps made men less inclined to speak honestly and openly with me. My main concern was that men would modify the information they chose to present, suppressing information they believed not to be socially desirable or acceptable to me, or disclosing only the things they thought I wanted to hear. As a result, I thought hard about how I presented myself and the possible implications. I wore jeans and a non-descript top to each interview, aiming to present myself in such a way that I didn't look like either a social worker or someone in a position of authority, but rather someone more informal and non-threatening. I worked hard to build rapport, and to demonstrate that I was approachable and someone they could share their 'story' with. However, despite this, it is likely that most of the men saw me as different from them. Finlay and Gough (2008) have commented on the researcher's 'insider/outsider' position in qualitative research and highlighted that neither is necessarily better but that both have advantages and disadvantages, and researchers should simply be explicit about acknowledging their position. In this case, one of the advantages might have been that men were more willing to explain their experiences to me, in assuming that I did not have the same life experiences that they did. However, the disadvantage is that they may have been more reluctant to reveal information which they thought was socially undesirable.

Perhaps one of the most important aspects of my identity for the research was that I was a woman interviewing men about parenting and family life; a traditionally very gendered area. In particular I was concerned that men might have presented themselves as holding more egalitarian views about parenthood than they actually did in a desire to provide the answers they thought I wanted. This has been observed in work by other researchers in studies of masculinities (Sallee & Harris, 2011; Young, 2007), that men interviewed by women (especially young women) tended to distance themselves from traditional notions of man as breadwinner and patriarchal views, whilst those interviewed by men were more likely to adopt stereotypically masculine views. Whilst I could not change my gender, I was careful to emphasize at the beginning of interviews that there were no 'right' or 'wrong' answers and I just wanted to hear what the man thought. Having considered this in the planning of the study, I felt strongly that my role as an interviewer was to elicit participants' views and to encourage and facilitate even views which I might not myself have agreed with. For example, in coming to the research as a feminist, I came from a place of wanting to see change in men's and women's roles in relation to parenting.

However, I was aware at the outset that some men may have very different views of what was appropriate and desirable in terms of parenting roles to my own. I took a view that my role within the interaction was to be facilitative and nurturing of the relationship between myself and the participant: I was there to listen and not to judge. Therefore, I hoped that through my encouraging responses and body language I encouraged men to be as honest and open with me as possible.

Being a female interviewer may also have been advantageous in that men are often assumed to be more willing to speak at length about emotional or intimate topics to a woman than a man (Gatrell, 2006; McCorkel & Myers, 2003; McKee & O' Brien, 1983). This was certainly the case in my experience, as almost all the men were forthcoming and spoke at length about their experiences. One man commented that he found it easier to speak to me than it would have been to speak to a male interviewer. Therefore, acknowledging potential advantages and disadvantages, gender is an important factor to be considered in interpreting how my characteristics may have affected the data generated.

Finally, one important aspect of my position as a researcher in this study is that whilst I was not a parent when conducting the interviews, I did become a mother during the analysis and writing up of the PhD. Experiencing the transition to parenthood myself for the first time during the PhD caused me to reflect on my engagement with the topics of parenthood and fatherhood at different points in the research. At the time of conducting the interviews, my non-parental status was of interest to many of the men. Many asked me whether I was a parent myself and on discovering I was not, were keen to stress the joys of being a parent, as if to encourage me to try it. One commented that his partner was 34 and thus “a bit old” to be having a baby. At that time, I was a 30-year-old who had not yet had any children. I got the impression from many of the men that they viewed my lack of children as unusual in their experience. I pondered at the time whether this facet of my identity encouraged disclosure as men may have felt the need to explain in more depth to me, as a non-parent, or whether this hindered disclosure as men presumed I would not understand in the way another parent would. However, by the time I was doing the majority of my analysis, I had become a mother. In reading through the men’s transcripts and analysing their deliberations on what good fatherhood meant to them, I certainly felt I had a deeper understanding of some of the men’s answers. For example, the importance of love, which many of the men had stressed during the interviews, gained more significance having experienced the powerful pull of parental love myself. I also reflected on the ways in which I had asked the questions and on whether I might perhaps have asked them differently had I been a parent at the time of the interviews, for instance exploring some areas in more depth or knowing more detailed follow-up questions to ask.

3.5. Data analysis

3.5.1. Combining pilot study and main study samples

Due to the final samples for the pilot study and main study being very similar in terms of key characteristics (level of deprivation, unemployment, partners’ vulnerabilities) (see Table 3.7) it was decided to combine data from both in analysis of the men’s experiences and constructions of fatherhood.

This resulted in a final sample of 36 men, 22 of whom were recruited through THRIVE and 14 of whom were recruited through community organisations working with families in deprived areas.

	Fatherhood status		**Average Age**	**Resident / Non-resident father**		**Employment Status**		**Partner had significant vulnerabilities?***		**Totals**
	Father	Father-to-be		Resident	Non-resident	Employed	Unemployed	Yes	No	
Pilot Study	10 (100%)	0	35 (range: 25-51)	8 (80%)	2 (20%)	2 (20%)	8 (80%)	5 (50%)	5 (50%)	10
Main Study	14 (54%)	12 (46%)	27 (range: 15-46)	17 (65%)	9 (35%)	5 (19%)	21 (81%)	26 (100%)	0	26
Totals	24	12		25	11	7	29	31	5	36
	36		36	36		36		36		

Table 3.7. Comparison of pilot study and main study men
**For the purposes of this study ‘significant vulnerabilities’ were defined in the same way as those used for the THRIVE trial overall: mental health problems, substance misuse in the last 12 months, criminal justice involvement, complex social care needs, domestic abuse, homelessness, child protection concerns or a young person leaving care.*

It was envisaged that the pilot study men would be fathering in similar circumstances to the main study men but that one of the key differences would be that the pilot study men would not have a pregnant partner, and would thus not be anticipating impending fatherhood in the same ways as the main study men. Whilst this was the case, the pilot study interviews still contained detailed reflections on the men’s conceptualisations of good fatherhood and descriptions of their experiences of fathering in the context of social and economic disadvantage. In this sense, these men’s accounts of fatherhood were similar to the men in the main study who were already fathers.

One possible issue with combination of the data was that five of the pilot study men had completed in-depth interviews (Fred, Frank, Tony, David, Archie) and five had completed repertory grid interviews (Kieran, Tom, Shaun, Bobbie, Kenny). Therefore, all interviews did not take the same form as the interviews in the main study. However, on examination of the interview data, all interviews contained detailed data on the men’s life experiences and constructions of good fatherhood. In addition, the very rich data generated in the repertory grids interviews in the pilot study was, in part, what motivated me to continue to use this method in the main study interviews. Therefore, it was felt appropriate to use the pilot study data in combination with the main study data in analysis of the men’s life experiences and constructions of good fatherhood.

Finally, the men in the pilot study had not attended, or been offered the chance to attend, one of the THRIVE trial parenting interventions. However, due to alternative strategies for recruitment being used in the latter stages of the main study, neither had some of the main study men. This necessarily meant that these men could not form part of the analysis of men’s attitudes towards parenting interventions. Nevertheless, this was a compromise I was willing to make, as I had also considered this when anticipating alternative recruitment strategies for the main study during the planning phases of the research. Therefore, with these caveats in mind, the pilot study data and main study data were combined in analysis.

3.5.2. Characteristics of the final sample

The final sample therefore consisted of 36 men, 22 of whom were recruited through THRIVE and 14 through community organisations.

Of the 22 men recruited through THRIVE, ten were already fathers and twelve were fathers-to-be. All had a currently pregnant partner. Of the 14 fathers recruited through community organisations, all were already fathers of between one and five children. The men ranged in age from 15 to 51, with most in their twenties or thirties (25/36). Twenty-five men were living with their partner and/or (some of) their child(ren) at the time of the interview, and 11 were non-resident fathers / fathers-to-be. Thirty-three of the men were white British, two were mixed-race and one man was black Nigerian.

Table 3.8 shows the characteristics of the sample men.

Fatherhood status	Residential status	Name	Age	No. of Children	Employment Status	Area Deprivation decile*	Arm of trial	Recruited through
Father-to-be (12)	Living with partner (7)	**Evan**	32	0	unemployed	1	CAU	THRIVE
		Cameron	19	0	employed	2	TP	THRIVE
		Charlie	27	0	unemployed	1	MB	THRIVE
		Phil	24	0	unemployed	1	TP	THRIVE
		Rob	20	0	unemployed	1	TP	THRIVE
		Bryan	25	0	employed	1	CAU	THRIVE
		Gavin	27	0	unemployed	1	TP	THRIVE
	Not living with partner (5)	**Sayid**	28	0	employed	1	MB	THRIVE
		Lee	46	0	unemployed	2	CAU	THRIVE
		Chris	17	0	unemployed	2	CAU	THRIVE
		Logan	15	0	unemployed	1	TP	THRIVE
		Rick	18	0	unemployed	1	TP	THRIVE
Father (24)	Living with partner (18)	**Kyle**	21	1	unemployed	2	MB	THRIVE
		Neil	46	8	employed	1	MB	THRIVE
		Lewis	28	1	employed	5	TP	THRIVE
		Tyler	20	1	unemployed	1	TP	THRIVE
		Warren	27	1	unemployed	1	MB	THRIVE
		Malcolm	33	1	unemployed	1	TP	THRIVE
		Matthew	25	1	unemployed	1	n/a	Community Org
		Michael	29	4	unemployed	1	n/a	Community Org
		Aidan	26	1	unemployed	1	TP	THRIVE
		Shane	27	3	unemployed	1	n/a	Community Org
		Fred	27	3	employed	4	n/a	Community Org
		Archie	28	3	unemployed	1	n/a	Community Org
		Frank	51	5	unemployed	1	n/a	Community Org
		Tony	34	5	unemployed	1	n/a	Community Org
		Kieran	25	1	unemployed	1	n/a	Community Org
		Tom	31	1	unemployed	1	n/a	Community Org
		Shaun	26	1	unemployed	1	n/a	Community Org
		Kenny	38	4	unemployed	1	n/a	Community Org
	Not living with partner (6)	**Jake**	27	5	unemployed	1	MB	THRIVE
		Aaron	31	1	unemployed	2	CAU	THRIVE
		Darren	42	4	unemployed	2	TP	THRIVE
		Ethan	27	3	unemployed	2	n/a	Community Org
		David	49	2	unemployed	1	n/a	Community Org
		Bobbie	38	3	employed	1	n/a	Community Org

Table 3.8. Characteristics of the sample

1. *Participants in grey denote pilot study participants.*
2. *All names are pseudonyms.*
3. **Area deprivation calculated from SIMD 2012. Numbers relate to area decile of deprivation, with 1 being the highest deprivation and 10 the lowest. A score of 1 represents living in one of the 10% most deprived postcodes in Scotland and 10 equates to living in one of the least deprived 10% postcodes.*

The majority of the men could be described as socially-disadvantaged or deprived, with 27/36 (75%) living in one of the 10% most deprived postcodes in Scotland (according to the 2012 SIMD*[1]). Of the remaining men, all but two lived in one of the 20% most deprived postcodes in Scotland. The men's questionnaire responses showed that 29 were unemployed at the time of interview and seven employed. Thirty-two were living in council housing, temporary accommodation or rent free with a relative or friend. Of these, four men described themselves as homeless. In terms of qualifications, twelve had no qualifications, 21 listed standard grades or GCSEs as their highest educational qualification and three had educational qualifications at a higher level than standard grades. Eleven had been in trouble with the law in the last 12 months. Nine had been in prison in the past (data gathered from interview) and nine had current issues with, or were recovering from, drug or alcohol addictions. Eleven had experienced a mental illness in the last 12 months. Table 3.9 shows the men's characteristics in relation to deprivation markers.

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[1] The Scottish Index of Multiple Deprivation (SIMD) assesses area-level concentrations of deprivation, through looking at proportions of people in a postcode area meeting certain criteria defined as markers of deprivation. The criteria encompass indicators such as: living in social housing, trouble with the law in the last 12 months, in receipt of benefits (JSA, ESA, Housing Benefit), school leavers aged 16-19 not in education, employment or training, working age with no qualifications, and hospital stays related to drug or alcohol misuse.

		Name	Housing	Educational Qualifications	Criminal Justice		Mental Health	
					Prison in the past?	In trouble with the law in the past 12 months?	Experienced a mental health issue in the last 12 months?	History of drug or alcohol addiction
Father-to-be (12)	Living with partner (7)	**Evan**	Council housing	GCSEs			×	×
		Cameron	Rent free with a family member or friend	Standard grades				
		Charlie	Council housing	Standard grades				
		Phil	Council housing	Standard grades			×	
		Rob	Council housing	Standard grades				
		Bryan	Rent free with a family member or friend	Standard grades				
		Gavin	Rent free with a family member or friend	GCSEs	×	×		
	Not living with partner	**Sayid**	Homeless / Temporary accommodation	Degree			×	
		Lee	Council housing	None				×
		Chris	Rent free with a family member or friend	GCSEs				
		Logan	Rent free with a family member or friend	None		×		
		Rick	Council housing	Standard grades		×		
Father (24)	Living with partner (18)	**Kyle**	Rent free with a family member or friend	None	×	×		×
		Neil	Council housing	None	×			
		Lewis	Private owner	Standard grades				
		Tyler	Council housing	Standard grades				
		Warren	Homeless / Temporary accommodation	None	×		×	×
		Malcolm	Council housing	MSc				
		Matthew	Council housing	Standard grades			×	
		Michael	Council housing	Standard grades	×		×	×
		Aidan	Homeless / Temporary accommodation	Standard grades	×	×	×	
		Shane	Council housing	None			×	
		Fred	Private rented	Degree				
		Archie	Council housing	Standard grades				×
		Frank	Council housing	None				
		Tony	Council housing	None	×	×		
		Kieran	Council housing	Standard grades				
		Tom	Council housing	Standard grades		×		
		Shaun	Council housing	Standard grades		×		
		Kenny	Private rented	None		×	×	×
	Not living with partner	**Jake**	Private rented	Standard grades				
		Aaron	Council housing	None		×	×	×
		Darren	Homeless	None	×			×
		Ethan	Council housing	Standard grades		×		
		David	Council housing	Standard grades			×	
		Bobbie	Council housing	None	×			

Table 3.9. Deprivation characteristics of the sample

1. Participants in grey denote pilot study participants.

It can be seen that the men were experiencing similar levels of social deprivation to the women recruited to the THRIVE trial. Whilst I did not recruit based on these markers of social deprivation, the majority of the men (31/36) had three or more indicators of deprivation (as defined by the SIMD 2012[1]).

Another salient aspect of the men's circumstances was the vulnerability of their partners, the mothers of their children. The men recruited through the THRIVE trial necessarily had partners who were vulnerable women as this was the key criteria on which women were recruited to the trial. However, it was notable that of the 14 men not recruited through the THRIVE trial, 12 also had partners (or mothers of their children) who could be described as having significant vulnerabilities[2]. Table 3.10 describes the nature of the men's partners' vulnerabilities.

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[2] For the purposes of this study vulnerabilities were defined as: mental health problems, substance misuse in the last 12 months, criminal justice involvement, complex social care needs, domestic abuse, homelessness, child protection concerns or a young person leaving care.

		Name	Partner's Name	His Age	Her Age	Partner's reason for referral to THRIVE/ partner's vulnerability	Nature of partner's vulnerabilities
Father-to-be (12)	Living with partner (7)	**Evan**	Danielle	32	29	Mental health	Depression and anxiety. Domestic violence – ex-partner. Ex-partner currently in prison. Son on a child supervision order.
		Cameron	Abbie	19	17	Complex social care needs	Young mother. Care-leaver.
		Charlie	Rosie	27	21	Mental health	Depression. Difficult childhood - neglect.
		Phil	Nicola	24	20	Complex social care needs	Domestic violence – ex-partner.
		Rob	Sarah	20	17	Complex social care needs	Young mother. Difficult childhood. Social work involvement in her childhood family.
		Bryan	Kimberley	25	18	Substance use	Young mother. First child in kinship care. Substance use and chaotic lifestyle (more settled since entering into a relationship with Bryan). Ex-partner (father of her child) also a drug-user, who had recently passed away.
		Gavin	Lucy	27	28	Complex social care needs	Social work concerns over current pregnancy. First child in care.
	Not living with partner	**Sayid**	Lauren	28	35	Mental health	Depression and anxiety.
		Lee	Chrissie	46	35	Substance use	Ex-heroin user. Currently receiving treatment for addiction and on methadone.
		Chris	Natalie	17	17	Complex social care needs	Young mother.
		Logan	Ellie	15	15	Complex social care needs	Young mother.
		Rick	Leanne	18	16	Complex social care needs	Young mother. Care-leavers (both). Currently living in a children's home (both).
Father (24)	Living with partner (18)	**Kyle**	Hayley	21	18	Complex social care needs	Young mother. Social work concerns over current pregnancy.
		Neil	Ashley	46	30	Mental health	Depression.
		Lewis	Katie	28	34	Mental health	Depression.
		Tyler	Vicki	20	19	Complex social care needs	Social work concerns over current pregnancy. First child in kinship care. Difficult childhood – neglect and abuse. Brought up in care.
		Warren	Cheryl	27	23	Complex social care needs	Social work concerns over current pregnancy. Social work concerned about his influence – history of alcoholism, drug-use, prison, violence.
		Malcolm	Sandra	33	31	Mental health	Depression.
		Matthew	Steph	25	25	Mental health	Depression (both). Difficult childhood – neglect.
		Michael	Lisa	29	26	Substance use	Ex-heroin user. Currently on suboxone (both). History of homelessness (both).
		Aidan	Jenny	26	29	Complex social care needs	Social work concerns over current pregnancy. First child in care (both). Brought up in care (both). Currently living in temporary accommodation provided by the council (both). History of homelessness (both).
		Shane	Nadine	27	27	Complex social care needs	Social work concerns – neglect, abuse.
		Fred	Emma	27	26	Mental health	Depression.
		Archie	Jade	28	30	Complex social care needs	Social work concerns – domestic violence.
		Frank	Moira	51	46	Mental health	Depression and OCD.
		Tony	Faye	34	34	Complex social care needs	Social work concerns – neglect, abuse. Children under a child supervision order.
		Kieran	Susie	25	25	n/a	n/a
		Tom	Jayne	31	26	n/a	n/a
		Shaun	Kelly	26	22	Mental health	Depression and anxiety. Previous addiction problems. Difficult childhood – neglect and sexually abused by father and brother.
		Kenny	Amy	38	30	Mental health	Depression and anxiety. Difficult childhood (both).
	Not living with partner (6)	**Jake**	Chloe	27	33	Mental health	Depression.
		Aaron	Jess	31	24	Mental health	Depression and anxiety.
		Darren	Angela	42	34	Substance use	Ex- / current heroin user. Currently receiving treatment for addiction and on methadone. Three previous children in care.
		Ethan	n/a	27	-	Complex social care needs (ex-partner)	n/a Ethan not currently in a relationship.
		David	n/a	49	-	Substance use (ex-partner)	n/a David is a single father. His ex-partner was a heroin-addict and left the family when youngest child was under one.
		Bobbie	n/a	38	-	Complex social care needs (ex-partner)	n/a Bobbie not currently in a relationship.

Table 3.10. Characteristics of the men's partners

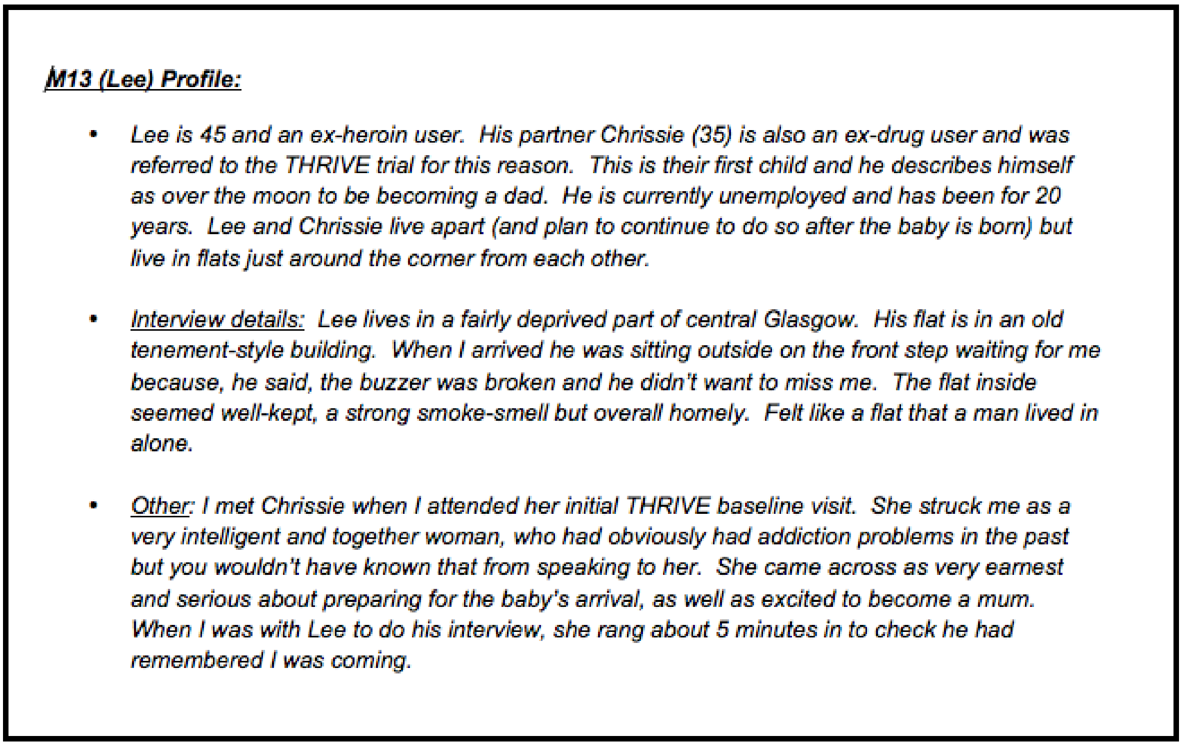
Whilst the above tables are useful to gain an overall impression of the sample, it is perhaps helpful to look at two case studies to gain a deeper understanding of circumstances typical to the sample.

M9 (Tyler) Profile:

- *Tyler is 20 years old, his partner Vicki is 19. Referred for social work concerns and because their first child is in care. This is their second child, and they are both very worried that this child will also be taken away from them. First daughter is three years old and currently in kinship care with his father, who he says lives just up the road from them. They see the child regularly. He described an ongoing battle to 'get daughter back' and prove to social work that they are capable of looking after her. Social work seem to be more concerned about his partner and her ability to care for a child than about him (according to him). His partner's family background is a troubled one, she was in and out of care as a child, her mother was an on-off drug user and had lots of partners who were in and out of jail, leading to Vicki being taken into care. Tyler describes the first stability in her life as being when she came to live with him and his family 4/5 years ago (so when they were roughly 15).*

- *Interview Details: I interviewed him in their flat in the east of Glasgow. Area was one of the most deprived I visited. Their flat was dirty, messy and dark, with cigarette butts everywhere on floor and surfaces. They appeared to have a friend staying with them temporarily when I visited. Tyler answered the door in a t-shirt and his boxers. Showed me into the living room and sat down to talk. Seemed happy to conduct the whole interview like that! Friend and girlfriend came in sporadically throughout the interview to talk to him and ask him questions. It seemed like they treated him as the most organised/ in charge of them all.*

- *Other: I arranged this interview after several attempts at contact. He had filled in a questionnaire and given a landline number as a contact but on calling, both this and his girlfriend's mobile number were disconnected. I sent an email to his given email address but no response after a week. I then visited their address to see if I could catch them at home and talk to him about the study. I did find him at home, and he seemed happy to invite me in and for me to tell him more about the study. He agreed to do an interview the next day, and when I returned the next day he was in the house at the agreed time.*



M13 (Lee) Profile:

- *Lee is 45 and an ex-heroin user. His partner Chrissie (35) is also an ex-drug user and was referred to the THRIVE trial for this reason. This is their first child and he describes himself as over the moon to be becoming a dad. He is currently unemployed and has been for 20 years. Lee and Chrissie live apart (and plan to continue to do so after the baby is born) but live in flats just around the corner from each other.*

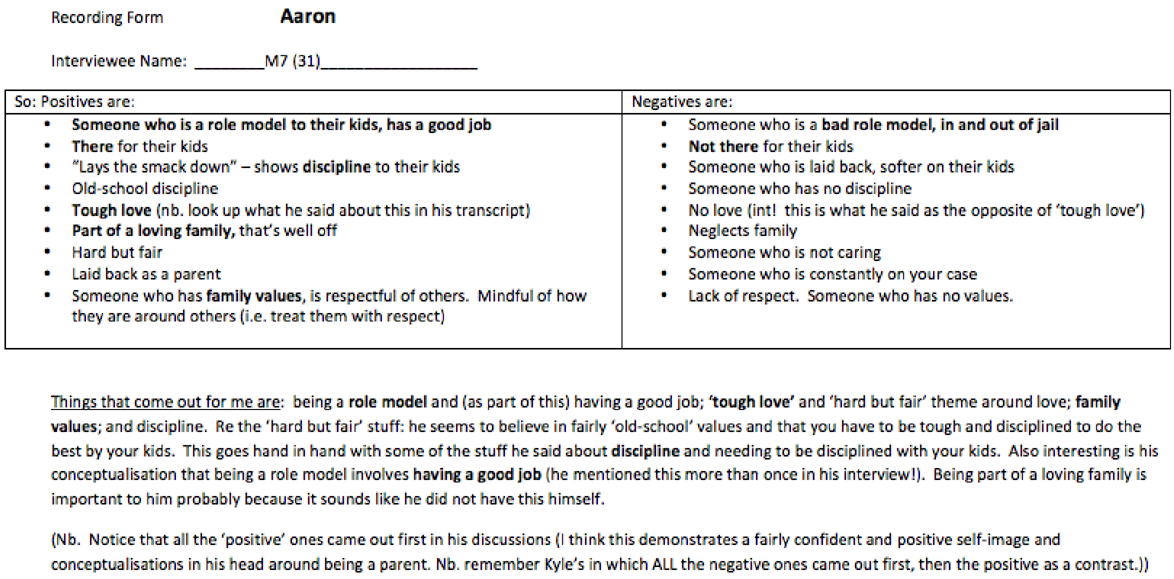
- *Interview details: Lee lives in a fairly deprived part of central Glasgow. His flat is in an old tenement-style building. When I arrived he was sitting outside on the front step waiting for me because, he said, the buzzer was broken and he didn't want to miss me. The flat inside seemed well-kept, a strong smoke-smell but overall homely. Felt like a flat that a man lived in alone.*

- *Other: I met Chrissie when I attended her initial THRIVE baseline visit. She struck me as a very intelligent and together woman, who had obviously had addiction problems in the past but you wouldn't have known that from speaking to her. She came across as very earnest and serious about preparing for the baby's arrival, as well as excited to become a mum. When I was with Lee to do his interview, she rang about 5 minutes in to check he had remembered I was coming.*

3.5.3. Transcription and data management

All interviews were recorded and transcribed by a professional transcription service adhering to MRC guidelines on confidentiality. All local dialects and colloquialisms were included in the transcripts in order to avoid changing participants' meanings. On receiving each transcript, I checked through the text to ensure accuracy and, in some cases, where the transcriber had not been able to make out particular sections of the interview (due to accent or lack of clarity of speech) I listened again to the interview and transcribed these parts myself where possible. At this point all the transcripts were also anonymised and pseudonyms assigned to participants and their partners. Incidental details such as place names were also changed to preserve anonymity.

On returning from each interview the man's repertory grids data were typed up. The repertory grids activity generated a hand-written 'grid' of constructs which the man had identified (see Figure 3.2). Once these raw grids had been typed up, I organised the man's generated constructs into those which related to 'good fatherhood' and 'bad fatherhood'. In this way, each man had produced a list of constructs relating to his view of good and bad fatherhood. I also made notes in these documents, recording my initial thoughts about key themes for each man. Figure 3.6 shows an example of a typed-up grid.



Recording Form **Aaron**

Interviewee Name: ________M7 (31)_________________

So: Positives are:	Negatives are:
• **Someone who is a role model to their kids, has a good job** • **There** for their kids • "Lays the smack down" – shows **discipline** to their kids • Old-school discipline • **Tough love** (nb. look up what he said about this in his transcript) • **Part of a loving family,** that's well off • Hard but fair • Laid back as a parent • Someone who has **family values**, is respectful of others. Mindful of how they are around others (i.e. treat them with respect)	• Someone who is a **bad role model, in and out of jail** • **Not there** for their kids • Someone who is laid back, softer on their kids • Someone who has no discipline • No love (int! this is what he said as the opposite of 'tough love') • Neglects family • Someone who is not caring • Someone who is constantly on your case • Lack of respect. Someone who has no values.

Things that come out for me are: being a **role model** and (as part of this) having a good job; **'tough love'** and 'hard but fair' theme around love; **family values**; and discipline. Re the 'hard but fair' stuff: he seems to believe in fairly 'old-school' values and that you have to be tough and disciplined to do the best by your kids. This goes hand in hand with some of the stuff he said about **discipline** and needing to be disciplined with your kids. Also interesting is his conceptualisation that being a role model involves **having a good job** (he mentioned this more than once in his interview!). Being part of a loving family is important to him probably because it sounds like he did not have this himself.

(Nb. Notice that all the 'positive' ones came out first in his discussions (I think this demonstrates a fairly confident and positive self-image and conceptualisations in his head around being a parent. Nb. remember Kyle's in which ALL the negative ones came out first, then the positive as a contrast.))

Figure 3.6. Example of repertory grids data typed up, along with my notes

3.5.4. Data analysis

3.5.4.1. Analysing interview data

Silverman (2013) notes that the purpose of qualitative data analysis is to extract meaning from the data and reveal patterns. The objective is to discover variation, and portray shades of meaning and complexity. The goal of analysis is to reflect the complexity of human interaction by portraying it in the words of the interviewees and to make that complexity understandable to others (Rubin & Rubin, 2011). Analysis is based on descriptions presented by interviewees but the interpretations in the presentation of findings are those of the researcher.

In practice this is done by examining the accumulated data and looking for similarities and common themes across the interviews. This approach can be termed thematic analysis (Braun & Clarke, 2006). Braun and Clarke (2006) describe thematic analysis as "identifying, analysing and reporting patterns or themes within data" (p.78). Ritchie, Spencer and O' Connor (2003) advocate that qualitative data analysis should be seen as a process, moving from close to the data in the early stages to further away in later stages, as broad themes are sought and higher-level interpretations generated (Ritchie, Spencer, & O'Connor, 2003; Spencer, Ritchie, & O'Connor, 2003).

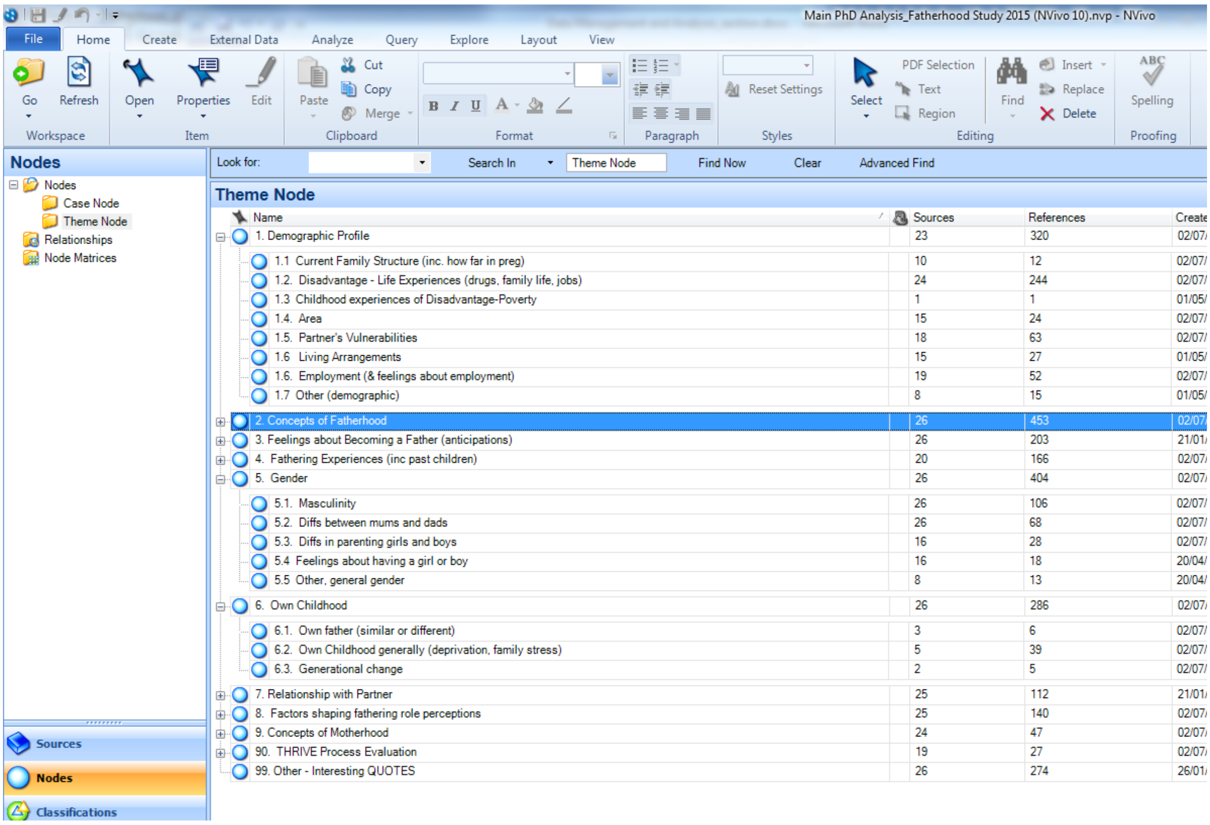
In line with Ritchie, Spencer and O' Connor's approach I conducted data analysis in two stages: the first stage being to "create order" (in their terminology) from the large amounts of data generated by categorising data into themes, and the second stage being to “make sense” of the data, by reading through each theme and drawing out interpretations (Spencer et al., 2003). I began this process by reading and re-reading my transcripts to familiarise myself with the data. Whilst doing this, I made notes of recurrent themes, both within and across participants’ transcripts. I also re-familiarised myself with my fieldnotes to give contextual data and my initial assessments of key themes. The fieldnotes helped inform the analysis and complemented the transcripts by adding context to the man’s descriptions, providing insight into the man’s living conditions and other non-verbal details recorded at the time of the interview.

Additionally, at this point I looked at the repertory grids data to remind myself of themes I had noted when typing up the repertory grids. The repertory grid for each man provided an account of his interpretation of good and bad fatherhood as relayed to me during the repertory grids activity. This provided a good starting point from which to consider the more detailed descriptions in the rest of the interview data. For example, Aaron identified: *“being a role model”*, “*having a good job*” and “*discipline*” as important in his construction of good fatherhood during the repertory grid part of the interview. Therefore, I could examine his in-depth interview data with these themes in mind, looking for instances where he provided more detailed accounts of what he meant by these terms, as well as being mindful to consider other emergent themes.

At this stage, each transcript was uploaded into NVivo 10, to ensure a systematic approach to analysing the data. A coding framework was developed to address the research questions (see Appendix 11). In the pilot study coding, I had used a very fine-grained coding in which every individual small theme identified by a man as part of good fatherhood (for example, “doing activities with children”) was assigned its own ‘node’ and further instances of this theme coded under the same node. Whilst this was useful at the time, as it enabled me to develop deeper understanding of disadvantaged men’s complex constructions of good fatherhood, it was noted that this method of very fine coding was extremely time-consuming. Therefore, for the main study interviews, a more high-level approach was adopted. This involved coding each transcript broadly into high-level categories, as set out in a pre-defined coding framework. The initial broad themes coded were: 1) Demographic profile, 2) Concepts of fatherhood, 3)

Feelings and thoughts about becoming a father, 4) Fathering experiences, 5) Gender / Masculinity, 6) Own childhood, 7) Relationship with partner, 8) Factors shaping fathering role perceptions, 9) Concepts of motherhood and 10) Attitudes towards parenting interventions. An example of the coding framework being used in NVivo can be seen in Figure 3.7.

Data were then more finely coded within these broad themes (see Appendix 11). Coding data into these broad categories could be seen as corresponding to the “creating order” stage described by Spencer et al (Spencer et al., 2003).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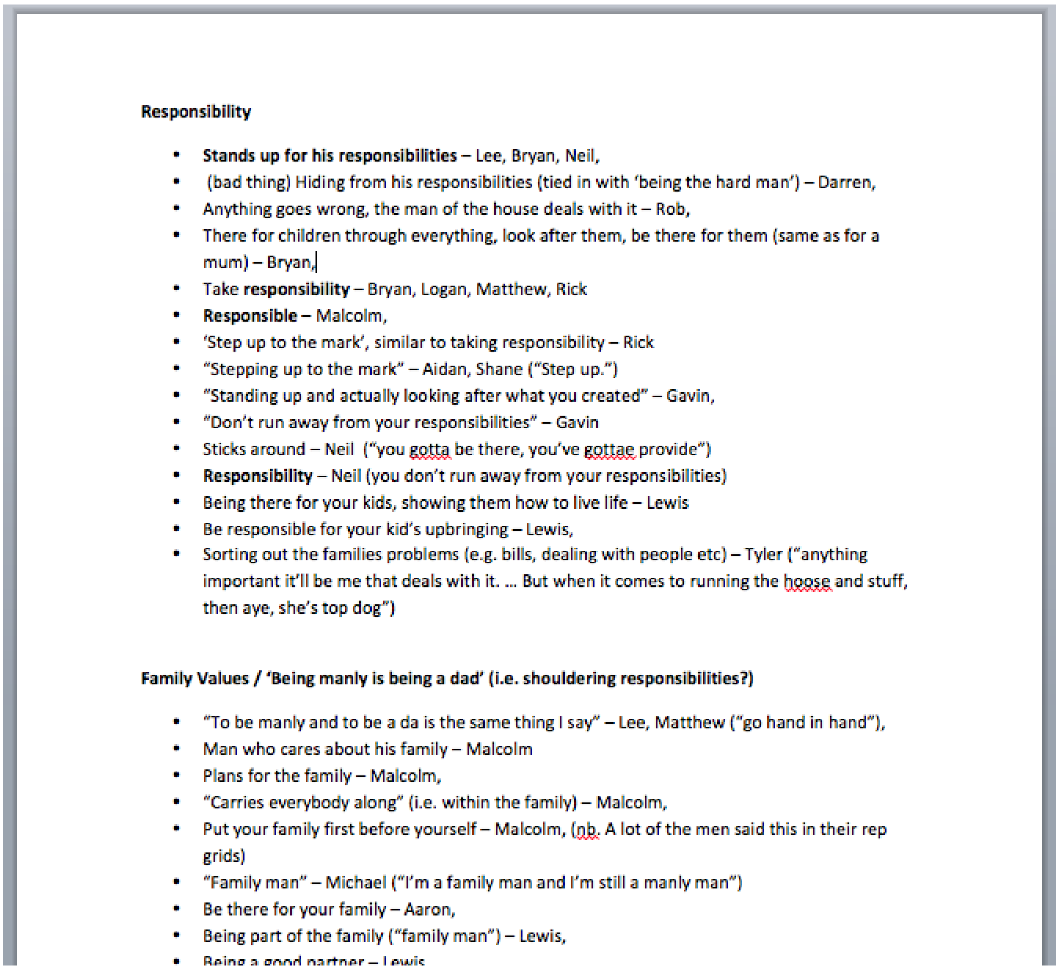
Name	Sources	References	Create
1. Demographic Profile	23	320	02/07/
1.1 Current Family Structure (inc. how far in preg)	10	12	02/07/
1.2. Disadvantage - Life Experiences (drugs, family life, jobs)	24	244	02/07/
1.3 Childhood experiences of Disadvantage-Poverty	1	1	01/05/
1.4. Area	15	24	02/07/
1.5. Partner's Vulnerabilities	18	63	02/07/
1.6 Living Arrangements	15	27	01/05/
1.6. Employment (& feelings about employment)	19	52	02/07/
1.7 Other (demographic)	8	15	01/05/
2. Concepts of Fatherhood	26	453	02/07/
3. Feelings about Becoming a Father (anticipations)	26	203	21/01/
4. Fathering Experiences (inc past children)	20	166	02/07/
5. Gender	26	404	02/07/
5.1. Masculinity	26	106	02/07/
5.2. Diffs between mums and dads	26	68	02/07/
5.3. Diffs in parenting girls and boys	16	28	02/07/
5.4 Feelings about having a girl or boy	16	18	20/04/
5.5 Other, general gender	8	13	20/04/
6. Own Childhood	26	286	02/07/
6.1. Own father (similar or different)	3	6	02/07/
6.2. Own Childhood generally (deprivation, family stress)	5	39	02/07/
6.3. Generational change	2	5	02/07/
7. Relationship with Partner	25	112	21/01/
8. Factors shaping fathering role perceptions	25	140	02/07/
9. Concepts of Motherhood	24	47	02/07/
90. THRIVE Process Evaluation	19	27	02/07/
99. Other - Interesting QUOTES	26	274	26/01/

Figure 3.7. Example of coding framework used in the main study analysis

The second phase of analysis was then concerned with “making sense” of the data and generating higher-level understandings in order to draw broader theoretical conclusions. In line with the approach of Spencer et al. (2003), I first read all the accumulated data organised under one sub-code (for example ‘Concepts of good fatherhood’) and began the process of, in their terminology, ‘detecting elements’. To do this, I examined each utterance, identified the core aspect of what was being said and assigned it a more succinct label (for example ‘taking responsibility’). This was then recorded as a bullet point, alongside the man’s name, in a word document. Where I thought a quote was particularly useful to elaborate on a point, this was also kept alongside the bullet point. In instances where more than one man talked in similar terms about a theme, their names were noted alongside that theme, along with further elaboration where necessary. I attempted to capture the complexity and nuance in the data by including the men's own wording where possible (for example, "stepping up to the mark" in relation to discussions of 'responsibility'). By recording the names of the men alongside each element, it was also possible to go back to the original data at the stage of writing up to seek further elucidation. Following this process, themes were grouped together to give an emerging picture of the overarching ideas related to a specific topic. An example of one of my analysis documents at the stage of grouping the bullet points into overarching themes is given in Figure 3.8.



Responsibility

- **Stands up for his responsibilities** – Lee, Bryan, Neil,
- (bad thing) Hiding from his responsibilities (tied in with 'being the hard man') – Darren,
- Anything goes wrong, the man of the house deals with it – Rob,
- There for children through everything, look after them, be there for them (same as for a mum) – Bryan,
- Take **responsibility** – Bryan, Logan, Matthew, Rick
- **Responsible** – Malcolm,
- 'Step up to the mark', similar to taking responsibility – Rick
- "Stepping up to the mark" – Aidan, Shane ("Step up.")
- "Standing up and actually looking after what you created" – Gavin,
- "Don't run away from your responsibilities" – Gavin
- Sticks around – Neil ("you gotta be there, you've gottae provide")
- **Responsibility** – Neil (you don't run away from your responsibilities)
- Being there for your kids, showing them how to live life – Lewis
- Be responsible for your kid's upbringing – Lewis,
- Sorting out the families problems (e.g. bills, dealing with people etc) – Tyler ("anything important it'll be me that deals with it. … But when it comes to running the hoose and stuff, then aye, she's top dog")

Family Values / 'Being manly is being a dad' (i.e. shouldering responsibilities?)

- "To be manly and to be a da is the same thing I say" – Lee, Matthew ("go hand in hand"),
- Man who cares about his family – Malcolm
- Plans for the family – Malcolm,
- "Carries everybody along" (i.e. within the family) – Malcolm,
- Put your family first before yourself – Malcolm, (nb. A lot of the men said this in their rep grids)
- "Family man" – Michael ("I'm a family man and I'm still a manly man")
- Be there for your family – Aaron,
- Being part of the family ("family man") – Lewis,
- Being a good partner – Lewis

Figure 3.8. Coding the data

This process provided a descriptive account of what the men had said relating to each topic. Once these descriptive accounts had been produced, explanatory accounts were sought by looking for connections between themes. Rubin and Rubin (2011) state that in qualitative analysis one builds towards theory by examining the themes and concepts generated and seeing how they link together to create a broader explanation. At this stage of analysis, I looked for explanatory links between themes and returned to the original data to confirm, add depth to or refute these ideas.

Braun and Clarke (2006) highlight the active role of the researcher in seeking themes and patterns within the data set, and generating theory. They comment that whilst it is not uncommon to read of themes "emerging" from the dataset, in reality the researcher plays a key role in identifying themes, selecting those of interest and reporting them to their readers. This highlights the importance of reflexivity in research as the researcher must be aware of their own biases and interests in the ways in which they interpret and report the data.

3.5.4.2. Analysing repertory grids data

In the main, the repertory grids data were analysed in the same way as the rest of the qualitative interview data i.e. thematically. As the repertory grids part of the interview was recorded, this data was also transcribed and relevant utterances coded thematically as outlined above. As noted earlier, it was noticed that often during the repertory grids activity, the man shared deeper reflections on, for example, his childhood and ways in which he wanted to be similar or different to his own parents. In this way, the repertory grids data added to the in-depth interview data in providing further reflection from the men on their own childhood experiences and how these influenced their concepts of good fatherhood.

The repertory grids data were also used when considering early themes in the interview data. The grids data could be viewed as a lens through which to view the interview data. Each grid provided a focused picture of that man's constructions of good fatherhood. Personal Construct Theory argues that the characteristics that interviewees come up with are those that have underlying meaning for them. For example, in Evan's repertory grid, concepts around 'demonstrating love' came out as important. As would be expected, Evan's interview data also provided rich and detailed descriptions of this concept as a core part of good fatherhood for him. Therefore, the repertory grid provided a useful grounding to begin interpreting his interview. In this way, the repertory grids were a useful tool to aid analysis as they provided additional insights in interpreting the men's constructions of good fatherhood.

As noted above, the repertory grids activity also generated a 'grid' with each man's verbalised constructs of good and bad fatherhood. In addition to the above ways in which the data were analysed in relation to each man's interview data, I also analysed the repertory grids data collectively. All the typed up grids were copied into an excel document with all the constructs relating to good and bad fatherhood identified by the men in one list. These constructs were then compared and grouped together into similar thematic groupings (e.g. 'provision', 'protection'), with each man's way of describing this theme noted. In practice, this process was a lot simpler than thematically analysing qualitative interview data. However, as with the other approaches to using the repertory grids data described above, it added to my understanding of men's constructions of good fatherhood, and helped in interpreting the interview data. In these ways, using the repertory grids method offered insights over and above using in-depth interview data alone.

3.6. Chapter summary

This chapter has described the processes by which a qualitative study to explore disadvantaged men's conceptualisations of fatherhood was designed and conducted. I started by showing how the research questions, my interpretivist epistemological stance and the link to the THRIVE trial affected decisions about research design. In particular, this led me to choose a qualitative approach, combining in-depth interview and repertory grids methods at a single point in time during men's partners' pregnancies. This chapter also outlined some of the practical challenges of conducting PhD research linked to a larger trial and explained the reasons for broadening the sample to include other, similarly disadvantaged, men. The chapter then described how the study was conducted, including decisions about sampling and recruitment, how the interviews were conducted and reflections on my influence in shaping the data collected. The characteristics of the final sample were described, demonstrating that, although ultimately recruited through two different routes, the majority of the men were similarly disadvantaged. Finally, I discussed the methods of analysis chosen and the process of analysing the data, highlighting the benefits of using both in-depth interviews and repertory grids to gather data in this study.

The following chapters cover the findings from this study relating to the men's experiences of disadvantage, their constructions of fatherhood and their experiences of, and attitudes towards, parenting interventions.

4 The contexts of the men's fatherhood: Life experiences of social disadvantage

4.1. Overview of chapter

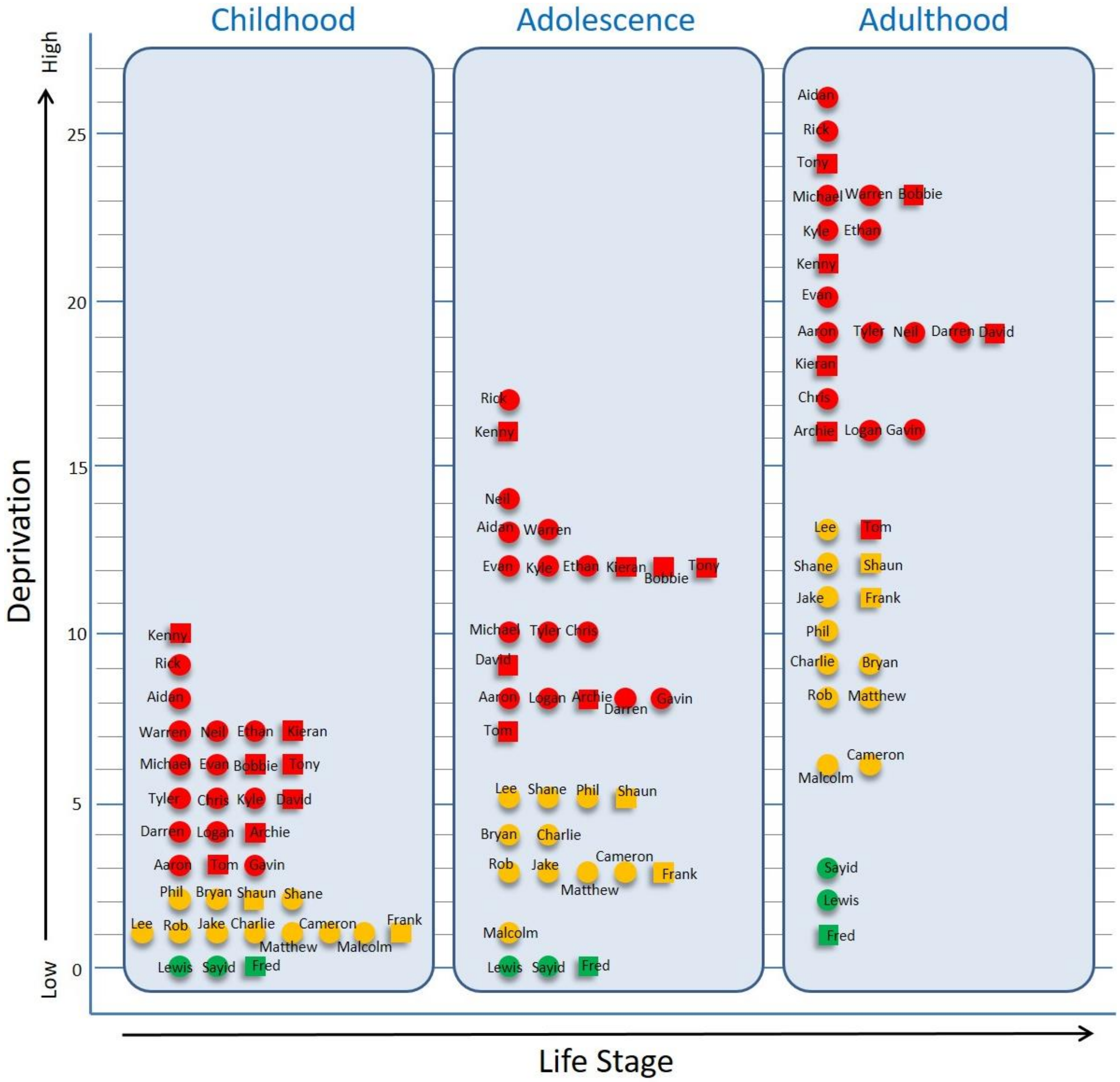
This chapter introduces the reader to the social contexts of the men's lives; their backgrounds and their current circumstances. In doing so, it sets the scene for understanding the circumstances in which socially-disadvantaged men are fathering or becoming fathers. The questions this chapter seeks to answer are as follows:

- What are the circumstances of the men's lives, at the point of becoming fathers?
- What were their childhood experiences of being parented?
- What life experiences have they had which may affect their fathering circumstances?
- What are their current circumstances, especially given the current climate of austerity?

The data presented in this chapter come from all 36 men in the sample. As outlined in the methods chapter, the men were recruited in one of two ways: either through the THRIVE trial (n=22) or through Children and Families centres working with families experiencing poverty (n=14). As such, the majority of the men had experienced social or material deprivation at some point in their lives. As will become clear throughout this chapter, the cumulative experience of multiple disadvantage that most of these men experienced across the life-course demonstrates that these are not just working-class men but in fact very socially-disadvantaged men.

4.2. Disadvantage across the life-course

Figure 4.1 illustrates the men's experiences of disadvantage throughout their lives, from childhood to adulthood. This diagram was created by counting 'sources' of material and social deprivation (such as growing up in an economically-deprived neighbourhood or experiencing foster care during childhood) and plotting these graphically, to show the men's trajectories through life. The detailed breakdown of each man's life experiences can be seen in Tables 4.1 (Childhood), 4.2 (Adolescence) and 4.3 (Adulthood).



Key

Main study men are represented as circles and pilot study men as squares.

Men experiencing three or more sources of deprivation in childhood have been coloured **red**, men experiencing one to two sources: **yellow**, and men experiencing none: **green**. Colours remain the same throughout the diagram to enable comparison of the men's circumstances at different points in the life-course.

Scores in the 'Adolescence' and 'Adulthood' parts of the figure are cumulative.

Figure 4.1. Men's experiences of disadvantage across the life-course

Two overarching conclusions can be drawn from this diagram. First, disadvantage appears to be cumulative throughout the life-course. Second, early disadvantage is difficult to break free from. It can be seen from the diagram that most of the men who were extremely disadvantaged in childhood remained as disadvantaged throughout their lives. In addition, those who experienced the most disadvantage during childhood also went on to experience more disadvantage at each stage of their lives: in effect, disadvantage was amplified over the life-course. Whilst the diagram conveys the cumulative nature of disadvantage, the men’s accounts of their lives portray in rich detail the realities of living in contexts of multiple and complex disadvantage.

4.3. Childhoods: The men’s upbringings

Table 4.1 shows the men’s sources of deprivation in childhood, taking into account sources of material deprivation, such as growing up in a deprived neighbourhood, and sources of social deprivation such as experiencing a parental addiction. The table has been ordered from those experiencing most deprivation to those experiencing least. This table forms the basis for the childhood section of Figure 4.1. The men fell broadly into three categories: extremely disadvantaged upbringings (red), economically-deprived but stable working-class upbringings (yellow) and middle-class upbringings (green). In describing the men’s class positions in this way, I draw on Bourdieu’s understanding of class as ‘habitus’, referring to shared lifestyles, expectations and access to resources.

Participant	Lived in a deprived area	Father absent	Father in and out of life	Father in prison	Mother in and out of life or absent	Parental addiction (alcohol / drugs)	Physical or sexual abuse	Lack of love / neglectful parenting	Social work involve-ment	Foster care during childhood	Lived with relatives other than parents during childhood	Total sources of deprivation experienced (out of 11)
Kenny	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖		**10**
Rick	✖	✖	✖	✖	✖	✖		✖	✖	✖		**9**
Aidan	✖	✖			✖	✖	✖	✖	✖	✖		**8**
Warren	✖		✖			✖	✖	✖	✖		✖	**7**
Ethan	✖		✖		✖	✖	✖	✖	✖			**7**
Neil	✖		✖		✖			✖	✖	✖	✖	**7**
Kieran	✖				✖	✖	✖	✖	✖	✖		**7**
Evan	✖		✖				✖	✖	✖		✖	**6**
Michael	✖	✖		✖					✖	✖	✖	**6**
Bobbie	✖	✖	✖	✖		✖			✖			**6**
Tony	✖		✖		✖		✖		✖		✖	**6**
Chris	✖	✖	✖	✖					✖			**5**
Kyle	✖	✖						✖	✖		✖	**5**
Tyler	✖				✖	✖		✖	✖			**5**
David	✖	✖	✖			✖			✖			**5**
Darren	✖		✖	✖		✖						**4**
Logan	✖	✖		✖					✖			**4**
Archie	✖	✖				✖			✖			**4**
Aaron	✖		✖						✖			**3**
Tom	✖					✖			✖			**3**
Gavin	✖		✖						✖			**3**
Phil	✖		✖									**2**
Bryan	✖	✖										**2**
Shaun	✖								✖			**2**
Shane	✖								✖			**2**
Charlie	✖											**1**
Lee	✖											**1**
Rob	✖											**1**
Matthew	✖											**1**
Jake	✖											**1**
Cameron	✖											**1**
Frank	✖											**1**
Malcolm*		✖										**1**
Sayid												**0**
Lewis												**0**
Fred												**0**
TOTALS:	32	12	13	7	8	12	7	10	22	6	6	

Table 4.1. Childhood sources of deprivation

**Note: Malcolm is an asylum-seeker who grew up in Nigeria. As such, his childhood experiences differed to those of the rest of the sample.*

4.3.1. "They were a' alcoholics when I was growing up": Extremely disadvantaged upbringings

Twenty-one of the men could be described as having had extremely socially and materially disadvantaged upbringings. Whilst all these men (Rick, Kenny, Aidan, Warren, Ethan, Neil, Kieran, Evan, Michael, Bobbie, Chris, Kyle, Tyler, Tony, David, Darren, Logan, Archie, Aaron, Tom, Gavin) grew up in economically-deprived neighbourhoods, the main characterising feature of these men's childhoods was a lack of family stability. All discussed how they felt their upbringings had been unstable, chaotic or difficult, and described this as commonplace in their experience:

> *I wasnae on an even keel when I was younger. I was up an' doon tae whatever time in the mornin' then getting dragged oot tae school, you know what I mean, an' I didnae like getting dragged oot tae school at eight o'clock in the morning, flung at the school gates and it was "right, I'll see you at three o'clock," and you never knew if somebody was gonna be there at three, you didnae even know if they were gonnae be in the hoose at three. So I just wanted to make sure my kids werenae gonnae have that kinda life.*

Kenny (Pilot Study), 38, father of four, recruited through community organisation

> *See, I don't know anybody that's had a stable upbringing.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

The outcome of this instability in their early experiences with their biological parents was that ten of the men had spent some period of their upbringing living in foster care or with relatives in kinship care (Rick, Aidan, Kenny, Neil, Kieran, Michael, Warren, Evan, Kyle, Tony). In the following extract, Evan reflects on his early experiences of being parented:

> *My mum was just not, I don't think my mum was ready. She had—my mum definitely wasn't ready to have me as a child, and I don't think she was a great mum to me. […] So I didn't enjoy that aspect 'cause my mum was always shouting, and hitting. The hitting really, doesn't really... that's nothing to me. But like it's just I didn't feel loved. So, I definitely didn't feel loved, and when I was, I had an accident when I was seven years old. […] While I was in hospital my mum basically just offered me out, said to my dad, or to my grandparents. So she didn't really... anyway I ended up living with my mum's mum. And my mum's mum was a nightmare like I don't... I call her my mum's mum hence I'm not calling her my nan, 'cause she's my mum's*

> *mum. I was only living there really because she was getting benefits basically. There was no love in that household towards me.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

Evan, Ethan, Neil, Warren and Kenny particularly emphasized their feelings of a lack of love and neglectful parenting in their upbringings. They described the deep, long-lasting effects of this on their lives. Evan talked of how he felt his mental health problems as an adult were due to this lack of love and also of the corrosive effects on a child's confidence.

For the ten men who had experienced foster or kinship care, frequently this did not provide more stability or love in their lives. Rick, who had spent the majority of his childhood in foster care or children's homes, described how his foster parents were not 'like parents' to him. Likewise, Aidan described his experience of foster care as involving frequent moves from one family to another, and frequent episodes of abuse:

> *Then from there moved to... [name of foster family]. I was there for I think a year or a year and a half or two years and that wasn't a bed o' roses. This family were quite verbally abusive. […] On the physical side of it as well, there was quite a lot of physical... physical violence.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

However, for some men, such as Neil, this arrangement provided more stability. Neil described how he spent most of his childhood living with his grandparents. He explained how their care provided a more stable home life for him:

> *I can remember staying [living] wi' my granny an' granda… my dad stayed [lived] next door, in the house next door, wi' the two houses right next tae each other. As I say my dad was away working a lot o' the time. My dad split fae my mum when I was, oh I think I was one, they split up. Never met my mum. My dad, I don't talk tae. Never spoke to him since I was aboot twenty-five or something. 'Cause he was never a dad tae me. […] Wan o' my happiest times o' my childhood that I remember, staying wi' my grandparents.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

Twelve men had experienced a parent with an addiction (see Table 4.1). In the men's eyes, parental addictions were linked to parental unreliability (particularly if it was a mother – Rick, Kenny, Aidan, Archie) and also to physical abuse (Ethan, Kenny, Warren, Kieran, Darren, David). Ethan, whose father had an alcohol addiction, described how he experienced this as a child:

> *I don't know, man. I felt unloved by my da a lot, and then I felt loved wae him and I didnae know what I felt. […] Sometimes, my da, like, when he came in on the weekend, he would be drunk and he would, I'd just get a beating, man, really.*

Ethan, 27, father of three, recruited through community organisation

Warren explained the normality of parental addictions in his experience:

> ***[Karen] Would you say your dad was a role model to you?***
>
> *Naw. When he was aff the drink an' that, aye, but see he used tae drink four days on the belt an' then he'd be aff it for three or four days. He actually died, he had a major heart attack 'cause like... they were a' alcoholics when I was growing up.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

For Warren, his father's alcoholism coupled with his mother's neglect led to a childhood of unreliability and instability. He discussed frequently living with aunties or friends' parents as well as stays in hostels with his mother, fleeing violence from some of her partners. Likewise, Kenny talked at length of instability, moves to different homes and the chance that he and his brothers and sisters could have been removed from his mother's care as a result of her alcoholism:

> *Drinking constantly, know like my mum, she used to drink constantly in the pub an' come hame maybe nine/ten o'clock at night and sometimes we wouldnae kinda like get dinner and stuff like that, you know what I mean. […] She coulda lost us [had her children taken into care] a' the time, she coulda lost us a' the time, eventually I think, aboot the age o' eleven or something like that, was when she eventually just like right, quit the drinkin' for a while and ended up marrying some other loser guy, you know what I mean, up in [area].*

Kenny (Pilot Study), 38, father of four, recruited through community organisation

For all of the men who experienced parental addictions, as well as the majority of the rest of the men in this group (19/21), social work was a constant presence in their childhoods:

> *Aye, social work was still involved, social work were involved in my life for aboot twelve years or something like that when I was younger, you know, 'cause wi' my mum, wi' my mum being an*

> *alcoholic, an' having different men a lot o' the time, know obviously the social work intervention then. There was always a lot o' respite care at the weekend an' stuff like that, you know what I mean.*

Kenny (Pilot Study), 38, father of four, recruited through community organisation

Seven men (Evan, Warren, Ethan, Aidan, Tony, Kieran and Kenny) described experiencing physical, sexual or emotional abuse. Tony described the physical abuse by his father:

> *They [social work] put me tae my da's at first an' that's when a' the abuse an' that started. I acted up there an' stuff an' I think the final straw wi' them was at one point in time they'd came 'cause I'd to go to the hospital 'cause I ended up wi' my back was a' bleeding an' stuff like that, an' it was 'cause I'd ran away one night I'd wet my bed and I'd ran oot the hoose, an' my dad caught up wi' me an' he beated the living crap oot o' me wi' a belt, an' I ended up in hospital that night an' that's why they eventually took me back to my ma's.*

Tony (Pilot Study), 34, father of five, recruited through community organisation

Eight of the men, whilst not directly experiencing physical or mental abuse, described witnessing violence as a normalised part of their childhoods (Michael, Bobbie, Kyle, Tyler, David, Darren, Aaron, Gavin). For example, Aaron said:

> *My ma and da got divorced I was… my ma was there when she kicked my da through the windae in the stairwell. It was quite funny tae look back noo, probably was traumatising then. I think I was daen well at school then that's when it started tae go like bad at school.*

Aaron, 31, father of one, expecting first child with partner, partner (24) referred for mental health problems

A common recurrent theme in these men's accounts was the absence or unreliability of their own fathers in their childhoods. Ten men had not known their fathers at all growing up, and a further eight had had fathers who were sporadically in and out of their lives (see Table 4.1). The following extract from David was typical of the men who had had absent fathers:

> *My mum was, aye, the major one. There was only two people who brung me up. There was ma wee maw and there was ma wee granny. […] The only memory I've got of my da, was on a bus, just aboot, phew, I dunno, young – aboot seven. I was sitting wi' my ma, we were goin' somewhere, and this wee guy walked on wae grey hair and he went, "oh look, there's ma wee boy, David." And I turned roon tae ma and says, "who's that?" And she went, "that's yer da." I went, "is it?" That was it. That's my only memory, that's it. And he just walked away.*

David (Pilot Study), 49, father of two, recruited through community organisation

Neil described feeling that his father was not really ‘a dad’ to him, a feeling echoed by other men whose fathers had been absent or unreliably present in their lives (Chris, Logan, Neil, Aaron, Bobbie, Michael). Where fathers had been in and out of the men’s lives, this was sometimes due to incarceration (Bobbie, Logan, Chris, Kenny, Darren, Rick):

> *My first memory o' my faither's actually seeing him in Barlinnie Prison… Through a screen. I press the glass. Him asking me tae wonner a screw [kick a prison officer] on the way oot.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

For seven men (Chris, Michael, Darren, Aaron, Logan, David, Bobbie), their mothers were described as a strong and reliable presence in their lives, potentially ameliorating some of the effects of their fathers’ absence. Five men (David, Michael, Logan, Chris, Darren) described being brought up primarily by their mothers and other female relatives (“*my ma' basically raised me. Well, my ma' and my granny, but mainly my ma*” – Darren). For example, Michael described his mother’s role in his early life:

> *I see my ma as my ma-da. My ma an’ my da rolled into one, know what I mean. She was all I’ve ever had for a parent, know what I mean. My ma done right well. […] It was me, my two brothers and my big sister. My ma always worked. She always took me tae her second job. She cleaned in the morning then took me tae the chippy at night (small laugh).*

Michael, 29, father of four, recruited through community organisation

However, for other men (Neil, Kenny, Rick, Aidan, Warren, Kyle, Evan, Tony), their mothers were not a reliable presence in their lives, meaning that, in their father’s absence, they had neither a mother nor a father they could rely on. Six men described other male relatives – uncles and grandfathers – as playing an influential role in their upbringings (Bobbie, Gavin, Aaron, Phil, Bryan, Neil). These men were credited with teaching the men life values (“*me and my grandda' are very similar wi' values when it comes tae honour, discipline*” – Bobbie) and being like father-figures to the men in the absence of their own biological fathers (Bobbie, Gavin, Bryan). For example, Gavin:

> *It got to the point where uncle [name] was called 'dad'. 'Cause I just lost all respect for dad when he left. So uncle [name] became dad. Uncle [name] and uncle [name] taught me more than my father did. I mean, I'm not gonna lie to you. The first thing they taught me was how to do an armed robbery in case I ever needed money that badly.*

> *That was their job. That's what they did. They were criminals. But, yeah, they're the ones that taught me about life and things like that. […] Uncle [name] and uncle [name] showed me how to survive as a man, uncle [name] taught me how to act like a man.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

The overriding common feature of these men's childhood experiences was parental unreliability and instability. However, they also grew up in economically-deprived neighbourhoods and this meant that their childhood experiences often also included exposure to violence and contact with drugs and drug-users. Shane's account of his upbringing illustrates this:

> *Aye. I had a good growing up. But it was just - aboot the scheme [council estate], there's a lot of drug taking, and stabbings, and people being shot a lot. There's a lot. A lot of things happening. Things getting stole aff your washing lines. Just a lot of mad stuff, man.*

Shane, 27, father of three, recruited through community organisation

For some men, these early experiences of witnessing drug use and violence were moderated by loving, supportive and stable families (see section 4.3.2 '*Stable working class upbringings*'). However, for the men in this group, lack of familial support and parental instability exacerbated the effects of growing up close to drugs, gangs and violence. For instance, Kenny described how his early exposure to drugs in his home as a child, coupled with an alcoholic mother and abusive father, led to him becoming a drug runner for local drug dealers in his teens.

Taken together, the childhood experiences of the men in this group paint a picture of instability, feelings of a lack of love and unreliable parental role models. For some, loving mothers or other relatives moderated other sources of instability (Michael, Chris, Logan, Aaron, Bryan, Gavin, Bobbie, David) but for others, both parents were experienced as unreliable, neglectful or absent creating a backdrop of instability against which to grow up (Kyle, Kenny, Rick, Aidan, Warren, Neil, Evan, Tyler, Ethan, Tony, Archie). As will be seen in Chapter Five, these childhood experiences of lack of parental love and stability had marked impact on the men and influenced their discussions of good fatherhood.

4.3.2. "I still had a good childhood": Stable working-class upbringings

Whilst the majority of the men (21/36) experienced multiple sources of social and material deprivation in their upbringings, eleven men (Phil, Bryan, Shaun, Charlie, Lee, Rob, Matthew, Shane, Jake, Cameron, Frank) described experiencing economically-deprived but happy and stable childhoods. Although these men grew up in economically-deprived communities, they reported fond memories of close-knit, loving and supportive families. For example, Frank:

> *Aye. Wur five o' us, and my da' worked in the bus garage, the local bus garage. My ma, my ma did all jo-, all work, my ma. Aye. But it was, I found it dead poor, it was dead, I found it poor if you know what I mean? We didnae get, I try tae gie my kids whit we never got as far enough to skin ourself, because in oor days it was really, really bad.*

Frank (Pilot Study), 51, father of five, recruited through community organisation

For these men, despite experiencing economic hardship, their supportive families and reliable parents had cushioned this for them. Matthew described his memories of childhood holidays:

> *'Cause when I was wee, I remember my mum didn't work but my dad did. And I still had a good childhood. It was all good for me and my sister. And then as we got older, my mum went back to work. And we'd never really done anything holiday-wise, we'd always just been like to Blackpool. When my mum started working, it was the first time we went abroad. When I was sixteen.* ***[Yeah.]*** *I'd heard other people in the school and that saying like "I went tae here and I went tae there." And it was always just Blackpool for me.*

Matthew, 25, father of one, recruited through community organisation

One characteristic factor of these men's childhoods was that, for the majority, their fathers were present in their upbringings (9/11). These fathers also worked (9/11). The men in this group relayed stories of happy, stable childhoods with mothers as a central feature and fathers who were often working but around as part of the family. For example, accounts such as Charlie's were typical:

> *My dad was always working. I mean, but he was always there like from about six every night, you know, he'd be back home. He'd be gone from like eight in the morning and then back at night time. But yeah it was good you know...it was a normal, routine childhood. I was always at school, I'd come home, get my meals made for me and that.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

These men described fathers who were a supportive and reliable presence in their lives. Seven of these men described their fathers as someone they were close to and admired (Matthew, Shaun, Charlie, Lee, Rob, Jake, Cameron). In particular, these men stated that they looked up to their fathers because of their work and aspired to be like their fathers in providing for their families (Matthew, Shane, Rob, Lee, Charlie, Jake, Cameron). For example, Rob:

> *I mean my dad always… he always done what he could to kinda put money on the table. As I say, he started oot as a train driver, and then became a security guard, and then worked in pubs. […] I've said from the start, I want to be like just basically as close to my dad as I can be.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

For these men, whilst fathers worked and mothers were more prominent in their upbringings, they remembered fathers who made time for them and shared special experiences with them. For example, Matthew and Rob:

> *My dad was always working. But when my dad had a day off he'd take us oot and he'd take us doon to the Barras [a local market]. That was good times. And because they were nae everyday things, I think it was more special. One of the things I always remember, was oor days out to the Barras. And we'd go to that wee cake shop thing and then get the chocolate finger biscuit things.*

Matthew, 25, father of one, recruited through community organisation

> *Obviously I wouldn't see him a lot during the week, but at the weekend, he would always make sure he'd took the time off, he made sure it was in his rota, he was off all weekend, he'd kinda be like your best friend kinda thing, and then, it went on kinda thing, I've always had that with my dad, it's like, he's like my best friend, and he still is to this day.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

These men's more stable family experiences in childhood led to more supported adolescent experiences, and more support in later life. These experiences will be explored in sections 4.4 and 4.5.

4.3.3. "My dad was always working": Middle-class upbringings

Three of the men (Lewis, Sayid and Fred) described more middle-class upbringings. In describing these men as having 'middle-class' upbringings, I use Bourdieu's understanding of class in terms of 'habitus' and access to 'capitals'.

Specifically, these men described growing up in more affluent areas, having fathers who worked in professional jobs, and not experiencing economic hardship during childhood. Therefore, in relation to the kinds of material and social disadvantage discussed above, these men had experienced much more affluent, stable and privileged upbringings.

A common theme amongst these men was childhood experiences of fathers who worked long hours, and fathers being less of a presence than mothers in their upbringings. For example, Lewis:

> *Like a lot o' the time my dad, he worked a lot, so as a young boy I could never, I never really remember my dad, it was always my mum. 'Cause my dad was always working.*

Lewis, 28, father of one, expecting first child with partner, partner (34) referred for mental health problems

These three men's more middle-class upbringings will not be the focus of this study. They are mentioned simply to note that due to the nature of the recruitment strategies used (e.g. the THRIVE trial), a small minority of men were recruited who had not experienced social and material disadvantage to the same extent as other men in the sample.

4.4. Adolescence: Transition from childhood to early adulthood

Following on from what for the majority of the men were materially and socially disadvantaged childhoods, the transitional period from adolescence into early adulthood appeared to be a critical period in terms of perpetuation of disadvantage. In this section and the one which follows (Adulthood), the categories the men were in in childhood - 'high', 'medium' and 'low' disadvantage (red, yellow and green in Figure 4.1 respectively) - will be referred to, to demonstrate how experiencing varying levels of disadvantage in childhood appeared to influence the subsequent course of the men's lives.

Table 4.2 shows the breakdown of the men's experiences of deprivation in adolescence. As before, the data from this table are depicted in Figure 4.1.

Participant	Lived in a deprived area	In trouble at school / Left school early	Left school with few or no qualifications	Experience of early redundancy / lack of work	Difficult family relationships in adolescence	Early home leaving (before 16)	Adolescent / early adulthood experiences with criminal justice system	Early parenthood (in teens)	**Total number of sources of deprivation experienced (out of 8)**
Rick	×	×	×	×	×	×	×	×	**8**
Kyle	×	×	×		×	×	×	×	**7**
Neil	×	×	×	×	×	×	×		**7**
Evan	×	×	×	×	×	×			**6**
Warren	×	×	×		×	×	×		**6**
Tony	×		×	×	×	×	×		**6**
Bobbie	×		×	×	×	×	×		**6**
Kenny	×		×	×	×	×	×		**6**
Tyler	×	×	×	×				×	**5**
Chris	×	×	×	×				×	**5**
Ethan	×		×	×	×		×		**5**
Aidan	×		×		×	×	×		**5**
Kieran	×		×	×	×	×			**5**
Aaron	×	×	×	×	×				**5**
Gavin	×	×	×	×	×				**5**
Logan	×	×	×					×	**4**
Darren	×		×	×			×		**4**
Archie	×		×	×			×		**4**
David	×		×		×	×			**4**
Michael	×	×	×				×		**4**
Tom	×		×	×	×				**4**
Lee	×	×	×	×					**4**
Shane	×	×	×	×					**4**
Charlie	×		×	×					**3**
Phil	×		×	×					**3**
Shaun	×		×	×					**3**
Cameron	×							×	**2**
Rob	×			×					**2**
Matthew	×			×					**2**
Jake	×		×						**2**
Bryan	×		×						**2**
Frank	×		×						**2**
Malcolm									**0**
Sayid									**0**
Lewis									**0**
Fred									**0**
TOTALS:	32	13	29	22	15	11	12	6	

Table 4.2. Adolescent sources of deprivation

Note: Colours remain the same as in Table 4.1 (Childhood) for ease of comparison

4.4.1. "I wasnae interested. I just wanted oot o' school": School leaving and early work experiences

For thirteen of the men, particularly those in the 'high' disadvantage group in childhood (red in Figure 4.1), their educational experiences were characterised by a dislike of school and frequent trouble at school (Tyler, Evan, Gavin, Aaron, Lee, Chris, Logan, Kyle, Neil, Warren, Rick, Shane, Michael). This is illustrated by Neil who said:

> *I wasnae interested. I just wanted oot o' school. I would be getting suspended, expelled. Rebellion, you know.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

All of these men left school early, well before age 16 (at 13 or 14 years in some cases), and eight left with no qualifications (Kyle, Neil, Aaron, Warren, Lee, Darren, Logan, Shane). Kyle is typical of this group, describing how he was frequently expelled from school, eventually ending up leaving with no qualifications at 14 or 15:

> *Aye, I got put in a behaviour school, so it's just full a' wee neds [non-educated delinquents] and then I dropped oot a' that and went tae college for a while, and that was all back when I was, like, fourteen, fifteen.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

In addition, 21 men left with only a few standard grades or GCSEs. In five cases, the men suggested that early school leaving was prompted by the lure of possible work opportunities (Lee, Tyler, Evan, Logan, Neil). However, the men discussed how early work experiences had often been cut short prematurely when they were made redundant shortly after starting work. Lee discussed his first job:

> ***[Karen] Did you stick at it [school]?***
>
> *No, I left to take a job when I was fifteen, aye. I was oot the door as soon as I got my National Insurance number. I left and I got a job and it lasted three months and they went bankrupt.*
>
> ***[Karen] Oh no. What was your first job?***

> *A bricky's labourer, I was. As I say, lasted three months and they went bankrupt. So that was me, left school, nae qualifications and nae job. Sixteen and on the dole (laughing). That was me.*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

Lee was one of the older men in the sample but there was no sign that these precarious work situations were getting better, if anything they were getting worse for the younger men. Job security, quality of work on offer and availability of jobs appeared to be worse for the younger men in the sample (see section 4.5.1.2, 'Unemployment, precarious employment and life on benefits'). Tyler also discussed how he had been made redundant shortly after leaving school to take a job at the age of 16, similarly to Lee but 25 years later:

> *I left school at sixteen. Worst thing I ever done man. But I got a job, I got a job. I think I was—I left school and got a job aboot two month efter it. […] But then, boom, I lost my job, I had to gi' up some luxuries, stopped going oot, then the bills, the Virgin bills are starting to go up and stuff, then it's like, we need tae get that cut aff…*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

Several of the men discussed their experiences of being made redundant and the associated loss of confidence, status and esteem this had meant for them. This appeared to be common to men in both the 'high' and 'medium' disadvantage groups in childhood. This led to them experiencing their early adult life precariously moving in and out of low-paid work and thus, in and out of the benefits system.

For almost all of the men (32/36) their early work experiences involved low-pay, manual jobs. Tyler discussed how most of his jobs had been in construction or on building sites. He enjoyed this work but at the time I interviewed him had recently been made redundant again and was currently looking for work. He bemoaned his lack of qualifications and talked about how he wished he had stayed on at school. Lee also echoed this sentiment, describing the difficulties of looking for work with few or no qualifications:

> ***[Karen] Did you find it difficult to get work, then?***
>
> *Oh aye. It was very hard, aye. I done a couple o' casual jobs, like, I cleaned the Sherriff Court and that. I didnae like cleaning but I was*

> *dae'in it, you know, just tae get a bit o' money. I would have done anything at that point. [...] I'd o' liked tae have stayed on school and got my qualifications and got a decent job that I could o' worked at, you know, maybe got promoted and that... but it didnae quite work oot.*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

This illustrates a cycle that was similar for the majority of the men (and initiated in early adulthood) of moving in and out of low-paid work, looking for work, being willing to take any kind of work, realisation of limitation of lack of qualifications and perpetuation of long-term life on and off benefits.

4.4.2. "We used to argue quite a lot an' she used tae kick me oot": Home leaving and family support in adolescence

For 11 of the men (Tony, Kieran, David, Bobbie, Kenny, Evan, Kyle, Neil, Warren, Rick, Aidan), challenging family relationships and relationship breakdown within their families led to leaving home early (before the age of 16). Notably, these were all men who had experienced high levels of disadvantage in childhood. For example, Kyle discussed his experience of being 'kicked out' of home at 12:

> *A bad mum. My mum, plain and simple.*
>
> ***[Karen] Why was she a bad mum?***
>
> *She fuckin' kicked me oot when I was, like, fuckin' twelve, know what I mean? I dunno. Just always dragged us aboot places, put me on medication a' the time, fuckin' dunno. Every wee thing I done, phoned the polis. Dunno, even for the pure stupidest things. I dunno, just never liked her. Didnae get on wae her. We don't even talk anymair.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

Warren too described having been 'kicked out' by his mother at 14 ("*we used to argue quite a lot an' she used tae kick me oot*"). For both men this led to early experiences of homelessness and involvement with the criminal justice system. Warren described his homelessness between the ages of 14 and 20:

> *A bad ma's when my ma kicked me oot. Actually went homeless when I was fourteen, fifteen, sixteen, seventeen, eighteen, nineteen, twenty. Didnae wantae know. [...] 'Cause like see when I was growing*

> *up, I'd tae go intae hostels an' I didnae wantae go an' bother people, my aunties an' that, tae take me in, …I'd actually went an' built a hut in the golf course in [place], a hut oot o' wood. That was where I used tae stay 'cause I'd naewhere else tae stay.*
>
> ***[Karen] What age was that?***
>
> *Fae when I was fifteen right up until I got my hoose in [area].*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

This demonstrates the lack of a familial support system which for most children and adolescents is taken for granted. These experiences of difficult relationships and lack of family support resulted in chaotic and unsupported transitions from childhood to early adulthood.

By contrast, those men who had experienced more stable childhoods (yellow in Figure 4.1), experienced more supported transitions from childhood to early adulthood. These men reported leaving home later, and feeling supported by their parents even after leaving home. For example, Charlie:

> *My mum was always there for me, you know. She was always... she did everything for me, you know, and even when I was like fourteen, fifteen, you know an'... She's always a worrier and that's why... I mean like see, in the past, I've lied to her... I lie aboot things like no' working, you know, because it's just I don't want her to be worried. But it's just wee things, you know. I hate to disappoint my mum, you know, because she's done so much for me and that's why I just want to do my best for her.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

For twelve men in the 'high' disadvantage group in childhood (Rick, Kyle, Neil, Warren, Tony, Bobbie, Kenny, Ethan, Aidan, Darren, Archie, Michael) lack of support and security during adolescence led to adolescent involvement with the criminal justice system. Rick described how he was currently "through the courts" and how, in preparation for the arrival of his daughter, he wanted to change his behaviour to become more responsible:

> ***[Karen] So tell me a bit more about that then, what do you mean when you say you're "through the courts"?***
>
> *Well obviously I'm on like, I've got a criminal record pretty much.*
>
> ***Right, yeah.***

> *Aye, but I'm trying to change that. I need tae start using my loaf [head] pretty much.*

Rick, 18, expecting first child, partner (16), referred for social work concerns

For Aidan and Rick, these experiences of lack of stability and family support were exacerbated by the fact that they were leaving the care system. Their life experiences had involved uncertainty and lack of (or irregular) contact with their biological parents for many years, even prior to adolescence. Aidan described his transition to living alone during adolescence:

> *I started running away from home, from the foster carers. This is how... that's where I ended up sort o' where I am. … I started drinking a lot. I started taking drugs, things like that. […] My alcohol levels were getting ridiculous to the point where I was having mental health problems, self-harm. Suicide thoughts.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

For the men who had experienced high disadvantage in childhood, and a difficult relationship with their parents or care-givers in adolescence, this often led on to a lack of relationship with, and thus lack of support from, their parents in adulthood. For example, Aaron:

> ***[Karen] Did you stay in touch with your biological dad?***
>
> *Naw, he stays [lives] a couple of squares away. I gave him a chance when I moved doon here wi' a Father's Day card, and my phone. I went and visited him every so many month but I'm still waiting on him tae phone me. I say "alright" tae him when I pass him but I don't have an in-depth conversation wi' him.*

Aaron, 31, father of one, expecting first child with partner, partner (24) referred for mental health problems

This experience was echoed by Neil with his biological father. In both cases, the men described acknowledging their fathers on the street but having no real relationship with them. A further seven men (Tyler, Ethan, Tom, Evan, Gavin, Kyle, Warren) described how they felt the relationship had broken down with their mothers as well as their fathers, resulting in a loss of support from either parent in adolescence and / or adulthood.

The contrast of the 'high' and 'medium' disadvantage men's experiences during adolescence demonstrates how disadvantage in childhood was compounded as the men’s lives progressed. Men in the ‘high’ disadvantage group described experiencing difficult relationships with their parents or caregivers which resulted in early home leaving, early homelessness, and adolescent involvement with the criminal justice system. Whereas the men in the ‘medium/low’ disadvantage groups described adolescences which were more supported, increasing the likelihood of these men experiencing less disadvantage in adulthood.

4.4.3. “I wasnae too sure whether I was the father”: Early parenthood

Six of the men (Kyle, Tyler, Cameron, Chris, Logan, Rick) had become a father or were about to become a father in their teens. Their experiences varied in terms of the relationship they had with their partner and the support they had from older family members. With the exception of Cameron, these men were all in the ‘high’ disadvantage group in childhood.

Kyle's experience of having his first child at 19 was one of difficulty and unwillingness. He was in an on-off relationship with the mother of his child and found out about the baby whilst he was incarcerated in a Young Offenders Institute [YOI]:

> ***[Karen] So how did you feel the first time you became a dad?***
>
> *She didn’t tell me.*
>
> ***So when did you find out?***
>
> *A boy I knew came up to a visit [in the YOI] and told me, and he wasnae too sure but he had heard that she had had the wean and I phoned ma mum and ma mum done a wee bit a’ noseying and found out. […] I knew it was a wee girl when I got oot. I wasnae too sure whether I was the father.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

Thus Kyle’s experience of becoming a father for the first time was unplanned, unexpected and fraught with difficulties. His unstable living conditions (being incarcerated), difficult relationship with the mother of his child and general attitude towards the situation all contributed to the outcome that he ultimately had no contact with his daughter.

Tyler, by contrast, was in a stable and happy relationship with his partner when his first child was born at 18. Although his paternal experience was happier, his daughter was taken into kinship care due to concerns over his and his partner's ability to care for her. At the time of our interview, Tyler was 20 and his two-year-old daughter lived with his father nearby. Tyler and his partner were still together in a stable relationship, were keen to get their daughter back, and were currently expecting their second child together. He discussed his concerns that their second child would also be taken into care. However, he was realistic about this possibility and focused on what he could do to demonstrate to social work that they could be good parents. Unlike Kyle, Tyler and his partner saw their daughter almost daily and he talked fondly about her role in his life and how much he loved her.

The remaining four young men (Logan, 15; Chris, 17; Rick, 18; and Cameron, 19) were all anticipating first-time fatherhood at the time of our interview. These four men described themselves as happy and excited about the prospect of the baby's arrival. However, with the exception of Rick, these young men also described tensions with their own and their partner's families since the announcement of their partner's pregnancy. For example, Logan:

> *I was happy, I was happy but it's… nothing that I could do really but I'm happy now that we've got a kid [on the way] together. […] 'Cause my sister was fifteen when she had her kid, and that's why mum weren't like really like too shocked if you know what I mean. But she was a bit like angry but she like, she was like that, "Well I can't do nothing except for just support you." So then she just took it from there, that was it.*
>
> ***[Karen] And what about Ellie's parents, how did they react?***
>
> *I don't know, I didn't... they were a bit angry, but they don't speak to me at all, they don't really like me. So I just deal with that. She said "they're angry with you and me." I said, "Well they're gonna be obviously because you're young still and I'm young, so..." But she's [partner's mum] starting to get round it now.*

Logan, 15, expecting first child, partner (15) referred for social work concerns

These men also demonstrated awareness that they were being judged against societal expectations of them as young fathers. Chris described his impressions of the stereotypes others had of young fathers:

> ***[Karen] Do you think people have, like, a particular thing in their mind when they think of young dads?***
>
> *Yeah. Shaved head. Druggie. Alcoholic. No job. And... doesn't really give a shit, yeah.*
>
> ***Yeah. And a good parent or a bad parent?***
>
> *Bad.*
>
> ***So how do you relate to all of that? What would you say to that?***
>
> *I haven't got my head fully shaved. I don't drink, I don't do drugs. I'm on a work placement and... I don't know.*
>
> ***Is that in relation to the last one?***
>
> *Yeah. I don't know if I'll be a good parent or not. Hopefully I will.*

Chris, 17, expecting first child, partner (17) referred for social work concerns

The Scottish Government’s consultation on young pregnancy and parenthood lists risk factors for early parenthood as: those living in poverty and/or areas of deprivation; who are looked after and accommodated and/ or care leavers; those who are, or are at risk of, homelessness; those who have poor attendance at school; those who have low educational attainment; those who are in contact with the justice system; and those whose parents had children under 20 (Scottish Government, 2015). It can be seen that all the men described in this section fulfilled one or more of these criteria (see sections 4.4.1 and 4.4.2). Three men (Logan, Chris and Rick) described how their own mothers had had them young, and Cameron and Rick both had partners who were care leavers (Rick was also a care leaver). In addition, five (Kyle, Logan, Chris, Tyler, Rick) described themselves as leaving school early and having few or no qualifications, and Kyle and Rick were both in contact with the criminal justice system. Thus, it is likely that the material and social disadvantage these men had experienced to this point in their lives contributed to them becoming parents at a young age.

4.5. Adulthoods: Current circumstances

The men's experiences of material and social disadvantage in their adult lives reflected the current economic conditions of austerity and the disadvantage they had already experienced up to this point in their lives. These circumstances formed the immediate context in which they were fathering or about to become fathers. I have divided the men's adulthood experiences into those relating to: 1) material deprivation (housing, neighbourhood, poverty, work), 2) social deprivation (relationships and social work involvement) and 3) sources of instability (homelessness, prison, drugs, violence).

Table 4.3 shows the men's sources of deprivation in adulthood.

Participant	Currently living in a deprived area	Currently living in council housing or temporary accommodation	Unemployed	All adults in household unemployed	Partner has vulnerabilities*	Current social work involvement with family	Living apart from current partner and/or children	Previous social work involvement with family (in adulthood)	Previous child(ren) on the Child Protection Register	Previous biological child(ren) taken into care	Previous child(ren) that he no longer sees	Difficult relationship with ex-partner(s) (mothers of his children)	Problems with addiction (in the past / current)	Prison in the past	**Total number of sources of deprivation experienced (out of 14)**
Michael	×	×	×	×	×	×		×	×	×	×	×	×	×	13
Aidan	×	×	×	×	×	×		×	×	×	×	×	×	×	13
Tony	×	×	×	×	×	×		×	×	×	×	×		×	12
Aaron	×	×	×	×	×	×	×	×			×	×	×		11
Bobbie	×	×			×	×	×	×	×	×	×	×		×	11
Darren	×	×	×	×	×	×	×	×	×				×	×	11
Warren	×	×	×	×	×	×		×	×				×	×	10
Ethan	×	×	×	×	×	×	×	×			×	×			10
Kyle	×		×	×	×	×		×	×		×	×		×	10
David	×	×	×	×	×	×	×	×	×			×			10
Tyler	×	×	×	×	×	×		×	×	×					9
Gavin	×		×	×	×	×		×	×					×	8
Evan	×	×	×	×	×	×		×					×		8
Lee	×	×	×	×	×	×	×						×		8
Rick	×	×	×	×	×	×	×	×							8
Jake	×		×	×	×		×	×			×	×			8
Archie	×	×	×	×	×	×		×					×		8
Frank	×	×	×	×	×	×		×	×						8
Logan	×	×	×	×	×	×	×	×							8
Chris	×		×	×	×	×	×	×							7
Shane	×	×	×	×	×	×		×							7
Shaun	×	×	×	×	×	×		×							7
Kieran	×	×	×	×		×		×							6

Tom	×	×	×	×		×		×							6
Bryan	×				×	×		×	×						5
Kenny	×		×		×			×					×		5
Neil	×	×			×						×			×	5
Charlie	×	×	×	×	×										5
Phil	×	×	×	×	×										5
Rob	×	×	×	×	×										5
Malcolm	×	×	×	×	×										5
Matthew	×	×	×	×	×										5
Cameron	×				×	×									3
Sayid	×	×			×										3
Lewis					×							×			2
Fred					×										1
TOTALS:	34	27	29	28	34	25	10	24	12	5	9	10	9	9	

Table 4.3. Adulthood sources of deprivation

Note: Colours remain the same as in Table 4.1 (Childhood) for ease of comparison

**Vulnerabilities defined as: mental health problems, substance misuse in the last 12 months, criminal justice involvement, complex social care needs, domestic abuse, homelessness, child protection concerns or a young person leaving care.*

4.5.1. Material deprivation

4.5.1.1. “We can't bring up a child in this flat”: Housing, neighbourhoods and poverty

The vast majority of the sample men (with the exception of Lewis and Fred) were living in economically-deprived areas of Glasgow or the surrounding areas at the time of our interview. The majority were living in council housing (27/36). Five (Sayid, Warren, Darren, Aidan and Rick) were living in temporary accommodation provided by the council due to declared homelessness at the time of the interview. A further five (Kyle, Bryan, Jake, Gavin, Chris) were living in temporary homes with relatives or friends and planning a move before or soon after their baby was due to be born.

Whilst the majority were experiencing economic hardship, some had experienced more severe material deprivation than others in their adult lives. Eight of the men (Aidan, Warren, Kyle, Michael, Gavin, Rick, Tony, Darren) could be said to be currently living in conditions of severe material deprivation: living in temporary housing (Aidan, Warren, Kyle, Gavin, Rick, Darren), describing themselves as homeless (Aidan, Warren, Darren, Rick) and having little in the way of income (Aidan, Warren, Kyle, Michael, Gavin, Rick, Tony, Darren). Aidan described his experience of living in severe poverty and preparing for the birth of his child:

> *Because this is a... this address is only a temporary furnished flat. We are expecting to be moved maybe in the next couple o' weeks. There was an application put through for a Section Five.*
>
> ***[Karen] Okay. Tell me what that means.***
>
> *That means it's a... we'd be moved and it's sort o' for health and safety reasons. And it's... I've not actually really looked at the Section Five myself. It's mostly been applied for for us. […] We can't bring up a child in this particular flat, it's only temporary. They're still having tae go through the process of helping us and how they can... how we can be granted the welfare fund. We need that as well for furniture because it may well be an empty house.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

As in their childhoods, the men's experiences in economically-deprived neighbourhoods exposed them to local drug-use, violence and other crime. Three of the men had been stabbed or attacked in the areas where they lived (Warren, Shane and Michael). These issues were a concern to some of the men; both for their children and for themselves. For example, David worried about protecting his daughter from early exposure to drugs and Tom related his dislike of seeing 'junkies' in the lifts of his building when coming in and out with his daughter:

> *This area's been good, aye. Quiet. Apart fae the junkies when they're in the lift wi' the wean. It's no' nice man, especially when they're oot their face [high] an' that an'... gets me quite angry. But you just, you cannae say nothing, you just get on wi' it.*

Tom (Pilot Study), 31, father of one, recruited through community organisation

An additional ever-present facet of the men's lives was their dealings with "the housing". For those men housed by the council (27/36), the council housing office wielded much power and control over their lives. For example, Neil, who at the time of interview had a family of three and was expecting twins with his wife, had requested to the housing office to be moved to a larger house. He discussed how they were entirely dependent on the housing office as to where they might be moved or when they could move. Similarly, Aidan discussed how although they could, in theory, refuse a house that was offered to them, doing so would mean that they would go back on a waiting list and could be waiting for another home for up to a year and a half. Examples such as these illustrate the lack of control, and the potentially disempowering effects of this, prevalent in the men's lives.

4.5.1.2. "The hard thing aboot a job is trying tae get a job": Unemployment, precarious employment and life on benefits

At the time of interview, the majority of the men (29/36) were unemployed. For most, their adult working lives had been characterised by moving in and out of work and on and off benefits. The majority had experienced periods on benefits (31/36) and many discussed how this was difficult and demoralising. There were numerous stories of how living on benefits meant you felt ‘poor’ and how the system did not encourage you back into work:

> *When you’re on benefits, you know, there’s just – you don’t have any money to do anything. It’s just enough to get by. That’s all they gie you, so. It’s hard. You kinda end up just sitting staring at the same four walls all day, day in, day out. It doesnae help.*

Matthew, 25, father of one, recruited through community organisation

The men also discussed the effects this had on self-esteem and self-confidence:

> *I went through a period a couple of year ago, I got laid off in January. For aboot two or three months and it was absolutely soul-destroying, man. It was soul-destroying. Definitely.*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

Most of the men were clear that they did not want to be on benefits and would prefer to be in work.

Nine of the men were actively looking for work at the time of our interview (Rick, Rob, Charlie, Ethan, Michael, Matthew, Phil, Tyler, Kieran). Many of the younger men in particular discussed their desperation for a job, and related this specifically to having a child on the way. Charlie exemplified this, stressing his desire simply for a stable, minimum-wage job. However, in contrast, there was also a group of men who did not mention work at all and appeared to have disengaged from any expectation of work (Aidan, Warren, Kyle, Shane, Aaron). These men’s attitudes towards work and provision in relation to fatherhood will be returned to in Chapter Five.

For those in employment, work was often shift-based or zero-hours contracts (Bryan, Neil, Charlie, Cameron, Sayid, Bobbie). Many of the men’s past work was characterised by poor conditions: low-pay, insecurity and chance of redundancy (Charlie, Rob, Matthew, Ethan, Bobbie, Phil, Cameron). Five of the men described working zero-hours contracts and having had their hours reduced until they had no choice but to quit (Matthew, Bobbie, Archie, Ethan, Michael). For example, Matthew:

> *I used to work for [computer game shop] and my contract was for eight hours. But I’d always had more than that. But then they put my*

> *hours back and my hours back, and my hours back. And it just got to the point where I couldnae live on it anymair. So I had to leave that. And I've pretty much been unemployed since then. That's going on four years now.*

Matthew, 25, father of one, recruited through community organisation

Lack of qualifications also often impeded the men in finding well-paid, higher quality work (see section 4.4.1). The overriding impression given by the men was one of precarious, irregular and insecure employment.

Against this backdrop, the men talked about moving between work and benefits and sometimes doing illegal things to get by. At least three of the men had taken on 'odd-jobs' in addition to their benefits (Darren: caretaking; Ethan: "selling and scraping"; Tony: gardening, electrical work). Charlie talked about the difficulties of getting by on his 'off-the-books' jobs in take-away restaurants, which paid less than minimum wage and were not declared by his employers. He described never having had a legally-recognised job, and wanting a shop job so that he could have a 'proper' job and earn minimum wage:

> *I've worked three places and every one of them has been 30 or 35 pound a night, you know. For all these hours. I know it's... there's people like me who are in the kitchen like, like over an hour I can prep like five or seven different things and then we're getting paid like three pound for a whole hour.*
>
> …
>
> *I know it's a bit illegal, but like some of these places I've been working in, I've been signed on as well because, 'cause like, you know, I can't survive on those wages and that. But like, even when I was getting by on benefits and that, it's just it's not, it's not good, you know.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

Some of the men had been taught (often by relatives) ways of making money illegally. For example, Gavin had been taught by his uncles how to get money "by working or robbing" when he was young. Others had dealt drugs (Darren, Evan, Kenny, Ethan) and the money earned was in stark contrast to that received on benefits. In spite of this, most of the men discussed their desire simply for a 'legal', reliable job:

> *I pull money in now and again. I do, I pull the money in but if I had a legal job, a legal job, man, where I can earn legal money then I'd be happy wae that – like a job like yourself, know what I mean? That would be a lot easier than going out and selling and scraping and getting by, know what I mean?*

Ethan, 27, father of three, recruited through community organisation

Four of the men (Evan, Charlie, Phil, Matthew) stated that their partners might be more likely or able to get a job than them. For example, Evan:

> *I'm smart enough to know that Danielle's more intelligent than me as in, like, academically. She's got more qualifications so she can get further, or get more opportunities. […] So I've got no problem with Danielle going to work and me being a live at home dad, I've got no problem about that.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

These men mostly expressed that they were happy with their partners being the ones to earn the money, and expressed commitment to their dual responsibility for providing for the baby. However, Charlie and Matthew also displayed views at other points in the interview which suggested they felt the father should be the main breadwinner. Other men conveyed that, in the context of their partners' vulnerabilities (see section 4.5.2.1), they felt that the burden of financially providing for the family fell on them:

> *Naw, if Vicki came tae me tomorrow, or even today, "I've got a job..." Brilliant, that's good news. I just know it won't last long. That's how there's nae point, me no' working and stay in the hoose 'cause I know that five minutes later she's gonna come back through that door wi' nae job. And then I've gottae find a job. I think the hard thing aboot a job is trying tae get a job.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

The men's descriptions of their working lives and current circumstances painted a picture of surviving on low-incomes, insecurity and uncertainty over the future, even for those in work. The majority of the men's working lives had followed a cycle of looking for work, accepting low-paid, unreliable work, redundancy, and moving back into the benefits system. The men discussed their desires to 'provide' for their families but how the lack of good-quality job prospects prevented this. Lack of qualifications exacerbated this situation. The men’s descriptions of living on benefits and their dealings with the benefits system indicated a system that provided a safety net but was demoralising and difficult to survive on.

4.5.2. Social deprivation

4.5.2.1. “As long as I’ve been wi’ her she’s been on depression”: Partner vulnerabilities

The majority of the men (34/36) had a female partner with significant vulnerabilities, ranging from mental health problems (depression, anxiety, OCD) to drug addiction issues to complex social care needs (previous children in the care system, current child protection concerns). This was a direct result of the way in which the men were recruited (i.e. through THRIVE). However, it is notable that of the men recruited through community organisations, twelve of these fourteen men’s partners also had vulnerabilities (see Table 3.10).

For around two thirds of the men, these vulnerabilities involved dealings with social work and outside bodies (e.g. drug charities) as their partners’ problems led to concerns over their ability to care for their children. This was the case particularly where their partners had had previous (or ongoing) addictions to drugs or alcohol (Lee, Darren, Michael, Bryan, Shaun, David), or continued contact with violent ex-partners (Evan, Michael, Bryan, Phil, Darren, Archie, Shaun, David). Bryan described his current situation with social work because of his partner’s past drug addiction and relationship with her abusive ex-partner:

> *We were at a pre-birth meeting last week we had, like, everybody there. Like health workers, midwives, social workers – the police were even there. And obviously, reading wur file and a’ that, but again there was a lot of problems wi’ her family and stuff like that – and the last year she’s turned herself right aroon. I’m no’ saying that’s a’ doon tae me, it’s doon to her as well, you know what I mean? But she’s turned her life right aroon basically, for the best, you know what I mean? So, hopefully come next year we get [partner's daughter] back and we can just get on with it, you know what I mean?*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

Seven of the men’s partners had been in care as children (Rick, Aidan, Cameron, Tyler, Bryan, Gavin, Shaun). This also resulted in increased involvement from social workers. In addition, social workers were involved with a number of couples because of the young age of the men’s partners (Chris, Cameron, Kyle, Rob, Tyler, Logan, Rick).

Eight of the men’s partners had had children taken into care (Darren, Michael, Gavin, Aidan, Bryan, Tony, Tyler, Bobbie). In five cases (Darren, Michael, Gavin, Aidan, Bryan), these children were their partner’s child(ren) from previous relationships. This was often to do with drug-use, neglect or perceived inability to cope. Men varied in how they spoke about social work and the children being taken into care depending on whether it was their own child (Tyler, Bobbie, Tony) or not (see next section), and depending on their social parenting relationship to the child. For example, both Michael and Bryan were acting in a social fathering role to their partner’s child(ren) and had regular contact with these children. However, Gavin, Darren and Aidan had not met their partner’s child(ren) before they were removed from her care. Thus, Michael and Bryan talked about the children as if they were their own children, and discussed their eagerness for them to be returned to their and their partner’s care (“*hopefully come next year we get [partner's daughter] back*” - Bryan). By contrast, Gavin, Darren and Aidan expressed sympathy towards their partner but did not associate themselves with the interactions she had with social work regarding her previous children (“*I keep out of it. That’s her business, not mine*” – Gavin). They did not anticipate playing a parental role in their partner’s children’s lives and discussed the children placed in care in more distanced terms. For example, Darren:

> *She [partner] actually has got a girl at fifteen. She’s in foster care actually, but she still talks tae her every day and she’s coming to stay next week – but she lost her two boys. They’ve been adopted oot, d’you know what I mean? So she’s kinda scared, but she’s taking it as a second chance, basically [the current pregnancy] – but she feels guilty ‘cause o’ her two boys she’s lost, d’you know what I mean? I says, you cannae look at it like that, d’you know, at the end of the day, when they’re aulder, they’ll know aboot you and you can sort it oot then.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

Ten of the men's partners suffered from mental health problems: mainly anxiety and depression (Malcolm, Lewis, Evan, Sayid, Jake, Neil, Aaron, Charlie, Matthew, Frank). These men were in the main supportive of their partners in dealing with these issues. For example, Neil:

> *Aye, she's on medication. She sees doctors, she's depressed. As long as I've been wi' her she's been on depression. She copes wi' it alright, you know, good days, bad days, but once she takes her medication an' that she's alright. That's never been an issue wi' us anyway. We still get on, life's as well as it can be expected. We just get on wi' it.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

These vulnerabilities added to the complexity of the men's lives and fathering circumstances as they attempted to manage their partner's difficulties and negotiate outside involvement of social workers and other agencies as part of their fathering.

4.5.2.2. "The social work tried tae take him": Social work involvement in family life

Twenty-five of the men had current social work involvement in their lives. For many, social work involvement was a running theme throughout their lives: twenty-one men had also experienced social work involvement in their childhoods. The majority of these men discussed this outside surveillance of their lives as if it were 'normal' and to be expected. Social work involvement meant outside monitoring of their family lives and judgement over their ability to parent. It was notable how accepting the men were of this and how little they seemed to resent this outside surveillance of their parenting. This is perhaps demonstrative of a more general expectation and acceptance of outside control over their lives (housing, benefits, social work and so on).

In some cases, social workers were involved because of concerns over the man's partner and her capacity to care for the children (see above). However, in some cases it became clear from the man's account that social work's concerns were about his influence on the family, for example, Warren's past alcoholism, drug use, prison and homelessness and Kyle's past imprisonment in a Young

Offender's Institute. For nine other men (Michael, Ethan, Logan, Rick, Aidan, Shane, Tony, Tom, David) this was also the case. This demonstrates how the men's accumulated experiences of deprivation over their lives continued to affect their current family lives. A clear example of this is given by Michael. The impact of Michael's (and his partner's) past drug use was such that social workers were heavily involved during his partner's pregnancy and in the early stages of his youngest son's life. Michael described his experience in the days following his son's birth:

> *It was good-, well the social work tried tae take him. Fae hospital. But we got our lawyers tae take it tae court an' the judge under-ruled it, said "no". Said the two o' us had been dae'in perfect, know what I mean, for well over a year. But social work were saying that wasnae enough evidence, but the judge says, "I think it is," so...* ***[Yeah.]*** *An' here we are fourteen month later. Now he's aff the register an' that, he's no' even on social work...*

Michael, 29, father of four, recruited through community organisation

For Michael, as well as others (Tyler, Kenny, David), there was significant effort put in to prove that they were adequate parents for their children. However, other men (Bobbie, Ethan, Tony) seemed resigned to accepting social workers' decisions around their contact with their children and there was a tendency to blame others (for example, ex-partners) for their lack of contact with their children.

In conjunction with this, from Table 4.3 it can be seen that 12 of the men had children on the child protection register and five had had their own biological children taken into care (Michael, Aidan, Tony, Bobbie, Tyler). These are not actions which social work undertake lightly: children are placed on the child protection register because there is a perceived risk to their health or safety. This can be because of risks of neglect or abuse, perceived risks because of drugs or alcohol within the household or risk of violence from one or both parents (Scottish Government, 2014). The men who had had children taken into care or put on the child protection register sometimes demonstrated awareness of these risks and some felt that outside care was the best place for their children. For example, Aidan:

> *Well, I know that [son] is in good hands and if that family [kinship carers] had decided to withdraw her [his ex-partner's] visiting privileges then that may well be because if someone's obviously absorbing alcohol and absorbing illegal drugs then it's not a good place for a child.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

However, others showed only a hazy understanding of the reasons why their children were deemed to be at risk by social work. For example, Ethan described how he thought he had been stopped from seeing his oldest son because he had offended the chairman of the children's panel he attended.

As outlined above, having a child put on the child protection register demonstrates concern over serious risk to the child and therefore highlights the ongoing unstable nature of the men's lives. Therefore, despite the men's antipathy for the instability of their own childhoods, it appeared that, for some, they were providing for their children the same kinds of instability that they themselves experienced (Aidan, Tony, Ethan, Warren, Michael, Bobbie, Kyle, Tyler).

The men's accounts demonstrated a general acceptance of social work involvement in family life. The men did not appear resentful towards the outside monitoring and control over their parenting or their ability to see their children.

4.5.2.3. "She was just twisted": Relationships with ex-partners and children

In addition to the challenges outlined above, often the men's relationships with ex-partners were a significant source of stress and conflict in their lives. Eleven had children from previous relationships, who lived apart from the men (Jake, Kyle, Neil, Aaron, Lewis, Darren, Ethan, Michael, Aidan, Tony, Bobbie). With the exception of Darren and Lewis their contact with their previous children was sporadic or non-existent. In total, nine had children from previous relationships who they did not see anymore. This was conveyed as being due to their antagonistic relationships with their ex-partners. The men related stories of feeling like their ex-partners had been unreasonable with them, for example, cancelling visits at the last minute (Jake, Bobbie, Ethan). Many of them spoke of heated arguments, disagreements and misunderstandings with their ex-partners. This is illustrated by Aaron and Jake:

> *I came back fae Florida wi', fae Disneyworld, so she didnae like that, and when I came back I went tae the wean's door wi' hunners of, I'd been tae designer outlets, so I got all the wean's stuff, and all that, all the top designer stuff, and she told me put it in a charity shop. Flung it oot, the wean was greetin'. She used tae say that I would never turn up and all, and I'd be like that, "naw, I always turned up." So it was just one of they ones, she was just twisted.*

Aaron, 31, father of one, expecting first child with partner, partner (24) referred for mental health problems

And Jake:

> ***[Karen] Do you wanna tell me a bit about not being able to see [middle daughter, 6]?***
>
> *That was a tough one. I was seeing her every, like two nights a week every week until she was one. Then I went into hospital, I'd a stomach ulcer. Obviously I wasn't able tae take her this week an' she [his ex-partner] was like that "well if you cannae take her this week, you'll no' be getting her again." So I've not seen her since.*

Jake, 27, father of five, expecting third child with partner, partner (33) referred for mental health problems

For many of the men who no longer saw their children, in their minds the level of stress involved in continuation of contact had become unfeasible. Jake talked about having to 'walk away' for the sake of his own mental health and other men echoed this sentiment (Ethan, Bobbie, Tony, Kyle, Aaron). For example, Ethan talked of how continuing to try to see his son was 'too much heartache':

> *I think she'd probably let me see him, but she would gie me her number, or something like that, like she did the last time, and then ended up ditching the number 'cause of my other partner… If she wants to, it's up to her, man, but it's no' the road you really want to take, know what I mean? It's too much heartache for me.*

Ethan, 27, father of three, recruited through community organisation

Whilst these relationships were obviously difficult and fraught with tensions, the lack of contact with their children was relayed as a source of sadness for some of the men (Ethan, Neil, Jake, Michael). However, others discussed these circumstances as if they were beyond their control, blamed their ex-partners and rationalised their lack of contact by saying that their children could 'find them' in the future if they wanted to (Aidan, Kyle, Aaron, Bobbie, Tony). These men did not seem to connect these experiences with their own upbringings with absent fathers, and what for some of them was still a great deal of anger at their own father's absence (Bobbie, Tony, Aaron).

4.5.3. Sources of instability

4.5.3.1. "All o' my pals are either deid or in daein' jail": Homelessness, prison, drugs, violence

As with their experiences in adolescence, many of the men's experiences in adulthood reflected the general instability of their lives and contributed to their continuing deprivation. Some of these experiences represented sources of instability and lack of control, for example, adult experiences of homelessness, imprisonment, drug use and violence.

Seven of the men described having experienced homelessness: living on the streets or 'sofa-surfing' on friends' sofas (Aidan, Warren, Darren, Tyler, Michael, Sayid, Rick). Some of these men had spent time in hostels or B&Bs (temporary homeless supported accommodation). Michael and Aidan both described meeting their partners in homeless hostels:

> *Well I stopped taking drugs when I met Lisa, and Lisa stopped drinking. Aye, we've been the gither ever since. Nearly three year noo. We met in hostel an' a'.*

Michael, 29, father of four, recruited through community organisation

Five of the men talked about having to 'go homeless' (declare themselves homeless to the council authorities) in order to get a council house (Aidan, Warren, Darren, Sayid, Rick). This experience, whilst perhaps not as debilitating as actually living on the streets, reflects a general lack of control over one's life and loss of the security of knowing you have a home. For example, Sayid described his experience of becoming 'homeless':

> *Yeah so we became homeless because the landlord had not been paying his mortgage and then his house was repossessed but he hadn't given any warning that he was having these financial difficulties. And we just got the letter through the door saying "your home is being repossessed." So we thought 'well I have to get out of here. I'm not waiting to get kicked out so we'll leave now'. And*

> *Lauren was getting more and more panicked that we'd be homeless when this baby came. So then she got that emergency accommodation which was incredible. It took one day.*

Sayid, 28, expecting first child, partner (35) referred for mental health problems

Similarly, Darren described the circumstances surrounding the upcoming birth of his child with his partner, and how his current homelessness would affect this:

> *The baby will be living wi' Angela but hopefully, by the time I, 'cause if I'm in a hostel, I'll no' be able to take her to stay wi' me 'cause 'm only allowed to stay oot twice a week – but if she needs a break, I'll stay at hers wi' the kid, do you know what I mean? […] I'll no' be able to live wi' her – just hopefully, in aboot a year, I'll have my ain place and it might be easier – but we don't know how me and her will be by that time. We might end up putting us mair together, I don't know.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

Nine of the men had been in prison in their adult or early adult lives (Kyle, Neil, Warren, Darren, Michael, Aidan, Gavin, Bobbie, Tony). As in adolescence, this was more often than not related to the deprivation of their lives: lack of housing, lack of a support system and having experienced severe material deprivation. Warren described the crime he was sent to prison for, and it can be seen how entwined this is with his earlier experiences of homelessness:

> *Just something I done man, it was... see when I was homeless man I drank a three litre o' cider an' I took a couple o' blues, valium, an' I'd bumped into this boy right… an' four weeks before it, him an' his brother had robbed me, so I just seen him an I done what he done tae me. I robbed him, an' I kicked his, kicked his legs away fae him.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

The men's chaotic adult lives – homelessness and stays in prison – were also often associated with drug use. Nine of the men had experienced addictions in their adult lives. For Darren, Michael and Lee, this was prolonged heroin-use from their 20s onwards, though all three had recently become 'clean' and were currently on heroin substitutes and attending treatment programmes. The men's descriptions of drug-use underscored the destabilising effects of drug-addiction. Darren described the effects on his friendship circle, and therefore his network of social support:

> *All o' my pals are either deid [dead] or in daein' jail, heavy sentences, d'you know what I mean?*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

These addictions interfered with family life and often led to involvement of social work with their families (Michael, Aidan, Warren, Darren). For example, Darren described how he tried to keep his drug use away from his children but that they saw more than he thought they did:

> ***[Karen] So do you think they [his children] were a bit affected, then?***
>
> *It affected my twenty-five-year-old 'cause she got to sixteen, she moved to [area] and she ended up on drugs for a wee while, tae, fae she was sixteen to aboot eighteen. She's been clean since, but I think it's, she'll say it's because it's what she was used to seeing – which I thought she never seen, but obviously she must have.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

Darren's current partner also struggled with heroin-addiction and as a result all of her previous three children had been taken into care.

Seven of the men had also experienced the death of a parent related to their parent's problems with alcohol or drugs, resulting in further lack of familial support in adulthood. Neil, Warren, Darren, Tony, David, Bobbie and Kenny all discussed how their parents' problems with drugs or alcohol had led to their premature deaths during the men's adolescence or adulthood. These men were all men who had experienced high disadvantage in childhood.

Eight of the men discussed their own mental health problems (Evan, Aidan, Shane, Michael, Warren, Ethan, Matthew, Aaron). Some related these to their 'bad' childhoods. For example, Evan:

> *One of the reasons I don't remember a lot of my childhood I think is, was a defence mechanism. Like my mind just decided to just store it away somewhere, or wipe it out even. […] I could be, just blame my childhood, whatever. Obviously they [parents] affect you. I try not to think, dwell on that, but I still think I have mental hang ups, and I have mental issues.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

Others (Shane, Michael, Ethan, Aaron) related their anxiety, paranoia and mental health problems to traumatic events such as being attacked or losing a sibling to drug overdose or violence. For some of these men, their problems were so severe that they were unable to work and had been signed off on long-term incapacity benefits (Shane, Michael, Aaron).

Two men (Kyle, Rick) were currently involved with the criminal justice system, with future court dates at which there was a risk of being incarcerated. Whilst in the minority, these experiences demonstrate sources of instability which may have bearing on these men's fatherhood.

The men's descriptions of their lives illustrate the circumstances the men were living in at the point they were about to become fathers for the first or a subsequent time. As in childhood, these men's adult circumstances were characterised by instability. However, unlike in childhood, the men had all (with the exception of Lewis and Fred) experienced living in conditions of material deprivation, largely because of unstable and insecure working conditions. In addition, for most, in adulthood there was a lack of control over their own lives: housing, work, family life, social work involvement, contact with their children and so on. Almost all of the men were also fathering in the context of a partner with significant vulnerabilities, leading to additional surveillance and monitoring of them as parents by social workers.

4.6. Chapter summary

The majority of the men in this sample experienced significant disadvantage throughout their lives. These experiences were multi-faceted and encompassed all aspects of their lives from living in poverty to having experienced social deprivation in the form of parental neglect, addictions and imprisonment. The examples presented in this chapter illustrate lives lived in the context of multiple and accumulated material and social disadvantage. The main conclusions to be drawn are that, first, this sample represents, in the main, a sample of extremely disadvantaged men. Although the men varied in the extent of their experiences of deprivation, by adulthood, almost all (34/36) had experienced some material or social deprivation. In this way, drawing on Bourdieu's concept of 'habitus' (Bourdieu, 1977, 1984), it could be said that in adulthood, the majority of these men occupied a similar class position, sharing similar lifestyles and access to resources due to their unemployment, poverty and the insecurity of their lives.

Instability and lack of control appeared to be core themes at the heart of these men's life experiences. In childhood, for the most disadvantaged group, material deprivation and parental unreliability set a backdrop of instability against which the men's childhoods were experienced. In adulthood, the majority of the men's lives were characterised by instability as their working conditions, housing, family lives and relationships all were in flux and often outside of their control.

However, there was variation in the trajectories that the men's lives took, with those experiencing the most disadvantage in childhood going on to experience more disadvantage at every stage of their lives. The findings presented in this chapter suggest that disadvantage appears to be cumulative across the life-course and amplified as life progresses. For example, the men in the 'high' deprivation group in childhood experienced material deprivation and a lack of familial stability in childhood, leading on to difficult experiences during the transition to adulthood (lack of familial support, early school leaving, early parenthood and early experiences of the criminal justice system), which then often resulted in experiencing greater conditions of material and social disadvantage as adults (poverty, lack of work, addictions, criminal justice involvement, housing insecurity). These findings suggest that early disadvantage is hugely detrimental and difficult to break free from.

The findings presented in this chapter indicate the ways in which experiencing cumulative deprivation across the life-course results in perpetuation of disadvantage and adversity from one generation to the next. Figure 4.2 shows the main sources of deprivation described by the men at each life stage and illustrates how disadvantage in one life stage feeds into disadvantage in the next, culminating in the men's adult circumstances, which then would become the backdrop to their own children's lives. The childhoods that the men described, combined with their descriptions of their current lives, suggested that it was highly likely that the men would provide for their children similar kinds of materially and socially disadvantaged upbringings as they experienced themselves. The majority of these men were currently living in conditions of material deprivation, moving precariously between insecure work and the benefits system. In addition, around two thirds of the men (27/36) were experiencing the same kinds of social problems they described their parents as having, in the form of drug addictions, criminal justice involvement, social work involvement and child protection involvement. Therefore, it appeared highly likely that the men’s children would experience similar childhoods to those described by the men.

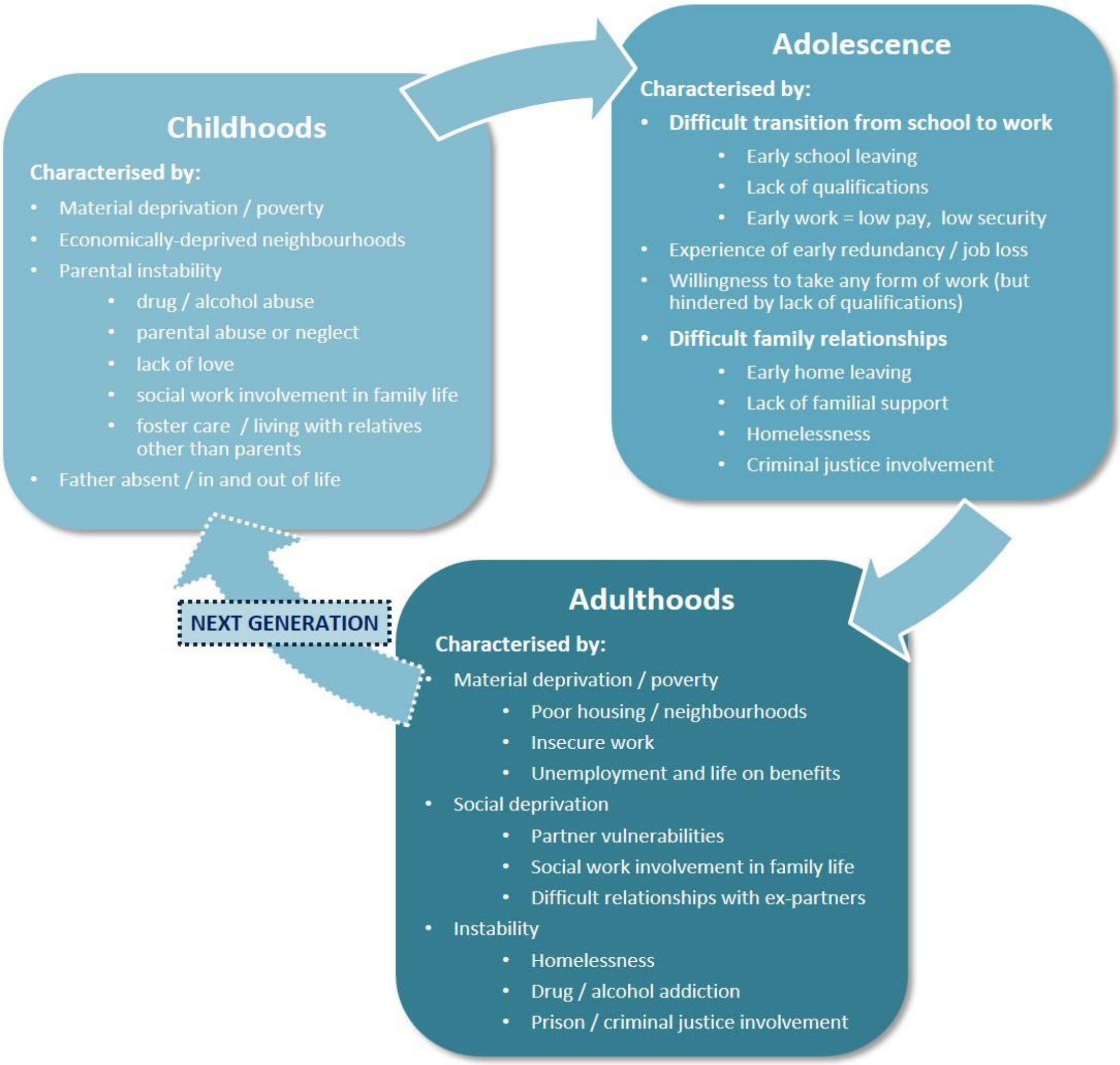

Childhoods
Characterised by:
Material deprivation / poverty
Economically-deprived neighbourhoods
Parental instability
drug / alcohol abuse
parental abuse or neglect
lack of love
social work involvement in family life
foster care / living with relatives other than parents
Father absent / in and out of life
Adolescence
Characterised by:
Difficult transition from school to work
Early school leaving
Lack of qualifications
Early work = low pay, low security
Experience of early redundancy / job loss
Willingness to take any form of work (but hindered by lack of qualifications)
Difficult family relationships
Early home leaving
Lack of familial support
Homelessness
Criminal justice involvement
Adulthoods
Characterised by:
Material deprivation / poverty
Poor housing / neighbourhoods
Insecure work
Unemployment and life on benefits
Social deprivation
Partner vulnerabilities
Social work involvement in family life
Difficult relationships with ex-partners
Instability
Homelessness
Drug / alcohol addiction
Prison / criminal justice involvement
NEXT GENERATION

Figure 4.2. Perpetuation of disadvantage from one generation to the next

Finally, it can be seen that in terms of their current parenting circumstances, these men were facing considerable challenges to becoming good fathers: poverty, insecure or lack of employment, vulnerable partners, difficult relationships with ex-partners, social work involvement in family life, instability and lack of control over housing and other aspects of their lives. In the next chapter the men’s constructions of fatherhood will be considered, along with the ways in which these circumstances influenced their constructions.

5 Constructions of fatherhood in the context of social disadvantage

5.1. Overview of chapter

As demonstrated in the previous chapter, the majority of men in this study had experienced significant social and material disadvantage in their lives. In this chapter the ways in which this influenced their conceptualisations of good and bad fatherhood are considered. This chapter aims to answer four main questions:

- How do socially-disadvantaged men conceptualise good (and bad) fatherhood?
- How are their conceptualisations affected by their disadvantaged circumstances?
- How does having a vulnerable female partner influence men's conceptualisations of fatherhood?
- What do men perceive as the barriers to achieving their aspirations for fatherhood?

In particular, I will focus on the ways in which their disadvantaged circumstances, relationships, and upbringings, as well as constructions of masculinity, influenced their constructions of good fatherhood. One of the particular gaps identified in the literature was around understanding how having a vulnerable female partner affects men's conceptualisations of good fatherhood. This sample of men, fathering or entering fatherhood alongside female partners with multiple and complex vulnerabilities, offered an opportunity to explore this area.

The ways in which the men talked about good and bad fatherhood will be presented in relation to the discourses which they drew upon. In presenting my analysis in this way, I am not arguing that men entirely align themselves with any one discourse, but rather I am demonstrating the range of discourses the men drew on when discussing their concepts of good and bad fatherhood. They often presented views which related to more than one discourse, and these were sometimes in tension with one another. My aim is to present the variety and nuance in the men's descriptions of good fatherhood, highlighting areas of agreement and conflict.

The second half of the chapter will shed light on the barriers identified in the men's accounts to their enactment of their conceptualisations of good fatherhood. This will cover the ways the men talked about the challenges and stresses of fathering in their current circumstances (as outlined in Chapter Four).

The views presented in this chapter are those of all 36 men in the sample.

5.2. Discourses of good fatherhood

The men's constructions of good fatherhood were complex and multi-faceted. The men drew on multiple discourses as they attempted to construct fathering identities which combined ideas about 'involved' fathering with more 'traditional' ideas around provision, protection and responsibility. In doing so, the men worked hard to align themselves with socially-acceptable discourses of good fatherhood, demonstrating their awareness of, and engagement with, societally-dominant discourses of modern-day fatherhood.

5.2.1. Discourses of involved fatherhood

5.2.1.1. The involved father

The discourse of involved fatherhood was deeply embedded in the men's discussions of good fatherhood. Almost all of the men (35/36) made reference to their desire for emotional involvement in their children's lives and their need to express love and affection openly to their children. They were clear that they wanted close relationships with their children, and that building a fathering identity around material provision alone was no longer acceptable. The men talked of wanting to bond with their children, to spend time with them, and to understand their needs. For example, Shane:

> *Bonding wi' the wean. That's a lot, yeah. You need to dae that. That's one of the main things, I think. Daen - is to bond with your children. Yeah. Dads take a lot to dae wi' the children noo, an' a' that. Well I dae, anyways. I don't know aboot other people, but.*

Shane, 27, father of three, recruited through community organisation

And Lewis,

> *I would like me, in a perfect world, me to be the perfect dad. […] Build a strong relationship with my kid from the start. Just always being there for, you know, if they ever needed me.*

Lewis, 28, father of one, expecting first child with partner, partner (34) referred for mental health problems

This encompassed the concept of “being there” for their children, mentioned by all the men. Whilst for seven this was primarily about not “running away” (Rick, Kyle, Gavin, Logan, Chris, Aidan, Darren), for most this held connotations of being available to their children emotionally as well as physically. Kyle offers an example of the former view:

> *Be there. At least be there. Sounds so bad the way that I said that, but aye, being there and no’ running away like maist [most] people usually dae.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

For these seven men, “being there” at its most basic level was simply about remaining physically available to their children. However, for most men “being there” included emotional involvement in their children’s lives: listening to them, being there when they needed you and showing them love. The following extracts offer examples of this view:

> *It’s just be there for them, be loving, listen. I think the thing is, the aim is to sit and listen, let the ki-, know how, listen, make time for them, don’t ignore them, be positive. I know it is quite hard work, but it’s what you’ve wanted a’ your life, and dreamed, aye, definitely, aye.*

Frank (Pilot Study), 51, father of five, recruited through community organisation

> *Oh just being there, loving and caring, protecting, just financially obviously, but no, mair just loving and that, you know what I mean, being there for her the whole time no matter what happens, always be there. I think that’s what makes a good da. […] Money, you can get money any time, you know what I mean, but you cannae get love, can ye?*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

> *Just being there for the children, building the children up, being there emotionally.*

Fred (Pilot Study), 32, father of three, recruited through community organisation

The men drew on discourses of involved fatherhood in speaking of their desires to be intimately involved in the emotional lives of their children (Tyler, Lewis, Lee, Warren, Phil, David, Charlie, Evan, Neil, Jake, Frank). David, along with others (Lee, Warren, Frank, Phil, Charlie, Tyler, Neil) spoke of wanting his children to be able to confide in him and come to him with their problems:

> *I've always thought you should gie them everything they need. If they need loving, you gie them the cuddles they need or a shoulder tae cry on basically if they've got any problems you should, you've gottae listen, then try an' help wi' the problem the best you can. You're not always gonnae be able tae help wi' their problems, but say you've gottae have a sympathetic ear haven't you, an' listen.*

David (Pilot Study), 49, father of two, recruited through community organisation

Warren, Phil and Aidan also emphasized that being a good father meant understanding and being sensitive to their children's needs and signals. For example, Phil:

> *Oh, well I think… the whole thing I said earlier about sitting for the first wee while, just me and the baby… and just kinda going "right, let's figure each other out here, and how each other tick." I think it's finding out each other's signs and… kinda what each other are wantin'. […] it's like picking up on signs like that, I think it's just… it is gonnae be… it is gonnae be a learning experience, it is, I mean for the first couple of weeks, I'm probably gonnae be, like hapless, "oaf number one". It is gonnae be a case of… I will learn it.*

Phil, 24, expecting first child, partner (20) referred for social work concerns

Michael also gave the example of fathers who did not know what their children's likes and dislikes were and described how he went to great lengths, by spending time talking to his daughter, to make sure he was not such a father:

> *Spending time wi' your kids, interacting, acknowledging them. What your wean likes, what you wean doesnae like, when he's up an' he's doon. Basically just... because you should know right, what they like and what they don't like. For example, see at their dinner, what kinda stuff they would they like tae eat? Right, what kinda toys dae they play wi'? What kinda cartoons dae they like? If they [other fathers] don't know any o' that... they're just like... there's a word, see when you just don't know nothing aboot your weans, like you dinnae know any... being ignorant towards them if you want…*

Michael, 29, father of four, recruited through community organisation

In line with this were the men's views of the acceptability of showing emotions and expressing affection to one's children. There was widespread agreement that this was now the *only* form of acceptable fatherhood; that a good father should show his emotions to his children. For example, Warren:

> *I say, showing your true affection, especially towards your wean instead o' acting... you get these people right, they want to be the hard man in front o' their weans. For whit? So the weans respect them mair or so they can turn roon an' go, "my daddy's this an' my daddy's that." So that makes you mair manly? I say telling the truth an' showing your true feeling and affection towards a wean. That's what makes it, know what I mean? That's what I say anyway.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

However, there was also agreement that this ran counter to expectations of the men in terms of their public masculine personas (Gavin, Warren, Michael, Shane, David, Archie). The following extract from Gavin sums up this view:

> *Actually be there to show them support and love. Don't hide your feelings. A lot of people say real men don't show their emotion. No, real men don't show their emotions in the street, but they show their emotions to their kids. That's the only time you should really show your emotions when you're out in public.*
>
> ***[Karen] So tell me more about that.***
>
> *That's just the way I was - that's just the way my uncles brought me up. You don't show your emotions in the street unless you've got your kid with you.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

So, whilst the men were keen to align themselves with discourses of involved fatherhood, there was acknowledgement that this was in conflict with certain masculine ideals such as the need to appear tough in public. Despite this, almost all of the men (even ones who demonstrated the strongest allegiance to the 'hard man' construction of masculinity - Gavin, Aaron, Kyle, Michael, Shane, Tom, Archie, Warren) were unequivocal that a "real man" shows his emotions to his children.

There was a widespread belief that these views represented a shift since the last generation (Shane, Lewis, Cameron, Phil, Gavin, Sayid, Neil, Fred, David, Kenny, Bobbie, Jake, Aaron, Ethan). Seven men (Lee, Lewis, Archie, Shane, Fred, Frank, Jake, Sayid) emphasized how their fathers had been more of a ‘traditional’ man (“*he’s wan o’ the ones didnae really show his emotions*” – Lee) and emphasized their desire to be much more practically and emotionally involved in their children’s lives:

> *I think a lotta dads are a lot more involved now. I’m not saying that all fathers… There’s some pigs out there, but... I think like in older generations it was like work, pub, home. Work, pub, home. And that kinda, my dad’s like that as well on some kinda stage, but I’m not. So I’ll be work and home.*

Lewis, 28, father of one, expecting first child with partner, partner (34) referred for mental health problems

Whilst the men emphasized their desires for close, loving relationships with their children, they also drew on the discourse of involved fatherhood in aspiring to more practical involvement than they perceived their fathers had had. For example, Rob said:

> *I want us to be doing everything together. As I say, it is a family home, we are a family, so we’re gonna have to do things as a family, not like, for example, Sarah watching the baby, and I’ll go out, and I come home from work, and just go to my bed. We do everything as a family, and that’s what… that’s what we’re gonna do.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

In anticipating fatherhood, most men expected to take on practical care roles, and expressed views that men and women should both be able to do everything for their children (Charlie, Rob, Cameron, Phil, Tyler, Logan, Rick, Evan, Sayid). Cameron, Charlie, Evan and Rob drew on discourses of gender equality in stating that they wanted to be equally involved in the practical care tasks of looking after a baby, such as changing nappies, bathing, and feeding. Two men (Neil and Cameron) also emphasized how their shift work would offer them increased opportunity to be able to do this. However, in these discussions, men often spoke in terms of “helping” or “supporting” their partner, suggesting an underlying belief about whose work the care work really was. This is indicated in several of the following extracts:

> *Being there, helping, I mean, I think... helping Rosie as often as I can, you know, helping wi’ feeds, the changing. I mean, ‘cause it's not... right I don't... I don't believe, like people... like Rosie should be doing everything herself. […] Basically, I’ll just help as much as I can.*

> *Just being there and helping Rosie with bringing up the kid because it's no' something I'm going to say, you know... because it's half my daughter as well, you know. I'm no' going to say to Rosie "you do it all yourself", you know.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

> *I'm hoping I can give Danielle—'cause Danielle's gonna need support anyway because obviously she's carried it for nine months, which is, the baby's just took all of her nutrients out her body and stuff like that. So I hope, I can't really, I don't know, but I hope to be very active in supporting Danielle.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

> *I think always try tae be there and be supportive nae matter what happens. I don't know, like, always, like, helping oot instead ae, like, Abbie daein' a' the, a' the work, because I mean I, well, I finish work pretty early, so it means that I could be there for the rest o' the day instead ae coming in later on at night, you know.*

Cameron, 19, expecting first child, partner (17) referred for social work concerns

The theme of "helping" their partners recurred in the men's accounts, with Darren, Chris, Logan, Gavin, Tyler and Sayid also framing their discussions of involved fatherhood in this way. Other men reproduced dominant discourses on motherhood, such as that the ultimate responsibility for the care of children lay with the mother, that the mother was more "naturally" able to know her child's needs (Aidan, Phil, Lee), and that mothers possessed a "maternal instinct" (Gavin, David, Matthew, Fred) and were therefore better equipped to caring for children.

Despite this, desire to align themselves with the discourse of involved fatherhood was prominent in the men's accounts. The men expressed views that they admired men who were stay-at-home fathers ("*I take my hat off to him, I think that's good*" - Michael), that the modern father was one who could soothe and calm a baby (Aidan, Phil, Charlie), and that they would think more of a man they saw pushing a pram (Bryan). Nine of the men (especially the younger men) stated that they saw economic provision as a job for both parents (Kieran, Phil, Cameron, Charlie, Evan, Tyler, Gavin, Kyle, Rick). Four referred to the idea that being a good father today meant "juggling" work and children (Ethan, Charlie, Lewis, Rob – "get the balance right"). Taken together, these views suggest that these men engaged with the discourse of involved fatherhood and, in the main, endorsed it as the most appropriate way to practice modern-day fatherhood.

Figure 5.1 shows the main themes in the men’s accounts around involved fatherhood.

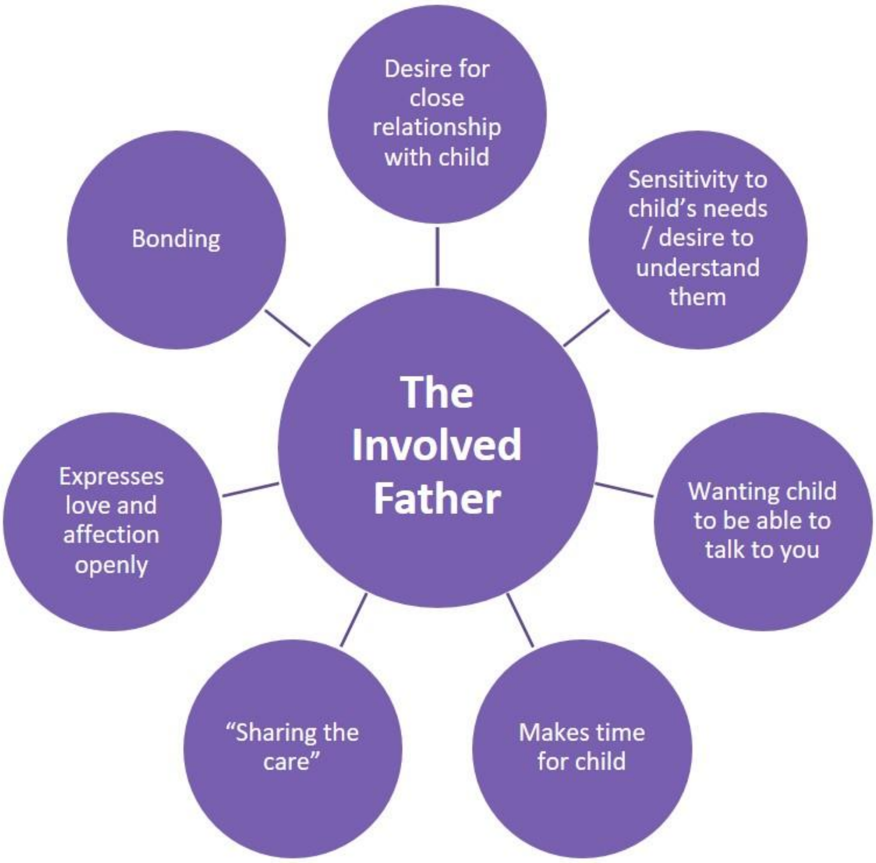

Desire for close relationship with child
Sensitivity to child’s needs / desire to understand them
Wanting child to be able to talk to you
Makes time for child
“Sharing the care”
Expresses love and affection openly
Bonding
The Involved Father

Figure 5.1. The involved father

5.2.1.2. The affectionate father

For four men, demonstrating love and having an emotional connection with one’s children was not only part of good fatherhood but central to it (Neil, Kenny, Warren and Evan). This discourse, whilst incorporating a lot of the same elements as the ‘involved’ father, diverged in the prominence given to providing love and emotional security to one’s children. For these men, making sure their children felt loved and emotionally secure was the central feature of good fatherhood. This discourse was very closely linked to the men’s upbringings. All four of these men drew on examples from their own childhoods to contrast their experiences of feeling unloved with the love they wanted to show to their children. For example, Evan and Neil:

> *It’s like I just didn’t feel loved. […] I think personally because of my past, I think I’ll be an amazing father just because I don’t want to make the same mistakes or go along the same path as my parents. […] I just think... there’s no doubting that I’d show love. The child would definitely, definitely feel love. They would know that they’re loved. […] The child would definitely feel important in my life.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

> *I never got a lotta loving but I make sure that my girls and boys dae get a lot. What I didnae get. It’s a big thing ‘cause you’re growing up an’ you never had it so how do you feel affection tae somebody if you’ve no’ had it?*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

Notably, with the exception of Neil, these men hardly mentioned provision or other aspects of good fatherhood at all, so suffused were their accounts with the need to make their child feel loved, wanted, and “part of something” (Warren). In their minds, good fatherhood was synonymous with being a secure presence in their child’s life. Exceptionally, Neil, whilst drawing on this discourse of wanting to be an affectionate father, also drew heavily on the “good father as provider” discourse, emphasizing how important it was to provide. This discourse will be returned to in section 5.2.3.1 (‘Father as provider’).

Drawing on the men’s childhood experiences of being parented, it can be seen that all four of these men (Kenny, Warren, Evan, Neil) experienced extremely socially-disadvantaged childhoods (see Figure 4.1, Chapter Four), particularly with regards to their experiences of parental neglect and unreliability. Thus, the men’s emphasis on being a loving and secure presence in their own children’s lives highlights the importance of their childhood experiences in shaping their conceptualisations of good fatherhood.

Figure 5.2 indicates the core concepts associated with this discourse.

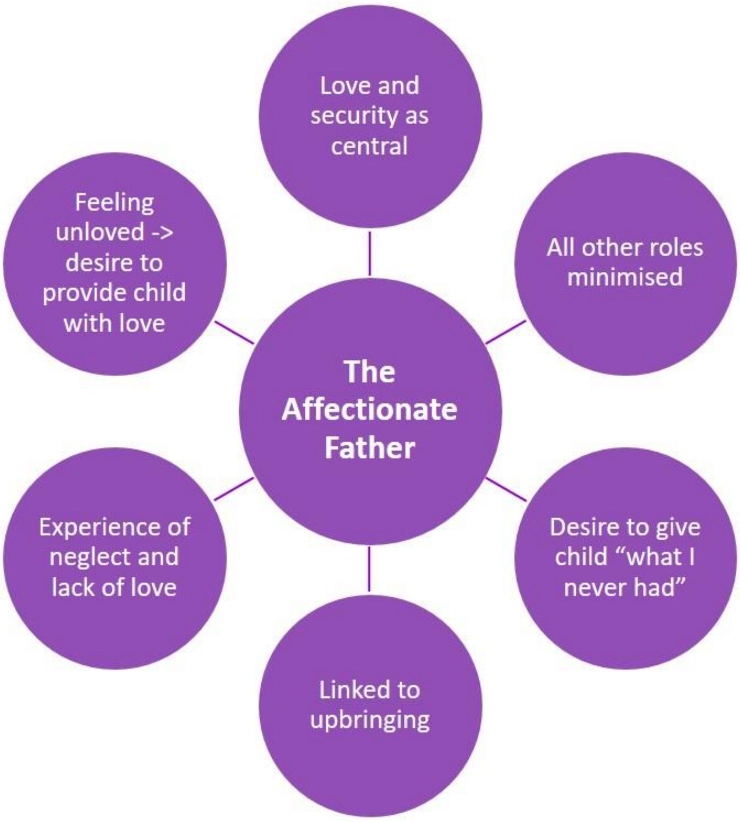

Love and security as central
All other roles minimised
Desire to give child "what I never had"
Linked to upbringing
Experience of neglect and lack of love
Feeling unloved -> desire to provide child with love
The Affectionate Father

Figure 5.2. The affectionate father

5.2.2. Discourses of responsible fatherhood

5.2.2.1. The responsible father

Overarching the majority of the men's conceptualisations of good fatherhood, was the idea that a good father was one who was responsible and committed to his family: The 'Family Man' archetype. This was strongly related to the men's ideas about what constituted a good man. This is aptly demonstrated by Lee, who said:

> *To be manly and to be a da is the same thing I say. […] Because a man always stands up for his responsibilities, doesn't he? He doesnae back doon fae anything – and if you're backing doon fae being a da, then you're no' manly, you know what I mean?*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

The majority of the men's accounts (32/36) reinforced the view that a good father was one who "stuck by his family" (Malcolm, Bryan, Rob, Phil, Neil, Lewis, Frank, Shane), did not "run away" (Kyle, Gavin, Logan, Rick, Chris, Darren) and "stood up to his responsibilities" (Lee, Bryan, Neil, Darren, Charlie, Rob, Gavin, Chris, Sayid, Matthew). In their eyes, men who did not stand up to their responsibilities could not be considered good fathers or good men.

A contrasting view was provided by a smaller group of men (Bobbie, Ethan, Kyle, Aaron) who drew on a different discourse, emphasizing their freedom, their dislike of responsibility (“*I’m no’ good wae responsibilities*” – Kyle), their prowess at fighting and “getting women”. It therefore became apparent that there were two discourses of masculinity being drawn on in relation to fatherhood in the men’s accounts, both of which centred on their attitude towards responsibility. The first discourse was about standing up to your responsibilities: taking care of your family, providing, protecting and ensuring the safety and security of your family. The contrasting view emphasized freedom from responsibilities: not letting anyone take advantage of you, aggression, fighting, sexual freedom and demonstration of sexual prowess. Interestingly, both discourses seemed to be being drawn on as a way of substantiating masculine identity. I have termed these two discourses the ‘Family Man’ and the ‘Bad Boy’.

For the men who drew on the ‘Family Man’ discourse, being a good father was couched in terms of the men’s responsibility for and commitment to their families. These men emphasized a man’s protective role in his family and his responsibility for ensuring they were provided for:

> *I’d never shirk on my responsibilities, you know what I mean. […] We split up no’ long ago for, I was away for three month, but I was here every day before work. […] And I was still paying for the internet, a’ that. Their Sky, I paid a’ that even although I wasnae wi’ her. She was wanting tae get it cut an’ I’m like that, “naw, it’s for the girls, you’re no’ cutting at aff. I’ll pay it.”. So I still had tae pay.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with current partner, partner (30) referred for mental health problems

They were particularly scathing of men who “ran away” or who, in their eyes, did not fulfil their responsibilities (Bryan, Neil, Gavin, Darren, Lee, Matthew, Phil, Aaron, Michael). The discourse of the ‘Family Man’ also encompassed “growing up” and “manning up” in dealing with the responsibilities associated with fatherhood. Four of the youngest men (Logan, 15; Rick, 18; Chris, 17; and Phil, 24) made reference to the arrival of a baby signifying that they would have to "grow up" and become more "mature". In addition, Ethan, who had three children with two different women and was a non-resident father to all, acknowledged that he still felt like he had not done this:

> *Apart fae that, grow up a wee bit mair, I suppose I need to dae. Sometimes I forget I'm a dad.*

Ethan, 27, father of three, recruited through community organisation

Being responsible also held connotations of being able to "deal with" difficult and stressful situations (Rob - "*anything goes wrong, the man of the house deals with it*", Tyler, Gavin, Bryan, Neil, Darren), allowing the men to position themselves as performing the "important" work within the family. Tyler made reference to "dealing with" the family's problems (overdue bills, dealing with difficult people and so on) and said:

> *Anything important it'll be me that deals with it. … But when it comes to running the hoose and stuff, then aye, she's top dog.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

For the men who aligned themselves with the 'Bad Boy' discourse (Ethan, Aaron, Kyle and Bobbie) by contrast, fatherhood and responsibility featured less prominently in their identity. Identities were built around other masculine constructs such as heterosexual proficiency (for example, Ethan: "*I've probably got kids in Paisley. I don't know*") and gaining the "respect" of other men. Unsurprisingly, this correlated with their relationship status. The majority of the men (25/36) were in (fairly) committed relationships at the time I interviewed them, but the ones who demonstrated the 'Bad Boy' discourse were either single (Ethan, Bobbie) or in less stable relationships (Kyle and Aaron). The alignment with this discourse of masculinity also coincided with the man's residential status with his partner and children. All four of these men were either non-resident fathers (Ethan, Aaron, Bobbie) or in very tenuous living arrangements with their partner (Kyle). Living apart from their child(ren) perhaps allowed the men to separate their paternal identities from their masculine identities. The desire to align oneself with one or other discourse of masculinity may also be linked with the men's maturity or stage of life. It may feel more natural to emphasize qualities of responsibility and caring – the 'Family Man' archetype – as one matures and settles down with a family. This is certainly in keeping with the evidence presented here, in that men who appeared more ready to settle down, irrespective of age, were more likely to draw on the ‘Family Man’ discourse.

Figure 5.3 illustrates the core themes associated with responsibility.

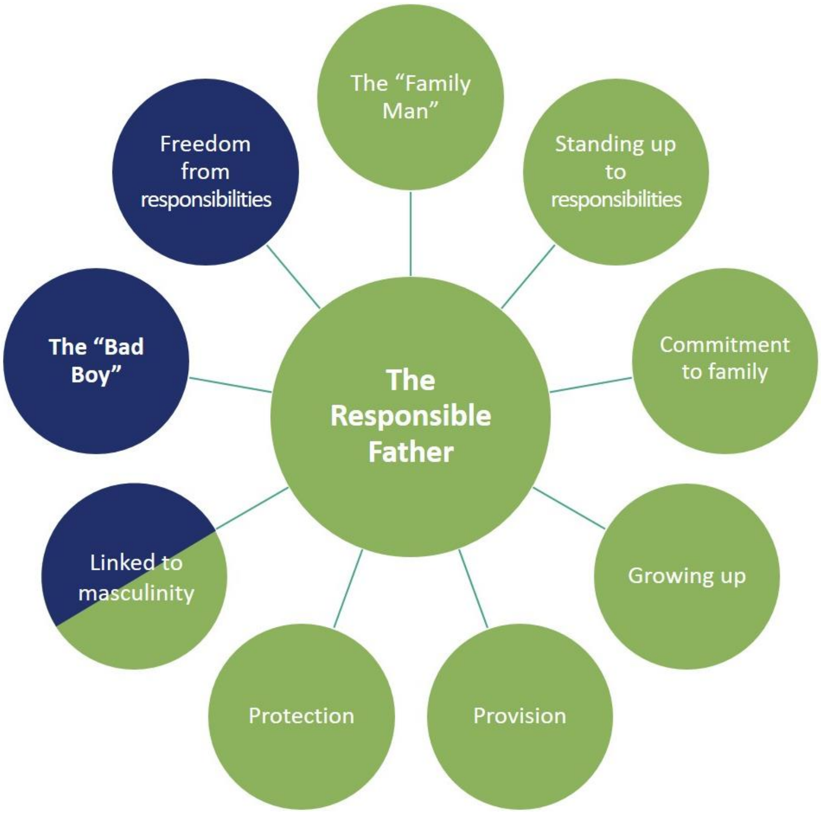

The “Family Man”
Standing up to responsibilities
Commitment to family
Growing up
Provision
Protection
Linked to masculinity
The “Bad Boy”
Freedom from responsibilities
The Responsible Father

Figure 5.3. The responsible father

5.2.2.2. Father as provider of a stable environment

A recurrent theme in the men’s accounts was a desire to provide an atmosphere of stability for one’s children, particularly for those men who had not experienced stability in their own upbringings. Part of this was conceptualised as establishing a loving and close family. The men talked of wanting to be a “family unit” (Phil), “part of a loving family” (Aaron), “a close family” (Rick) and to make sure that their child knew they were “part of something” (Warren). Very often the men drew on their own upbringings in discussing how they wanted to provide the opposite of these for their own children (Neil, Warren, Kenny, Evan, Rob, Tyler, Charlie, Malcolm, Matthew, Aaron, Rick). For example, Tyler:

> *See, I don’t know anybody that’s had a stable upbringing. We had to move aboot a lot. Us, we’ve went fae a faimily, then just went and stayed aboot in different areas wae ma da and stuff, and you didnae*

> *know where you were gonna go – so we were quite unstable. I wan- I want a stable family.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

And Kenny:

> *I think it's important to keep them [his children] on a kinda even keel, you know, 'cause I wasnae on an even keel when I was younger. […] So I just wanted to make sure my kids werenae gonnae have that kinda life.*

Kenny (Pilot Study), 38, father of four, recruited through community organisation

Interestingly, the men's concepts of an atmosphere of stability included a good relationship with the child's mother, in not arguing and creating "stress" and "tension" in the home (Sayid, Michael, Neil, Ethan, Warren, Tyler, Lewis, Shane, Kenny, Malcolm). The men commented that the aspirational home atmosphere should be "peaceful" (Sayid) and "calm" (Evan, Neil, Tyler). The men voiced their intentions to behave differently from their own parents and create a different - calmer and more stable - home environment. For example, Ethan discussed how he wanted his children to know a different style of parenting to that he had experienced in his childhood:

> *Need security, obviously, man. The best thing a child needs is a real dedication, love, comfort, things like that. Just showing them something different fae what I had growing up.*

Ethan, 27, father of three, recruited through community organisation

In addition, there was a view that having a child in itself should bring stability to one's life and help to "settle you down" (Warren, Aidan, Lee, Logan, Rick). In these cases, the men highlighted the chaotic nature of their lives before having children and emphasized the stabilising nature of having a child to care for. Asked "what does having [daughter] bring to your life?", Warren answered:

> *Happiness. Definitely. It gies you stability an' all especially when the wean gies you a set-, know like settling doon. That's what I needed, tae settle doon an' have a stability o' life where I know what I'm dae'in instead o' waking up in the morning an' think, "Fuck, what's the day gonnae bring me? Right, what am I going tae go an' drink?"*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

The theme of wanting to create a loving "family unit" for one's family, and have a stable home environment, ties in with the discourse of the affectionate father. Both ideas have their roots in wanting to demonstrate safety, stability and security to one's child. Notably, both these discourses were drawn on most frequently by the men who had experienced the most disadvantaged upbringings (red in Figure 4.1).

Figure 5.4 indicates the core concepts associated with this discourse.

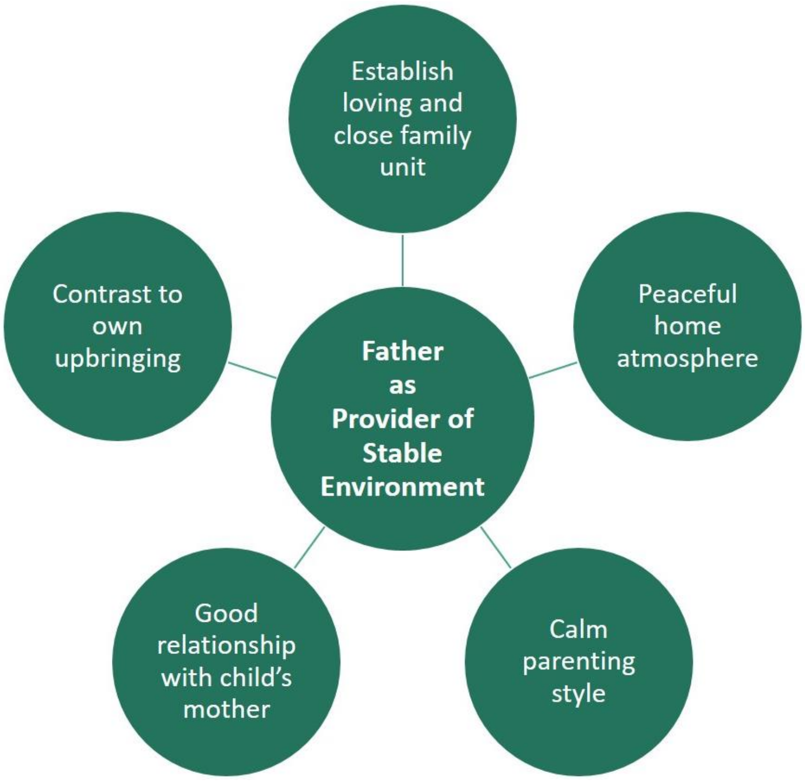

Establish loving and close family unit
Contrast to own upbringing
Father as Provider of Stable Environment
Peaceful home atmosphere
Good relationship with child's mother
Calm parenting style

Figure 5.4. Father as provider of stable environment

5.2.2.3. Putting children's needs first

At the core of many of the men's concepts of good fatherhood was that a good father puts his children's needs before his own (Neil, Evan, Rick, Logan, Cameron, Bryan, Lewis, Rob, Phil, Charlie, Malcolm). The converse of this, continuing to put one's own needs and social life ahead of one's children, was sharply criticised by the men. This was particularly notable in the case of their attitudes towards drug-using and incarcerated fathers. These men were derided as continuing to put their own needs first and therefore not prioritising the needs of their children. This feeling was held strongly, even amongst men who had experienced addictions or incarceration in the past themselves (Lee, Darren, Michael, Neil, Warren, Aidan, Gavin, Kyle, Kenny, Bobbie, Ethan).

The men were unanimous that a good father was one who put his children's needs before his own, and who was ready to put his "social life" to one side to prioritise the needs of his children. For example, Logan:

> *Yeah, putting your kids first and like not, like you have to think about your kids before you start going out and like doing your own thing an' that.*

Logan, 15, expecting first child, partner (15) referred for social work concerns

And Evan,

> *[Talking through Repertory Grids concepts] The opposite of someone who is committed is someone who's, puts their social life before their children. Someone just neglecting, like for example some people still leave their kid—leave their kids at home when they go out to do their social life, and stuff like that. That's like, my mum used to do those things but I didn't really think much of it back then to be honest. Like you've got— you can have a great social life, that's cool. But it's not cool to not... to just, to not attend to the needs of your child, or children so...*

Evan, 32, expecting first child, partner (29) referred for mental health problems

This theme was most evident in relation to the men's concepts of bad fatherhood and will be returned to in this section.

Figure 5.5 illustrates this discourse.

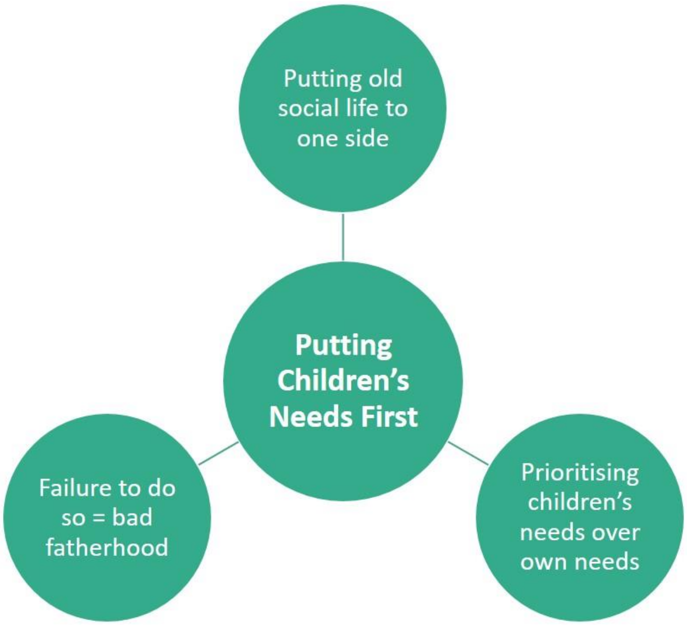

Putting old social life to one side
Putting Children's Needs First
Failure to do so = bad fatherhood
Prioritising children's needs over own needs

Figure 5.5. Putting children's needs first

5.2.3. Discourses of traditional fatherhood

5.2.3.1. Father as provider

Despite not working, the majority of the men (33/36) referred to provision in their conceptualisations of good fatherhood. For around half of the men (17/36) providing for their families was presented as central to their identities as men and as fathers. However, because they were not working, the men employed various strategies to position themselves in relation to the provider role: striving to demonstrate that they were fulfilling it despite not working, minimising its importance to them as part of good fatherhood, or articulating their feelings of failure and desperation at being unable to fulfil this role.

The men who drew most strongly on the discourse of fathers as providers (Neil, Jake, Cameron, Lewis, Tyler, Charlie, Lee, Chris, Phil, Rob, Bryan, Logan, Malcolm, Matthew, Michael, Fred, Kieran) were also keen to emphasize that performing this role alone was no longer enough to substantiate a good father identity. Almost all of these men also drew heavily on the discourse of the involved father in their discussions of good fatherhood. Rob typifies these men's deliberations over their co-existing ideas about 'involved' and 'traditional' discourses of good fatherhood:

> *Obviously the first thing, obviously is important, like bringing money into the house, providing for them. And then, obviously supporting the kid, the child, if he wants… if there's anything that's concerning him, he feels that he can actually obviously talk to you, and he doesn't need to kinda keep it bottled up. And obviously if there's… if somebody's bullying him, then you can obviously stand up and kinda protect him. Make sure he feels kinda safe where he is, and secure.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

Two men identified providing as "the most important" thing a father should do for his children (Rob and Chris – "*I'd say the most important thing is being able to provide*") but for most, provision was referred to as one of the important roles of a father, whilst also aligning themselves with the societally-dominant construction of the modern father as an involved father.

For 17 of the men, providing was inextricably linked with work (whereas for others this was not necessarily the case). These men discussed the importance of work to their self-esteem “as men” (Bryan, Neil, Matthew, Malcolm, Evan, Fred, Charlie, Rob, Chris, Phil) and emphasized that they “needed” to be in work to provide for their families (Bryan, Neil, Cameron, Lewis, Fred, Charlie). They also expressed surprise that other men could “get by” by not working (Neil, Cameron, Bryan), underscoring their understanding of work as central to male and paternal identity:

> *Everybody’s different I suppose. I just see it, well I’ve been working since I’ve been 16, so I just feel as if – now that I’ve got an extra responsibility, then I need tae go oot and work, I need tae dae that.*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

The feeling of “needing” to provide for one’s family was a common theme even amongst the men in this group who were currently out of work (Charlie, Tyler, Rob, Phil, Matthew, Malcolm, Kieran). These men emphasized their desire to get back to work so that they could regain their self-esteem and discussed the damaging effects on male self-esteem of being out of work:

> *I think a lot of my depression comes from the fact that I’m not working. And I should be. You know?* ***[Yeah.]*** *You just feel useless sometimes.*

Matthew, 25, father of one, recruited through community organisation

The men also drew on a discourse of stability in their discussions of work, expressing their belief that a “proper” job would provide stability, but also of their struggles in being able to achieve this because of lack of work opportunities, lack of qualifications, criminal records and poor work histories (Charlie, Tyler, Chris, Logan, Kieran, Rob, Lee). The men’s reflections on their desires to work were poignant and portrayed a post-recession employment landscape in which steady, secure work was difficult to come by. Charlie and Tyler spoke of their anxiety over frequent episodes in and out of work and of wanting “proper” work to be able to provide for their families:

> *You know I've been getting... I mean that's why I really want to get a job as soon as, you know, a proper job, because I'm just worried that we've... that we don't have enough just now for [baby], or we're not going to have enough, you know? […] And I'm no’ saying that we're going to be going on holidays from when she's born or stuff like that, but I just want her to have a decent life, you know.* ***[Yeah.]*** *I just*

> *get worried that am I going to be able to provide all that for her? You know?*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

For this group of men (Rob, Phil, Charlie, Cameron, Tyler, Neil, Chris, Bryan, Matthew, Jake, Malcolm, Kieran) there was a demonstration that working in itself (as opposed to provision) was seen as part of good fatherhood. It was noticeable that the majority of men who demonstrated this view (Rob, Charlie, Cameron, Bryan, Matthew, Phil, Jake, Malcolm) were those who had come from the 'medium' disadvantage group in childhood (with some notable exceptions – Tyler, Kieran, Neil), and were also predominantly those who had had working fathers themselves. These men also linked the arrival of a baby to a stronger desire to be in work. For example, Rob and Cameron described how they hadn't minded being unemployed when it was just themselves and their partners to support but that since finding out they were expecting a baby, finding work was more important to them.

> *I wasnae working before this, and I don't think if, I think if we werenae having a baby noo I think I wouldnae have started working, like, for a good while anyway.*

Cameron, 19, expecting first child, partner (17) referred for social work concerns

Six of the younger men (Kieran, Phil, Cameron, Charlie, Rob, Chris) referred to wanting to work as part of being a role model for their children, but for most it was to "bring in money". This is well illustrated by Rob, who was currently unemployed and looking for work:

> *I can see pros and cons of working when… as soon as the baby is here. Obviously the pros being you're bringing more money in to support, but at the same time, you're away from the baby for… you think you obviously want to be kinda there every minute of the day but… As I say, I'm happy to kinda work anything, but, as I said, the important thing is that it brings money into the house. That's the kinda… the huge important thing here.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

For most men, work was not constructed as personally-fulfilling but as a means of bringing money into the household and thus enabling the purchase of material goods. This leads on to another theme prevalent in the men's accounts: provision conceptualised as distinct from work. It was apparent that around a third of the men talked about provision without necessarily linking this to work (Shane, Tony, Ethan, Frank, Tom, Shaun, David, Archie, Aaron, Darren, Gavin, Rick). Provision meant demonstrating that they were able to buy their children "everything they needed" including the latest toys and designer clothes (Ethan, Michael, Cameron, Neil, Aaron, Evan, Tyler, Rick, Tony, Shane, Darren, Tom). Interestingly, this was not conceptualised as "spoiling" their children, which was seen as a bad thing, but rather as a way of demonstrating their love and commitment to them ("*Everything they want I make sure they get… I'd dae anything for them, they know that*" – Neil). This appeared to be linked to distancing themselves from stereotyped images of bad fathers who could not or did not do this for their children (Michael, Ethan, Neil, Kyle, Logan, Rick, Bobbie, Evan, Tony). It was also linked by six of the men (Neil, Cameron, Evan, Tyler, Rick, Michael) to providing materially for their children in a way that they had not experienced themselves as children:

> *What I said to Abbie is I don't want our kid tae want for anything, I want tae always be able tae gie them, no' like spoil them, but be able tae gie them what they want. I don't want them tae ever feel like "oh, we cannae dae this cos we've no' got enough money" or anything, like, like sometimes when I was, like, when we were growing up, obviously sometimes I was needing money tae dae stuff.*

Cameron, 19, expecting first child, partner (17) referred for social work concerns

Thus, one strategy the men employed to engage with discourses around provision despite not working was to broaden their definition of provision to encompass making sure their families had "everything they needed", irrespective of where the money came from. This involved conceptualising their benefits and money from other (possibly illegal) activities as provision (Ethan, Darren, Tony, Shane, Aaron, Gavin). Despite not having worked for a number of years, Shane said:

> *'Cause if you don't provide for your wean, what's your weans gonnae have? They're not gonnae have any clothes, they're not gonnae have any food. So you've got to provide for your weans, so.*

Shane, 27, father of three, recruited through community organisation

Likewise, Kieran was clear that he did see himself as providing for his family, conceptualising his benefits as providing:

> *[talking through the repertory grids constructs] Well... I dae obviously think o' how my lifestyle [affects my children], know what I*

> *mean? I always make sure there's food in my cupboards. There's heating in my gas. There's leccy in my leccy. And then my phone bill and my Sky bills are paid. Always make sure we've got... both o' us make sure we've got our bills up tae date and the wean's got everything he needs and his clothes.*

Kieran (Pilot Study), 25, father of one, recruited through community organisation

Employing this strategy in relation to provision was one way of distancing oneself from societal ideas of ‘bad’ fatherhood as a number of men referred to men who were “poor” and not able to provide for their families as being “down-and-out men” (Ethan) or “waste men” (Evan). Therefore, it appeared that, for some men, it was important to them to be able to position themselves as men who *could* provide for their families as opposed to men who *could not*. Where the men did not position themselves in this way, it was clear that their awareness of their lack of ability to provide as they would want to for their families led to feelings of inadequacy, depression, anxiety and despair (Matthew, Malcolm, Kieran, Charlie, Jake). For example, Malcolm said:

> *When you don’t have money, when you don’t have a job, when you don’t have the things that make you be seen as a father, how will the child see you as a father?*

Malcolm, 33, father of one, expecting second child with partner, partner (31) referred for mental health problems

This theme will be returned to in section 5.5.2.1 (‘Unemployment, poverty and insecurity’).

Three men made reference to the provider role but minimised it in their conceptualisations of good fatherhood. Kenny, Lee and Evan spoke of their desire to be a loving father, prioritising giving time and affection to their children over provision. This was linked by the men to their own neglectful upbringings and their consequent desire to provide love and stability for their children over and above material things. Kenny spoke of the tensions between fulfilling the provider role on a low income and the affectionate father role, which was of more importance to him:

> *[talking about being a “giro” dad] Well it’s a bad thing in a sense ‘cause I cannae provide everythin’ that I wantae provide for the children, you know what I mean, tryin’ to save up, pay for rent, pay*

> *oot monthly monies for everythin' else an' keep them goin', it's a hard job, you know what I mean.*
>
> ***[Karen] But you were saying you'd rather be at home because of what you show to them?***
>
> *I say it's worth more, aye, 'cause the kids get to see more that you actually, you care and that you love them. Gie'ing them material things, that doesnae show that you love them, that just shows them that you can buy them stuff, know what I mean, I'd rather show them "look, I'm here, I dae this, I dae that, I make sure that you're safe, and at the end o' the night I'm the wan tuckin' you intae your bed."*

Kenny (Pilot Study), 38, father of four, recruited through community organisation

This strategy of prioritising love and affection allowed the men to distance themselves from the discourse of good fatherhood as provision whilst still maintaining an identity for themselves as 'good' fathers by drawing on alternative discourses of good fatherhood. However, despite this, these men still made reference to their awareness of the social stigma attached to not being able to provide, demonstrating their awareness of societal expectations that fathers should construct at least part of their paternal identity around providing.

Finally, a small minority of men made no reference to provision as part of good fatherhood at all (Aidan, Warren, Kyle). These men were those with more chaotic everyday lives at the point of interview. Aidan was typical of this group: he had been living in a homeless hostel when he met his current partner and at the time I interviewed him, they were living together in temporary accommodation provided by the council. By his account, his life had been characterised by a series of chaotic events and control by outside bodies, such as social work, foster families and the criminal justice system. He did not refer to ever having had a job. Under these conditions, it is perhaps not surprising that these men did not emphasize the provider role in their constructions of good fatherhood. Like Kenny, Evan and Lee, these men focused on other roles such as providing love.

Figure 5.6 illustrates core concepts around the discourse of father as provider.

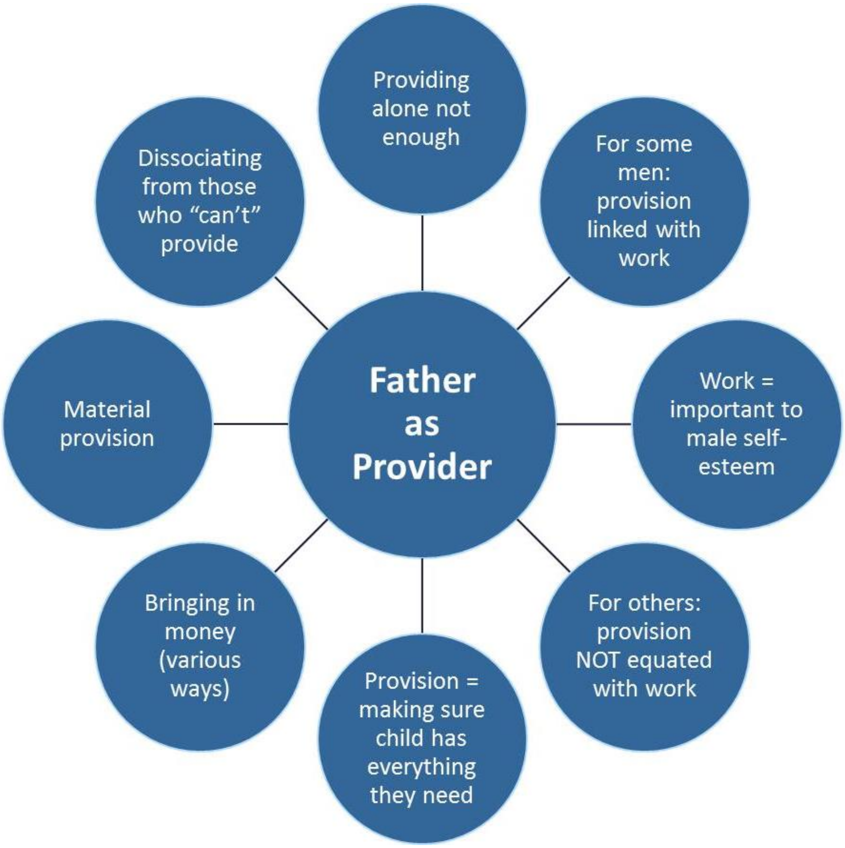

Providing alone not enough
For some men: provision linked with work
Work = important to male self-esteem
For others: provision NOT equated with work
Provision = making sure child has everything they need
Bringing in money (various ways)
Material provision
Dissociating from those who "can't" provide
Father as Provider

Figure 5.6. Father as provider

5.2.3.2. Father as protector

The majority of the men drew on traditional discourses of fatherhood in their assertions that one of a father's principal roles was to act as a protector to his family (Jake, Aaron, Tyler, Warren, Charlie, Darren, Lee, Chris, Phil, Rob, Bryan, Matthew, Michael, Aidan, Gavin, Shane, Bobbie, Tony, Kieran, David, Kenny). This held different connotations for different groups of men. Whilst for one minority group (Charlie, Cameron, Sayid, Rob, Matthew, Evan) protection was a broader, more abstract, concept involving protecting children from hypothetical dangers such as accidents or outside influences, for most, it held connotations of being willing to use violence in order to "protect" one's children (particularly: Jake, Aaron, Tyler, Darren, Michael, Gavin, Shane, Bobbie, Tony). For example, Bobbie:

> *Paedos and rapists, I would either cure them or kill them. That's one thing that if I find oot there's one anywhere near me...Near my weans... no. They won't be there for long. Same as... my eldest daughter's ma'...She got wi' a bloke who was a convicted paedophile.* ***[Right.]*** *And the social workers telt me this, even though [daughter] isnae in my care, the wean's in my ma's care. The social worker who told me that he was a convicted paedophile and he had a picture of*

> *my daughter on his phone. And then she wondered why I went aff my heid. […] A father will kill for his daughters.*
>
> ***[Karen] So what did you do when you found out about that?***
>
> *Oh, I went mental. They can come for me. You prove I didn't dae that. I can guarantee you that if I dae dae anything, I'll have an alibi for that night. I can get alibis like that.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

References to violence were common and suggested that this was a normative way of dealing with disputes between people within their local community and social networks. The men implied that violence could be appropriately used in the context of family life, for example, in order to “protect” one’s family. Indeed, nine men (Darren, Bobbie, Shane, Gavin, Jake, Aaron, Tyler, Michael, Tony) implied that they had, could and would use violence within the context of family life and inferred that this was an acceptable “manly” or “fatherly” thing to do.

Being tough and willing to perform acts of violence was positioned as one way to protect children from perceived threats inherent in their local environment, such as paedophiles, gang violence, rapists and drug-users (Gavin, Bobbie, David, Aaron, Bryan). For example, Bryan, talking about his local area:

> *There was still troubles, like murders and a’ that, quite a lot and stuff like that. Back then I, there’d be no chance that I would want to bring a kid intae that.*
>
> ***[Karen] So does that worry you now?***
>
> *Aye, possibly aye, probably for a wee, aye for a girl, ‘cause there was a lot o’, there was kinda rapes and that happening doon there as well… Fae people so…*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

Protection extended to partners too (Phil, Gavin, Tony, Bobbie, Darren). For example, Gavin:

> *Well, that's... that's the reason I'm protective of women. 'Cause where I come from it's one of the roughest housing estates in [area]. And a lot of bad things happen to girls. So we were always brought up to believe that if the girls are with you, you lock arms and you fucking kill anyone that goes near 'em.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

Notably, the men who drew most heavily on this discourse of fathers as protectors (Bobbie, Gavin, Aaron, Darren, Jake, Tony, David, Matthew, Phil, Shane) were often also ones who, either explicitly or implicitly, suggested that men and women should have different roles in relation to parenting. Matthew offers an example of this:

> *For me, I think they're different [mothers and fathers]. But only in subtle ways. I think it goes back to, like, decades ago when things were a bit more chivalrous. Like the man would provide for the family and protect his family, whereas the woman would stay at home and raise the kids, and there'd be more of a loving thing, than actually just...I don't know how I'm trying to put this into words. You know, and I think that still stands today as well, you know?*

Matthew, 25, father of one, recruited through community organisation

The men linked this to holding "old school" values. These were defined as being "hard but fair", (Aaron), where "the women did a' that kind o' stuff" (changing nappies and so on) (Bobbie, David), and "respecting women" (Gavin, Bobbie, David, Phil). These views tended to coincide with more gendered views about how men and women should behave in terms of parenting, but were couched in terms of "respecting women" and "protecting" women and girls. The holding of these "old school" values served to position these men as the protector of their families whilst positioning their partners in the role of primary care-giver (Phil, Gavin, Aaron, David, Bobbie, Darren).

However, amongst a minority (Charlie, Cameron, Sayid, Rob, Matthew, Evan) there was evidence of a contrasting construction of protection. These men disagreed that the use of violence was necessary as part of protection and stressed that "acting the hard man" was just a "front" (Matthew) which caused more harm than good (Matthew, Tyler, Charlie, Evan, Sayid). For these men, protection of one's family did not involve physical acts of violence, and was a more abstract concept, encompassing broader aspects of their children's safety such as worrying about outside influences. For example, Charlie:

> *The thing I'm worried aboot is when she gets oot there, like when she's like maybe four and that going into that... you know... I don't know what age you actually can get let kids oot, you know. I'm just worried... I think that's what I don't like when she goes to school and that. You know these wee kids are a' swearing and talking aboot*

> *like... I don't know, you've just got to be careful. […] There's loads of things you've got to protect them from, you know.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

These two discourses of protection relate to changing views of masculinity and suggest that although a dominant construction of masculinity involving toughness still appeared to be prevalent according to these men, this was beginning to be questioned by some men (Charlie, Sayid, Cameron, Matthew, Rob, Evan). For example, Matthew:

> *I think anybody that would class themselves as a manly man is... I'm trying to think what it was I said earlier on... It is a front. It's just, you know, you're not being true to yourself. You're putting on a show for somebody else. You know, when you go home at night and you take off your bravado it's just, who's looking at you in the mirror? I think you lose part of yourself.*

Matthew, 25, father of one, recruited through community organisation

Finally, four of the men talked about protecting daughters and sons in different ways (Bobbie, Shane, David, Gavin). This was expressed as protecting girls, whilst teaching boys how to protect themselves. Bobbie exemplifies this view:

> *Wi' your ain weans, I think it's mair protection towards the lassies...* ***[Right, okay]*** *Whereas it's boys, boys should be able tae look efter theirself mair that way.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

Figure 5.7 demonstrates the main concepts around the discourse of fathers as protectors.

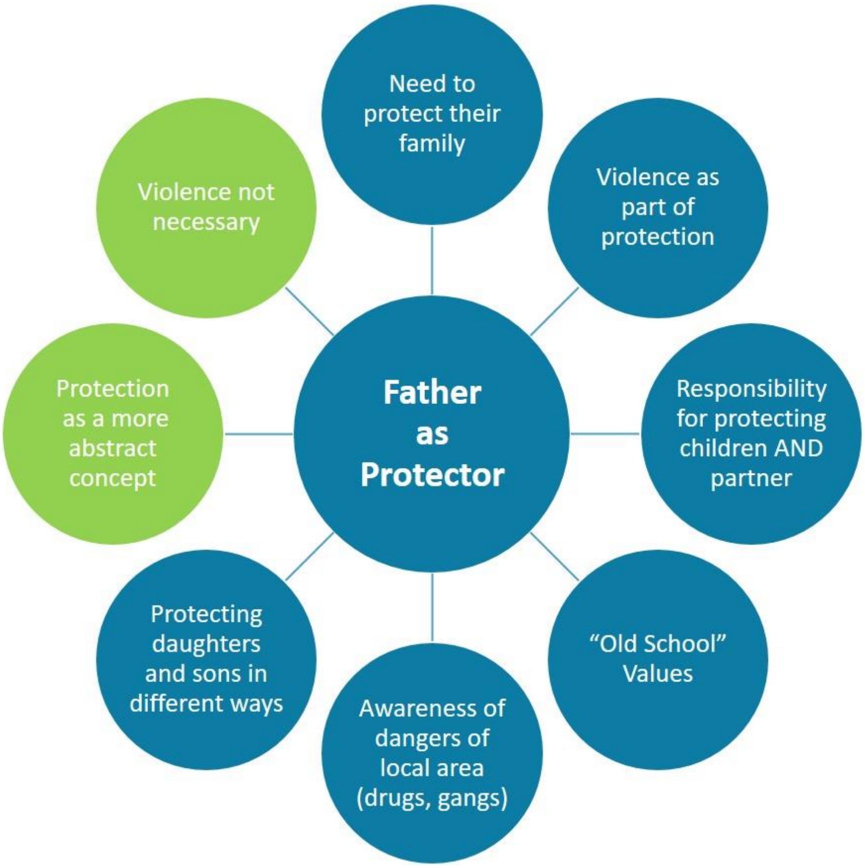

Father as Protector
Need to protect their family
Violence as part of protection
Responsibility for protecting children AND partner
"Old School" Values
Awareness of dangers of local area (drugs, gangs)
Protecting daughters and sons in different ways
Protection as a more abstract concept
Violence not necessary

Figure 5.7. Father as protector

5.2.3.3. Father as teacher

The discourse of father as teacher and moral guide was evident in the men's accounts. Teaching children practical life skills, passing on your own values and showing them the 'right' way to live life were recurrent themes in the men's discussions. For example, when asked what a good father should do for his children, Shane replied:

> *Everything, you should do. Everything. Try tae teach them how to drive. Everything. Swim. Everything. How to learn life. How to get on in life. How to deal wi' their money. Everything.*

Shane, 27, father of three, recruited through community organisation

That a father should instil moral values in his children was a common theme and consisted of making sure they "followed the right path" (Logan), "instilling life values" (Evan), "being yourself around your kids" (Matthew), and being a "role model" (Matthew, Rick, Darren, Rob, Bryan, Tony, Sayid, Kieran, Kenny, Neil, Phil, Evan, Cameron, Charlie, Michael). Included in this was a view that their children should learn from the men's own experiences and therefore "not make the same mistakes" that the men themselves had made (Michael, Logan, Lee, Warren, Aidan). This included involvement with criminal justice and drug use. For example, Aidan:

> *I want them tae be like me but not like me. So I don't want them getting in tae trouble with the police, things like that.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

For six of the younger men (Kieran, Phil, Cameron, Charlie, Rob, Chris) working was part of demonstrating good values and being a good role model for their children. For example, Kieran:

> *I don't want [son] growing up thinking that it's alright tae be on the dole, it's alright tae be just sit on your arse and dae nothing a' day.*

Kieran (Pilot Study), 25, father of one, recruited through community organisation

However, four of the men discussed that being a good role model was not always possible and demonstrated their awareness of times when they had not been the best role models, including amongst these going to prison and using drugs (Michael, Darren, Neil, Bobbie). For example, Darren:

> *I'm hauf and hauf.* ***[Half and half. Tell me why?]****. 'Cause I was daein' things that like a good role model like the caretaking an' daein' that – but the drug dealing kinda, and I thought they werenae seeing any a' it but obviously they were do you know what I mean? […] I always feel that's how [oldest daughter] ended up in addiction, because of me, d'you know what I mean?"*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for heroin addiction and social work concerns

The discourse of the good father as teacher also incorporated teaching your children the kinds of values you wanted them to have. The men linked the values they held and wanted to pass on to their children to their own upbringings (Gavin, Matthew, Shane, Bryan, Cameron, Evan, Kieran, Bobbie, Kyle). For thirteen men, this meant teaching their children that the world was "not a nice place" (Gavin) and that you had to learn to fight or defend yourself to "survive" in it (Gavin, Michael, Shane, Bryan, Bobbie, David, Tony, Tom, Archie, Jake, Aaron, Darren, Kyle). Gavin best encapsulates this view:

> *I think it all depends on how you were raised. 'Cause some people were raised... that their emotions should be shown all the time, I weren't. It just depends how you were brought up. I was brought up that the outside world's an evil place and you've got to go out twice as evil to survive in it.*
>
> ***[Karen] That's a really strong value. Do you think you would teach your kids that?***
>
> *I'd teach my kid that the world's not a nice place and you've got to be not a nice person now and again, but to get through it.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

Shane echoed these views, saying:

> *My ma' brought us up to no' take any crap aff o' anybody. If - even if it was your ain family, so. And she just says "whatever you had, pick up the nearest thing. And if a bat, you just whack them wi' it."*
>
> ***[Karen] OK. And would you teach your kids those values?***
>
> *Aye. Definitely. I'll tell them that.*

Shane, 27, father of three, recruited through community organisation

Another theme that was evident amongst those who expressed these views was that people were not to be trusted, and the men inferred that this was a value they would pass on to their children (Cameron, Gavin, Evan, Shane, David, Kenny). For example, Gavin:

> *Let no-one in that close, is what I was always taught. I think that's probably what I'll teach them. Not the way I was taught, but I'll teach them.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

Figure 5.8 illustrates concepts relating to the discourse of father as teacher.

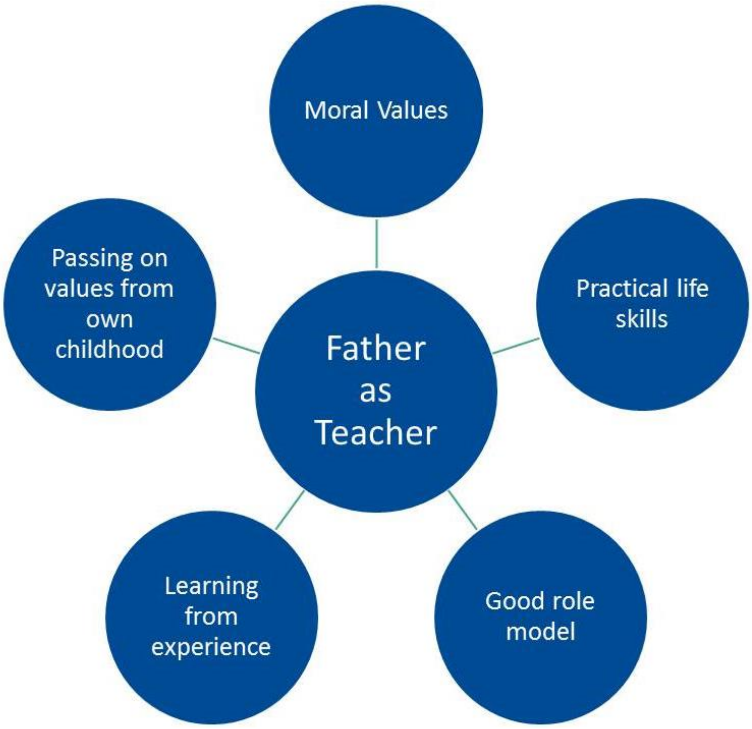


Figure 5.8. Father as teacher

5.3. Discourses of bad fatherhood

5.3.1. Fathers as absent or abusive

The men's concepts of bad fatherhood frequently incorporated antithetical ideas to those they articulated in relation to good fatherhood, for example, failing to put one's children's needs first. As many of these ideas have been covered above, they will not be covered at length here. However, it is worth bringing together the sum of the men's ideas in relation to 'bad' fatherhood as there were some very marked key themes.

Almost universally, the men stated that a bad father was one who "walked away" or who was "not there" for his children. This also encompassed fathers who did not "care" about their children, for example, fathers who did not make the effort to see their children, failed to "associate" with them (Neil, Michael, Bryan, Shane) and who did not take any interest in their children's lives (Lee, Darren, Bryan, Rick, Kyle, Evan, Warren, Matthew). In essence the men conveyed that not "being there", either through complete physical absence or by emotional absence from their children's lives, was tantamount to bad fatherhood. Almost without exception the men described a bad father as not "being there" for his children. For example, Darren, Lee and Bryan:

> *He’s somebody that’s no’ there. He’s oot getting full o’ it [on drugs] a’ the time. Full o’ it and no’ caring aboot the baby.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

> *No’ being there. Just no’ caring, basically, you know what I mean? Just, “I don’t care” and that’s it.*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

> *A bad dad would be somebody that’s no’ there for their children. Somebody that’s doesnae care, doesnae wantae make an effort to see their children, know what I mean? Aye, somebody that just doesnae, just doesnae want tae associate with them, basically.*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

However, this was difficult to reconcile with their own circumstances in some cases, as nine of the men had children from previous relationships who they did not see anymore. In these cases, the men almost always placed the blame for this on their ex-partners, who they labelled as “mental”, “difficult” and “unreasonable”. The men also recounted experiences of their own fathers not having been around in their childhoods and heavily criticised them for this, again with little reflection that they were doing the same thing themselves in some cases (Bobbie, Ethan, Aaron, Kyle). Almost all (20/21) of the men in the ‘high’ disadvantage group in childhood described fathers who were either absent or abusive. Bobbie described his childhood experience of his father:

> *My da was never there for any o' us… he just never seemed tae bother, know what I mean, unless there was something in it for him.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

Despite this censure of fathers who were not there, a recurrent theme in the men’s accounts was of the normality of men “running away” in their experience (Kyle, Cameron, Darren, Rick, Aaron, Neil, Gavin, Tyler, Tony). Kyle illustrates this:

> *I know hunners [hundreds] a’ boys that are dead neddy and got slashes a’ o’er their face and they get weans and they’re still… I dunno. Everybody does it, so, or maist people dae it.*
>
> ***[Karen] Most people do what?***

> *Run away.*
>
> ***[Karen] Do you think they do?***
>
> *Aye. They definitely dae. I know hunners and hunners and hunners a' single girls wae weans, hunners.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

As noted above, failing to put one's children's needs above one's own was widely condemned, especially in relation to fathers who "put their addiction before their children" (Darren, Lee, Kieran, Kyle, Neil, Evan, Cameron, Tyler, Ethan, Aidan, Shane, Kieran, Tom, Bobbie, Kenny). The men reproduced societal discourses of 'problem' fatherhood, allowing them to position themselves as better fathers than those who were drug-users, even if they failed to live up to all the ideals of fatherhood which they espoused. For example, Neil:

> *These people that go an' take drugs an' a' that. They're mair worried where their money is for drugs than it is for their kids. You know what I mean? That's, to me that's a bad dad. You've gottae be there, you've gottae provide. These people that don't provide gets me as well. You know what I mean? Like if you're in a relationship or even if you're no' in a rela-, if you split wi' the person, you know, you're no' paying your way, you know what I mean, it's... I still pay for [fifth son] and he's eighteen and I've still gottae pay for him. The CSA [Child Support Agency] so I pay twenty-five pound a week for him.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

Other characteristics which were emphasized as part of bad fatherhood were being abusive and violent, which in the men's minds were often associated with being drunk (Ethan, Aidan, Tyler, Warren, Evan, Tony, Kieran). For example, Aidan, who experienced abuse as a child, said of a bad father:

> *Not caring. Just not... just not being there an'... Not wanting tae help. Not even lifting a finger tae help wi' anything. […] Or coming in drunk a lot. Being violent towards the baby, know what I mean? Even the partner. Shouting. That can send a bad signal to a baby. That's a listener, that's an ear thing. But it's also a seeing thing. 'Cause that baby's gonnae see the father being violent towards the mother but not being able tae do anything about it but seeing it. Know what I mean? […] But, yeah, being drunk, violent. Not giving a hoot. Coming back at all hours. Neglect. That was the word. Neglect. I knew the word was there somewhere.*

> ***[Karen] And how would that make the child feel?***
>
> *Scared. Insecure. Frustrated. Angry.*

Aidan, 26, father of one, expecting first child with current partner, partner (30) referred for social work concerns

The men related their attitudes towards abusive behaviour to their childhood experiences and often to their parents' addictions. In their eyes, parental addiction led to neglect and instability (Aidan, Kenny, Warren, Shaun, Rick, Bryan), but also to violence and abuse, mainly perpetrated by fathers or father-figures (Aidan, Kenny, Evan, Warren, Tony, Archie, Ethan). It is notable how many of the men could identify an example of an abusive or addicted father-figure from either their own experience or that of their partners (Warren, Kenny, Evan, Aidan, Tony, Archie, Ethan, Kieran, Tyler, Cameron, Matthew, Bryan, Rob, Kyle, Shaun, Rick, Gavin). In this sense, the men drew on examples from their own experience in their assertions that their own children would not experience the abusive or neglectful treatment that they or their partners had experienced.

Figure 5.9 illustrates the concepts the men associated with bad fatherhood.

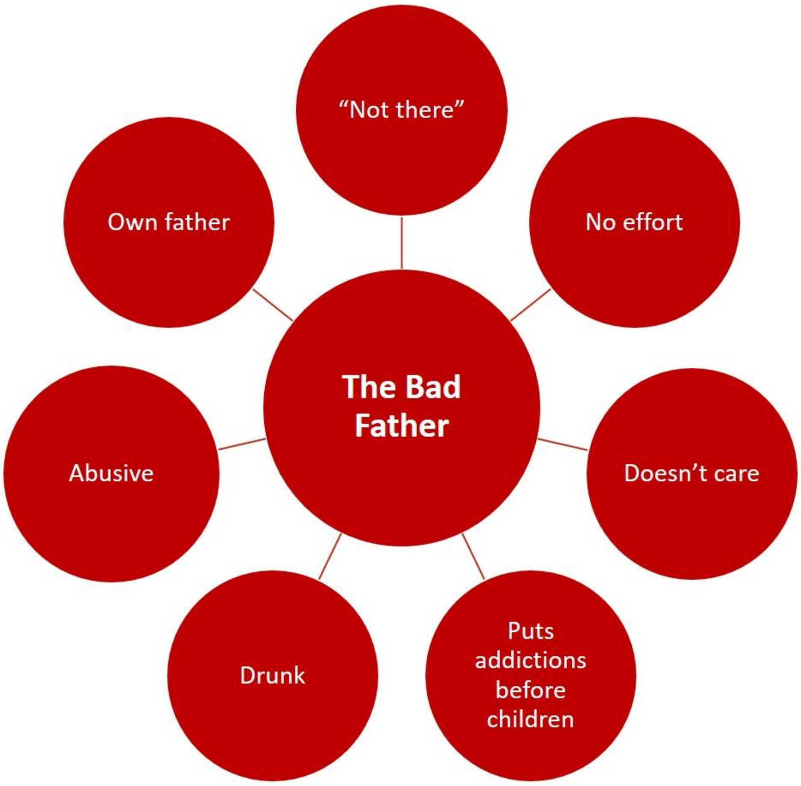


Figure 5.9. Discourses of bad fatherhood

5.4. Fathering in the context of partner vulnerabilities

As outlined in Chapter Four, the majority (34/36) of the men had partners with either complex social care needs (history of drug use, being in care as a child, previous children taken into care) or mental health problems (anxiety, depression, OCD) or both. As such, the men were fathering, or about to become fathers, against a backdrop which might be anticipated to shape the way in which they conceptualised and practised good fatherhood.

One of the ways in which the men's partners' vulnerabilities most significantly influenced their conceptualisations of good fatherhood was in encouraging a construction of fatherhood which encompassed a more active "hands-on" involvement in the day-to-day practical tasks of caring for children. Most of the men whose partners had mental health problems, and who were already fathers, spoke of their practical involvement in care of their children (Neil, Matthew, Shane, Tyler, Malcolm, Michael, Frank, Shaun). For example, Neil, whose partner had depression, spoke of doing the cooking, putting away children's clothes and doing the bedtime routine to try to make his partner's life easier ("*I dae everything tae try an' make her life as easy as possible*" - Neil).

In the following extract, Shaun describes the psychological issues his partner suffered from as a result of being abused during her childhood:

> *Well, when [daughter] was born Kelly had—she went through a bad childhood. So she was getting like flashbacks and that of her childhood and like I'd get [baby] settled and then like I'd turn roon and Kelly would be greetin' [crying], and I'd need tae calm Kelly doon. Aye, I done the best I could. […] She was abused as a child… And like no' just roon like me or my da, but any other guys like her brothers, an' a' that, she just never felt comfortable.*

Shaun (Pilot Study), 26, father of one, recruited through community organisation

Shaun went on to describe how he performed practical tasks such as doing the family's shopping because of his partner's ongoing mental health problems, stating that "*it's just easier for me to do it*":

> *She suffers fae like anxiety attacks, and panic attacks, an' all that. […] She just thinks everybody's judging her. She can get round Asda alright but she starts to sweat and hyperventilate and all that sometimes… So it's just easier for me to dae it.*

Shaun (Pilot Study), 26, father of one, recruited through community organisation

Frank also drew attention to his taking on of practical household tasks - shopping, dressing the children, taking them to activities, taking them out of the house - so his partner could “have a break”. He also directly related this to his partner’s mental health problems. Like others, Frank also stressed his role in providing emotional support to his partner (“*keep her bubbly*”) and thus enabling her to cope with the demands of parenting:

> *Aye, me and Moira just get on as a team. We go messages [shopping], we run errands, have a laugh, Moira goes tae groups as well - [mental health organisation], she goes there some days. […] Moira’s got good days and bad days wi’ her mental health. But I just keep her bubbly. Sometimes she gets doon and has a wee greet [cry], but I just get her back oot it, know whit I mean? I just make sure that everything’s okay, I keep my eye on her sometimes as well because she gets dead down. I mean dead, dead depressed.*

Frank (Pilot Study), 51, father of five, recruited through community organisation

Shaun also emphasized his emotional support of his partner. Matthew, Lee and Tyler described needing to act in more sensitive, loving and understanding ways to counter their partners’ difficult (abusive or neglectful) childhoods. Matthew reflected on how his partner’s neglectful upbringing had affected her as a mother, making her more insecure and in need of reassurance. He said he provided this, offering her emotional support and making sure they did a lot of childcare tasks together.

These forms of practical and emotional caring were enabled by the fact that Frank, Shaun, Matthew and Lee did not work, and therefore were physically available to their partners and children. Even Neil, who worked in a distribution warehouse, emphasized how his night shifts allowed him to be heavily involved in the day-to-day care of his children:

> *I’ll try an’ dae everything that I possibly can, like as I say I start work at seven o’clock at night so I’ll come in an’ I’ll get the kids’ tea when they come in fae school, get a’ the dishes done, then I’d have [youngest daughter] bathed, go tae work, so she’s only maybe having the two older ones to bath.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

Therefore, some of the men (Neil, Matthew, Shane, Tyler, Malcolm, Michael, Frank, Shaun, David) did present their conceptualisations of fatherhood as directly influenced by their partner’s vulnerabilities. However, it was notable that despite discussing their partners’ (sometimes considerable) vulnerabilities, around a third of men did not appear to draw on these vulnerabilities in framing their ideas about good fatherhood (Bryan, Cameron, Rob, Charlie, Phil, Aidan, Evan, Chris, Sayid, Tony, Lee, Gavin, Logan, Rick). Other factors, such as their upbringings and their own views, appeared to be more prominent in their discussions of what they intended to do as fathers.

The majority of the men referred to having experienced the same kinds of issues (mental health problems, difficult childhoods, drug addictions) as their partners (Evan, Phil, Aidan, Sayid, Lee, Logan, Rick, Warren, Matthew, Michael, Shane, Tony, Kieran, Tom, Shaun, Kenny, Aaron, Darren, Ethan). In practice, this meant that they were fathering or about to become a father in a context of two parents struggling with mental health problems, difficult parenting histories and/ or current problems. In these conditions, although the men often talked of wanting to support their partners, they often acknowledged that they struggled to do this. For example, Evan:

> *I think I’ve got my own like madness. Danielle’s just got a diff—a whole different ball-game of madness. Like, she also has this like, she has these freak out moments. She just has freak out moments and she’ll go into her room, and just cry hysterically and rock back and forth kinda thing like it’s a defence mechanism, she got—reverts to childhood kinda thing like. I find it difficult to deal with. Like I should be supportive, which I am at times but I can’t do it all the time. […] So, so sometimes I’m maybe not as sensitive to her needs as I should be.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

Some men referred to how they and their partners supported each other in these circumstances (Tyler, Warren, Sayid, Lee, Michael, Matthew). For example, Warren:

> *She’s helped me in different ways. She showed me a different way wi’ having the baby. There is mair tae life than getting mad wi’ it [high] all the time. Acting like a... just acting like a bit o’ a bum if you want. An’ I’ve showed her a different way ‘cause she’s went through hard times. An’ I know she has an’ that’s how... I think that’s how us two get alang.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

However, most often, they alluded to the stress and additional social work involvement which both partners having such problems caused and suggested that this added to the difficulty of their fathering circumstances (Evan, Sayid, Michael, Bobbie, Ethan, Aaron, Rick, Tyler). For example, Michael spoke of his past drug use and his partner's past alcohol addiction and domestically violent ex-partners and the impact on both of them struggling to cope with the mental health outcomes of these problems (*"I take bad panic attacks an' a' that, anxiety attacks", "when the boys had just been taken [into care] obviously she hit the drink"* – Michael). He also described the impact of their vulnerabilities in terms of increased surveillance of their parenting by child protection social workers:

> *I only take my Suboxone [methadone equivalent] noo and that's, I'm only on 6mg. […] Well I, 'cause I actually take diazepam for my panic attacks an' anxiety. I wasnae allowed tae be left alane wi' [son] 'cause I took two at any time a panic attack came on. […] They put him on the Child Protection Register.*
>
> ***[Karen] So were they still in your life quite a bit?***
>
> *Aye. An' then we were going tae like meeting efter meeting, efter meeting, an' eventually he came aff it because he obviously seems to be doing alright.*

Michael, 29, father of four, recruited through community organisation

In most cases, the men's problems, in combination with their partners', led to the increased involvement of social work. In the following extract, Tyler explains why social workers are involved in his and his partner's life:

> *Because of Vicki's upbringing. It's... it's hard to explain, just various events happened in Vicki's life and stuff, where... because they think, how does she know what a good parent would be if she never really had a role model? Which is no' fair, because Vicki's a brilliant ma.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

Six men spoke of being considered by social workers as a stabilising presence in their partners' lives (Bryan, Tyler, Cameron, Rob, Charlie, Phil). For example, Bryan:

> *They [social work] says it's probably helped her quite a lot, the kind of stable relationship, whereas in the past it's been a bit a' ower the place, you know what I mean?*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

In this way, the men's partners' vulnerabilities could be seen as potentially facilitating their fathering involvement by positioning them as the more competent parent. However, the men did not discuss the social workers' positioning of them in this way in connection to their conceptualisations of good fatherhood. For instance, Bryan discussed the increased scrutiny on himself and his partner because of her background but, like others, did not draw upon this when talking about how he wanted to be as a father. He conceptualised good fatherhood largely around "being there" and "providing" and did not use social workers' estimation of him to radically re-position himself as a more involved, hands-on father.

Therefore, fathering in the context of a partner with vulnerabilities could be seen to be both a barrier and a facilitator to the men's enactment of involved fatherhood. On the one hand, partners' vulnerabilities were a potent motivator to some men to take on more practical and emotionally-supportive roles in their fathering and thus construct good fatherhood as more "hands-on" and involved (Neil, Matthew, Shane, Tyler, Malcolm, Michael, Frank, Shaun, David). However, it was also notable that the majority of the men did not use their partner's vulnerabilities to radically reconceptualise their ideas about good fatherhood. Most men did not discuss their partner's vulnerabilities in relation to their ideas about good fatherhood, and did not frame their conceptualisations of good fatherhood with reference to their partner's vulnerabilities.

5.5. Barriers to good fatherhood

Whilst the men were clear in articulating what they thought a good father was, their accounts were suffused with the difficulties and challenges they faced in living up to these aspirations. In some cases this was explicit, whilst in others it was implicit as they described their circumstances or situations which clearly posed a barrier to them enacting the kinds of good fatherhood they had earlier articulated. For example, as described above, many of the men identified with being a provider as one of the core tenets of good fatherhood. Yet their descriptions of difficulties in finding secure work and frequent episodes out of work conveyed a challenging landscape in which to enact this vision of good fatherhood. The following sections bring together the men's collective understandings of the barriers facing them in being or becoming the kinds of fathers they said they wanted to be.

5.5.1. Upbringings

The men's upbringings were drawn upon frequently in their conceptualisations of good fatherhood. For over half of the men, their own unstable upbringings, with parental addictions (12/36), experience of neglect and lack of love (10/36), periods in the care system or in kinship care (10/36) and harsh, violent or absent father-figures (17/36) led to a lack of certainty over how to be a good parent themselves. Tyler was typical of this group in reflecting on his unstable upbringing and suggesting that this had given him little idea of how to act as a parent because he lacked parenting role models:

> *Well, I don't know how I would bring them up because... I don't know. The way I was brought up is when my ma left we basically got told tae dae what we want. My da's only rule was, "dae what you want".*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

Kyle, reflecting on his own upbringing, provided many examples of bad parenthood ("heartless", "chucks their child out") but struggled to articulate qualities he would associate with a good father. The only qualities he eventually identified were "not running away" and "not heartless", "heartless" being a word he had used to describe his own mother. In this way, the men's childhoods were often drawn upon to provide examples of the kind of parents they *did not* want to be. Their upbringings constituted a significant barrier in the sense that they lacked good parenting role models and thus, did not know how to parent differently to their own parents. The following extracts from Bobbie demonstrate his anger and resentment at his own father who he perceived as being absent and uninvolved in his childhood, compared with his own fathering of his three daughters:

> *[Talking about his own father] My dad's a typical east end boy. In and oot the nick maist o' his life. He's got twelve weans at last count that he can guarantee. [...] my da' was never there for any o' us.*
>
> *[Discussing what a bad dad is] My faither! In and oot the jail pretty much a' my life. Umpteen weans tae umpteen different women.*
>
> *[Talking about himself] I have three children that I can guarantee I have. There's possibly two down in England but I'm not completely sure about them. The three I can guarantee are all girls.*
>
> *[Talking about how he wants to be different] I'd be better [than my dad]. I want tae be there for my weans. I want my weans wi' me.*
>
> *[Talking about his three daughters] I've lost my weans – I've nothing else tae lose, you know what I mean? I know it's that way, I'm a bad boy.*
>
> *[Talking about himself] Similar tae a bad dad, wi' me... because I'm no' there for my weans the way I should be.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

Of Bobbie's three daughters with three different mothers, the oldest two lived in kinship care with his mother and the youngest lived with her mother from whom Bobbie had separated. Whilst Bobbie saw his oldest two daughters at least once a week, he had not seen his youngest daughter (13 months) since she was five months old. Therefore, there was a discrepancy between Bobbie's stated aspirations for fatherhood – to be different to his father - and his actual practices of fathering his own three daughters.

It appeared that in many cases, the men were still struggling to make sense of their childhood experiences and were not always clear about *how* to be different from their own parental role models (Ethan, Kyle, Aidan, Tyler, Michael, Aaron, Bobbie). As such, the men's upbringings were a significant barrier to enacting the kind of good fatherhood (being there and being involved) the men said they aspired to.

5.5.2. Disadvantage

5.5.2.1. Unemployment, poverty and insecurity

The men's lack of work was conceptualised by some as a barrier to enactment of the kind of good fatherhood they aspired to. This was most clearly the case for men who strongly emphasized the provider role as part of good fatherhood (Neil, Jake, Cameron, Lewis, Tyler, Charlie, Lee, Chris, Phil, Rob, Bryan, Logan, Malcolm, Matthew, Michael, Fred, Kieran). Their unemployment, insecure or low-paid work, and struggles to find stable, secure work were portrayed as sources of stress and as a barrier to them fulfilling the provider role. This led to feelings of depression, anxiety and inadequacy amongst those men who were currently out of work but who prioritised provision as part of their construction of good fatherhood. For example, Malcolm:

> *Most of the things I do, I do determined to give more to my family, to give them the best, if I have the opportunity. But like I said, if circumstances is not permitting you to do that you become frustrated, you become worried.*

Malcolm, 33, father of one, expecting second child with partner, partner (31) referred for mental health problems

In these men's discussions, work was synonymous with the provision of money. Therefore, in the absence of work, the men talked of their anxieties about not being able to provide everything their family needed in their current circumstances (Neil, Malcolm, Charlie, Rob, Tyler, Matthew, Aidan, Sayid, Frank, Darren, Kenny, Kieran, Bryan). For example, Charlie:

> *We've been together for four years so most of that we were poor, you know. Especially with the recession going on, you know, stupid government benefits that they give you...*
>
> ***[Karen] So basically you wouldn't say it's enough to live on?***
>
> *No. Not with a child, either I don't, you know like... I think it's... It's barely enough like, for us just now. But you know for a kid as well I don't think we'd be able to... you know.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

The men also talked about their lack of work as a barrier to how they would like their children to see them. For example, Phil and Kieran discussed how they did not want their children to think it was alright to be “on the dole”. Notably, the men who talked like this about lack of work as a barrier to being a role model were actively looking for work (Phil, Kieran, Rob, Tyler, Lee, Michael), but were being hindered by legacies from their past such as lack of qualifications, poor work histories, past drug-use and criminal records.

However, it is also important to note that for around half of the sample, lack of work was not mentioned as a barrier to good fatherhood. These men emphasized other means of providing enough money for their families - through benefits or other, possibly illegal, means (*"even if it was illicit ways, getting money to support myself. Doing what I needed to do."* – Gavin; *"I pull money in…"* – Ethan) - or simply negated to mention provision at all.

5.5.2.2. Sources of instability

The men described aspects of their lives which amounted to considerable instability – homelessness, drug addictions, involvement with criminal justice, prison, violence, frequent housing moves and external control over their lives (social work, housing associations) (see Chapter Four) – but it was notable that these were not always talked about as barriers. The majority of the men did not link their disadvantaged circumstances to their ability to enact their construction of good fatherhood. As noted throughout this chapter, the men drew on societally-normative discourses of modern-day fatherhood (for example, the involved father and father as provider) and positioned themselves in relation to these. In other words, they did not construct good fatherhood in radically different ways *because of* their disadvantage. They also did not, in most cases, perceive their disadvantaged circumstances (with the possible exception of unemployment – see above), as a barrier to their enactment of good fatherhood.

However, for a minority of men (Darren, Evan, Rick, Lee, Michael, Kenny, Neil, Bobbie), their lifestyles (drug use, criminal activity) *were* linked to not being able to be a good role model for their children. For example, all three of the men (Darren, Lee, Michael) on heroin substitutes spoke of not wanting their children to see them collecting their "script" from the chemist. Lee, who was a recovering heroin addict and currently on methadone, said the following:

> ***[Karen] What about the methadone, then, in relation to being a dad? Do you think that's got any bearing on being a good dad?***
>
> *No, I don't think so. No, as I say, but it's just a case of the stigma o' going tae the chemist every day that I want tae get rid o'. So I'll get rid o' that when she's very young, you know, obviously make sure I'm aff it when she's really young – so before she notices that, you know, dad's going here every day, you know what I mean?*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

Where discourses of chaotic lives and ‘problem’ lifestyles were drawn upon was in their reflections on *bad* fatherhood. Here the men talked about fathers who were in prison, fathers who put their addictions before their children, neglectful parenting, and providing unstable environments for children. However, these ‘bad’ fathers were most often discussed in abstract or in relation to the participant’s own childhood experiences, rather than in reflecting on how their own lifestyles may affect their children. Interestingly, the men often identified aspects of bad fatherhood which they themselves had demonstrated (going to prison, having addictions, being absent) but did not appear to relate these to themselves. For example, Kyle, a young father with a history of incarceration in young offenders’ institutes said:

> ***[Karen] So you’re saying you think a dad who’s in prison’s a bad dad?***
>
> *Aye. You’re no’ there, know what I mean? It’s a waste o’ time. I don’t know, it just, it’s no’ a very good example to set is it, know what I mean? You don’t want your kids growing up thinking, ‘oh, it’s alright to go to prison’ you know what I mean, ‘because my da done it.’ No.*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

Kyle also described in his interview his upcoming trial, the outcome of which might be that he be sent to prison before the birth of his second child, resulting in him not seeing her until she was six months old, but he did not reflect that this may cast him as a ‘bad’ father in light of his earlier comments (*“It’s only prison, innit – it’s no’ bad.”).*

Therefore, although in many ways the men’s disadvantaged circumstances were, or could be, a barrier to them enacting their constructions of good fatherhood, they did not frame them as such. They did not give these circumstances much weight in their discussions of their abilities to enact good fatherhood.

5.5.3. Difficult relationships: Ex-partners / mothers of their children

The men’s hostile relationships with ex-partners, on the other hand, *were* presented as a barrier to their demonstrating good fatherhood. In fact, in most cases, the breakdown of a relationship signalled the end of contact with these children (Aidan, Kyle, Michael, Tony, Bobbie, Jake, Aaron, Neil, Ethan). This was blamed on their ex-partners, drawing on a discourse of maternal gatekeeping. For example, Michael:

> *It was basically like she stopped me fae seeing the wean at first, an' obviously she seen the baby was hurting. An' then I contacted her an' I says, "It wasnae me obviously that stopped it," I says, "It was you." An' she says, "I didnae know, I didnae realise how much it was hurting [daughter], until I seen." I says, "Aye, well obviously it's gonnae hurt her. I was always there for her an' you just (clicks fingers) stop it like that, know what I mean.*

Michael, 29, father of four, recruited through community organisation

All but one of the men who had non-resident children from previous relationships alluded to maternal gatekeeping, indicating how their ex-partner had mediated their involvement with their children. Apart from Neil, whose lack of contact with his adult children was positioned as his choice, all the men drew attention to the power that mothers had, in determining when, and if, non-resident fathers had contact with their children. However, as the following extract from Ethan shows, there were complexities in their accounts. Despite drawing on a discourse of maternal gatekeeping, Ethan also implied that his choices did play a role in his lack of continued contact with his son:

> *I wanted to be there, but then it's too much anarchy and too much arguments. […] I feel trapped sometimes, and sometimes I don't, man, 'cause it's like, she tells me that I cannae really get tae see them and then I don't know, man. Sometimes I feel trapped and sometimes I don't. Sometimes I feel as if I want tae be single and enjoy ma life when I'm still young, and later on in life if I'm mature enough, then dae it.*

Ethan, 27, father of three, recruited through community organisation

Here Ethan highlights two factors: his freedom in defining whether and to what extent he will be involved in his child's life and the stress and difficulty of maintaining a relationship with one's children in the context of a hostile relationship with the children's mother. The quality of the mother-father relationship post-separation was presented as the significant factor in whether or not, and to what extent, the men remained involved with their children (Ethan, Bobbie, Aidan, Jake, Lewis, Aaron, Kyle, Michael). However, whilst almost all the men blamed their lack of contact with their children on the difficult relationship with the mother, there were intimations in their accounts of their agency and choice in the lack of contact. For example, Kyle, when asked about how he felt about the fact that he no longer saw his two-year-old daughter, discussed arguments with his ex-partner and then said:

> *I couldnae care less, if I'm honest. I dunno. Never had it tae lose it, so it doesnae bother me.*
>
> ***[Karen] How do you think that affected her, [daughter]?***
>
> *I dunno.*
>
> ***[Karen] Do you think it's a big thing for a child not to see her dad?***
>
> *Well, her mum's had two relationships since having the wean, and I dunno, like, they've always been roon the wean and I dunno – they just have a different life, and I've never known her. So…*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

There was a noticeable lack of reflection on how their absence from their child(ren)'s lives might be experienced by their own child(ren) ("*I dunno*" - Kyle) as opposed to how their fathers' absences from their lives affected them as children (and adults). For example, Bobbie:

> *My da' was never there for any o' us. […] He's a dick! An arsehole. I tell him tae his face he's a fucking daftie! Nothing he can say. He knows he is. But he knows where he stands when it comes tae me anyway. Know what I mean? Don't get on the wrang side o' me because you were never there for me and I've nae problem wi' getting back in your face.*

Bobbie (Pilot Study), 38, father of three, recruited through community organisation

There was an impression given by two men (Neil and Aidan) that their 'new' family replaced their 'old' one, and therefore negated the need for them to see their child(ren) from a previous relationship. Neil had a family of five adult sons, with whom he had had limited contact since separating from their mother ten years ago. He rationalised this as them "having their own lives now" and did not reflect on how his sons might feel about this, but rather focused on it from his own perspective ("*that's part an' parcel. I've got other weans tae make up for it.*" - Neil). Aidan spoke of his son from a previous relationship with whom he no longer had any contact and said:

> *I was upset an' I was a little angry but because now that Jenny and I are a family now, it's not... it's at the back o' my mind.*
>
> ***[Karen] Do you mind that you don't see him?***
>
> *Not really, no. It's... I know people would probably think that'd be not a nice thing tae say but it's there's an involvement wi' people, with my ex... my ex-partner is very fond of the alcohol. […] I don't think, in my eyes or in my mind, that I'll... I might ever see him again.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

Thus the men rationalised their lack of contact with non-resident children and in the main positioned this as being out of their control ("*she tells me that I cannae really get tae see them*" – Ethan). They heavily criticised ex-partners ("*she was a mad, mad nut job*" – Aaron) and placed much of the blame for their lack of contact with their children on them, allowing the men to distance themselves from responsibility for the lack of contact. Thus, the men's relationships with ex-partners were a substantial barrier to the men demonstrating involved and hands-on fatherhood, and often to them having any form of relationship with their children at all.

5.5.4. Masculinity

Despite the men's alignment with discourses of involved fatherhood, and the associated emotional closeness with their children this implies, there were indications in their accounts that this sometimes ran in tension with norms of socially-acceptable masculinity in their local communities. This was implied or directly expressed in several of the men's accounts. The men expressed their need to appear "tough" or "hard" in public (*"you've gotta portray yourself as unbreakable*" – Gavin, "*Show your emotions you're a dead man*" – Bobbie, "*I don't think you need to be tough but it helps*" – Michael) and implied a desire to keep separate their private (paternal) identities and public (masculine) identities ("*If I'm out on the street and I'm walking about, I don't think I'm a dad. If I'm out wae my pals, I think I'm… I just think I'm me*" – Ethan. Also: Gavin, Ethan, Aaron, Kyle, Bobbie, Tony, Darren, Chris). There were also suggestions in the men's accounts of the association of anything to do with caring for children as feminine ("*It's like anything wae kids or whatever, it's* *like, could be viewed as dead feminine because you're looking after babies and stuff*." - Kyle), and thus associated with weakness or being a "sissy" (Kyle, Lee, Bobbie, Kenny, Gavin, Aaron). There was an implied pressure to distance oneself from these things (at least in public) or risk the social judgement of one's peers (Kenny, Kyle, Gavin, Chris, Lee, Tyler, Aaron, Bobbie, Jake). Kenny, a stay-at-home dad since his oldest son was a baby, relayed stories of taking the pram down to the corner shop and being called a "paedo" and a "poof" by other men. So although almost all of the men discussed at length how they were comfortable with expressing love to their children (in private), and taking more responsibility for practical childcare tasks, there was also acknowledgement that in their communities this was still not always publically acceptable.

However, there was also considerable variation amongst the men in the importance they attached to living up to these masculine ideals. Whilst some men (Gavin, Aaron, Kyle, Michael, Shane, Tom, Archie, Warren, Bobbie) implied that this was of great importance to them, others explicitly rejected the need to act the "hard man" (Charlie, Sayid, Rob, Cameron, Evan, Matthew). Charlie was typical of this group and in the following extract demonstrates his view that a "newer generation" man distances himself from "alpha male" masculinity:

> *The way I see it, there's alpha males and what's this other word now? Is it a beta male? Where it's like, it's like the newer generation... like, people like... I heard the term on Russell Howard one night and he said that's the kind of guy he is. There's an alpha male and there's a beta male who's the one, you know, who's the funny one who like... and that's the kind of guy I am, you know, like the one, like you know who's funny and that, and that's a laugh and... you know, not all... macho.*

Charlie, 27, expecting first child, partner (21) referred for mental health problems

This was in direct contrast to other men who did still emphasize and align themselves with more traditional discourses of masculinity:

> *Manly? Have muscles like me, aye (laugh) that's aboot it. Manly, masculine—masculine just be like "alpha" as some folk would say*

Aaron, 31, father of one, expecting first child with partner, partner (24) referred for mental health problems

For the men like Charlie, who distanced themselves from "alpha male" constructions of masculinity, their masculine identities appeared to be constructed around their aspirations for involved fatherhood. These men were keen to stress their desires to be actively involved in childcare, their disdain for “macho-vism” (Sayid) and their willingness to display their fatherhood in public. For example, Lee:

> *I’ve got one o’ they wee harnesses, you know, that you see the men wearing the noo, so I’ve got one o’ them. It wouldnae bother me even if people did say anything, I’d be like that, “so?” you know what I mean? This is my daughter. I wouldnae care. I’d feel proud.*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

Amongst these men there was a common view that they were or would be demonstrating an appropriate masculinity by being a “hands-on” father. It is interesting that particularly the younger men (Charlie, Rob, Cameron, Matthew) emphasized this softer version of masculinity: that men (as fathers) should be loving and caring, and unembarrassed about this part of their identity, particularly out in public.

This softening of acceptable masculinities was also evident in the men’s praise of their friends and family members who were “doing” fatherhood in an involved and hands-on way. Eight men discussed brothers, friends or cousins who they looked up to for their caring and affectionate involvement in their children’s lives. For example, Shane:

> *A good da’… My wee cousin. My wee cousin's a good da’.*
>
> ***[Karen] What’s he like?***
>
> *He's just had his wee baby, and he's a good dad. He's brilliant wi’ his wean. He's always got the wee...the wee lassie. Every time the child starts crying, he picks the wean up and gies it...shows it affection an' that a’ the time. He's always doing stuff for his children […] He takes his t-shirt an a’ that aff, so his wean gets the scent o’ him an’ a’ that. He’s some boy. He's like “Aye, I want the wean, so she knows who am are” an a' that. You’re some boy.*

Shane, 27, father of three, recruited through community organisation

The contrasting views evident in the men’s accounts suggest that traditional ideas of masculinity – such as not showing one’s emotions in public and appearing tough to other men - were still present in the men’s understandings of masculinity. Where the men differed was in their acceptance or otherwise of the need to conform to these values. There was evidence of discourses of caring masculinities being invoked and drawn upon, but also evidence that the men were subject to social judgement within their local communities for their expressions of these caring masculinities. This suggests that although there was evidence of change - that many men believed it was more acceptable for men to be more involved in childcare and to express emotions nowadays, particularly around one’s children – the constraints of normative ideas of masculinity were still strong.

5.6. Chapter summary

The men conceptualised good fatherhood in terms of discourses of involvement, affection, provision, protection, teaching and responsibility. In doing so, they demonstrated their awareness of, and desire to align themselves with, current societally-normative discourses of good fatherhood. Discourses of ‘involved’ fatherhood in particular were deeply engrained in the men’s talk of what it meant to be a good father, especially around wanting to establish close and meaningful relationships with their children.

The men also drew on culturally-recognisable discourses around fathers as providers, and employed strategies to position themselves in relation to this role, even where they were not working. For a minority of men, this involved distancing themselves from this role and prioritising instead other fathering roles, for example love and affection. However, most were clear that the provider role was an important part of good fatherhood to them, and either positioned themselves as fulfilling this role, through provision of benefits or money through other means, or expressed frustration and anxiety at their inability to fulfil this role. In this way, unemployment was positioned as a barrier to them fulfilling their vision of good fatherhood by some (but not all) of the men.

Implicit references to masculinity ran through the men's talk of good fatherhood. This was evident in their discussions of their “need” to provide for and protect their families, and their emphasis on the responsible father discourse. The men emphasized a man’s protective role in relation to his family, and inferred that this often implied physical violence. The men justified acts of violence in the context of family life and re-construed these as part of “protection” of one’s family, allowing them to legitimise this form of gendered behaviour. The men also conveyed awareness of the constraints of masculinity in their discussions of the nature and extent to which men were allowed to show their emotions. Most conveyed that it was acceptable, and in fact desirable, for a man to show his emotions to his children, but some acknowledged that this did not give men licence to show their emotions all the time. In essence, the men inferred that certain aspects of the involved father discourse were in conflict with other masculine ideals. Interestingly, the younger men and (some of) those anticipating first-time fatherhood were much more likely to draw on discourses of gender equality in anticipating a form of fatherhood in which they would take on equal responsibility with their partners for roles such as provision and childcare. This suggests a loosening of the constraints of masculinity on some men. However, other men appeared to balance the competing demands to be an involved father and to demonstrate appropriate masculinity to their peers by separating their public and private personas, in particular around acceptable public and private displays of emotion.

Reference to upbringings was common and indeed many of the men framed their aspirations for fatherhood around a desire to differentiate themselves from their own fathers or (less commonly) emulate them. Drawing on their upbringings, the men positioned good fatherhood as providing affection, love and stability, as well as material goods, in contrast to the conditions they perceived themselves to have had growing up. In this way, reflections on their upbringings influenced the men’s conceptualisations of good fatherhood. The men’s upbringings were also framed as a barrier to them enacting the type of good fatherhood they espoused, in the sense that making sense of their experiences and knowing how to parent in different ways to one’s own parents was sometimes difficult. However, for most, their upbringings served as a motivator to try to be different from their own parents, and so to provide better for their children than they perceived they had had themselves.

The fact that these men had vulnerable partners could be seen to be both a barrier and a facilitator to the men’s enactment of their conceptualisations of good fatherhood. Whilst some men - usually those with partners with mental health problems - described enacting, or wanting to enact, a more ‘hands-on’ form of fatherhood, others did not discuss their partner’s vulnerabilities or capabilities in relation to themselves as fathers. This was similar to the men’s estimations of their own disadvantaged circumstances – homelessness, temporary housing, drug addictions, involvement with criminal justice and so on – which were not framed as barriers to their fatherhood, despite often appearing to present potential or actual barriers.

A barrier the men did identify as significant was their difficult relationships with ex-partners. Of those with children from earlier relationships, almost all talked about extremely acrimonious relationships with their ex-partners and blamed their lack of contact with their child(ren) on the breakdown of communication with her. The men invoked discourses of maternal gatekeeping to exonerate themselves from any responsibility for the discontinuation of relationships with their child(ren). Therefore, support in dealing with conflict within relationships and managing relationships post-separation would be a prime target for parenting intervention work, to help disadvantaged fathers achieve the kind of fatherhood they said they aspired to, i.e. being involved and available to their children.

These findings shed light on the ways in which men living in socially-disadvantaged circumstances construct good fatherhood. The barriers identified to their fulfilling their aspirations of good fatherhood suggest areas on which parenting interventions could focus. The next chapter will cover the men’s attitudes towards, and evaluation of, two parenting interventions offered through the THRIVE trial.

6 Socially-disadvantaged fathers’ attitudes towards parenting interventions

6.1. Overview of chapter

This chapter presents findings relating to the process evaluation of the two parenting interventions in the THRIVE trial: Enhanced Triple P for Baby and Mellow Bumps. One of the aims of this PhD study was to explore disadvantaged male attitudes towards parenting interventions, both in terms of their own engagement and their support of their partners’ participation. Two key questions were therefore:

- What were the men’s attitudes towards taking part in parenting interventions?
- What were their attitudes towards their partner’s participation?

Providing answers to these questions will contribute to our understanding of disadvantaged men’s engagement with, and attitudes towards, parenting interventions.

A further question was how men felt about being targeted as ‘vulnerable’ parents, and as such being offered a parenting intervention, with the need this implies. I was particularly interested in the possible stigma of being identified as ‘vulnerable’, and of there being an implicit judgement that they might be in need of parenting advice, and therefore whether the men found the process of being recruited to the study stigmatising or offensive. This chapter will present findings on the men’s views on this.

The data presented and analysed in this chapter come from the 22 men recruited through the THRIVE trial. It is important to note that due to the timing of the interviews, the majority of the men (17/22) had not yet had the chance to attend the parenting interventions at the time I interviewed them. Of the men who *had* had the opportunity to attend one of the parenting interventions (5/22), three men had attended and two had not. The three men’s evaluations of the intervention they attended and the five men’s reasons for attending or not will be explored later in the chapter. It is acknowledged that this is a small number but their views do provide some insight into facilitating and constraining factors around attendance.

The main body of this chapter will therefore cover findings relating to all 22 of the men's attitudes towards the parenting interventions *prior* to attending groups. I will cover how the men assessed the relevance and appropriateness of the groups to them, the perceived benefits for themselves and their partners, and their intentions with regards to attending. I will also present some of the identified barriers and facilitators to men's attendance. Finally, the views of the men on being targeted to take part in a study about parenting and vulnerability will be considered.

6.2. Men's attitudes towards parenting interventions: Pre-attendance

6.2.1. Positive views

The majority of the men (15/22) were positive about attending the parenting interventions offered in the THRIVE trial. Comments such as Lee's were typical:

> *Oh I was up for it, I was just saying, "oh, I'll dae that, aye." … Well, she [partner] was speaking about it as I said, she was like that to me, "you want tae dae it?" and I said, "aye," because that way it gie'd us something else in common as well, you know, to talk about and that as well so I was like that, "right, I'll dae it as well, definitely".*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

Seven men (Evan, Aidan, Darren, Lee, Phil, Sayid, Tyler) spoke of their view that participating in the intervention would be beneficial for both them and their partner. This was especially the case where both had had difficult upbringings or had ongoing issues (drug use or mental health problems). For example, Evan:

> *I think it could be helpful just because of like I said we're both like, we both have our own mental health issues so... I think it would be beneficial. Yeah. I've got no problem with it.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

This group of men were largely positive about their own as well as their partner's attendance. They indicated that they perceived potential benefits for themselves as well as for their partners. Specifically, they spoke of believing that the interventions would help them to deal with issues from their own childhoods (Evan), bring them closer to their partners (Lee, Sayid, Evan, Lewis, Charlie, Phil) and/or help them to deal with parenting in the context of ongoing mental health problems or drug and alcohol addictions (Evan, Aidan, Darren, Lee, Phil, Sayid, Tyler).

Another reason given for their intention to attend was general excitement about the pregnancy and a desire to be involved in everything to do with the baby (Lee, Lewis, Sayid, Evan, Rob, Charlie, Phil, Aidan). This is demonstrated by Evan and Lee:

> *I'm excited about all of this so I'm definitely, I'm gonna be as involved as possible, like... Like within, like as long as she's ok with it, you know what I'm saying? I'll be there as much as possible.*

Evan, 32, expecting first child, partner (29) referred for mental health problems

> *Oh aye, I want to be part o' everything, you know what I mean? Aye, definitely.*
>
> ***[Karen] Yeah, is that 'cause you're excited?***
>
> *Oh aye, but I think you should be part o' it anyway, you know?*

Lee, 46, expecting first child, partner (35) referred for substance use and mental health problems

These men were keen to engage with any support that was offered to them (particularly Lewis, Sayid, Evan and Aidan) and thought that it "*couldn't hurt to have a little support*" (Aidan). When I interviewed Aidan he was living in temporary accommodation with his partner, who he had met in a homeless hostel. Both had previous children who had been taken into care due to drug use and concerns over adequate care, reflecting the unstable nature of their lives. However, in common with others in this 'positive' group, Aidan was keen to take up any support that was offered to them and excited to be involved with everything to do with his partner's pregnancy. This may have been motivated partly by a desire to prove to social workers that he could be a competent parent and to reduce the likelihood of the child being taken into care. However, Aidan also demonstrated excitement about the pregnancy and interest in becoming a 'better' parent:

> *It can't hurt tae have a little support and even a recap from me and Jenny's experiences with children. [...] We're up for attending every appointment that's to do wi' this child. So that we know 'cause they do say that the first year of a child, the very first year is the most important year of their life. The moment that child is born, one half of their brain has been completely formed but the other half is up to the parents.*

Aidan, 26, father of one, expecting first child with partner, partner (30) referred for social work concerns

One factor for those who expressed favourable opinions towards the interventions was that they believed that they or their partners could gain knowledge and confidence from attending the interventions. This was particularly true of the younger men and the first-time fathers. Rob said:

> *Yeah, as I say, it's… obviously if people get kinda, obviously kinda wee bit more knowledge, a wee bit more… a wee bit more confidence dealing with it, then it's a huge benefit for them.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

Rick, a 17-year-old first-time father, who lived in a children's home with his 16-year-old partner, also referred to finding out about "*how other people do things*" from the classes. There was a clear expectation of knowledge to be gained from the classes. However, this was in contrast to the views of some of the other men, who thought that parenting could not be learnt from a class (Gavin, Kyle) and whose views will be explored further in section 6.2.3 ('Negative views').

Five men (Chris, Rob, Cameron, Charlie, Rick) referred to their belief that the intervention would help them feel more prepared for the birth. It is notable that this was a benefit only referred to by the first-time fathers in the sample. Chris said of the interventions:

> *Well, it definitely wouldn't be a waste of my time 'cause if I don't learn anything there is always food. But no, I think it'll be good 'cause it'll prepare me for, like, when she's closer to giving birth and stuff.*

Chris, 17, expecting first child, partner (17) referred for social work concerns

Rick also made reference to the fact that he thought the interventions would make him feel more prepared for "*what's going to happen*", referring to the birth.

Another reason men expressed for their positivity about attending was a belief that it would make them feel part of the pregnancy and closer to their partner. Sayid, whose partner suffered from severe anxiety and depression, said:

> *I wanted us to do something that was together, you know, rather than me just sitting in a hospital like completely irrelevant, at her appointments.*

Sayid, 28, expecting first child, partner (35) referred for mental health problems

Six of the men expressed a desire to be allocated to the intervention that both they and their partner could attend together[3] (Lewis, Lee, Aidan, Evan, Sayid, Rob). For example, Lewis:

> *We wanted Triple P 'cause I think that's the only one that the couples go to.*

Lewis, 28, father of one, expecting first child with partner, partner (34) referred for mental health problems

Reasons given for this were that they wanted something they could do together (Sayid, Lee, Evan, Lewis), they wanted to show their commitment to their partner and the pregnancy (Rob, Sayid) and that it would "*give them something else in common*" (Lee). The men reflected that they thought doing the intervention would bring them closer to their partners and demonstrate to their partners that they were interested in the pregnancy:

> *It's also a gesture for Lauren. So she can feel more secure in the idea of me being her birthing partner.*

Sayid, 28, expecting first child, partner (35) referred for mental health problems

This relates to the idea, prominent in the data, that the men wanted to participate in the interventions to support their partner. Twelve of the men said they were happy to go "*if she wants me to*" (Evan, Neil, Rob, Bryan, Jake, Rick, Darren, Sayid) or that they wanted to attend to show their support of their partner (Rob, Sayid, Tyler, Cameron, Bryan, Jake, Phil, Lewis). Comments such as Rob's typified this view:

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[3] Enhanced Triple P for Baby included four antenatal sessions for both partners to attend together, whereas Mellow Bumps had only one session (out of seven) to which the male partner was invited.

> *I've said to her at the very start, I was going to be there for anything she needs me for. Be at obviously the scans, the midwife, anything, this is obviously falls into that category, I'm happy to do it.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

Bryan also demonstrated this view, saying:

> *Aye, I'll go wi' her aye.*
>
> ***[Karen] Will you?*** *(Aye)* ***Is that cos it's something you'd be interested in or…?***
>
> *No, I would probably go to support her. You know how, 'cause she's kinda, a bit kinda wary like in groups and a' that, she's no' really comfortable, you know what I mean? But that's her I could probably, but I'd probably just go for the point o' just to see what it was like anyway.*

Bryan, 25, expecting first child, partner (18) referred for substance use and social work concerns

This demonstrates that, for one group of men, attitudes towards attendance were framed more in terms of support for their partner than in terms of perceived benefits of the interventions for themselves.

Only one of the men (Darren) spoke of intending to actively look for something like a parenting intervention, had this opportunity not been offered. Darren's partner Angela had been allocated to the Triple P parenting intervention which women and their partners could attend together but she had decided to attend alone. Darren pondered about asking his drug worker whether he might be given something similar to attend himself:

> *But I was thinking o' daein' it through [his drug support charity] and asking, can I get put forward for my ain parent group? Just to see if it is different fae what I remember.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

However, Darren was in the minority as most men said they would not have actively looked for something like this if it had not been offered to them.

6.2.2. Ambivalence

Nine of the men (Rob, Rick, Chris, Jake, Cameron, Logan, Warren, Malcolm, Neil), whilst generally expressing their intentions to attend the interventions if their partners wanted them to, conveyed ambivalent views towards the interventions. These centred around wondering about the relevance of the interventions to them or questioning the need for a parenting intervention at all.

Examples of this were given in the men's reflections on whether they felt they needed or wanted a parenting intervention had one not been offered to them. As Rob explained:

> *To an extent there was kind of things I suppose we could have worked on, but I wouldn't even have said a parenting class would have been needed, it might just have been a case of saying to a friend, 'Right come over, with the baby, and show us how you do this'. 'Cause I suppose if your friend's showing you, you're going to feel, in a sense, a little less stupid than somebody's in the class saying 'right this is how we're gonna do this'.*

Rob, 20, expecting first child, partner (17) referred for social work concerns

This cut across age and experience of parenting. Some of the youngest men made this point (Rob, 20; Tyler, 20; Rick, 18) but also some of the older and more experienced fathers (Aaron, 31; Jake, 27; Neil, 46). Neil, 46, expressed positivity towards his and his partner's participation in the study ("*if I can help it's no' a problem. I don't mind sharing my experiences*"), but he was sceptical of the benefits of a parenting intervention for either him or his partner:

> *If she was happy going tae antenatal she'll go tae antenatal, but she's had three so she must think she's dae'in something right. She doesn't need tae go tae it, so... She's quite happy the way she's brought the girls up so.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

And for himself:

> *If I had tae go, I'd be there tae support her, obviously that's my role.*

Neil, 46, father of eight, expecting fourth and fifth child (twins) with partner, partner (30) referred for mental health problems

So here, Neil expresses his doubts about the relevance or usefulness of an antenatal parenting intervention for himself or his partner.

Relatedly, some of the men had reservations about the content of the interventions and whether this would be of relevance for them. Cameron, a young first-time father who had attended some Triple P sessions before my interview with him, discussed his reservations about the intervention before attending:

> *I wasnae too sure aboot it, I was like sitting on the fence whether it would have been helpful or just telling me stuff that we already knew.* ***[Yeah]*** *But noo that we've, now that we're in them, I think they are, they're good. I think they're well worth going tae, anyway.*

Cameron, 19, expecting first child, partner (17) referred for social work concerns

Similarly, Tyler, another young father (20) who had attended sessions also expressed his misgivings about attending prior to starting. Both men had initially attended with the intention of supporting their partners but ended up enjoying the classes and feeling that they gained something from them.

Perceived lack of knowledge about the interventions (and therefore their relevance for the men) was voiced by six men. The younger men especially mentioned feeling they had a lack of information about what the interventions entailed (Chris, 17; Rick, 18; Logan,15). Chris said that his partner, who had received the initial visit from a THRIVE study researcher, had not told him anything about the interventions. His partner happened to be present and contradicted this, saying "*I did!*" and proceeded to describe what she had told him. He conceded, saying "*oh yeah, that*". This gives an interesting perspective on the men's perception of lack of information. Despite this, these six men did report that they felt lacking in information as to what the interventions would entail.

6.2.3. Negative views

There was a small group of men (3/22 - Kyle, Aaron, Gavin) who conveyed negative views about taking part in the parenting interventions. Because this group constitutes a minority group amongst the participants I will consider each of these men as a case study.

6.2.3.1. Kyle: "Fucking pointless"

Kyle was a 21-year-old father of one, with a history of incarceration in Young Offender Institutes (YOIs), a difficult upbringing and limited contact with his first child (a two-year-old) with a previous partner. Kyle was very approachable and friendly on my first visit, at which I attended their home to recruit his 18-year-old partner to the wider THRIVE study and explain to him and his partner what participation in the THRIVE study entailed. On my second visit, to do the interview with him, he appeared agitated and aggressive and was clearly in no mood to be interviewed about his views on fatherhood and parenting interventions. In the intervening period he had cancelled an interview with me because of arguments with his partner. On the day of the original arranged interview he texted to cancel, saying they had “split up” and that he “wanted nothing more to do with her or the baby”. By the time of the second arranged interview, he and his partner were back together but tentatively and he expressed several negative views towards her during the course of our interview. For this reason, he is an interesting case study as he may represent the voices of men in more tenuous relationships with their partners or those who did not agree to be interviewed at all.

On the day that I interviewed him, Kyle’s view of the parenting interventions was that they were “*fucking pointless*” and that he did not want to go (“*But am I meant to go to three o’ them? But I don’t want tae go*”). His reasoning for this was that he did not like the idea of learning from a so-called expert and did not like the idea of a group. He also demonstrated a view that it would be a waste of his time as these things could be figured out as you went along anyway:

> *Fuckin’ pointless, so some woman can tell me something – fuck off. I mean it. Tells you how to make the bottles on the back of the milk thing, so there you go, aye, easy.*
>
> -
>
> *It’s no’ rocket science, is it, d’you know what I mean? It’s the basic things you know are common knowledge, just what’s gonna help.*
>
> -
>
> *I dinnae think it’d all come naturally but I wouldnae want to learn it fae some random person that’s in a room that I never even met before.*
>
> ***[Karen] You don’t think they might have more knowledge ‘cause they’ve seen other people go through it before?***
>
> *Aye, they probably do know what they’re daen, but I wouldnae want tae fuckin’ listen to her talk shite for an hour about how tae feed a wean or change a nappy. Ten minutes wae the wean in front a’ me, I’d have it done, know what I mean man?*

Kyle, 21, father of one, expecting first child with partner, partner (18) referred for social work concerns

In this, Kyle demonstrates his view that a parenting intervention was not something he felt he needed or wanted. Despite the fact that he had had very limited contact with his first child, he was antagonistic to the idea of “being told what to do” and clearly felt that, for him, the interventions were pointless and that he could not learn anything from them.

6.2.3.2. Aaron: “I don’t like mingling wi’ folk all the time anymair”

Aaron was a father of one son, who also shared the parenting of his partner’s two-year-old daughter from a previous relationship. He had not seen his six-year-old son since the breakdown of the relationship with his ex-partner, approximately five years ago. Aaron and his partner lived separately but she and her daughter regularly stayed over at his flat and the daughter’s nursery was around the corner from his flat. He appeared proud to tell me that his partner’s daughter had a bedroom at his house. At the time I interviewed him, his partner, Jess, was around six-months pregnant with their first child together and they were anticipating moving in together after the birth. However, this was fraught with difficulties relating to her “controlling” mother and father, the volatility of their own relationship, and issues with “the housing”.

Aaron’s main issues with taking part in a parenting intervention centred around his lack of sociability and wariness about meeting new people. In addition, he did not feel that he needed a parenting intervention as he believed that he already knew what he was doing in terms of parenting.

> ***[Karen] About the groups, would you be wanting to go along with Jess?***
>
> *It depends—it just depends on what they entail, ‘cause I’m always at the gym you see, and I go to the gym for like an hoor and a half.* ***[Ok.]*** *To two hoors at a time, so... I’m quite a... I’m no’ exactly a social creature anymair. I used tae be, but it gets you into trouble being social so I don’t know, I don’t like mingling wi’ folk all the time anymair. I’ve got my ain network of people and I’ve got like four or five pals and that’s, that’ll dae me. I don’t need it, any mair than that.*

Aaron, 31, father of one, expecting first with partner, partner (24) referred for mental health problems

Aaron’s concern about meeting new people was a common theme and also one which the men referred to on behalf of their female partners.

In addition to this lack of inclination to meet new people, Aaron also demonstrated a view that he did not believe he could learn anything from a parenting intervention:

> *I'd have tae go with her for the first while and sit bored 'cause I... things like that [...] I feel like I already know.*

Aaron, 31, father of one, expecting first with partner, partner (24) referred for mental health problems

This reasoning, that he felt like he already knew what he was doing in terms of parenting, was echoed by other men in the sample, including Kyle, Rick and Gavin.

Aaron's reasons for his reticence about attending a parenting intervention may indicate some barriers to be overcome in engaging socially-disadvantaged men with parenting interventions, namely: building trust and lack of perceived relevance.

6.2.3.3. Gavin: "Can't really be taught how to be a parent"

Gavin was a first-time father whose partner, Lucy, was six-months pregnant at the time I interviewed him. They were currently living at his partner's granny's house. Lucy had a previous three-year-old son who was in foster care. Although Lucy saw her son regularly, Gavin had not been introduced to him, and proclaimed that this was not his business ("*her business, not mine*"). They had been together for a year and three months.

Gavin was positive about the benefits of the parenting intervention for his partner in terms of her gaining social support, but was sceptical of benefits for himself. His reasoning for this centred around the belief that parenting "can't be taught" and that he felt he already had experience of parenting:

> *See, I don't know, because as I say, I raised my nieces from certain ages to certain ages, and I think I really know what I need to know. Can't really be taught how to be a parent. You gotta learn it along the way, there's no manual for it. What works for one person won't work for another. You gotta learn your own ways.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

He also demonstrated a view that pregnancy and early childcare were an exclusively female domain. He viewed the benefits of the parenting intervention for his partner as mainly about gaining social support, helping her to meet other women who could understand *"what she's going through"* better than he could. As such, he did not perceive the benefits he foresaw for her as applying to himself:

> *I'm mainly doing this for her. It's so she can get support, meet mums to be and have people to talk to. I'm sorry, I don't know fuck all about pregnancy. I'm a guy. What the hell do I know? All I know is, I got you pregnant, this is gonna get messy. Ok, you're gonna hurt. Right. That's it. I don't know.* ***[Yeah.]*** *Whereas if she goes to talk to other mums to be, they know what she's going through, blah blah blah. Bam. Happy.*
>
> ***[Karen] Do you think it will help her?***
>
> *I think it will, yeah. 'Cause I really don't understand what the hell's going on with her at the minute. I honestly don't. So.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

Despite this, he did state his intentions to go to the intervention with his partner, if she wanted him to. This was clearly framed in terms of being duty-bound and acting in a supportive role.

6.2.3.4. Gendered performances regarding attendance

Men's reasoning around their unwillingness to attend a parenting intervention was often framed in gendered ways. As demonstrated by Gavin, parenting, pregnancy and childbirth were often discussed as female territory, implicitly positioning their partner as the primary parent whilst they occupied a supporting role. The men's belief that parenting interventions were more appropriate for women and therefore their uneasiness with attending one was explicit in a minority of cases (Kyle, Aaron, Gavin). For example, Kyle's reasoning that most of parenting was "common knowledge" and "not rocket science" and that he did not want to listen to "some woman" telling him how to do things reflects his underlying belief that parenting work was easy, "women's" work, which he was not interested in learning more about.

More implicitly, the men's underlying beliefs that parenting, and parenting interventions, were more "for" women than men may also be read from the ways in which many men framed their intentions to attend in language about supporting their partner (Gavin, Bryan, Rob, Sayid, Tyler, Aaron, Neil, Evan, Jake, Darren, Phil, Cameron, Lewis). Men's gendered framings of their intentions to attend are important as they suggest possible reasons for men's lack of engagement with parenting interventions.

6.2.4. Men's expectations of interventions prior to attending

Apart from a minority of men (Evan, Aidan, Darren, Lee, Phil, Sayid) who anticipated that the parenting interventions may help them to deal with their mental health issues, the men largely anticipated that the parenting interventions would focus on the teaching of practical parenting skills. For instance, Kyle's expectation that the parenting interventions would be about teaching how to put on a nappy or make up a bottle. This may have been in part because of the information they had received about what taking part in the parenting interventions involved in the trial would entail. However, Mellow Bumps in particular involves a significant focus on understanding the impact of one's own childhood, and helping parents who have experienced difficult childhoods to discuss these issues and reflect on how they might parent in different ways themselves. Only Evan reflected that he thought the parenting intervention might help in a therapeutic way to address some of the mental health issues he and his partner experienced as a result of their difficult childhoods:

> *I don't know, maybe because of my past sometimes I'm a bit cold. Or, not cold but I sometimes I just... my defence mechanism would've been to shut down—just block things out. So maybe I'm a bit numb to some of her feelings. Even though I know exactly what, what she goes through because I went through it myself. But sometimes I just shut down from it. So 'cause I had to do that as a kid. […] I think it [the intervention] could be helpful just because of like I said we're both like, we both have our own mental health issues…*

Evan, 32, expecting first child, partner (29) referred for mental health problems

Whilst a lot of the men reflected at other points in their interviews about the deeper, more emotional side of parenting, such as 'being there' and providing affectionate love for one's children, it was interesting that in their anticipations of the parenting interventions, they assumed that these interventions would focus on the imparting of knowledge and practical skills.

6.3. Men's attitudes towards their partner's attendance

6.3.1. Positive views: Support of their partner's attendance

Almost unanimously men expressed positive views about their partners' attendance. Core ideas articulated by the men about why it would be beneficial for their partners centred around hoping it would help with her problems (for example, drug use and mental health problems), give her more confidence and more social support. Men particularly emphasised the perceived need for their partner to get more social support (Gavin, Aaron, Logan, Darren, Warren, Lee, Bryan, Charlie, Neil, Jake). This is well illustrated by Darren and Warren:

> *I was like that, "no, go" [to the intervention] 'cause she's stuck to that hoose, see trying to get her oot of that door? It's murder.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

> *Aye, I've been encouraging her. She wants tae, aye. 'Cause it gies her something tae dae an' a'. People tae talk tae.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

Six men (Logan, Bryan, Rob, Lewis, Aidan, Darren) referred to their perception of benefits for their partners in terms of increased confidence and knowledge. Logan, 15, whose 15-year-old partner had been attending the Triple P intervention prior to our interview, spoke of how he thought it had helped her confidence:

> *I said like, "You should go 'cause it's helping you at the same time as helping everyone else," if you know what I mean.*
>
> ***[Karen] Yeah. And do you think it does help her?***
>
> *Yeah, it does, it actually does, yeah. Like yeah, it does.*
>
> ***[Karen] How do you think it helps her?***
> *More confident, she feels more confident.*

Logan, 15, expecting first child, partner (15) referred for social work concerns

However, whilst the men were positive about the benefits for their partners, there was a common view expressed by the men that the interventions would be more beneficial for their partners than for themselves. For example, Gavin:

> *I'm mainly doing this for her. It's so she can get support, meet mums to be and have people to talk to.*

Gavin, 27, expecting first child, partner (28) referred for social work concerns

This suggests a view that parenting interventions were female territory that men were willing to enter in a supportive function but not as parents in their own right who might also benefit from the intervention.

So, almost without exception, the men were supportive of their partner's attendance at the interventions and indicated that they foresaw benefits for her in terms of increased confidence, knowledge and social support. However, the benefits they perceived for her were not always seen as applying to themselves.

6.3.2. Negative views: Doubts about their partner's attendance

Where men voiced reservations about their partners' attendance, these mainly centred around their understanding of their partners' vulnerabilities and anxieties (for example, mental health problems, dislike of meeting new people, anxieties about social judgement and so on). Jake illustrates this, saying:

> *That might be the only problem that she would have with it, because she doesn't like going out and talking to new people. She gets quite panicky. But it could help her as long as she makes it tae it.*

Jake, 27, father of five, expecting third child with partner, partner (33) referred for mental health problems

Another example is given by Aaron:

> *If she wanted tae be there, aye, but I've got—the thing about Jess is, she's got a disability, DLA [Disability Living Allowance] because she's got mental health, she doesnae really like going oot intae things herself. So I'd have tae go with her for the first while and sit bored…*

Aaron, 31, father of one, expecting first with partner, partner (24) referred for mental health problems

Similarly to Aaron, five other men (Rob, Chris, Bryan, Neil, Charlie) made reference to going with their partner to at least the first session to help her feel more comfortable about meeting strangers and facing the new setting. In this, they seemed to demonstrate acute awareness of their partners' anxieties about interventions, for example, not liking group settings, being wary of meeting strangers, and concerns about attending a group for the first time on their own.

6.4. Barriers and facilitators

The men's reflections on the parenting interventions offer insights into barriers and facilitators to socially-disadvantaged men's engagement with parenting interventions.

6.4.1. Barriers

6.4.1.1. Perceived lack of need

A point highlighted by a number of men was that they did not perceive a need for a parenting intervention, and therefore were unsure about what benefits they could gain from attending one ("*I wouldn't even have said a parenting class would have been needed*" - Rob, "*I wasnae too sure aboot it…*" - Cameron). Related to this was the view, articulated explicitly by four of the men (Aaron, Neil, Kyle, Gavin) that the interventions would not be relevant for them. Men who questioned the relevance of the interventions were also the most likely to express their unwillingness to attend.

Another view demonstrated most clearly by Gavin, Aaron, Neil, Rick and Kyle, was that "parenting can't be taught". Those of this school of thought did not believe that there was much to be gained by attending a parenting intervention. They stated views demonstrating that they thought they already knew enough about parenting ("*Obviously I know what I know…*" - Rick) or that it should be learnt as you went along ("*You gotta learn it along the way*" - Gavin). Therefore, failure of interventions to demonstrate relevance or benefits to men from attending could prove a considerable barrier to men's attendance.

6.4.1.2. Perceived lack of information

Six men reported that they felt they did not know what the interventions would involve. This was especially true of the younger men (Chris, Rick, Cameron, Logan, Kyle). For example, Rick:

> ***[Karen] So you weren't there when she first got told about it. So what do you know about it [the intervention]?***
>
> *Nothing (laugh).*

Rick, 18, expecting first child, partner (16), referred for social work concerns

Chris, Logan, Rick and Kyle stated that their partner had not told them much about the intervention and implied that they therefore did not know if it would be relevant for them. Whilst Chris's account was then supplemented by his partner's account of what she had told him about the intervention, this demonstrates a perception amongst some men that they were lacking in information. It also suggests again that there was a gendered aspect to engagement with parenting interventions as the men appeared to expect their partners to be more informed than them. However, this may also reflect the circumstances of this study as the link to the THRIVE trial meant that potentially in this case the women *would* have been more informed than their partners.

6.4.1.3. Fear of social judgement

Another barrier brought to light by a small number of men (Aaron, Warren, Lee, Darren, Rick, Kyle) was concern about how they were being evaluated by others and fear of the social judgement of others. In particular, they were worried about being judged as "rough" or less than other people. Warren voiced concerns about attending the parenting intervention as he had a visible scar on his face as a result of a gang-related assault and he did not want people to judge his partner because of this:

> *I don't want people tae downgrade Cheryl or the wean because o' my face. 'Cause that happens. People'll just take wan look at me an' go, phew, an' then that... they just make a judgement straightaway.*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

He expressed this as being about protecting his partner from judgement, but at other points in the interview (similar to Aaron) he also articulated his own anxieties about leaving the house and going to places where others (especially strangers) may judge him as "rough", dangerous or a bad father because of his connections to violence. He also related this to his confidence:

> *I'm gonnae say to you, as I was saying tae [another study researcher], see 'cause I'm in an' oot o' hospital an' that, I'm no' confident in places. So I might no' turn up tae some o' these. Do you know what I mean? Cheryl knows right...*

Warren, 27, father of one, expecting second child with partner, partner (23) referred for social work concerns

So Warren’s lack of confidence and anxieties about social judgement and meeting new people were likely to prevent him from attending the intervention with his partner. This represents a wider gendered issue raised by some of the men (Shane, Michael, Warren, Aidan, Aaron, Kyle): involvement in male-on-male area violence and gang-related fighting. Male-on-male violence is a hallmark of marginalised masculinities (Morgan, 2005). Warren’s reflections here exemplify how these men’s involvement in local violence had bearing on their involvement with parenting interventions. The men conveyed that experiences with violence often predisposed them to wariness of activities involving interaction with new people and hyper-awareness of how they were being judged by others (Warren, Aaron, Darren, Kyle).

6.4.1.4. Mistrust of new people and settings

This also relates to a further concern articulated by the men: encountering new social situations and meeting new people. This was conveyed by Rick, Aaron, Warren, Logan and Kyle (“*it gets you into trouble being social*” - Aaron). These concerns were expressed most often by men who were most disadvantaged. For example, both Aaron and Warren expressed a lack of trust of people they did not know well, an unwillingness to put themselves in situations where they would meet new people and a fear of being judged by others. Men also emphasized this perceived barrier on behalf of their partners (Bryan, Aaron, Neil, Jake, Rob, Cameron, Gavin, Darren, Charlie). Men stressed their partner’s lack of confidence entering new, unknown social situations and dislike of meeting new people (“*she’s kinda, a bit wary like in groups and a’ that, she’s no’ really comfortable*” - Bryan), putting this down to their partner’s current mental health problems or past experiences. Thus, a wariness of meeting new people and mistrust of people they did not know well appeared to pose a particular barrier to disadvantaged men’s engagement with parenting interventions.

6.4.1.5. Constructions of masculinity

There was some indication amongst the men of a belief that parenting interventions were a female domain, not of relevance for them. This belief was implicit in a number of men’s accounts in their assertions that they perceived more benefits for their partners than for themselves or that they were attending primarily to support their partner (Gavin, Chris, Warren, Rob, Cameron, Logan, Neil, Lewis, Jake, Phil, Bryan). It was also more explicit in a minority of cases (*"I'm a guy. What the hell do I know?"* - Gavin, also: Aaron, Kyle). In this way parenting, and thus parenting interventions too, were often framed as a female domain with the men acting in a supporting role.

Interestingly, none of the men stated explicitly that they thought parenting interventions were an inappropriate place for a man. However, the men's discussions of appropriate behaviour for men in other parts of their interviews (see Chapter Five) suggested that masculinity did represent a strong constraint on the men's behaviour, for example, dictating that men should not show their emotions on the street and should distance themselves from women's work. It is likely that some of the men were influenced by these ideas in their decisions around attending a parenting intervention. For example, Aaron's reasoning about preferring to go to the gym than a parenting intervention and Gavin's assertion that "*I'm mainly doing this for her*". Both these examples represent the men distancing themselves from a perceived 'female' activity and using discursive strategies to present themselves as more masculine.

The ways in which the majority of the men framed their intentions to attend in language about supporting their partners also suggested that the men still saw parenting interventions as primarily "for" women. This gendered construction of parenting interventions, and men's allegiance to notions of masculinity which centralised distancing oneself from feminine activities, may have implications for disadvantaged men's engagement with parenting interventions.

6.4.2. Facilitators

6.4.2.1. Perception of benefits

In contrast to the above, men who *did* perceive benefits to be gained from their attendance appeared more motivated to attend because of this. Men spoke of their beliefs that the interventions would help with their mental health problems or addictions (Darren, Evan, Sayid, Cameron, Aidan), that it would bring them closer to their partners (Sayid, Lee, Evan, Lewis, Charlie, Phil) and make them feel more prepared for the birth (Rick, Logan, Chris). All of these factors appeared to contribute to making the interventions more appealing to men.

6.4.2.2. Excitement about the pregnancy and desire for involvement

The timing of the interventions, during pregnancy, may have been an important factor in engaging men with the interventions. Several men (Lee, Lewis, Sayid, Evan, Rob, Charlie, Phil, and others) talked of their excitement at the pregnancy and their desire to be as involved as they could be with the pregnancy and child. In particular, this motivated men to attend a parenting intervention with their partners because of a desire to demonstrate their support for her. This was expressed in terms of wanting to be there for anything their partner wanted them to be there for (Rob, Sayid, Lewis, Evan, Charlie, Phil) and of excitement about the baby (*"I'm excited about all of this…"* - Evan, Lee, Aidan, Lewis, Cameron). This suggests that interventions could capitalise on this period of excitement and engagement to encourage male participation.

6.5. Evaluation of the THRIVE parenting interventions: Post-attendance

As mentioned above, only five of the men interviewed had had the opportunity to attend an intervention prior to interview. Of these five, by chance all had been assigned to the Triple P arm of the trial, which included the parenting intervention at which men were invited to attend all four antenatal sessions. Of the five men who had had the opportunity to attend these sessions, three had attended and two had not. This section focuses on the attitudes of these men towards the Enhanced Triple P for Baby intervention, including those who had attended and those who had not.

6.5.1. Evaluation of the 'Enhanced Triple P for Baby' parenting intervention

6.5.1.1. Reasons for attendance / non-attendance

For the men who had had an opportunity to attend and had done so, their reasons for attendance were described as attending initially to support their partner (Tyler, Cameron) or wanting to be involved in all aspects of the pregnancy (Lewis). However, once they had attended sessions they spoke highly of what the intervention offered them and their partners and this encouraged their continued attendance.

The main reason given by the two men who did not attend (Darren, 42 and Logan, 15) for their non-attendance was that this was in line with their partner's wishes. Logan's partner had expressed a wish to attend the intervention with her older cousin. He reported that he saw this as reasonable and did not appear to feel side-lined by this. This was in contrast to some other men in the sample (Lewis, Lee, Aidan, Evan, Sayid, Rob) who expressed a desire, prior to attending intervention groups, to be allocated to the intervention which they could attend with their partner so that they could attend it together.

Darren was enthusiastic about going to the intervention but had also adhered to his partner's wishes that she go alone to the first session to "*get to know the people herself*". After this, his partner had fed back that none of the other women in the group had had partners and so she felt uncomfortable bringing him to subsequent sessions. Like Logan, Darren had accepted her decision, but was still keen to attend a parenting intervention of his own. This suggests men's apparent acceptance of female authority in matters relating to parenting interventions, as both Logan and Darren had acquiesced to their partner's wishes, irrespective of their own. These cases highlight possible female gate-keeping in relation to parenting interventions. This is an important point to note and will be returned to in the discussion.

6.5.1.2. Positive feedback

The three men who had attended the Triple P intervention - Cameron (19), Lewis (28) and Tyler (20) - generally had positive feedback. They particularly welcomed the warm and supportive atmosphere established by the group facilitators, the opportunities for sharing experiences with similar others and the chance to make new friends. The men also spoke of enjoying the content, and feeling that the intervention had given them and their partners confidence.

For all three men, a key factor in their enjoyment of the groups was the warm, relaxed, supportive atmosphere in the sessions. For example, Tyler said:

> *Aye, you dinnae really learn much but you felt at ease. It was nice talking tae other parents. Aye, that was the best thing aboot it see talking tae other parents and stuff. You felt pure relaxed and comfortable. There was probably a couple of things I learnt but I don't know what I learnt. 'Cause you went there wi' so much anyway.*

> *You felt like if you did have a problem that you would be able tae phone them and tell them. What else? I don't know. We just had a laugh.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

As the extract from Tyler illustrates, the relaxed, nurturing ethos of the groups was a draw for the men and part of what they enjoyed about the groups. Logan, who had not been to groups but whose partner had, commented that his partner had relayed to him that the groups were "*good and peaceful*" and "*like a little chat*". The men also made reference to the fact that they found the facilitators easy to talk to and approachable: "*the people hosting it were brilliant*" (Tyler).

Another positive aspect of the interventions was the opportunity to make friends and broaden their circles of social support. Lewis commented that his partner had met someone she "gelled with" and who she enjoyed talking to. Tyler articulated how it was good to meet other people from the same area as them and of a similar age. He discussed how they had met another girl through the intervention who lived just down the road from them and who they now intended to stay in touch with after the end of the intervention. This opportunity to make new friends also provided a chance to share problems with similar others and to receive validation and support:

> *It was basically stuff I knew but you felt mair comfortable because people were saying their problems, it was problems that we had an' all. Like the pram—like... I dinnae think I was daft when I was telling people this stupid pram annoys me, but that annoyed them an' all.*
>
> -
>
> *It was just like a group of pals having a coffee and stuff, just blethering away aboot their weans, and it was nice, it was nice. It was brilliant. It was a lot different fae what I was expecting.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

All three men articulated views that they had found the intervention enjoyable and worthwhile. Tyler commented that whilst at first he had not felt they needed a parenting intervention, after the first session they "*loved it*" and he also felt that it would help with trying to get their first daughter back from care:

> *After the first time man we loved it, and we went ever since. I didnae think that we needed tae go tae it but it helps in the situation we're in that, they've [social work] nae excuses tae say that... that we cannae look efter a wean and anything. […] 'Cause as I say I'm impatient [to get daughter back]. I'll dae anything I can for, know, tae help. But aye, it was brilliant. It was good meeting parents fae roond here and all...*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

The men made general comments that the groups "*took their mind off things*" (Tyler) and that the groups were "*worth going to*" (Lewis). Cameron and Lewis also commented that their partner liked the groups and that they thought their partners were getting a lot out of them. For example, Lewis said:

> *She still has her little meltdowns but it's really helped her going there and actually speaking to other mums, mums to be. There's only like three mums to be. The personalities are kinda, you know, they've kinda gelled so she likes talking to them. But aye, she's speaking to that [other woman in the group], I think that's really helping, it's helping Katie.*

Lewis, 28, father of one, expecting first child with partner, partner (34) referred for mental health problems

The men also discussed the content of the intervention and their growing confidence in what they had learnt from it. Cameron expressed his view that the intervention was helping to prepare him for impending parenthood, and that he had acquired new knowledge:

> *I mean, the classes I'm taking there are preparing me as tae what tae expect and how tae deal wi' it and stuff. […] It was stuff that was new tae me, like a lot o' stuff, like mostly everything that we get taught in these classes, like I'd never thought o' before.*
>
> ***[Karen] Yeah, like what kind of stuff?***
>
> *Just about, like, I think one o' the main things that stuck oot tae me in the classes were, like, having a routine for the baby, where I, whereas I never, I would never have thought ae that, like, the noo, and, like, having a routine, so they get it in their brain that they've got a routine and dae things at certain times and stuff, I mean, that was one o' the main points that stuck oot tae me, definitely.*

Cameron, 19, expecting first child, partner (17) referred for social work concerns

Tyler also talked about how the interventions had made him think about things differently:

> *They ask you a question, you've got tae write doon the words, like a situation you'll be prepared for, and plan, and you're like, "what? I don't plan anything". But then when we started talking, we started to realise what they were talking aboot.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

The men also expressed satisfaction at the interactive format of the interventions: "*they would ask one question and then the full hour and a half it was just everybody talking…*" (Tyler). Tyler described how he had been to another parenting intervention before (at the instigation of social workers) but that intervention was more like a classroom with everybody sitting facing the front and no one talking. He compared the Triple P sessions favourably to his past experience, commenting on how he liked the way that everybody was facing each other and that there was lots of interaction, and a smaller group.

In terms of practical aspects of the intervention, all three men commented on liking the taxi which was provided to pick them up and return them from the interventions. This indicates the importance of practical details in creating a nurturing ethos for men and women attending interventions.

6.5.1.3. Negative feedback

A few negative points were mentioned by the three men who had attended the Triple P intervention. Relating to the point expressed by some of the men that one of the benefits was being able to meet and share experiences with similar others, one man, Lewis, voiced his disappointment that there were not more men "*similar to him*", in terms of age or life experiences, in his group. Lewis was a fairly middle-class, professional man who had been referred to the trial because of his partner's depression. He described how the only other man in his group was a quiet 16-year-old and trying to speak to him was like "*trying to get blood out of a stone*". This highlights how this facet of social support only works if the men (and women) in the group do feel that they are meeting others in similar circumstances to them.

Two men commented on issues with the DVD. This was an instructional DVD provided by the (Australian) Triple P organisation which portrayed aspects of family life and was used as a discussion point during the groups. Lewis commented that the DVD did not seem to follow the group booklet and therefore this led to confusion for the group facilitators who had to "*constantly try to find out where they're meant to be on the DVD*". Another critique of the DVD was its cultural appropriateness for a disadvantaged Scottish audience. Tyler commented:

> *The videos would have like parents on it. And the way they were acting and stuff like that's no'... that's no' what happens in a real hoose, and the way they talk tae each other and stuff. That was the funny bit, I really had a laugh aboot that.*

Tyler, 20, father of one, expecting second child with partner, partner (19) referred for social work concerns

Lewis also commented on this aspect of the videos – that they were very "Australian" and "happy" and mentioned things such as swimming pools in the back garden - which obviously caused amusement for the Scottish groups.

Lastly, one of the men whose partner had attended without him (Darren) fed back that his partner had felt self-conscious in the group when the other women were "*writing stuff*" and she was not. He had tried to reassure her to just "*be yourself*". This conveys an important point for feedback to practitioners in dealing with the varying levels of education, confidence and skills of men and women at parenting interventions for disadvantaged parents. Darren's comment reinforces the point that many of the participants had fears of social judgement and feelings of insecurity or lack of confidence.

6.6. Being targeted as 'vulnerable' parents

This section refers to all 22 of the men recruited through THRIVE.

6.6.1. Men's attitudes towards being recruited to a study targeted at 'vulnerable' parents

Far from feeling stigmatised or offended at being recruited to take part in a study about parenting and vulnerability, the majority of the men (17/22) stated that they did not mind that they had been invited to participate. Views such as

Evan's ("*Nah. Nah. Definitely not*"), Chris's ("*No. Free help.*"), Jake's ("*Naw, it doesn't bother me*"), and Sayid's ("*I was happy*") were typical.

The majority of the men conveyed that they were either "*not bothered*" about being targeted to take part in the study (Jake, Neil, Chris, Logan) or that they thought that it had seemed reasonable that they would be targeted for a study offering parenting support, based on their understanding of the circumstances they were facing (Evan, Lewis, Sayid, Lee, Darren, Aidan, Bryan, Cameron, Phil). This was particularly noticeable where men and their partners had had prior involvement with social work and other agencies (for example, drug charities). This may have predisposed them to being more receptive or used to being offered various forms of support. For example, Darren, whose partner had had three previous children taken into care because of her drug use, was positive about taking part in the study, because of the offer of parenting support:

> *Aye, I thought it was a good idea, aye. … I said to her to go for anything they've been suggesting, anything that [drug charity] suggest.*

Darren, 42, father of four, expecting first child with partner, partner (33) referred for substance use and social work concerns

A number of the men also made assumptions about why they had been invited to take part in the study. For example, two of the younger men (Chris and Logan) who had teenage partners explained to me that it was because of their partner's age, whilst some others referred to their partner's drug use (Lee, Darren) or her mental health problems (Sayid, Evan). In doing so, they showed an awareness of the problems that their partners (and/or they) were facing and gave the impression that they did not feel offended at being selected on the basis of these issues. Evan, who explained that both he and his partner had had difficult childhoods and currently experienced mental health problems, exemplified this. He conveyed that he was not offended at being offered the study and hoped the interventions offered through the study would help them both with their mental health problems. However, despite not being offended at being offered the study, Evan *was* upset and offended at being told by the midwife that his partner was to be put on the SNIPs (Special Needs in Pregnancy)[4] protocol:

> ***[Karen] What did you think when she first told you about it? Did you wonder why she'd been offered it for instance?***
>
> *No.*
>
> ***No?***
>
> *No. No. The thing that I was wondering, only thing, like it's nothing even to do with this. Is that why she would get offered the SNIPs. The SNIPs and I thought, 'hey'. "What do you mean you're doing this? Like you need extra help because of difficulty, like what does... what are they saying? Do they think that I'm like a monster, or something?"*

Evan, 32, expecting first child, partner (29) referred for mental health problems

Evan's reaction to this shows how important it is for messages about vulnerabilities and practitioners' reasoning for their actions to be explained clearly to individuals. In this case, Evan's uncertainty at why his partner had been referred left him wondering "*do they think I'm a monster?*".

Overall then, it did not appear that the men felt stigmatised or offended at being invited to take part in the study and, through this, the parenting interventions. Most of them showed awareness of the issues their partners (and/or they) were facing and felt that being targeted to take part in a study of this nature was reasonable.

6.7. Chapter summary

The findings presented in this chapter provide insights into disadvantaged men's attitudes towards, and engagement with, parenting interventions. Six important conclusions can be drawn from these findings.

First, the men in this study were largely positive about the two THRIVE parenting interventions pre-attendance: the interventions were acceptable to them, and the majority said that they intended to attend. Factors affecting their intentions to attend included: the desire to support their partner and feel involved in her pregnancy, perceiving benefits for themselves and their partners, and the belief that the interventions were relevant and appropriate to their needs.

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[4] This is an NHS Greater Glasgow and Clyde pathway for pregnant women deemed to have additional health or social care needs. This includes mental health problems, drug and substance misuse problems, domestic violence or other complex social care needs. These women are allocated extra support and extra midwifery care services during their pregnancy (see NHS Maternity Services (GGC), 2008).

Second, despite this, clearly for many, intentions to attend were phrased in language about “supporting” their partners as opposed to perceiving benefits for themselves. The men were also strongly influenced by their partners’ wishes in their intentions to attend. These points suggest that, in the main, men still perceived parenting interventions as “for women” and viewed their attendance in a supportive capacity.

Third, in terms of barriers and facilitators to attendance, barriers identified related to disadvantaged men’s perception of the interventions’ relevance or benefits for them, perception of lack of information, fears about social judgement, distrust of new people and the constraint of masculinity. Facilitating factors were: perceiving benefits for themselves as well as for their partners, excitement about the pregnancy and desire to demonstrate support to their partner.

Fourth, in terms of men’s support or otherwise of their partners’ participation in the interventions, the men were overwhelmingly positive about their partners’ attendance. The men discussed their beliefs that the interventions would help their partner with her vulnerabilities (mental health problems, drug addictions, social isolation) and with making friends and gaining social support.

Fifth, in this study, the (albeit very small number of) men who attended the Enhanced Triple P for Baby intervention gave positive and encouraging feedback. They reported that they felt they got a lot out of the intervention, such as meeting similar others, receiving support and feeling like practitioners were understanding of their needs.

Finally, with regards to recruitment and the potential stigma of targeting a parenting intervention at a vulnerable population, these findings suggest that the predominant view amongst the men was that they were not offended by being identified as ‘vulnerable’ and did not mind being targeted in this way. This has clear implications for the possibilities of parenting interventions to reach disadvantaged parents if they are perceived as relevant and non-offensive.

7 Discussion

7.1. Overview of chapter

This chapter presents an overview of the key findings presented in Chapters Four, Five and Six and situates these within the existing literature. It follows this with recommendations for how these findings might be applied by practitioners and policy-makers, the strengths and limitations of this study, and suggestions for future research.

7.2. Overview of key findings

The aims of this study were to understand more about socially-disadvantaged fatherhood in the UK from the perspective of disadvantaged men themselves, and to explore socially-disadvantaged men's attitudes towards parenting interventions. This section will summarise the answers to the overarching research questions posed in Chapter Two.

7.2.1. What are the circumstances of socially-disadvantaged men's lives at the point of becoming fathers?

This study's position as part of a wider trial evaluating two parenting interventions for vulnerable parents, offered a unique opportunity to study fatherhood in the context of multiple and complex social disadvantage. The men in this study, by and large, were extremely socially-disadvantaged: they lived in deprived neighbourhoods, were unemployed, had few or no educational qualifications, had non-resident children, and faced challenging parenting circumstances, including vulnerable partners and social work involvement. The majority of the men had also experienced multiple forms of material and social disadvantage throughout their lives, including experiencing parental addictions, neglect, abuse, early criminal justice involvement and homelessness.

In the men's discussions of what it meant to be a good father they frequently drew on their childhood experiences of being parented. For those experiencing the most disadvantaged childhoods, common themes were lack of stability, parental addiction, lack of love, neglect and abuse. Research into adverse early life experiences (such as childhood emotional, physical, and sexual abuse, domestic violence, parental addictions, mental health problems and parental incarceration) has shown that adults who experienced more adverse experiences during childhood were more likely to experience a range of poor psychosocial outcomes in adulthood (Alexander, Teti, & Anderson, 2000; Anda et al., 2006; Anda et al., 2002; Bailey, DeOliveira, Wolfe, Evans, & Hartwick, 2012; Felitti et al., 1998; Hillis et al., 2004). The Adverse Childhood Experiences (ACEs) study measured participants' exposure to childhood abuse, neglect, and household dysfunction and linked these to adult outcomes. Participants with higher ACE scores were found to have higher rates of depression, anxiety, and drug and alcohol addiction problems in adulthood (Anda et al., 2002; Felitti et al., 1998). High ACE scores have also been linked to negative parenting practices, including increased stress, role reversal, permissive parenting, lower perceived competence as a parent, and the use of harsh physical discipline (Alexander et al., 2000; Bailey et al., 2012). Furthermore, individuals with high ACEs scores are more likely to become parents at a young age and to become involved in violent relationships (Hillis et al., 2004). The current study lends support to these findings, with men who experienced the most disadvantaged childhoods also experiencing some of the most disadvantaged circumstances in adulthood, including criminal justice involvement, mental health problems and drug and alcohol addictions.

The findings of this study support the idea that experiences of disadvantage accumulate over the life-course. For those most disadvantaged in childhood, their experiences of disadvantage in childhood were compounded by less supported adolescences, which then led to more material and social disadvantage in adulthood. These findings are in keeping with other research in the area of social inequalities which suggests that disadvantage starts before birth and accumulates throughout the life-course, contributing to continuing health and social inequalities in society (Burns, 2011; Hetherington, 2014; Marmot et al., 2010; Scottish Government, 2008). Research using ACEs also supports this argument, finding that there is a graded and exponential relationship between number of adverse events experienced in childhood and the likelihood of experiencing a number of poorer health and psychosocial outcomes in adulthood (Anda et al., 2002; Felitti et al., 1998; Hillis et al., 2004). For example, Felitti et al (1998) reported that for those who had experienced one adverse childhood event the odds of ever having attempted suicide were 1.8, rising to 3.0 for those who had experienced three, and to 12.2 amongst those who had experienced four or more adverse events. The increase in odds as experience of adversity increased were similar for other health outcomes including: experiencing depression, alcoholism, ever having injected drugs, smoking, and having had >50 sexual partners (Anda et al., 2002; Felitti et al., 1998).

In relation to the men's accumulated experiences of disadvantage, two themes which ran through their accounts of their lives were instability and a lack of control. In childhood, economic hardship for all, and interrelated sources of parental unreliability for the most disadvantaged, set a backdrop of instability. In adulthood, almost all of the men described a lack of control and stability in their lives, including in their housing, working conditions, and family relationships, all of which were subject to change. The presence of outside organisations wielding considerable power over the men's lives (for example, council housing agencies, the Department for Work and Pensions (DWP), and social work services) also attested to the men's lack of control over their own lives. This had bearing on their sense of agency and disempowerment. Research has shown that the less control individuals feel over events in their lives, the more stress they experience (Bosma et al., 1997; Folkman, 1984; Wickham et al., 2014). In addition, a sense of disempowerment has been identified as one of the outcomes of poverty and social exclusion and thus as contributing to health and social inequalities (Katz, Corlyon, et al., 2007; Marmot et al., 2010; Scottish Government, 2008, 2011).

In addition, these men were fathering or becoming fathers in the context of a current economic climate of austerity and an insecure labour-market. Almost all (with the exception of two) of the men's adulthood experiences of poverty, insecure work and life on benefits were characteristic of what Shildrick and MacDonald have termed the 'low-pay / no-pay' cycle (Shildrick, MacDonald, Webster, & Garthwaite, 2013). This cycle describes the conditions in which many of the poorest in society live, in which their lives are characterised by moves into and out of insecure work, always on the edge of poverty. Whilst it is difficult to know whether these men's current circumstances were directly affected by austerity, governmental policies of austerity including deep cuts to welfare spending have certainly contributed to increasing job insecurity for the lowest-paid and pushed more people into poverty (Browne & Levell, 2010; Oxfam, 2013).

Thus, the men's lives were characterised by the consequences of early adverse experiences, an accumulation of disadvantage, negotiating an insecure employment environment in conditions of austerity, instability and a lack of control. These men were therefore becoming fathers in the context of challenging parenting circumstances.

7.2.2. How do socially-disadvantaged men construct good and bad fatherhood?

The findings of this study suggest that in constructing their fathering identities socially-disadvantaged men largely drew on societally-dominant discourses of modern-day fatherhood and strove to align themselves with these. As found amongst middle-class men, these men's constructions of good fatherhood were complex, drawing on multiple discourses which combined ideas about 'involved' fathering with more 'traditional' ideas around provision, protection and responsibility (Coltart & Henwood, 2012; Dermott, 2003; Lupton & Barclay, 1997; Miller, 2010a, 2010b, 2011; Shirani & Henwood, 2011; Shirani et al., 2012b).

7.2.2.1. Involvement

Discourses of involved fatherhood in particular were deeply-embedded in the men's conceptualisations of good fatherhood and were endorsed by almost all as the most acceptable way to perform contemporary fatherhood. In this way, unlike earlier studies with working-class men (Plantin, 2007; Willott & Griffin, 1997), these socially-disadvantaged men did not dissociate themselves from discourses of involved fatherhood or indicate that they viewed them with scepticism.

These men indicated that they desired emotionally-close relationships with their children and that they aspired to taking on practical care roles for their children. For some of the younger men this was expressed as holding little regard for gendered roles in parenting, for example believing that men and women both had responsibility for being emotionally and practically involved in day-to-day care as well as for providing economically. However, most of the men did not express their aspirations for practical involvement in terms of gender equality. In fact, in the current study, despite doing or aspiring to do a lot of hands-on care for their children, almost all of the men labelled their practical involvement as ‘helping’ mothers. This is similar to working-class fathers reported in other research, as research has suggested that working-class fathers are more likely than middle-class fathers to take on day-to-day caring responsibilities for children, even whilst being less likely to espouse values of gender-equality in parenting (Brannen & Nilsen, 2006; Deutsch, 1999; Gillies, 2009; Plantin et al., 2003). This is also consistent with other fathering research which has shown that fathers take on lower levels of parenting responsibility than mothers (Miller, 2010b; Palkovitz et al., 2014; Pleck, 2010b) and continue to characterise their involvement as helping mothers (Coltrane, 1997; Craig, 2006; Dempsey & Hewitt, 2012; McBride & Mills, 1993; Palkovitz et al., 2014; Pedersen, 2012; Pleck, 2010b; Summers et al., 1999; Walzer, 1996). For example, Palkovitz et al (2014) state that “men describe the fathering role as helping and supporting mothers rather than viewing parenting as a primary responsibility” (p.414). The current study suggests that this is still the case amongst disadvantaged fathers today.

Despite almost all of the men’s endorsement of discourses of involved fatherhood, a further theme that was apparent in the men’s accounts was of the constraining influence on their fathering of their notions of acceptable masculinity. Almost all of the men were unequivocal that it was now acceptable for a man to show his emotions to his children, especially in private. However, the men, particularly those who demonstrated the strongest allegiance to the ‘hard man’ construction of masculinity, also indicated that to be judged acceptable as men amongst their peers they were required to limit their emotional displays in public and demonstrate willingness to perform acts of violence in order to ‘protect’ their families. Certain aspects of the involved fatherhood discourse were therefore in conflict with what was expected of them as men by their peers. Whilst some men (especially the younger ones) indicated their unwillingness to conform to this version of masculinity, others were very influenced by these values and strongly adhered to them. Thus, there were clearly tensions for some disadvantaged men in integrating these contrasting ideas in their fathering identities. These themes will be returned to in section 7.2.3.1 (‘Masculinity and class in men’s constructions of fatherhood’).

7.2.2.2. Provision

Interestingly, the current findings suggest that socially-disadvantaged men did relate to provider discourses, despite not working. Most were clear that they considered provision to be an important part of good fatherhood. Only a small minority of the men minimised the importance of providing in their fathering identities. These men were ones who had had particularly difficult childhoods involving neglect and abuse. In presenting their visions of good fatherhood, these men centralised love and affection and minimised provision. They rationalised this as a response to their own childhoods in which they identified that it had been the lack of love and stability and not the material deprivation which was most detrimental to them. Minimising the importance of the provider role in the face of an inability to fulfil it appeared to be one strategy the men employed to position themselves as good fathers despite their struggles to provide.

For the majority of the men who did endorse the provider role as important to good fatherhood, two ways of relating themselves to this role were apparent: to present oneself as fulfilling it, or to acknowledge one’s inability to do so, leading to a sense of frustration and failure. For the men who presented themselves as fulfilling the provider role, but who weren’t working, this involved broadening the definition of provision to include sources of income other than work. This included conceptualising benefits as providing and also, in some cases, income gained illegally. For these men being a good provider was not necessarily equated with being in employment. This echoes earlier research by Willott and Griffin (1997) who found that long-term unemployed men still strongly related to the idea of fathers as providers and strove to position themselves as providers even when their partners were the main breadwinners.

Their work also highlighted men’s willingness to engage in criminal acts to maintain their position as provider.

The men’s need to position themselves as good providers also links to work by Shildrick and colleagues with families living in poverty and those experiencing the ‘low-pay, no-pay cycle’ (Shildrick & MacDonald, 2013; Shildrick et al., 2013). Shildrick and MacDonald (2013) demonstrated that the stigma and shame of being associated with the ‘undeserving poor’ drove people living in poverty to strive to dissociate themselves from ‘the poor’. The men in the current study also demonstrated this, striving to distance themselves from men who were not able to provide for their families. In this way, the strategy of broadening provision to encompass all means available to them to provide for their families allowed the men to position themselves as good fathers and providers in the context of limited resources to provide for their families.

This also links to the psychological theory of cognitive dissonance (Festinger, 1962): the idea that human beings strive for internal psychological consistency and that it is mentally uncomfortable to hold two conflicting positions at once. For example, the belief that a good father is one who provides and that you are a good father who does not provide. Festinger proposed that when a person experiences internal inconsistency they will strive to minimise this inconsistency by reframing uncomfortable information or actively avoiding social situations which add to the feeling of internal inconsistency. Given the inability of these men to remove themselves from their disadvantaged circumstances, the only options available to them were to reframe their current circumstances as being able to provide for their families or to experience discomfiting cognitive dissonance.

This relates to the second group of men, around half of the sample: those for whom providing was central to good fatherhood but who saw themselves as failing at achieving an adequate level of provision. For these men, this led to considerable depression, frustration and desperation. This can be explained as these men experiencing cognitive dissonance: having to simultaneously hold the belief that a good father is one who provides for his children, and the knowledge that they were not able to do this, even though they wanted to see themselves as good fathers. For these men provision was equated with employment, which they discussed as important to their male identity, confidence and self-esteem. Their inability to find good quality, secure, stable work was a source of stress and anxiety. This finding is consistent with many other studies that attest to the centrality of the provider role and work to paternal and male identity (Collier, 1995; Dolan, 2011; Doucet, 2004, 2011; Hatten et al., 2002; Kimmel, 1987; Morgan, 2005; Plantin et al., 2003). Doucet (2011) says that:

> *to be placed in a position of primary caregiver without having achieved success as a breadwinner signals something out of sync with what many communities consider as socially acceptable 'moral' identity for a male and for a father*
>
> (Doucet, 2011, p. 91).

This could explain why these men demonstrated feelings of frustration and depression: they weren't living up to what they expected of themselves or what they felt others expected of them as fathers.

Komarovsky (1940), in her seminal work with men experiencing unemployment in depression-era America, found that it was the degree to which the man saw himself as a provider first and foremost and built his self-esteem around this which affected his level of depression and dissatisfaction with his unemployed circumstances. Those who had fathering identities which were broader than solely providing coped better with unemployment and were less likely to be depressed (Komarovsky, 1940). The same appeared to be true of the men in the current sample. Those who most centralised provision in their ideas of good fatherhood, but felt they could not fulfil this, were the ones who were most likely to exhibit feelings of depression and inadequacy at their perceived inability to provide.

Therefore, the findings of the current study demonstrate that, even in the context of material disadvantage and unemployment, the provider role was still important to disadvantaged men in constructing paternal identities. Men did not reject this role because of their limited resources to achieve it but either tried hard to position themselves as fulfilling it or exhibited depression and frustration at the mismatch between their aspirations fulfil this role and abilities to do so.

7.2.2.3. Protection

Ideas about acceptable masculinity ran through the men's discussions of good fatherhood. One area in which this was particularly apparent was in their interpretations of the protector role. The majority view was that violence or a willingness to be violent if necessary, was part of protecting one’s family and thus, of good fatherhood. Men who strongly emphasized this view of the protector role were more likely to endorse traditional concepts of gender roles which positioned them primarily as protectors of their families and their partners as (naturally) caring, sensitive care-givers. Therefore, an interpretation of the protector role as being willing to act in violent ways, and seeing this as a fundamental part of a father’s role, appeared to be one expression of masculinity. However, there was also another minority interpretation of ‘protection’ articulated amongst the study men: a more abstract ‘protection’ involving keeping one’s children safe from unidentified harms and bad influences, without resort to violence. These two discourses of protection aligned strongly with the upbringings the men had had. Those who had experienced the highest levels of disadvantage as children (those in the ‘high’ disadvantage group in Chapter Four) were more likely to endorse the ‘violence as protection’ discourse of protection whilst those in the ‘medium’ and ‘low’ disadvantage groups were more likely to endorse a conceptualisation of protection not involving violence.

In the current study, younger men were more likely to reject the ‘violence as protection’ discourse and thus, reject a ‘hard man’ conceptualisation of masculinity (Johnston & McIvor, 2004; Lawson, 2013; Morgan, 2005; Young, 2007). Amongst those who explicitly rejected the ‘hard man’ construction of masculinity (Charlie, Rob, Cameron, Matthew, Sayid, Evan), all were from a younger, ‘millennial’ generation. These men distanced themselves from ‘tough’ masculinity, building masculine identities instead around their aspirations for caring and involved fatherhood. This ties in with the findings of Shirani and Henwood (2011) who suggest that we are currently experiencing a cultural shift away from men cultivating masculinities around public identities to cultivating them instead around their private identities as good fathers. However, there were also younger men in the sample (Logan, Rick, Chris, Kyle, Shaun) who aligned themselves with the ‘tough’ construction of masculinity. These contrasting discourses of protection and masculinity relate to changing societal ideals of masculinity. There is agreement amongst masculinity theorists that historically violence has been a hallmark of western masculinity, and especially marginalised masculinities (Hollander, 2001; Kimmel, 2005; Morgan, 2005). However, more recently, it has been argued that more ‘caring’ (Elliott, 2016) or ‘inclusive’ (Anderson, 2009) masculinities are on the rise, especially among young men. The findings of the current study would, in part, support this. However, it is argued here that the ‘traditional’, ‘tough’ construction of masculinity was still more prevalent in the men’s accounts (see section 7.2.3.1).

In the current study, evidence of both ‘old’ and ‘new’ masculinities were present. The majority of men drew on discourses that depicted masculinity as positioning oneself as the protector of one’s family and being willing to perform acts of violence. However, there was also evidence of rejection of these ideas and of caring masculinities being drawn on in attempting to reconfigure masculine identities around caring and involved fatherhood.

7.2.2.4. Responsibility and conflicting concepts of masculinity

A prominent theme in the men’s accounts was of the centrality of responsibility to their understandings of good fatherhood. This was strongly tied with the men’s understandings of masculinity. In the men’s eyes, being a good man and a responsible father were often one and the same. They drew on discourses of responsibility in terms of commitment to their families and financially providing for their children. These themes in the men’s accounts may stem from their awareness of societal discourses of ‘problem’ fathers who are portrayed as neglecting their responsibilities or being absent (Featherstone, 2003; Scourfield & Drakeford, 2002). The men demonstrated their awareness of societal discourses of disadvantaged ‘problem’ fathers in their criticism of drug-using fathers or men who neglected their responsibilities (see section 5.3 ‘Discourses of bad fatherhood’). In the current study, the majority strove to present themselves as responsible ‘family men’, which may represent a narrative strategy to distance themselves from ‘problem’ fathers. However, there was also another discourse of masculinity being drawn upon by a minority of men: the 'bad boy', whose masculine identity centred around his *freedom* from responsibility. These men were keen to emphasize their sexual prowess and toughness in front of other men.

In this way, masculine identities appeared to be defined around responsibility: either emphasizing their freedom from it (the 'bad boy') or need to demonstrate it (the 'family man'). This resonates with Wilson's (1969) work in the Caribbean, which postulated that younger men are more concerned with 'reputation' – being seen as masculine by other men and as attractive to women – whilst older men build their masculine identities around 'respectability' – being respected by peers in the community. In the current study, the desire to align oneself with one or other discourse of masculinity appeared to be related to the maturity or stage of life of the man. The men, even the younger ones, who stated their desire to 'settle down' and have children worked harder to present themselves as 'family men'. By contrast, those who still had a stake in being young and free from responsibility, irrespective of their age, were more likely to demonstrate the 'bad boy' discourse. These themes relate to the men's ideas of masculinity, which will be returned to in section 7.2.3.1. By seeking to align themselves with discourses of responsible masculinity and distance themselves from men who were seen as irresponsible and 'bad' fathers, most of the men in this sample strove to position themselves as 'good men' and good fathers.

7.2.3. How are socially-disadvantaged men's conceptualisations of good fatherhood affected by their disadvantaged circumstances?

Although this sample largely drew on similar discourses to middle-class men in the UK in their conceptualisations of good fatherhood (Dermott, 2008; Finn & Henwood, 2009; Henwood & Procter, 2003; Miller, 2010a, 2010b, 2011; Shirani & Henwood, 2011; Shirani et al., 2012b), there were some themes which particularly related to the men's disadvantaged circumstances. These largely centred around three themes.

The first of these was the extent to which these men drew on their own upbringings to define the kind of fathers they *did not* want to be. Many men, particularly those who had experienced the most disadvantaged upbringings, stressed their desire to distance themselves from negative aspects of fatherhood they had witnessed or experienced in their own lives, for example parental addictions, parental incarceration, neglect and abuse. This has been noted in other work with disadvantaged fathers in the US (Gadsden et al., 2003; Hayes et al., 2010; Paschal et al., 2011; Shannon et al., 2012; Shears et al., 2006; Summers et al., 2006). For example, Hayes et al (2010) found that disadvantaged men focused on negative aspects they identified from their own childhoods and strove to be different from their own fathers and step-fathers in constructing their fathering identities. These men also drew on their upbringings in stating their desires to provide stability and a stable home environment for their children. This was replicated in the current study, with the men who had experienced very unstable and unloving childhoods emphasizing their desires to create stable home environments and close, loving families for their children, in contrast to their own upbringings.

The second difference relates to the values which some of the men stated they would teach their children. Almost half of the men spoke of teaching their children about the value of ‘respect’ and to respond to violence with violence. These values could be seen as a response to the environments in which the men had grown up and were currently living. Men referred to the dangers they perceived in their local environments such as murders, rapes and gang violence. Under these circumstances holding values which pertained to being able to protect oneself and striving to pass these on to one’s children could be seen as an adaptive response. These values were also presented as normative for their communities. This has also been noted in work with drug-using fathers in Scotland (Whittaker, 2008). This relates to normative constructions of masculinity amongst disadvantaged men, which will be explored further in section 7.2.3.1 below.

This relates to the third way in which the conceptualisations of good fatherhood of disadvantaged fathers presented here differed to those of middle-class fathers presented in earlier research. Whilst research exploring the fatherhood constructions of middle-class fathers has emphasized the constraint of pressures on them to work longer hours and demonstrate their commitment to their families through increased commitment to the world of work (Dermott, 2006;

Miller, 2010b; Ranson, 2001, 2012), the constraints on disadvantaged men appeared to come predominantly from pressures to demonstrate an acceptable masculine identity: emotionally resilient, tough and distanced from childcare and ‘women’s work’. Men in the current study, in the main, endorsed the discourse of involved fatherhood, saying that they desired involved and emotionally-close relationships with their children. However, other aspects of their accounts revealed other discourses, such as fathers as protectors and men as not allowed to show their emotions, which were difficult to reconcile with their endorsement of models of involved fatherhood. In this way, these disadvantaged men demonstrated a tension in being able to integrate their ideas around protection and masculinity with their desires to be involved fathers. Research with middle-class fathers has more often emphasized the tensions for middle-class men in integrating fathering ideals around provision with their desires for involved fatherhood. The current study suggests that ideals of marginalised masculinity presented more of a challenge to disadvantaged men in enacting involved fatherhood than ideals around provision.

7.2.3.1. Masculinity and class in the men’s constructions of good fatherhood

Connell’s theory of hegemonic masculinity (Connell, 1987, 1995) would theorise that the men in the current study, being unemployed and having limited social or economic power, would be placed in a subordinated position in relation to other men. The current findings did not suggest that these men felt themselves to be in any way subordinated in terms of their masculinity. Connell and Messerschmidt’s (2005) updating of hegemonic masculinity theory, however, placed more emphasis on the “agency of subordinated or marginalised groups” (p. 847) in constructing gender hierarchies. It also recognised a growing body of research which had documented *local* gender hierarchies and local cultures of masculinities. Their reformulation of the theory highlighted that: “structured relations among masculinities exist in all local settings, motivation towards a specific hegemonic version *varies by local context*” (p. 847, emphasis added). Thus, two crucial features of their reformulation were an increased recognition of the agency of subordinated groups in constructing gender hierarchies and of the local nature of hierarchies of masculinities.

The findings of this study therefore chime strongly with both Connell and Messerschmidt’s (2005) reformulation of hegemonic masculinity theory and Coles’ (2009) masculinity theory, which posits that marginalised men may still experience themselves as dominant even when not matching up to a societally hegemonic ideal of masculinity. Utilising Bourdieu’s notions of fields and habitus, Coles argues that, because men operate within their local ‘habitus’, in everyday life marginalised men can still experience themselves as dominant because they draw on local norms of dominant masculinity. Coles (2009) therefore argues that men are more influenced by local norms of masculinity than societally hegemonic ideals.

In the current study, even amongst men who did not endorse constructions of masculinity which involved violence, there was an awareness of the normative ideal of masculinity amongst their peer group as being one which emphasized toughness, ‘respect’ and distancing oneself from work traditionally associated with women. The pervasiveness of this ‘tough’ construction of masculinity demonstrates the enduring influence of the ‘hard man’ construction of masculinity amongst disadvantaged men (Dolan, 2011; Hollander, 2001; Morgan, 2005; Ravn, 2017; Young, 2007). In this way, the current study did not find much evidence for Anderson’s ‘inclusive masculinity’ (Anderson, 2009) becoming the hegemonic ideal amongst this group of men. Whilst contrasting views were apparent (see sections 7.2.2.3 and 7.2.2.4), regarding the degree to which men felt the need to conform to this locally-dominant norm of masculinity, there was awareness of the likelihood of social judgement for their performances of acceptable masculinity (West & Zimmerman, 1987). Therefore, whilst there *was* some evidence of caring masculinities (Elliott, 2016; Johansson & Klinth, 2008) being drawn upon by a minority of men, it was clear that these men were also aware of the probability of judgment as ‘gender *un*acceptable’ amongst their peers for enacting these types of masculinities (West and Zimmerman, 1987). To draw on Connell and Messerschmidt’s (2005) and Coles’ (2009) theories of masculinity, discourses of ‘caring’ masculinity were apparent in the men’s accounts, but this form of masculinity was subordinated in relation to the more dominant construction of tough masculinity amongst their local peer group.

One of the most notable themes in the men’s accounts in relation to fatherhood and masculinity was their desire to present themselves as responsible ‘family men’. Demonstrating responsibility to one’s family has been well-documented as one of the core tenets of masculinity, and particularly working-class masculinity (Collier, 1995; Morgan, 2005; Williams, 1998). However, other aspects of the men’s accounts, such as their presentations around ‘fatherly’ protection, aligned them more squarely with the ‘bad boy’ construction of masculinity emphasizing toughness and male violence. Re-framing willingness to perform acts of violence as part of paternal identity allowed the men to align themselves with a ‘tough’ construction of masculinity whilst at the same time positioning themselves as responsible ‘family men’. In this way, the discourse of protection evident in many of the men’s accounts allowed them to maintain their masculine identity whilst still seeking to present themselves as responsible ‘family men’.

Holding ‘traditional’ views about masculinity, including, for example, ideas that men should distance themselves from ‘women’s work’ and from emotional displays have been noted as barriers to working-class men’s participation in parenting and parenting interventions in other studies (Dolan, 2014; Plantin, 2007; Plantin et al., 2003). However, unlike Plantin et al. (2003), the current study did not find that disadvantaged men regarded ideas about involved fatherhood with suspicion and as middle-class ideals. The men in the current study actively endorsed involved fatherhood as the most appropriate model of good fatherhood and strove to align themselves with it. However, there were tensions in their accounts regarding how they would integrate this with the other parts of their masculine identities indicated above. Specifically, the greater the extent to which the man espoused allegiance to a ‘hard man’ construction of masculinity and to not performing tasks traditionally associated with women in public, the greater the tension with his stated desires to be an involved father. This highlights the significant barrier that alignment with a ‘hard man’ construction of masculinity poses to men’s enactment of involved fatherhood. The findings of the current study suggest that, despite evidence of some change, the constraints of dominant ideas about acceptable masculinity were still strong for these socially-disadvantaged men.

7.2.4. How does having a vulnerable partner influence men's constructions of fatherhood?

As outlined in Chapter One, in this study 'vulnerabilities' were defined as: experiencing mental health problems, substance addiction, criminal justice involvement, complex social care needs, domestic abuse, homelessness, child protection concerns or being a young person leaving care. The findings of this study suggest that having a vulnerable female partner did affect men's conceptualisations of good fatherhood. Men with partners with mental health problems were particularly likely to conceptualise good fatherhood as taking more practical involvement in childcare and household tasks. According to these men's own accounts, those who already had children did take on a more practically-involved role, particularly in cases where they also had the *opportunity* to do this (for example because of unemployment or shift work). Men also spoke of providing more emotional support to partners; attempting to help partners to cope with the demands of parenting, especially in cases where their partners had experienced neglectful or abusive childhoods. Therefore, in some ways, the men could be said to be compensating for their partners' vulnerabilities in their fathering. From the men's accounts, it also appeared that a small minority of the men were viewed by social workers as an asset to the family in providing support to, and a stabilising effect on, their partner. This ties in with research with fathers in child protection families which has indicated that some fathers are very involved and capable and want to be given the chance to care for their children, but are often not considered as viable options for child placement when children are removed from their mother's care (Cameron, Coady, & Hoy, 2014; Ferguson & Hogan, 2014; Zanoni, Warburton, Bussey, & McMaugh, 2014). The current findings support the idea that fathers can be an asset in families where there are multiple and complex problems (Scourfield et al., 2016; Zanoni et al., 2014).

However, there was also evidence in this study that the majority of the men were experiencing the same kinds of vulnerabilities as their partners. Around two thirds had experienced similar deprived and neglectful childhoods, had had similar life experiences (being in care, experiencing homelessness, frequent house moves, social work involvement), and were experiencing similar current problems (mental health problems, recovering from addictions, child protection concerns). Therefore, most of the sample were fathering or becoming fathers in the context of both parents experiencing complex and multiple problems, conditions considerably more challenging than those facing most middle-class fathers. The men acknowledged that, under these conditions, it was sometimes difficult for them to provide the kinds of emotional and practical support that their partners needed.

7.2.5. What barriers do socially-disadvantaged men perceive to enacting their visions of good fatherhood?

Four main barriers to the men's abilities to enact their constructions of good fatherhood were apparent in their accounts. First, their own upbringings cast a significant shadow over their ideas about good fatherhood. The majority of the men had experienced material disadvantage and economic hardship in their childhoods. For those in the most disadvantaged group – two thirds of the sample, more significantly, upbringings were also characterised by parental instability, parental addictions, neglect, abuse, and lack of love. These men drew on these experiences in describing the kinds of parents they did not want to be. However, in many cases, the circumstances they described themselves as currently being in suggested that their children may experience many of the same sources of instability that they resented from their own upbringings. Many studies have found that parenting styles, particularly for disadvantaged parents, are affected by parents' adverse childhood experiences (Alexander et al., 2000; Bailey et al., 2012; Hillis et al., 2004). Research has also suggested that being able to make sense of these early adverse experiences is important for future attachment with one's own children (Puckering, 2004; Puckering, Rogers, Mills, Cox, & Mattsson-Graff, 1994; Scourfield et al., 2016; Van IJzendoorn, 1995). Studies of parenting interventions working with fathers and mothers involved in child protection families have found that, unless men (and women) are enabled to make sense of their own childhood experiences they are often not able to take in the parenting advice and implement the parenting strategies suggested (Puckering, 2004; Scourfield et al., 2016). Therefore, upbringings were a barrier to the men's enactment of good fatherhood for those who had experienced difficult upbringings in so far as they had not been able to make sense of their own adverse childhood experiences.

For around half of the men, a defining feature of their upbringings was the absence or unreliability of their fathers. Daly’s (1993) work with disadvantaged fathers in the US found that many suffered a “void with respect to identifiable and meaningful role models” (p.510) leading them to have “fragmented models” for good fatherhood. This was also true of the men in my sample as, for many, their own fathers were not seen as good role models, leaving the men with uncertainty over where to draw their models of good fathering from. For most, their ideas of good fatherhood were constructed around striving to be the opposite of what they had experienced themselves. This also relates to earlier research which has found that disadvantaged men particularly drew on ‘bad’ examples from their own childhoods as a contrast to their ideas about what they wanted to be as fathers (Daly, 1993; Shannon et al., 2012; Shears et al., 2006). In the current study this manifested as a desire to give their children the feeling of stability and love they had lacked as children. However, as has been noted earlier, the men’s lack of role models for good parenting, and lack of opportunity to make sense of their childhood experiences, often meant that the men struggled to know *how* to be different, despite their stated aspirations to be the opposite of their own parental role models.

The second barrier was men’s volatile and difficult relationships with partners and ex-partners. Of those with children they did not see any more, all talked about extremely acrimonious relationships with their ex-partners and blamed the complete breakdown of communication with her as the reason why sustained contact with their child(ren) was no longer feasible. In this way, they drew on discourses of maternal-gatekeeping in their rationalisations of their lack of contact with non-resident children. These findings relate to a large body of literature suggesting that fathers’ relationships with their children are a) more context-dependent than mothers’ (Doherty et al., 1998) and b) dependent on the relationship with the mother of their children (Bradshaw et al., 1999; Coley & Hernandez, 2006; Cummings, Goeke-Morey, & Raymond, 2004; Fagan, 2014; Fagan & Lee, 2014; Planalp & Braungart-Rieker, 2016; Pruett et al., 2011; Wilson, 2008). For example, Fagan and Lee (2013) found that fathers were less likely to be involved with their children when the relationship with the child’s mother was characterised by an argumentative, competitive, non-collaborative connection, regardless of their marital or co-residence status. Pruett et al (2006) also suggest that mothers may be more likely to restrict a father’s access to his children when they are dissatisfied with his fathering or treatment of her.

The third barrier was the men’s current circumstances, in particular the instability of their lives (temporary housing, involvement with criminal justice, addictions, unstable relationships) and lack of work. As demonstrated in section 7.2.2.2 (‘Provision’), the men’s lack of work was conceptualised by around half as a significant barrier to their enactment of good fatherhood, particularly those men who strongly identified with the provider discourse. However, the current findings also suggest that for around half the men, lack of work was not positioned as a barrier to their enactment of good fatherhood, as they either distanced themselves from the provider role or found other ways of positioning themselves as providing.

The instability and entrenched disadvantage of the men’s lives was not often drawn upon by the men in relation to their abilities to enact their visions of good fatherhood. However, despite this, their descriptions of some parts of their lives (for instance, upcoming court dates, previous drug addictions leading to child protection involvement in their lives, child protection stipulations regarding the amount of contact with their children) conveyed the degree to which these circumstances were an actual or potential barrier to their enactment of good fatherhood. The fact that they did not frame them as such perhaps reflects a wider issue about the extent to which the men felt they had control over these aspects of their lives.

The fourth barrier was the men’s adherence to local norms of acceptable masculinity. As discussed in section 7.2.3.1, this posed a barrier in that certain ideals of involved fatherhood which the men said they espoused were in conflict with other ideals of masculinity which they espoused – such as not showing one’s emotions in public and appearing tough to other men. The men’s accounts suggested that these traditional ideas about acceptable masculinity were still present in their understandings of masculinity, and as such, posed a barrier to their enactment of more ‘caring’ masculinities and involved fatherhood.

7.2.6. What are socially-disadvantaged men’s attitudes towards parenting interventions?

The findings of this study suggest that, on the surface, the idea of attending an antenatal parenting intervention targeted at vulnerable parents was acceptable to socially-disadvantaged men. The men demonstrated awareness of the vulnerabilities facing themselves and their partners and inferred that they did not feel stigmatised or offended by being offered parenting support. This has important implications for those seeking to target and engage disadvantaged men with parenting work. However, there was evidence that many of the men still viewed parenting interventions as primarily for women and their attendance in a supportive capacity. Although this may have been because of the particular circumstances of their recruitment in this study (i.e. the THRIVE trial being targeted primarily at women), more broadly, men not feeling that parenting interventions are a suitable space for them has implications for men’s engagement.

The men demonstrated mixed views towards attending a parenting intervention. The majority of men (around three quarters) voiced positive attitudes towards the parenting interventions and said they intended to attend. However, around a quarter of the men conveyed ambivalence about attending a parenting intervention. In these cases, their ambivalence centred around questioning their ‘need’ for a parenting intervention. A very small minority voiced negative attitudes towards attending a parenting intervention, conveying that they viewed parenting interventions as ‘pointless’, a ‘waste of their time’, for women, not needed, and not something they could learn from. These men also displayed discomfort with the idea of a group setting and of having to meet new people. These negative views indicate potential barriers to be overcome in engaging socially-disadvantaged men with parenting interventions, namely: lack of perceived relevance and building trust or overcoming social anxieties. As it is likely that many of the men in the study viewed me as part of the THRIVE study team, it is important to pay heed to these negative views as they may represent views which other men held but were unwilling to voice to a study researcher.

Despite this, the majority of men in this study indicated that they intended to attend the parenting interventions offered to them. Key facilitators were: the desire to support their partner and to feel involved in the pregnancy, the belief that the intervention was relevant to their and their partner's perceived needs, and perceiving benefits to be gained from attendance, for example increased parenting confidence or support in coping with parenting in the context of mental health problems. Men who had had difficult upbringings or ongoing mental health problems particularly foresaw benefits for themselves and their partners in terms of coping with parenting alongside these. Younger men and first-time fathers were more likely to emphasize the benefits they anticipated in terms of gaining parenting knowledge or confidence. By contrast, a feeling that they already knew a lot about parenting was a de-motivator to some of the more experienced fathers. Research has indicated that one of the major barriers to men's engagement with parenting interventions is a lack of recognition of benefits for themselves (Anderson et al., 2002; Bayley et al., 2009; Phares et al., 2010).

In the current study, barriers identified were: a perceived lack of relevance, a perceived lack of information, fears about social judgement, distrust of new people and the belief that parenting interventions were more appropriate for women. Perceived lack of relevance could be seen as made up of three components: a perception of a lack of 'need' of a parenting intervention; a perceived or actual lack of knowledge about what the intervention entailed; and a belief that parenting interventions were for women. In relation to perceived lack of knowledge, this finding ties in with other studies which have found that men report lacking information on parenting interventions or what is available to them (Bayley et al., 2009; Neale & Davies, 2015; Panter-Brick et al., 2014). The belief that parenting interventions were not of relevance for them and were more appropriate for women ties in with Dolan's (2014) work about who are seen as a 'legitimate' users of parenting interventions. In his study with working-class men attending a fathers-only parenting intervention, he found that the men believed that the only legitimate users of parenting interventions were women or ‘problem fathers’. Given that they wanted to dissociate themselves from both these groups, this caused tensions for the men. However, the desire to strengthen their relationships with their children was a powerful motivator to overcome these tensions. This demonstrates the possible constraining factor of norms of masculinity and beliefs about acceptable roles for men and women on men’s participation in parenting interventions. This is of relevance more broadly in that men who do not perceive themselves as ‘problem fathers’ and therefore as legitimate users of parenting interventions are potentially unlikely to see themselves as ‘in need’ of a parenting intervention and therefore to attend, unless other factors, such as an offer of receiving help with other issues, motivate them to attend.

Importantly, in relation to barriers, only one man highlighted his work as a reason for not attending. This is in contrast to other research which has found that working hours are an oft-cited reason for lack of male participation in parenting interventions (Bayley et al., 2009; Panter-Brick et al., 2014). The findings of this study suggest that this may not be a barrier for disadvantaged men. However, other practical constraints on their time may be present. In Scourfield’s (2016) evaluation of a parenting intervention for fathers in child protection families, one of the difficulties of engaging this group over a six-week course was that they often had appointments with drug workers, social workers, court dates and so on scheduled at times which clashed with the regular classes. Although these factors did not become apparent in the current study (perhaps because of the timing of interviews prior to the men’s opportunity to attend interventions), the men’s descriptions of their lives suggest that these issues may also have been relevant for the current sample. This therefore has implications for parenting work with disadvantaged men.

In relation to disadvantaged men’s attitudes towards their partner’s attendance at parenting interventions, the current findings suggest that these disadvantaged men with vulnerable partners were supportive of their partners’ attendance. Almost without exception, the men conveyed that they believed the interventions would be beneficial for their partners in terms of parenting confidence, support with specific vulnerabilities (for example, mental health problems, drug addictions, social isolation), and gaining social support. The men particularly emphasised the perceived need for their partner to get more social support. Where the men voiced reservations about their partners' attendance, this largely centred around their understandings of their partners' vulnerabilities and anxieties: concerns about social judgment and anxieties around meeting new people.

Regarding disadvantaged men's actual experiences of attending parenting interventions, this study was only able to collect data from three men who had attended the Enhanced Triple P for Baby intervention at the time of interview. Tentative findings suggest that one of the ways in which the intervention worked to engage these men and encourage continued attendance was through the warm, supportive and nurturing atmosphere fostered in the groups. This is in keeping with other studies evaluating parenting interventions for disadvantaged fathers (Bronte-Tinkew et al., 2012; Buston, in press-a, in press-b; Hayes et al., 2010; Katz, La Placa, et al., 2007; Martinson & Nightingale, 2008). For example, Hayes et al (2010) found that one of the crucial factors in engaging disadvantaged fathers was the establishment of an accepting, nurturing and non-judgemental environment which encouraged men to build trust in the programme practitioners.

In addition, these three men in the current study reported valuing the chance to meet similar others, share experiences and receive validation and support. Evidence suggests that social support is one of the most important mechanisms for how parenting interventions are thought to work for disadvantaged women (Breustedt & Puckering, 2013; Puckering, 2004). The current study provides tentative support for the idea that for men in disadvantaged circumstances the interventions may work in the same way. Scourfield's (2016) evaluation also supports this idea, reporting that disadvantaged men in his study valued the opportunity to meet others in similar circumstances and gained support from these relationships.

Finally, the three men who had attended the Triple P intervention reported increased confidence in their parenting skills. This suggests, again tentatively, that this intervention had been successful to some degree for these men. However, due to the small number of men who had attended the intervention, further investigation would be needed to establish for whom this intervention has the most benefits and under what conditions.

7.3. Strengths and limitations

This study has a number of strengths. First, it has shed light on a previously under-researched area: fatherhood in socially and economically disadvantaged families in the current economic climate of austerity. In doing so, it has brought to light the complexity of the fathering circumstances these men are negotiating and how these circumstances influenced the men's fathering constructions and aspirations. Therefore, this study provides a valuable contribution to the literature on both fatherhood and families living in poverty. Second, it is the first study in the UK, to my knowledge, to specifically study how having a vulnerable female partner influences men's conceptualisations and practices of fatherhood. It therefore makes an important contribution to our understanding of contemporary fatherhood in the UK.

Third, the study used a novel method, repertory grids, which was found to work well with the study population. This method, being like a 'game' which participants 'play', seemed to work by relieving pressure on participants to provide an 'answer' in response to questions posed by the researcher. I theorise that it was therefore seen as less threatening than standard interview questions by participants and thus worked well with a disadvantaged population to elicit greater candour. In this way, the method also seemed to work to get beneath the surface of the men's practised versions of their 'stories'. For example, the unfamiliar task of being asked to compare people on cards perhaps meant that the men were forced to reflect in different ways on their upbringings and people in their lives, which thus generated less 'rehearsed' stories than they might be used to presenting to social workers and others in response to more standard questions.

As a researcher, this method also gave me the opportunity to explore areas which I might not have felt comfortable asking about directly (for example, their own fathers having been in prison, which often came up in this part of the interview). Having considered other methods such as vignettes or images to elicit rich interview data, this method offered something different in that the personal examples used on the cards (e.g. own mother and own father) prompted more personal reflections rather than reflections on wider cultural interpretations of fatherhood. This worked particularly well for the area of fatherhood / parenting as the more personal reflections on participants' childhoods and upbringings offered useful insights into underlying personal views on good fatherhood and where these came from. In summary, this method worked well to generate rich interview data relating to men's personal views of good fatherhood as well as working well with a disadvantaged population because of its game-like, non-threatening nature. It is therefore recommended that this method should be considered in future work in this area or with disadvantaged populations.

A further strength of this study is in being able to reflect the voices of a group of extremely socially and economically disadvantaged men, traditionally seen as 'hard to reach'. In part this was possible because of the study's unique position within a larger trial targeted at a vulnerable and disadvantaged population. My experience was that men were, in the main, willing to participate and open and frank in their responses. This experience chimes with the findings of others conducting research with so-called 'hard to reach' populations, such as those living in poverty, that these populations are not necessarily 'hard to reach' but are, in fact, willing to engage with research if approached in the right way (Barlow, Kirkpatrick, Stewart-Brown, & Davis, 2006; Neale & Davies, 2015; Shildrick & MacDonald, 2013; Zanoni et al., 2014). Nevertheless, there has been a paucity of research from the perspective of very disadvantaged men in the area of fatherhood and family life. This study therefore represents a considerable contribution to our understanding in this area.

Although the study has some substantial strengths, there are a number of limitations and it is important to reflect on these. First, an important limitation relates to research design, in that it was a cross-sectional design collecting data at only one point in time. A limitation of cross-sectional research will always be that, due to the nature of people's lives, there is always possibility for change. This sample was particularly prone to fundamental change in their lives, for example, house moves, changing relationships, moves into and out of work, social work involvement and so on. This also relates to the status we should give to the men’s accounts, and the temporality of their accounts of their lives. These men’s accounts of their lives are testament to lives which are particularly tenuous. The example of one participant highlights this. Evan was one of the first men I interviewed and his conceptualisation of good fatherhood focused very much on love, showing affection and ‘being there’. This was powerfully relayed as he discussed his own childhood of neglect, being passed around from relative to relative and never having felt love from any parent-figure. He was adamant that he would be involved in his unborn child’s life as he would never “abandon” his child the way he perceived his parents had done to him. However, subsequently, at the second THRIVE visit when the baby was six-months old, the THRIVE researcher found that Evan was no longer living with his partner and child. The relationship had broken down because of his alleged domestic violence and he was no longer in contact with his child. This highlights the temporality of the men’s accounts. It is recognised that these interviews reflect a ‘snapshot’ in time at one point in these men’s lives, and also that they reflect the particular accounts that the men were willing to convey to me. It is important to remember that the men’s accounts are necessarily just that: accounts (Thorogood & Green, 2009). In addition, the majority of the interviews were carried out at a point in the men’s lives when they were anticipating fatherhood. It has been noted by other researchers that men are more likely to present optimistic views of their level of involvement in fatherhood in the antenatal period (Miller, 2010b; Pruett et al., 2017). As such, the conceptualisations of fatherhood presented here may convey a somewhat rosy view of disadvantaged men’s fatherhood and anticipated involvement. In interpreting and analysing the data generated in this study it is important to bear in mind the status of the men’s accounts as well as the tenuousness of their lives and circumstances.

One way of being able to gain a deeper insight into the ways in which men’s lives change over time would have been to use qualitative longitudinal methods. Utilising a qualitative longitudinal design would have enabled me to take a longer view of the men’s lives, and to capture some of that tenuousness and men’s own interpretations of this as their lives unfolded over time. Qualitative longitudinal methods offer many benefits, offering opportunities to capture continuity and change over time and to understand how people present and reframe their thinking over time (Coltart & Henwood, 2012; Miller, 2010b; Shirani & Henwood, 2011). It would certainly be fruitful for future research to utilise qualitative longitudinal methods with a sample of socially-disadvantaged men to understand more about disadvantaged fatherhood and how it unfolds over time.

Another limitation relates to the timing of the interviews, and the fact that most of the men had not had a chance to attend the parenting interventions at the point I interviewed them. This timing came about because I often contacted men shortly after their partners were recruited to the THRIVE trial in order to maximise their likelihood of participating. I then usually organised the interview to take place soon after the initial telephone call, again to maximise the likelihood of their being willing to participate. This had benefits in that the men were still engaged with taking part in a research study at the time the interview took place. It also helped the trial by involving the men and making them potentially more likely to be supportive of their partner's participation in the trial. However, this led to the limitation that I was unable to collect the men's views post-intervention. This is a real limitation as the literature on men and parenting interventions is still sparse and therefore any contribution offering insights into men's evaluation of parenting interventions would be informative. The current study adds to our understanding in providing illumination of the acceptability of such interventions to disadvantaged men but it would be useful to follow this up to understand more about how men engage with the content of interventions and style of delivery.

As with any research, a potential limitation is that the perspectives of the men who chose to participate may differ from those who did not participate. Specifically, those men who willingly volunteered to take part in a study about fatherhood and attitudes towards parenting interventions may have been those who were more interested, involved or motivated to be good fathers. As such, they may represent a sub-group of disadvantaged fathers who are more engaged. However, efforts were made in the current study to recruit a wide range of men, and in particular men who might not usually choose to participate in research. The link with THRIVE offered possibilities to approach participants who would have been unlikely to proactively contact a researcher upon seeing a research advert. As detailed in Chapter Three, I was able to proactively approach men whose partner was participating in the trial, which likely recruited some men to the study who may not usually actively volunteer for research. Therefore, efforts were made to gather viewpoints from men who had varying levels of involvement and commitment to their fathering role.

As with all qualitative research, the findings will have been shaped by the researcher's characteristics, both in the ways in which the data were generated and how the data was interpreted. The findings presented are based on both my interpretations and the participants' own narratives and representations of their experiences. The representations they chose to present will have been influenced by their perception of me as a researcher. As described in Chapter Three, although every effort was made to ensure the men were comfortable and at ease during interviews, it is still likely that their judgement of me as an 'outsider' (Finlay and Gough, 2008) may have influenced the account they chose to present to me. Therefore, in interpreting the findings it is important to remember that they are based on my interpretations of the accounts the men chose to present to me.

Moreover, it is likely that most men in the current study viewed me as part of the THRIVE research team. They may therefore have been more likely to express positive attitudes towards the trial and interventions. The findings presented here may therefore present an optimistic view of engaging disadvantaged men with parenting interventions. For this reason, it is particularly important to pay heed to the negative views voiced by the men towards the parenting interventions. Whilst in the minority in this study, these views may represent opinions of men who chose not to be interviewed at all. They may also represent more widespread views which other men were unwilling to express to a researcher who they saw as associated with the study. In this way, paying particular attention to negative views ensures that these views are also represented in our understandings of how disadvantaged men relate to and engage with parenting interventions.

Finally, a potential strength and weakness of this study is the diversity of the sample. As a result of the sampling strategy to recruit through THRIVE, the sample had varied life experiences of disadvantage: drug addictions, criminal justice involvement, mental health problems, extreme poverty, difficult upbringings, and so on. This might be considered a strength in that a range of views were represented, and as such, this study is potentially more generalizable to other disadvantaged populations in the UK. However, it is also a weakness in that the sample was not recruited specifically for any one quality or circumstance, for example, unemployment, making it impossible to focus on any one specific issue in greater depth. However, this creates opportunities for further research, designed specifically to focus more narrowly on aspects of disadvantage which have been found to be important in the current study, such as having experienced a difficult upbringing, unemployment, or the ‘low-pay, no pay’ cycle (Shildrick et al., 2013).

7.4. Recommendations for policy and practice

The results of this study suggest several recommendations for policy and practice. The men’s accounts of their lives suggest that the issues and challenges facing socially-disadvantaged men as they become fathers are numerous and diverse. Parenting interventions for socially-disadvantaged men must therefore address the issues which they themselves identify as barriers to being the kinds of fathers they want to be. Key issues identified in this study were: help with managing relationships, particularly where relationships had broken down and communication had ceased or was acrimonious between partners; help with understanding and making sense of their upbringings, especially around adverse experiences in their childhoods; and finally, practical support in other areas of their lives which also impact upon their fathering, for example, employment, education, training, housing, finances and support for addictions or mental health issues. The recommendation of this study is that parenting interventions must necessarily look holistically at the men’s lives and address issues other than just parenting in order to effect any meaningful change in the men’s lives or parenting styles.

The findings also have implications for those wishing to engage disadvantaged men in parenting interventions. They suggest three key implications for practice. First, timing of interventions is important, the antenatal period being a good time to engage men with parenting work. As has been noted by other work

(Ferguson & Gates, 2015; Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012; Pruett et al., 2017), capitalising on a time when the men are excited about parenting and the pregnancy is more likely to engage men and to have beneficial effects in terms of increasing fathers' involvement (Pruett et al., 2017). The current study also suggests that one of the primary motivators to male attendance in this period is a desire to demonstrate support and commitment to partners. Therefore, capitalising on this desire could also help to engage disadvantaged men with parenting work.

Second, men said they were more likely to attend and engage with parenting interventions where they were perceived as relevant to their needs. As has been found in earlier work, men were more likely to attend where they could see tangible benefits from their attendance, for example the chance to see and spend time with their child (Dolan, 2014; Hayes et al., 2010; Scourfield et al., 2016) or support with the issues facing them (Anderson et al., 2002; Hayes et al., 2010). The current findings suggest that disadvantaged men are more likely to consider attending a parenting intervention where it is perceived as relevant and appropriate to their needs. Therefore, a key recommendation of this study is to reinforce the relevance of the interventions to the perceived needs of disadvantaged men (and women), for example, providing support with relationships, mental health issues, dealing with their upbringings and finding work, *as well as* parenting-specific content.

Third, in seeking to recruit disadvantaged men to parenting interventions, practitioners should pay heed to barriers identified in this study which might hinder men from attending: a fear of public scrutiny and judgement, a perceived lack of information, a perceived lack of 'need', and the constraint of notions of acceptable masculinity. In relation to the last point, many of the sample implied that they saw parenting interventions as female territory. This has also been found in other studies of men's engagement with parenting interventions (Dolan, 2014; Scourfield et al., 2016). Therefore, practitioners should be aware that men's allegiance to traditional notions of masculinity, and thus views about what constitutes acceptable behaviour for men, may be a barrier that needs to be overcome in successfully engaging disadvantaged men with parenting work.

An important point for policy-makers, however, is that parenting interventions alone cannot solve all of the problems of this group of men. Wider structural changes are also needed to address the structural inequalities which cause poverty and social exclusion and the social problems they generate, rather than assuming that disadvantaged parents on an individual basis can address these problems by attending parenting interventions. One implication of this study is that creating increased opportunities for stable and secure employment would be beneficial in addressing some of the problems facing disadvantaged men and would also be likely to increase their sense of agency over their lives. There are also arguments for restructuring employment and family policies to place less emphasis on men as providers, for example, creating policies which place emphasis on both men and women having earning and caring responsibilities. This would remove some of the pressure on disadvantaged men to assume a provider role for their families in conditions where this may be difficult for them to achieve.

7.5. Future research directions

This study raises a number of questions worthy of further research. First, although the current study provides a ‘snapshot’ of disadvantaged men’s lives and aspirations at the point they are about to become fathers, further work is needed to understand how these aspirations translate into reality over time. The findings relating to those men who were already fathers suggest that aspirations for hands-on involvement and close, intimate relationships with their children were sometimes realised, with many of the men conveying that they took on an active role in the care of their children. However, there were also instances where these aspirations were not realised, especially when relationships with the child’s mother broke down and they became non-resident fathers. Qualitative longitudinal work with disadvantaged fathers would allow for investigation of these issues and deepen our understanding of how these processes play out over time, and how men make sense of them.

Work in the UK on disadvantaged fatherhood has primarily focused on teenage fatherhood (Buston, 2010; Neale & Davies, 2015; Ross et al., 2010; Speak et al., 1997). Therefore, further research is warranted to broaden our understanding of fathering in a range of disadvantaged circumstances, focusing on specific issues that disadvantaged fathers face, such as non-resident fatherhood or fatherhood when unemployed. The current study suggests that both these circumstances challenge men's conceptualisations of themselves as good fathers and pose barriers to their fatherhood. Therefore, further work could explore these issues in more depth.

This study has explored disadvantaged men's conceptualisations of good fatherhood and how, in their eyes, they enact these visions of good fatherhood. This work could potentially be expanded by conducting interviews with men's partners. The aim of such work would be to provide a comparative perspective on whether and how men's parenting practices match up to contemporary prevailing discourses of involved fatherhood. Previous work in the US interviewing low-income men and women about what they saw as acceptable roles for contemporary fathers, highlighted that men and women differed in their interpretations of how roles were 'shared' in their families, particularly in the area of everyday care-giving (Summers et al., 1999). Summers et al. found that fathers in their study barely mentioned care-giving as a responsibility. By contrast, the mothers interviewed held "lengthy discussions about the responsibilities of fathers to take on childcare duties, as well as their frequent failure to do so" (Summers et al. 1999, p.298). Therefore, further work utilising this design in the UK would provide further illumination on contemporary men's and women's experiences of motherhood and fatherhood and highlight continuities and changes in practices from different perspectives.

A further area of interest would be to compare the conceptualisations and practices of disadvantaged fathers to those of fathers in other global contexts. Such work would usefully contribute to our understandings of how different economic conditions and cultures in different countries – for instance different welfare systems and cultural values - influence men's understandings and practices of fathering. There is now a broad literature on low-income fathering in the US which clearly demonstrates how prevailing discourses (for example, emphasis on good fatherhood as providing) influence these men's conceptualisations of good fatherhood (e.g. Carlson & Magnuson, 2011; Roy, 2004b; Shannon et al., 2012; Shears et al., 2006; Summers et al., 2006).

However, in other western countries there has been much less work with disadvantaged fathers than with middle-class fathers. Key questions would be: do socially-disadvantaged men in other countries talk about fatherhood in similar or different ways to those in the UK? Do they face similar barriers? How do prevailing discourses and structural conditions (such as paternity leave) affect men's conceptualisations and practices of fatherhood?

Finally, there is clearly a need for more research into how men in general, and disadvantaged men in particular, relate to parenting interventions. Panter-Brick et al (2014) in a review of the existing evidence on involving men in parenting interventions concluded that there are still significant gaps in our knowledge about the outcomes of involving fathers in parenting interventions. Whilst this study has shed some light on disadvantaged men's attitudes towards parenting interventions, for example, finding that disadvantaged fathers are not necessarily averse to attending a parenting intervention, and may be more likely to attend to support their partner or if they perceive specific benefits for themselves, more work needs to be done understanding how specific parenting interventions work to engage men and keep them engaged. Further, it would be of interest to understand how men evaluate the content and delivery of specific parenting interventions and whether and how these parenting interventions impact on parenting practices or parenting stress. Therefore, future research could usefully illuminate what aspects of particular parenting programmes men find useful and explore the mechanisms through which parenting programmes work for men.

7.6. Conclusions

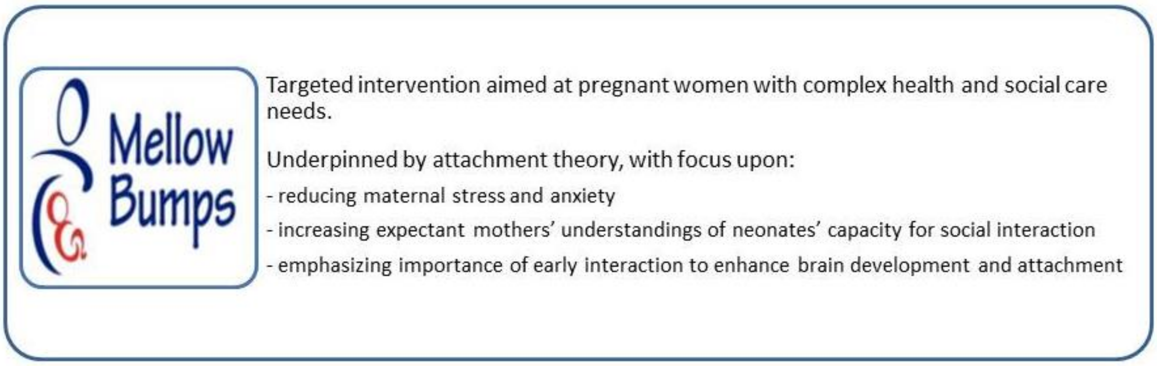
The literature on men's constructions of fatherhood and how men relate to changing societal ideals of good fatherhood has proliferated in recent years, but most studies have focused on the views of middle-class men. This study set out to explore socially-disadvantaged men's constructions of fatherhood and attitudes towards parenting interventions. The findings suggest that socially-disadvantaged men engaged with current societally-dominant visions of good fatherhood and strove to align themselves with these. The men conceptualised good fatherhood in terms of discourses of involvement, affection, provision, protection, teaching and responsibility and strove to integrate these discourses in their construction of their own fathering identities. However, there were tensions, particularly around integrating ideas about involved and hands-on fathering with ideas around protection and strong desires to align themselves with notions of acceptable masculinity. Thus, the men's understandings of masculinity appeared to pose a significant challenge to their enactment of involved fatherhood.

This demonstrates one of the ways in which the conditions in which these men were fathering and the constraints placed on them were different to those of more advantaged men. Several barriers to the men enacting their visions of good fatherhood were identified. These largely centred around: their upbringings and the influence these had on the men; their difficult relationships with partners and ex-partners; the constraint of demonstrating an acceptable masculinity; and their disadvantaged circumstances, including the instability of their lives and lack of work. Despite this, the men were optimistic about their abilities to be good fathers, and demonstrated a desire to be or become good fathers, even in the face of these challenging circumstances.

The findings suggest some implications for parenting intervention work with disadvantaged men. In the main, the findings suggested that socially-disadvantaged men were willing to attend parenting interventions if these were perceived as appropriate and relevant to their needs. Several recommendations to engage disadvantaged men emerged. First, early intervention is recommended, especially during the antenatal period. Capitalising on a time when men are excited about parenting may offer potential for engaging disadvantaged fathers. Second, parenting interventions should tailor content to be relevant to the range of issues facing disadvantaged men, for example, support in managing difficult relationships, mental health issues, addressing upbringings and finding work. Reinforcing the relevance of interventions to the men's lives has potential to increase uptake and engagement. Third, potential barriers to disadvantaged men's engagement with parenting interventions, such as fear of public scrutiny, perceived lack of information, perceived lack of 'need', and the constraint of notions of acceptable masculinity, should be borne in mind by practitioners seeking to engage disadvantaged men. Finally, the needs of disadvantaged fathers can only be partially met through parenting interventions. Larger structural reforms are also necessary at the level of addressing the root causes of poverty and disadvantage if these men are to be supported in their aspirations for good fatherhood.

The findings of this study have shed light on a previously under-researched area: fathering in disadvantaged circumstances in the UK. The study has explored disadvantaged men’s ideas about what constitutes good fatherhood, the potential barriers to men’s enactment of good fatherhood, and men’s attitudes towards receiving parenting support. In shedding light on these areas it is hoped that this study can contribute to developing a deeper and more nuanced understanding of fathering in disadvantaged circumstances in the UK, and through this, to the development of appropriate support to help disadvantaged fathers become the kinds of good fathers they aspire to be.

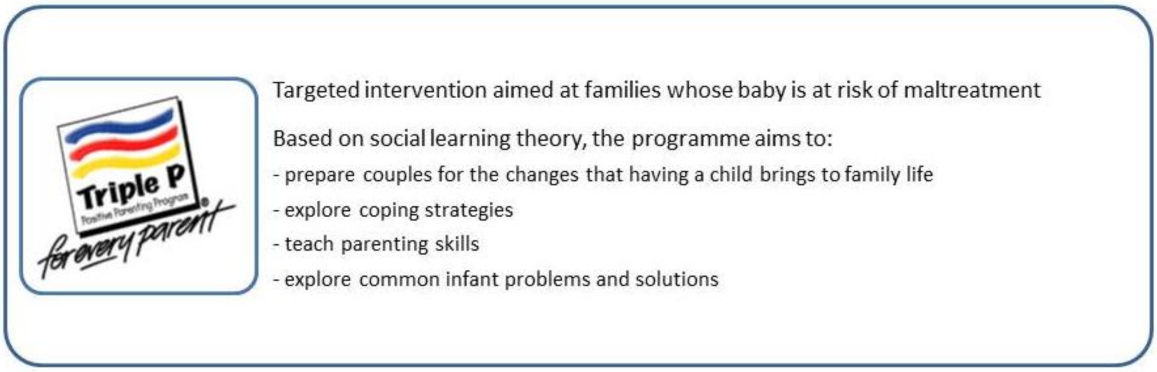
Appendix 1 – The THRIVE interventions



Targeted intervention aimed at pregnant women with complex health and social care needs.

Underpinned by attachment theory, with focus upon:

- reducing maternal stress and anxiety
- increasing expectant mothers' understandings of neonates' capacity for social interaction
- emphasizing importance of early interaction to enhance brain development and attachment

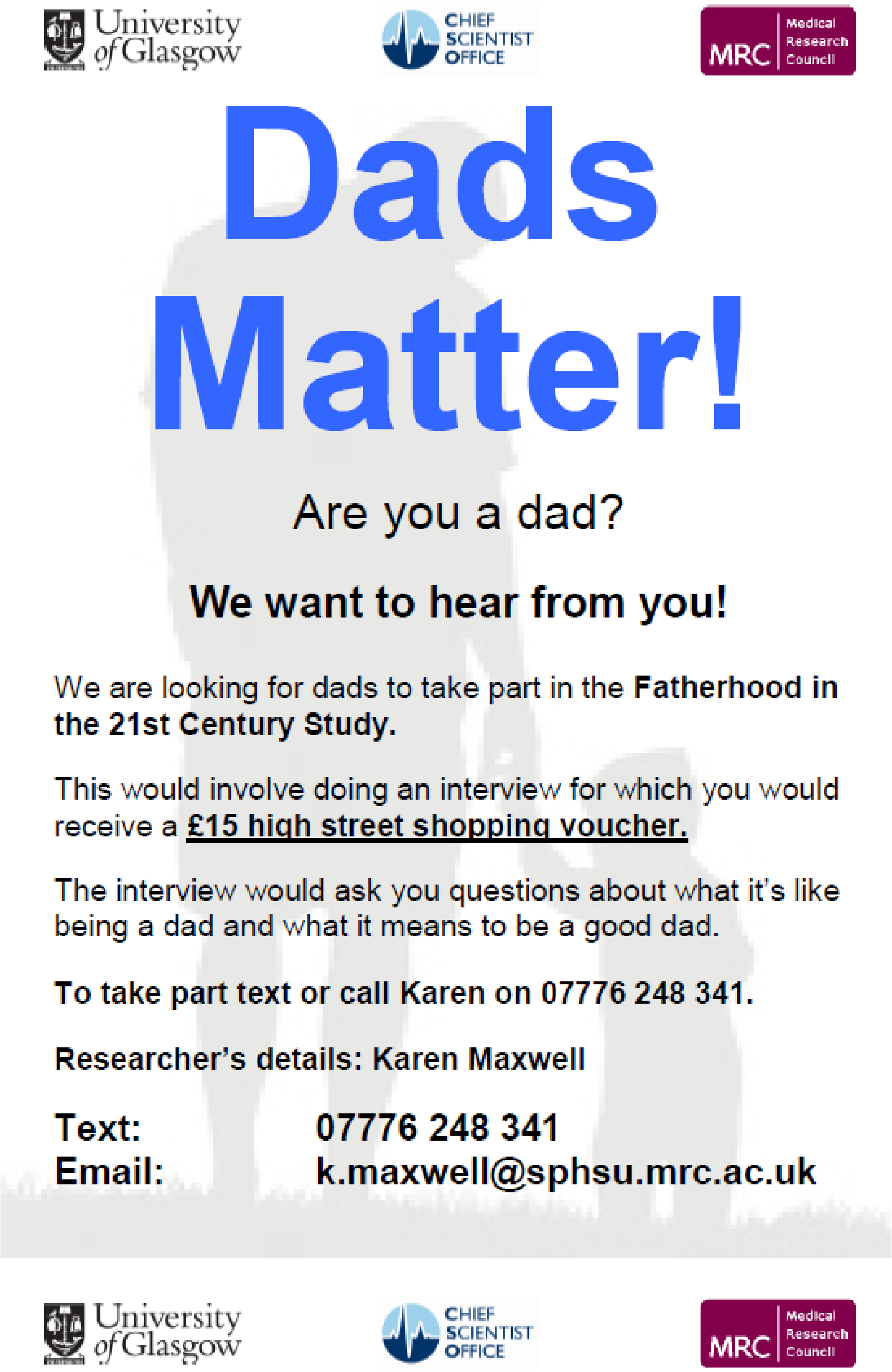


Targeted intervention aimed at families whose baby is at risk of maltreatment

Based on social learning theory, the programme aims to:

- prepare couples for the changes that having a child brings to family life
- explore coping strategies
- teach parenting skills
- explore common infant problems and solutions

Appendix 2 – Pilot study advert


University of Glasgow
CHIEF SCIENTIST OFFICE
MRC Medical Research Council

Dads Matter!

Are you a dad?

We want to hear from you!

We are looking for dads to take part in the **Fatherhood in the 21st Century Study.**

This would involve doing an interview for which you would receive a **£15 high street shopping voucher.**

The interview would ask you questions about what it's like being a dad and what it means to be a good dad.

To take part text or call Karen on 07776 248 341.

Researcher's details: Karen Maxwell

Text: **07776 248 341**
Email: **k.maxwell@sphsu.mrc.ac.uk**

University of Glasgow
CHIEF SCIENTIST OFFICE
MRC Medical Research Council

Appendix 3 – Pilot study in-depth interview schedule

For the purpose of the pilot, the aim is to explore how well these questions work and what kinds of data are generated. The pilot interviews will draw on the following topics, but it is not anticipated that all of the following questions will be asked.

INTRODUCTION

Who I am and who I'm not

WARM UP

- Explain aims of the study
- Go through consent
- Background / context about them and their life
- Tell me about your life:
    - E.g. How long lived in Glasgow?
    - Who you live with
    - How you like to spend your time
    - How many children
    - Your wider family
    - Friends
    - Where live and what kind of home

MAIN INTERVIEW

FAMILY CIRCUMSTANCES

- Living with children or not?
- Living with mother of children?
- Work and family life – balance / place of work in his life
- Housing
- Typical week in family life
- Social support – who else helps in family (e.g. grandma, friends, older children etc)
- Stress factors – what are the stresses of family life / life in general?
- Coping / not coping
- In what contexts does he see himself as a father? (i.e. at work, at home, only when with kids etc)

RELATIONSHIP WITH PARTNER

- Tell me a bit about your relationship with your partner
- Sharing / division of work of caring for children
- Fathering / mothering roles

ASPIRATIONS FOR FATHERHOOD

- Feelings about becoming a father
- Expectations of fatherhood before child(ren) were born
- Experiences during partner's pregnancy

EXPERIENCES OF FATHERHOOD

- Everyday experiences of being a father
- Nature of his involvement in caring (routines, gender roles)
- Satisfaction with fatherhood
- Changes in lifestyle (or not) since birth of child
- Did becoming a father make you feel different in any ways? (And as a man?)

WHAT SHAPES IDEAS ABOUT FATHERHOOD

- What does it mean to be a 'good' father?
- What does a 'bad' father look like?
- What or who do you see as examples of good fathers?
  (e.g. TV, friends, own parents)
- Explore nature of fatherhood amongst friends and peers
- What do you think is expected of a father nowadays?
- How does that influence you?
- Other things that might affect ideas about fatherhood (e.g. expectations of partner / peers / what is socially acceptable?)
- Expectations of men nowadays (e.g. what does it mean to be 'manly'?)
- How does being a father link in with that?

OWN EXPERIENCES OF BEING PARENTED / FATHERED

- What was your childhood like?
- Own experiences of mother and father
- Relationship with mother and father
- Would you like to be a father like your own father? In what ways?

TRADITIONAL ROLES OF MOTHERS AND FATHERS

- What is the difference between a mother and a father?
- Attitudes towards traditional or egalitarian gender roles in parenting
- Appropriate roles for a mother
- Appropriate roles for a father
- Expectations of division of childcare after birth of child

(if taking part in a parenting programme / intervention, or partner taking part in one)

ATTITUDES TOWARDS THE PARENTING INTERVENTION

- Tell me about the programme that you / your partner is taking part in.
- How did you / your partner get involved in it?

- What do you think are the good things about it?
- Bad things about it?
- How well do you think these services cater to men? And to women?
- Did you feel that you / your partner needed or wanted a parenting intervention?
- Do you think you / your partner has developed parenting skills / knowledge as a result of intervention?
- (if partner) How much do you know about the programme that partner is taking part in?
- (if partner) How do you feel about the intervention that partner is taking part in?
- (if partner) How do you think X is finding the intervention?
- (if partner) Have you noticed any changes in your partner since she started the intervention?
- (if partner) Have you been to any of the sessions yourself? (dependent on which intervention / if appropriate)
- If yes,
  - What have you learnt from the sessions?
  - Do you think the intervention has had any influence on how you parent?
  - Suitability of the site (venue, distance, transport, timing etc.)
  - Attitudes towards the practitioner?
  - Attitudes towards others in the group?
  - Do you think the intervention has changed you in any way?
- Feelings about health services generally?
- Experiences of maternity / antenatal care
- Other services?

Appendix 4 – Pilot study repertory grids interview schedule

For the purpose of the pilot, the aim is to explore whether this technique works with the target population and what kinds of data are generated.

INTRODUCTION

Who I am and who I'm not

WARM UP

- Explain aims of the study
- Go through consent
- Background / context about them and their life

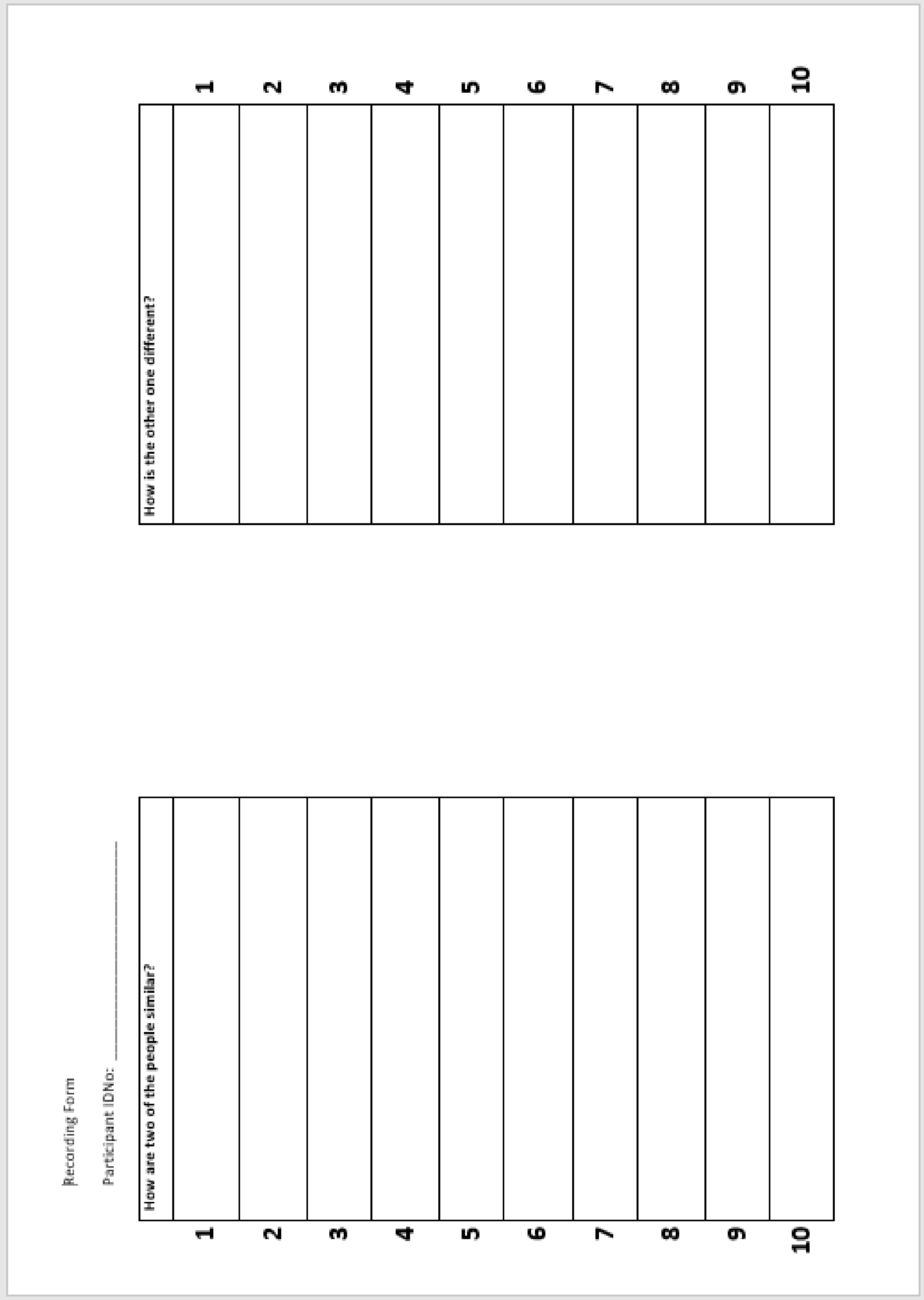
INTRO TO REP GRIDS:

- Like a game where you tell me about what the people in your life are like. (Sometimes I might ask you more questions about the things you've said).
- I'll be showing you some cards – some of them are people you know, some are people you will have to imagine / hypothetical (e.g. the perfect mum).

SET UP

- First, for each of the cards, ask if they can remember this person (e.g. uncle / granddad) or have this person - if not, take out.
- Ask about who brought them up (e.g. if this is foster mum or grandma then make sure to put this person in).
- Ask about anyone else important or big influence in their life ("bad or good") e.g. teacher, role model – add these in. (Also can ask for 'someone you respect' or 'someone you dislike'.)
- "I'm going to be asking you to compare groups of these people and tell me how two of them are alike and the other one different"
    - So e.g. if I showed you 'my dad, me and my grandad' – I might say my granddad and me are similar because we're both really laid back whereas my dad has a really quick temper'. (esp good are things related to parenting or how you deal with the kids)
- No right or wrong answers, just want to know what you think.
- "I want you to try to think of characteristics that these people have rather than physical things about them so e.g. easy to say that the dad in prison is 'in prison and other two aren't' but better to say 'not caring' or something like that."
- I don't mind if you have to think about it for a while because sometimes it's hard to think of things at first.
- Even better if you can give me an example.

Appendix 5 – Repertory grids recording form



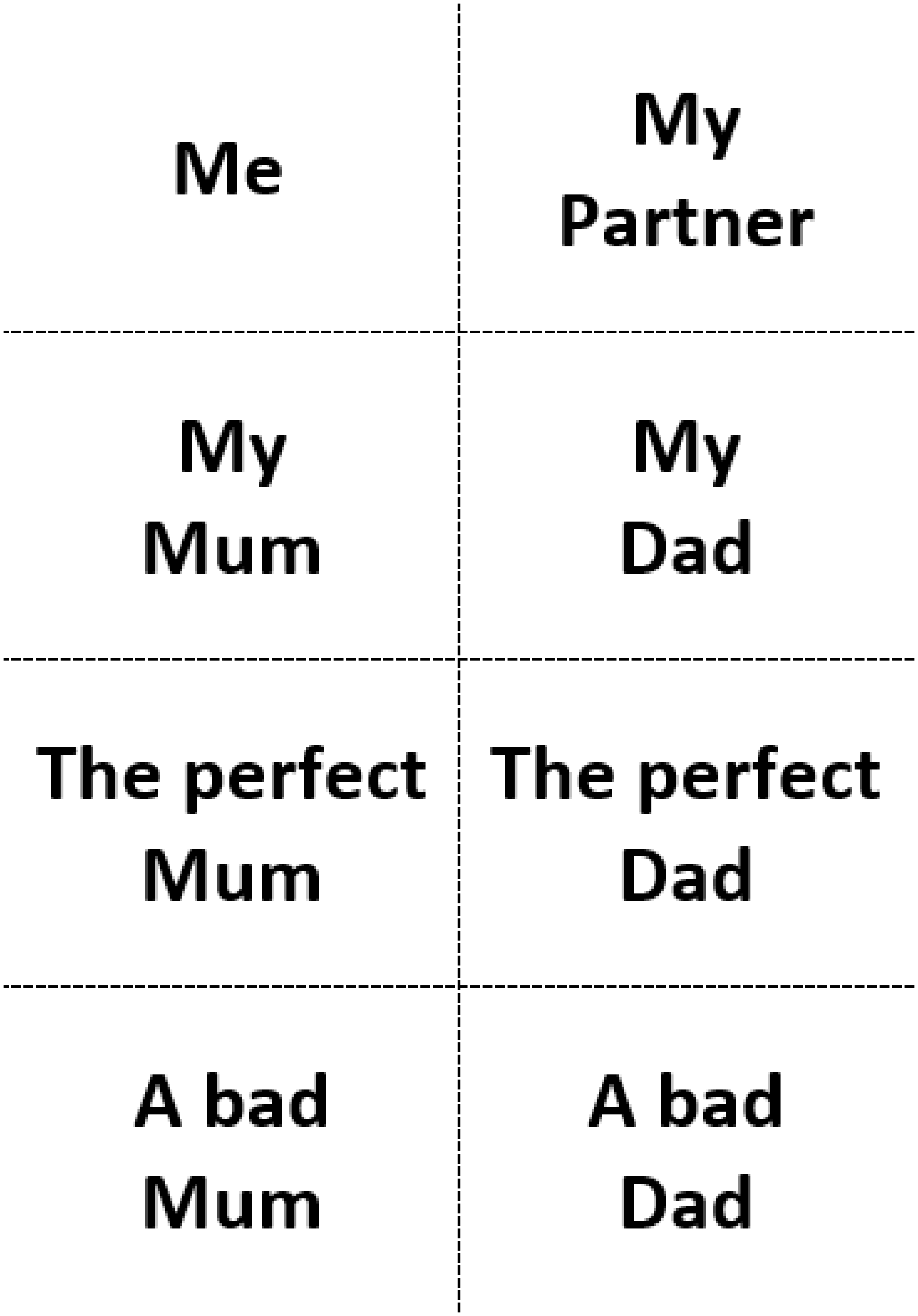
Recording Form

Participant IDNo: ____________________

	How are two of the people similar?
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

	How is the other one different?
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Appendix 6 – Repertory grids elements



Me	My Partner
My Mum	My Dad
The perfect Mum	The perfect Dad
A bad Mum	A bad Dad

(blank card for examples
to be added in)

A Dad who is in Prison

A friend who is a Dad

Someone like a Dad to me

(blank card for examples
to be added in)

(blank card for examples
to be added in)

(blank card for examples
to be added in)

(blank card for examples
to be added in)

Appendix 7 – Main study interview schedule

Who I am and who I'm not

- *Study is about what it is like to be a dad in 21st century Scotland.*
- *I am NOT linked with social services, NOT linked with the police or any organisation like that.*
- *I work for the University of Glasgow.*
- *Really want to hear your views because often a lot of things at this time (pregnancy) focus on the mothers. So we want to make sure the dads get heard too!*
- *No right or wrong answers – just about what you think.*
- *I'm aware that people have all sorts of different family set ups and circumstances so don't be afraid to just tell it like it is.*
- *[Have to say this to everyone] "Only time I would say anything to police or social work is if you say something to me that suggests that you or someone else is at risk of harm".*
- *Going to record our conversation (to help me remember what you say)*

Opening Questions:

- ***Tell me what your life's like at the moment. / What's going on in your life at the moment?***
- ***Tell me a little bit about your family / you.*** *Who you live with, what your life is like at the moment. (*also family circumstances, is child(ren) living at home with them? Get an idea early on). What do you do?*
- *Tell me about your life. How long have you lived in Glasgow? Whereabouts do you live? Flat / House? What do you do? How do you like to spend your time? (prompt: football, hanging out with mates, what kinds of things do you do?)*
- *How long have you and [girlfriend] been together? Do you live together?*
- *Tell me about your partner? What's she like? (*What does she do?)*
- *How old are you and your partner?*
- *[Tell me a bit about how it was when each of your children was born? (where living, at work?, off work, circumstances)]*
- ***How far along in the pregnancy is your girlfriend? When is the baby due?***
- *(*How do you feel about that? / How prepared do you feel?)*

Becoming a dad:

- ***So, tell me about how you first found out you were going to be a dad?***
- *How did you feel then (when you first found out)?*
- *How do you feel about it now?*
- *Do you know if it's a* ***girl or a boy****?*
  - *Do you want to know?*
  - *Do you have a preference?*
- *How does your partner feel about it? At the beginning? Now?*

- *Any worries? What kinds of things are you worried about? (*only if they have indicated this)*
- ***What do you think it's going to be like being a dad?*** *(expectations)*
    - *What about later? Further down the line? (say, when child is 5, at 15?)*
- *How do you think becoming a dad will have an impact on your life? (changes)*
- ***Do you have any ideas about what kind of dad you'd like to be?*** *(*where do you think these come from? Friends / TV / Own parents)*
- *How involved do you see yourself being?*
- *What are you most looking forward to about becoming a dad?*
- *What things do you think might prevent you from being the kind of dad you want to be?*

- Are any of your friends dads?
- How many of your friends know you are a dad/ about to become a dad?
- Who do you talk with about being/becoming a dad?
- Who was the last person you talked to about being/becoming a dad? What did you talk about? For how long?
- **Are there situations when you feel more like a dad or less like a dad?** [prompt: with your friends? At work?]
- **Are there situations or times when you are a bit embarrassed** about being/becoming a dad, or would rather people did not know? What sort of situations?
- If you think about your male friends, do you know which ones are dads? Do they talk to you about being dads? What kind of things do they talk about?

Ideas about fatherhood:

- **What does being a "good dad" mean to you?**
- How involved do you expect to be in your child's life? (*What kinds of things? Activities?)
- ***What does being a "good dad" mean nowadays (generally)?***
    - *What kinds of things does a good dad do?*
    - *16 years down the line, what would it look like if you'd succeeded as a dad? (*another way of getting at 'good' dad)*
- ***What would a 'bad' dad be like?***
- **When you were younger and you thought about being a dad, how does that compare to how it is now?**
- *[Prompts] What things are the most important things a dad should do for his child?*
    - *Is it important to you to be able to provide for your child?*
    - *To be close to them?*
    - *To teach them things?*
    - *What things are the most important traits of a good dad to you?*

- ***What do you think the expectations are of dads nowadays?*** *(stereotypes)*
- *(How) does that influence you?*
    - *Do you think there's any pressure on men nowadays to be a particular way as a dad?*

- ***What does it mean to be 'manly'?***
- ***Can you be 'manly' and be a good dad?***

- **Have you changed your views about being a dad? What changed your views?**
- Do you think all men think the same way as you about being a dad? If not, why not?
- **Do you think your friends think the same way you do about being a dad?**
- ***What things do you think have shaped / influenced you as a dad?***

- ***What do you think your partner expects a good dad to be?***
- *Does that affect what you think? / How does that influence you?*

Relationship with Partner

- **How would you describe your relationship with your partner?** (good / bad? Length? Commitment? Argue a lot / Get on well)
- **Have you talked with her about what you want to be like as a dad?** (How much?)
- *Do you have similar ideas about parenthood?*
- What do you think she hopes that you will do as a dad?
- **Do you think she will be supportive of you as a dad?**
- **What do you think she thinks a good dad is?**
    - *Does that affect what you think? / How does that influence you?*
- *Do you agree on how to bring up kids?*
- *What kind of mum do you think she'll be? / What do you think she'll be like as a mum?*

Own Childhood / Own Dad

- ***Can you tell me a bit about what it was like for you growing up?*** *(was your dad around? What was he like?) How many siblings?*
- *Who brought you up?*
- *What was your dad like? What did he do? (Memories)*
- ***Did you have a good relationship with your dad? And now?***
- ***Would you like to be a dad like your own dad? In what ways?*** *Why / why not?*
- *And your mum?*
- *What are your partner's parents like?*

Men and Women's roles

- **Do you think mums and dads should have different roles in terms of parenting or do the same kinds of things?**
- ***What's the difference between a mum and a dad? Are there any?***
- *Do you think this has changed (since say, last generation)?*
- *Will this affect how you want to be as a dad?*
- Do you think there are some roles that are more appropriate for dads and some for mums?
- **Do you think there is any difference between the way you should bring up boys and girls?**

Family Circumstances / Experiences of Fatherhood

- ***(How) did your life change when you became a dad for the first time?***
- ***Did becoming a dad make you feel different in any way? (and as a man?)***

- *What kinds of things do you do with your kids?*
- *What has been the most stressful thing about being a parent / parenting?*
- ***What gets in the way of being a dad? (barriers)***
- **What kinds of help or support do you get to do your job as a dad? (*link Q)**

Other / Circumstances

- Tell me what the **AREA** you live in is like? (housing / neighbourhood)
- How do you feel about bringing up kids there?
- How do you think that growing up in that area might affect them? (or not)
- Drugs? [probe further how they think this will affect fathering if so]

Attitudes towards the Parenting Interventions / THRIVE

- **How did you find out about the study / groups?**
- **What did you think when you were first told about it?**
    - Did you wonder why you were offered it?
    - Did you mind that you were offered it?'
- Before being told about this study, did you feel that you / your partner needed or wanted a parenting programme?
- **Has your partner been to any of the classes yet? (if so, do you know the name of the group?)**
- How do you think partner is finding the groups?
- What do you think of the groups?
- Does she tell you about what happens at the groups?
- **Do you influence your partner at all in whether or not she goes to the groups**? For instance, maybe you remind her about them, or encourage her, or maybe you discourage her and try and get her to do other things?
- Have you noticed any changes in your partner since she started the sessions?
- How do you feel about the group your partner is taking part in?
- What do you think are the good things about it?
- Bad things about it?
- How well do you think these types of things cater to men? And to women?

- **Have you been to any of the classes?**
    - What did you think of the sessions?
    - What was the venue like? (distance, suitability, transport, timing etc.)
    - What was the practitioner like?
    - What did you think of the others in the group?
    - Do you think you learnt anything from it?
    - Did you enjoy it?
    - Do you think the intervention has changed you in any way?

- **If no: Why did you not go to any/the session(s)?**

- **If control group**: Did you or your partner mind when you learnt that you were in the control group and were not going to get a special programme? Do you understand why some people have to be in the control group?

REP GRID

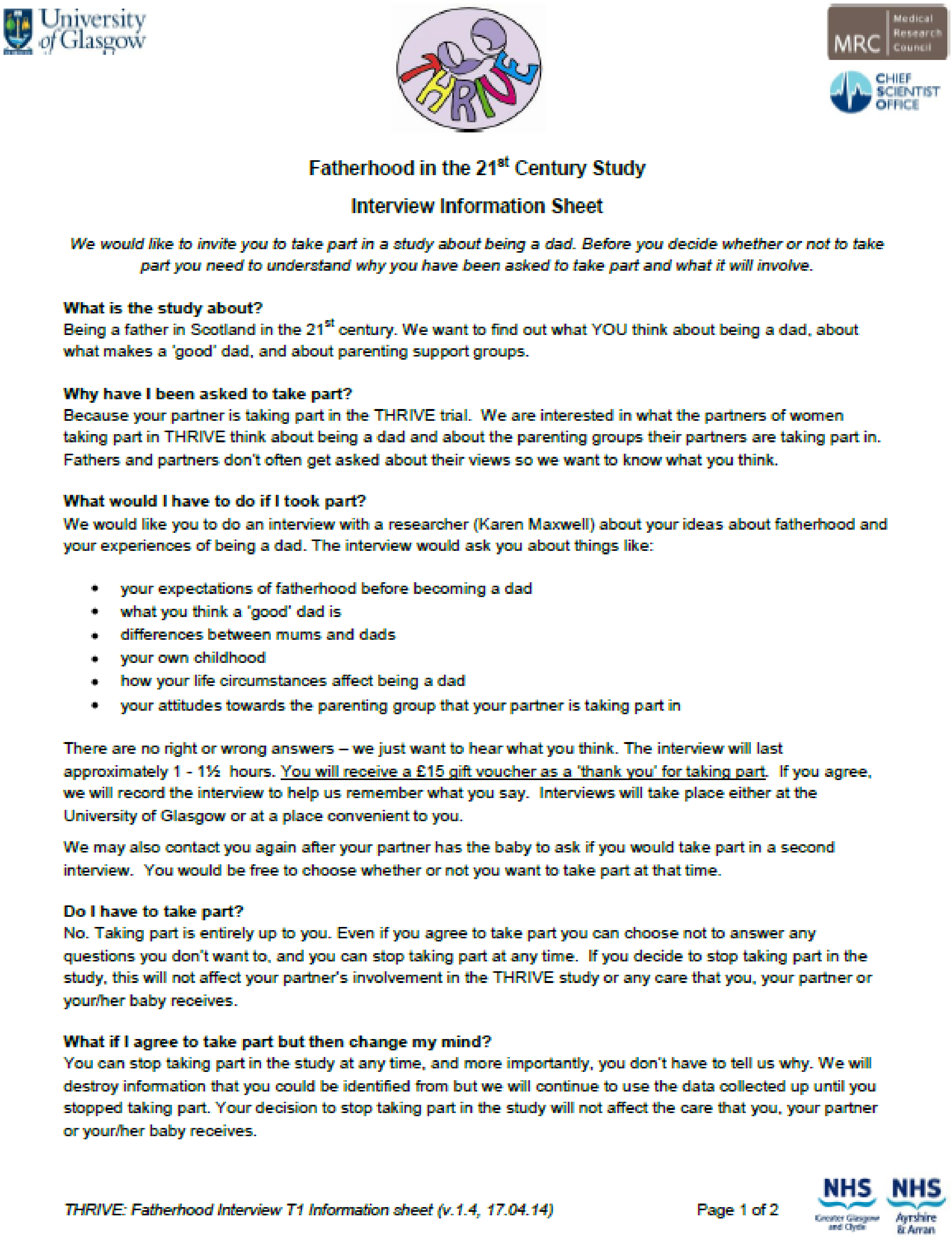
Intro to Rep Grids:

- Like a game where you tell me about what the people in your life are like. (Sometimes I might ask you more questions about the things you've said).
- I'll be showing you some cards – some of them are people you know, some are people you will have to imagine / hypothetical (e.g. the perfect mum).

SET UP

- First, for each of the cards, ask if they can remember this person (e.g. uncle / granddad) or have this person - if not, take out.
- Ask about who brought them up (e.g. if this is foster mum or grandma then make sure to put this person in).
- Ask about anyone else important or big influence in their life ("bad or good") e.g. teacher, role model – add these in. (Also can ask for 'someone you respect' or 'someone you dislike')
- "I'm going to be asking you to compare groups of these people and tell me how two of them are alike and the other one different"
- ○ So e.g. if I showed you 'my dad, me and my grandad' – I might say 'my granddad and me are similar because we're both really laid back whereas my dad has a really quick temper'. (esp good are things related to parenting or how you deal with the kids)
- No right or wrong answers, just want to know what you think.
- "I want you to try to think of characteristics that these people have rather than physical things about them so e.g. easy to say that the dad in prison is 'in prison and other two aren't' but better to say 'not caring' or something like that."
- I don't mind if you have to think about it for a while because sometimes it's hard to think of things at first.
- Even better if you can give me an example.

Appendix 8 – Main study information sheet



Fatherhood in the 21st Century Study

Interview Information Sheet

We would like to invite you to take part in a study about being a dad. Before you decide whether or not to take part you need to understand why you have been asked to take part and what it will involve.

What is the study about?
Being a father in Scotland in the 21st century. We want to find out what YOU think about being a dad, about what makes a 'good' dad, and about parenting support groups.

Why have I been asked to take part?
Because your partner is taking part in the THRIVE trial. We are interested in what the partners of women taking part in THRIVE think about being a dad and about the parenting groups their partners are taking part in. Fathers and partners don't often get asked about their views so we want to know what you think.

What would I have to do if I took part?
We would like you to do an interview with a researcher (Karen Maxwell) about your ideas about fatherhood and your experiences of being a dad. The interview would ask you about things like:

- your expectations of fatherhood before becoming a dad
- what you think a 'good' dad is
- differences between mums and dads
- your own childhood
- how your life circumstances affect being a dad
- your attitudes towards the parenting group that your partner is taking part in

There are no right or wrong answers – we just want to hear what you think. The interview will last approximately 1 - 1½ hours. You will receive a £15 gift voucher as a 'thank you' for taking part. If you agree, we will record the interview to help us remember what you say. Interviews will take place either at the University of Glasgow or at a place convenient to you.

We may also contact you again after your partner has the baby to ask if you would take part in a second interview. You would be free to choose whether or not you want to take part at that time.

Do I have to take part?
No. Taking part is entirely up to you. Even if you agree to take part you can choose not to answer any questions you don't want to, and you can stop taking part at any time. If you decide to stop taking part in the study, this will not affect your partner's involvement in the THRIVE study or any care that you, your partner or your/her baby receives.

What if I agree to take part but then change my mind?
You can stop taking part in the study at any time, and more importantly, you don't have to tell us why. We will destroy information that you could be identified from but we will continue to use the data collected up until you stopped taking part. Your decision to stop taking part in the study will not affect the care that you, your partner or your/her baby receives.

THRIVE: Fatherhood Interview T1 Information sheet (v.1.4, 17.04.14) Page 1 of 2

Will my taking part in this study be kept confidential?

Yes. We will not use your name or reveal that you took part in this study to anyone. The only exception to this is if you say something which suggests that you or others are at risk of harm. In this case the researcher would be obliged to tell the relevant authorities.

How will the results be used?

To find out what is best for fathers and their children and what kind of support men like you would find most useful.

What will happen to the information I supply?

Your answers will be completely anonymous. The interview will be written up as part of the research study and any potentially identifying details, including your name, will be removed. Extracts from your interview may be used in research reports, articles and presentations but you will not be identifiable from these extracts. The information you provide will be stored securely in a locked filing cabinet and securely destroyed after 10 years according to Medical Research Council best research practice guidelines. If you agree, it may be used by other researchers with the Medical Research Council's approval, under the strict rules governing the confidentiality of your information. Your name or any material that might identify you will never be used or given to anyone.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to one of the THRIVE team who will do their best to answer your questions. If they are unable to help you or you wish to make a complaint about the study, please contact Catherine Ferrell by phone on 0141 357 7561 or you can email her at catherine.ferrell@glasgow.ac.uk.

If you would like to speak to someone independent of the research, you can contact Dr. Muir Houston, Ethics Officer at the University of Glasgow: Muir.Houston@glasgow.ac.uk.

Who is conducting this research?

Karen Maxwell. Karen is a research student at the University of Glasgow funded by the Medical Research Council (MRC) and part of the THRIVE team. You can contact Karen by telephone on 0141 357 7545 or 07776 248 341 or by email at k.maxwell@sphsu.mrc.ac.uk.

Who has reviewed the study?

This study has been reviewed by the West of Scotland NHS Research Ethics Committee.

What do I do now?

If you would like to take part, or have any questions, please contact Karen to arrange a suitable time for an interview.

Email: k.maxwell@sphsu.mrc.ac.uk Phone: **0141 357 7545** Mobile: **07776 248 341**

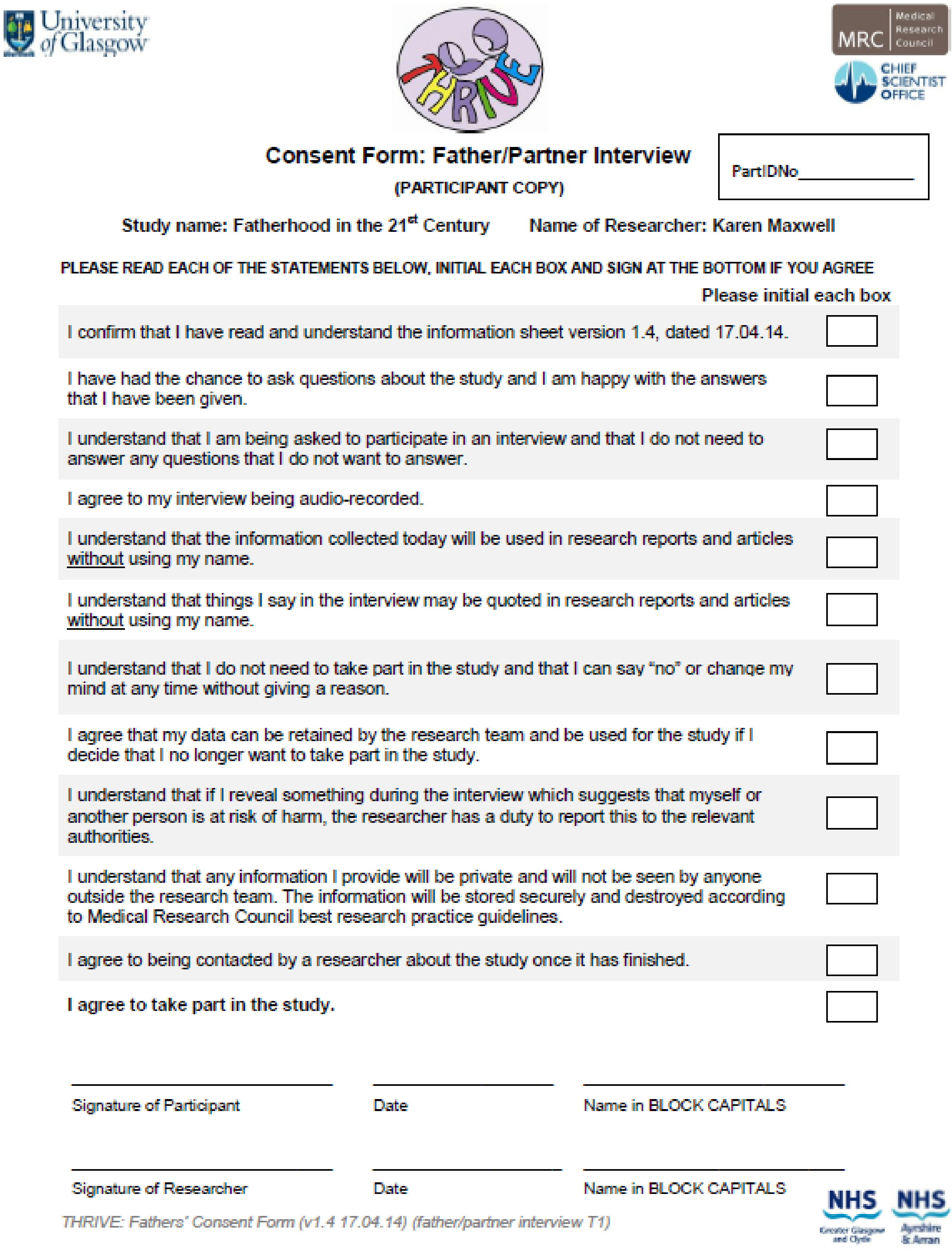
You can also speak to Karen's supervisors, Dr. Katie Buston or Prof. Danny Wight:

Email: katie.buston@glasgow.ac.uk Phone: 0141 357 7524
Email: danny.wight@glasgow.ac.uk Phone: 0141 357 7508

Thank you for considering taking part in this study!
Please get in touch if you would like to take part

Karen Maxwell
THRIVE Study Researcher

Appendix 9 – Main study consent form



University of Glasgow

THRIVE

MRC Medical Research Council

CHIEF SCIENTIST OFFICE

Consent Form: Father/Partner Interview

(PARTICIPANT COPY)

PartIDNo____________

Study name: Fatherhood in the 21st Century   Name of Researcher: Karen Maxwell

PLEASE READ EACH OF THE STATEMENTS BELOW, INITIAL EACH BOX AND SIGN AT THE BOTTOM IF YOU AGREE

	Please initial each box
I confirm that I have read and understand the information sheet version 1.4, dated 17.04.14.	☐
I have had the chance to ask questions about the study and I am happy with the answers that I have been given.	☐
I understand that I am being asked to participate in an interview and that I do not need to answer any questions that I do not want to answer.	☐
I agree to my interview being audio-recorded.	☐
I understand that the information collected today will be used in research reports and articles without using my name.	☐
I understand that things I say in the interview may be quoted in research reports and articles without using my name.	☐
I understand that I do not need to take part in the study and that I can say "no" or change my mind at any time without giving a reason.	☐
I agree that my data can be retained by the research team and be used for the study if I decide that I no longer want to take part in the study.	☐
I understand that if I reveal something during the interview which suggests that myself or another person is at risk of harm, the researcher has a duty to report this to the relevant authorities.	☐
I understand that any information I provide will be private and will not be seen by anyone outside the research team. The information will be stored securely and destroyed according to Medical Research Council best research practice guidelines.	☐
I agree to being contacted by a researcher about the study once it has finished.	☐
I agree to take part in the study.	☐

________________________   ________________   ________________________

Signature of Participant   Date   Name in BLOCK CAPITALS

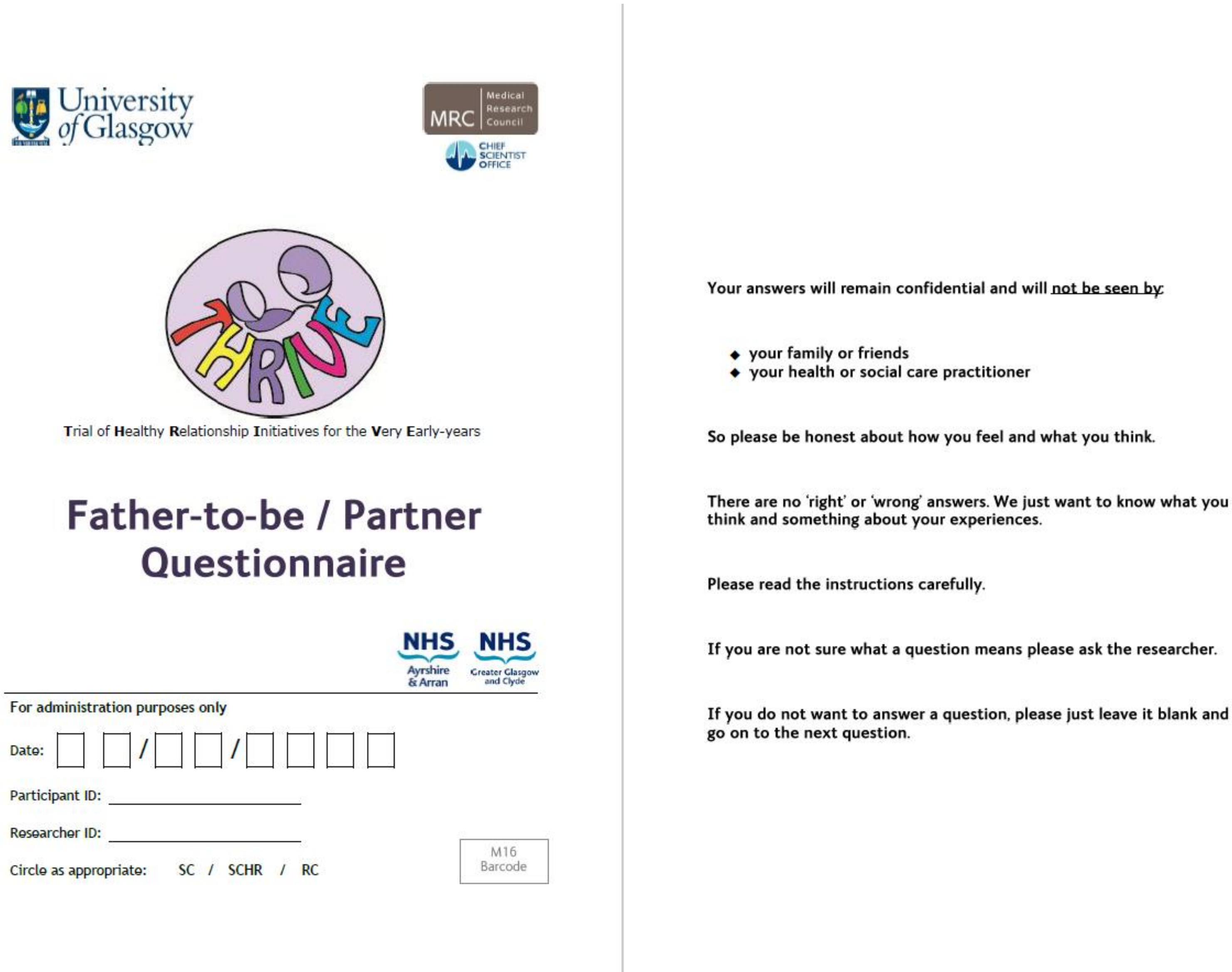
________________________   ________________   ________________________

Signature of Researcher   Date   Name in BLOCK CAPITALS

THRIVE: Fathers' Consent Form (v1.4 17.04.14) (father/partner interview T1)

NHS Greater Glasgow and Clyde   NHS Ayrshire & Arran

Appendix 10 – Demographic questionnaire



University of Glasgow

MRC Medical Research Council

Chief Scientist Office

Trial of **H**ealthy **R**elationship **I**nitiatives for the **V**ery **E**arly-years

Father-to-be / Partner Questionnaire

NHS Ayrshire & Arran

NHS Greater Glasgow and Clyde

For administration purposes only

Date: ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

Participant ID: ____________________

Researcher ID: ____________________

Circle as appropriate: SC / SCHR / RC

M16 Barcode

Your answers will remain confidential and will not be seen by:

- your family or friends
- your health or social care practitioner

So please be honest about how you feel and what you think.

There are no ‘right’ or ‘wrong’ answers. We just want to know what you think and something about your experiences.

Please read the instructions carefully.

If you are not sure what a question means please ask the researcher.

If you do not want to answer a question, please just leave it blank and go on to the next question.

About you

1 **Do you know your postcode?** If so, tick 'yes' and write it down, if no tick 'no'.

☐ 1 **Yes**, my postcode is: ☐☐☐☐ ☐☐☐

e.g. K A 1 4 8 R J

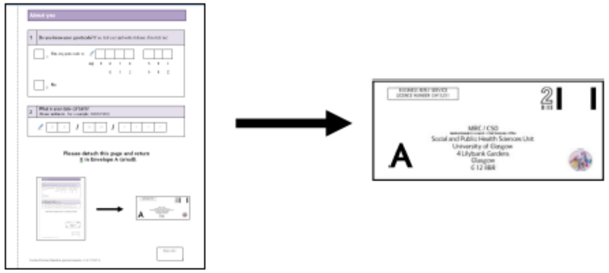
G 1 2 8 R Z

☐ 2 **No**

2 **What is your date of birth?**
(Please **write in** - for example: 30/03/1983)

D D / M M / Y Y Y Y

Please detach this page and put it in envelope A (small).


BUSINESS REPLY SERVICE
LICENCE NUMBER
A
MRC / CSO
Social and Public Health Sciences Unit
University of Glasgow
4 Lilybank Gardens
Glasgow
G12 8RR

M25
Barcode

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3 **Which religion are you?**
(Please tick **all that apply**)

None ☐ 1
Protestant ☐ 1
Roman Catholic ☐ 1
Jehovah's Witness ☐ 1
Mormon ☐ 1
Other Christian (please **write in**) ☐ 1
____

Buddhist ☐ 1
Hindu ☐ 1
Jewish ☐ 1
Muslim ☐ 1
Sikh ☐ 1
Other (please **write in**) ☐ 1
____

---

4 **Which ethnic background do you belong to?**
(Please tick **all that apply**)

White
Scottish ☐ 1
British ☐ 1
English ☐ 1
Irish ☐ 1
Northern Irish ☐ 1
Welsh ☐ 1
Any other White background (Please **write in**) ☐ 1
____

Asian or Asian British
Bangladeshi ☐ 1
Indian ☐ 1
Pakistani ☐ 1
Any other Asian background (Please **write in**) ☐ 1
____

Black or Black British
African ☐ 1
Caribbean ☐ 1
Any other Black background (Please **write in**) ☐ 1
____

5 **How old were you when you left secondary school?**
(Please **write in**)

____ ____ ____ ____ Years old

6 What is your highest educational qualification?
(Please tick **one box only**)

No educational qualifications	☐	1
Standard Grades, Intermediate 1 or 2, O Grades, O Levels, GCE/GCSEs	☐	2
Higher, Advanced Higher, A levels	☐	3
Vocational qualification (e.g. Access, SVQ, SCOTVEC, BTEC)	☐	4
HNC/HND	☐	5
Degree (e.g. BA/BSc)	☐	6
Post-graduate qualification (e.g. MSc, PhD)	☐	7
Other (Please **write in**)	☐	8

7 Which of these best describes your work situation?
(Please tick **all that apply**)

I work FULL TIME	☐	1	**Go to Q9**
I work PART TIME	☐	1	**Go to Q9**
I work in a short-term or temporary job – FULL TIME	☐	1	**Go to Q9**
I work in a short-term or temporary job – PART TIME	☐	1	**Go to Q9**
I am unemployed	☐	1	**Go to Q8**
I am intending to look for work but prevented by temporary sickness or illness	☐	1	**Go to Q8**
I am permanently unable to work because of long-term sickness or disability	☐	1	**Go to Q8**
I am doing training or an apprenticeship	☐	1	**Go to Q9**
I am at college or university	☐	1	**Go to Q9**
I am doing something else (Please **write in**)	☐	1	**Go to Q9**

8 If you are unemployed, please tell us how long you have been unemployed for
(Please **write in**)

9 If you are working, please tell us about your job
(Please **write in**)

Job title Example: waiter	
What this actually involves Example: taking food orders, serving customers food and drink	
Employer type Example: restaurant	

10 I am currently living...
(Please tick **one box only**)

- in a house or flat that I own outright ☐ 1
- in a house or flat that I am buying with the help of a mortgage or loan ☐ 2
- in a house or flat that I rent from a council, local authority or housing association ☐ 3
- in a house or flat that I rent from a private landlord ☐ 4
- rent free with a family member or friend ☐ 5
- in a hostel, bed and breakfast, homeless shelter or temporary accommodation ☐ 6
- in a children's unit, foster care placement or supported care placement ☐ 7
- other (please **describe**) ☐ 8

____

____

11 How long have you lived at your current address?
(Please tick **one box only**)

- Less than 6 months ☐ 1
- 6 months – 1 year ☐ 2
- 1 – 3 years ☐ 3
- 3 – 6 years ☐ 4
- 6 – 10 years ☐ 5
- 10 years or more ☐ 6
- All my life ☐ 7

12 How many people (including yourself) live in your household?
(Please **write in**)

Adults (over 18 years)	
Young adults (16 – 18 years)	
Children (0 – 15 years)	

13 Please indicate who the adults (over 18 years) in your household are

Yourself	Yes ☐ 1	
Your partner	Yes ☐ 1	No ☐ 2
Your mother	Yes ☐ 1	No ☐ 2
Your father	Yes ☐ 1	No ☐ 2
Your partner's mother	Yes ☐ 1	No ☐ 2
Your partner's father	Yes ☐ 1	No ☐ 2
Other relatives of yours	Yes ☐ 1	No ☐ 2
If yes, how many? ______		
Other relatives of your partner	Yes ☐ 1	No ☐ 2
If yes, how many? ______		
Friends(s)	Yes ☐ 1	No ☐ 2
If yes, how many? ______		
Lodger	Yes ☐ 1	No ☐ 2
If yes, how many? ______		
Other (please describe)	Yes ☐ 1	No ☐ 2
______________		
If yes, how many? ______		

Relationship with Your Partner

14 How long have you been in a relationship with your partner?
(Please **write in)**

______ Years ______ Months

15 The following questions are about how you and your partner behave towards each other. Please indicate how often you and your partner behave in the ways listed.
(Please tick **one box per line**)

	Almost always	Often	Some times	Rarely
Is your partner affectionate towards you?	☐ 1	☐ 2	☐ 3	☐ 4
Does your partner get angry with you?	☐ 1	☐ 2	☐ 3	☐ 4
Does your partner listen to you when you want to talk about your feelings?	☐ 1	☐ 2	☐ 3	☐ 4
Do you have arguments with your partner?	☐ 1	☐ 2	☐ 3	☐ 4
Does your partner talk to you about her problems and feelings?	☐ 1	☐ 2	☐ 3	☐ 4
Do you enjoy the company of your partner?	☐ 4	☐ 3	☐ 2	☐ 1
Does your partner show her approval of you?	☐ 4	☐ 3	☐ 2	☐ 1
Do you behave affectionately towards your partner?	☐ 4	☐ 3	☐ 2	☐ 1

16 **Your feelings about your partner's pregnancy**
(Please tick **one box per column**)

	How did you feel when you first found out your partner was pregnant?	How do you feel about the pregnancy now?
Overjoyed	☐ 1	☐ 1
Happy	☐ 2	☐ 2
Mixed feelings	☐ 3	☐ 3
Not happy	☐ 4	☐ 4
Very unhappy	☐ 5	☐ 5
No particular feelings	☐ 6	☐ 6

17 **Which of the following have you felt since your partner became pregnant?**
(Please circle **all that apply**)

Proud
Not bothered
Resentful
Loving
Angry
Don't care
Laid-back
Scared
Strong

Unsure
Excited
Irritable
Worried
Confused
Worried about money
Anxious
Serious
Caring

Happy
Unhappy
Relaxed
Supportive
Calm
Protective
Open-minded
Nervous
Weak

Other: ________________________________
(Please **write in**)

18 **How involved do you want to be in your partner's pregnancy and the baby's life?**
(Please tick **one box per line**)

	Yes	Maybe	No
I will go to antenatal scans and appointments with her	☐ 1	☐ 2	☐ 3
I will go to antenatal classes with her	☐ 1	☐ 2	☐ 3
I will attend the birth	☐ 1	☐ 2	☐ 3
I will help her prepare for the baby's arrival	☐ 1	☐ 2	☐ 3
I will support the baby financially	☐ 1	☐ 2	☐ 3
I will be emotionally involved in the baby's life	☐ 1	☐ 2	☐ 3
I will see the baby as often as I can	☐ 1	☐ 2	☐ 3
I will be involved in the baby's upbringing	☐ 1	☐ 2	☐ 3

19 **Will this child be your first child?**
(Please tick **one box only**)

Yes ☐ 1 **Go to Q22**
No ☐ 2 **Go to Q20**

20 **How many children do you have?**
(Please **write in**)

______

21 **What age were you when your first child was born?**
(Please **write in**)

______ Years

22 **Is this your first child with your current partner?**
(Please tick **one box only**)

Yes ☐ 1 **Go to Q24**
No ☐ 2 **Go to Q23**

23 **How many children do you have with your current partner?**
(Please **write in**)

✎ ____________

24 **Was this pregnancy planned?**
(Please tick **one box only**)

Yes ☐ 1
No ☐ 2
Didn't mind either way ☐

Your health

25 **Do you…**
(Please tick **one box per line**)

	Yes, a lot	**Sometimes**	**No**
Smoke cigarettes/cigars?	☐ 1	☐ 2	☐ 3
Drink alcohol?	☐ 1	☐ 2	☐ 3
Smoke cannabis?	☐ 1	☐ 2	☐ 3
Use any other illegal (street) drug (e.g. heroin, crack, ecstasy)?	☐ 1	☐ 2	☐ 3
Inject any illegal (street) drug (e.g. heroin, crack/cocaine, temazepam, amphetamines)?	☐ 1	☐ 2	☐ 3
Currently take an opiate substitute (e.g. Methadone/Subutex (buprenorphine))?	☐ 1	☐ 2	☐ 3
Attend a drug or alcohol service?	☐ 1	☐ 2	☐ 3

26 **How many units of alcohol did you drink in the last seven days?**

1 unit of alcohol = ½ pint of 3.5% beer (e.g. Carlsberg)
1 25ml measure of pub spirits (e.g. vodka, rum, whisky)
1 small bottle of alcopop (e.g. WKD/Smirnoff Ice)
1 75ml glass of fortified wine (e.g. Buckfast/MD 20 20)
1 small (125ml) glass of average strength (12%) wine contains 1.5 units

(Please tick **one box only**)

I did not drink alcohol ☐ 1
7 units or less ☐ 2
8 – 21 units ☐ 3
22 + units ☐ 4

27 The following questions are about your substance use. If you have never smoked cigarettes, drunk alcohol or taken an illegal substance please tick the box below and go to Q28.

☐

Your substance use

For each of the five questions, please indicate the most appropriate response, as it applies to your drug use in the past month.

Please answer these questions about one substance you have used in the last month (example: cigarettes/alcohol/cannabis/heroin/crack). If you have used more than one drug (example: you have smoked cigarettes and injected heroin) then please fill out a separate sheet for each drug. Please ask the researchers if you would like extra sheets.

Which substance are you telling us about?

(Please **write in**)

✎ ____________________

(Please tick **one box per line**)

	Never/ almost never	Sometimes	Often	Always/ nearly always
Do you think your use was out of control?	☐ 0	☐ 1	☐ 2	☐ 3
Did the prospect of missing a fix (or dose) make you anxious or worried?	☐ 0	☐ 1	☐ 2	☐ 3
Did you worry about your use?	☐ 0	☐ 1	☐ 2	☐ 3
Did you wish you could stop?	☐ 0	☐ 1	☐ 2	☐ 3

	Not difficult	Quite difficult	Very difficult	Impossible
How difficult would you find it to stop or go without?	☐ 0	☐ 1	☐ 2	☐ 3

28 **Listed below are a number of events which may have brought changes in your life.** Have any of these occurred **since your partner became pregnant?** If so, please say how much it affected you.
(Please tick **one box per line**)

	Yes and affected me a lot	Yes and affected me moderately	Yes and affected me mildly	Yes but did not affect me	Did not happen
I have moved house (through choice)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I have moved house (not through choice)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I lost my job	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My income was reduced	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I have started a new job	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I am arguing regularly with my partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My partner is verbally or emotionally abusive to me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My partner is physically abusive to me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My partner is abusive to my children	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I was in trouble with the law	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I have experienced an acute mental illness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I got married to my partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I moved in with my partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I became homeless	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I have an addiction that may affect the baby	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

29 **Has any other significant event happened to you since your partner became pregnant?**
(Please tick **one box only**)

Yes ☐ 1 **Go to 30**
No ☐ 2 **Go to 32**

30 **What was this?**
(Please **write in**)

____

31 **How much did this affect you?**
(Please tick **one box only**)

Affected me a lot ☐ 1
Affected me moderately ☐ 2
Affected me mildly ☐ 3
Did not affect me ☐ 4

Your childhood

32 **Looking back would you say that your childhood was happy?**
(Please tick **one box per line**)

	Very happy	Quite happy	Not really happy	Quite unhappy	Very unhappy	Can't remember
0 – 5 years old	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
6 – 11 years old	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
12 – 15 years old	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

33 **Did your parents divorce or separate before your 18th birthday?**
(Please tick **one box only**)

Yes ☐ 1 **Go to 34**
No ☐ 2 **Go to 35**

34 **How old were you when your parents divorced or separated?**
(Please **write in**)

__________ Years old

35 **Did any of the following happen to you during childhood?**
(Please tick **one box per line**)

	Yes	No	Not sure
I was legally adopted	☐ 1	☐ 2	☐ 3
I lived in a children's home or residential unit/school	☐ 1	☐ 2	☐ 3
I lived with a foster carer	☐ 1	☐ 2	☐ 3
I lived in secure accommodation or a young person's institute/prison	☐ 1	☐ 2	☐ 3
I lived with a relative (other than for holidays or short visits)	☐ 1	☐ 2	☐ 3

Contact details

36 **We would like to contact you to do an interview about becoming a dad. Would you be happy to be contacted about this?**

Yes ☐ 1 **Go to Q37**

No ☐ 2 **Please turn over**

37 **If yes, please fill in your contact details.**

Name ____________________

Mobile number ____________________

Email address ____________________

Address ____________________

____

____

____

____

38 **What is the best way to contact you? (e.g. email/text/phone/via partner)**

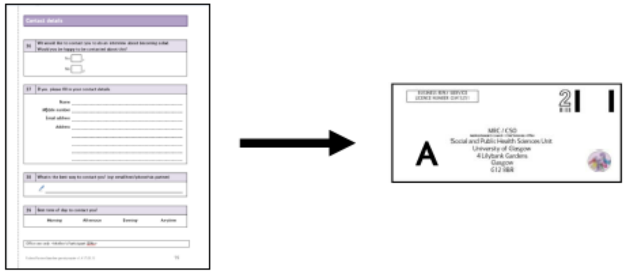
____

39 **Best time of day to contact you?**

Morning	**Afternoon**	**Evening**	**Anytime**

Office use only: <Mother's Participant IDNo>

Please detach this page and put it in envelope A (small).



END OF QUESTIONNAIRE

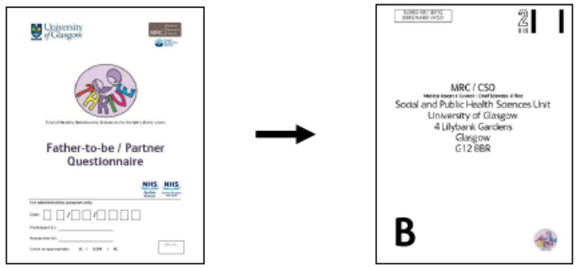
THANK YOU VERY MUCH FOR TAKING PART AND ANSWERING THE QUESTIONS

If you have any other thoughts on this questionnaire or questions for the researcher, please write them here.

RETURNING THE QUESTIONNAIRE

1 . Check that you have put page 1–2 and page 19–20 into envelope **A** (small)

2 . Put the rest of the questionnaire into envelope **B** (large).


University of Glasgow
Father-to-be / Partner Questionnaire
NHS
MRC / CSO
Social and Public Health Sciences Unit
University of Glasgow
4 Lilybank Gardens
Glasgow
G12 8BR
B

3 . Post both **FREEPOST** envelopes back to us.

Appendix 11 – Coding framework

1. **Demographic Profile**
    1.1. Current family structure
    1.2. Social marginalisation / Issues (inc. drugs etc)
    1.3. Partner's vulnerabilities
    1.4. Area live in
    1.5. Relationship with partner

2. **Concepts of fatherhood**
    2.1. Concepts of good fatherhood
    2.2. Concepts of bad fatherhood

3. **Fathering Experiences**
    3.1. Activities and involvement as a father
    3.2. How becoming a dad changes you

4. **Barriers to being a good father**

5. **Masculinity**
    5.1. Masculinity
    5.2. Differences between a mother and a father / gender roles in parenting
    5.3. Differences between parenting girls and boys

6. **Own Childhood**
    6.1. Experiences with own father (desire to be the same or diff to own father)
    6.2. Childhood experiences more generally (deprivation, family stress)

7. **Factors shaping fathering role perceptions**
    7.1. Own fathers (*put in 6.1)
    7.2. Other fathering role models
    7.3. Other parent figures (e.g. grannies, aunties etc)
    7.4. Partner
    7.5. Peers
    7.6. Other influences

8. **Concepts of motherhood**
    8.1. Good motherhood (inc. mothering as 'natural')
    8.2. Bad motherhood

9. **Attitudes towards the parenting interventions**
    9.1. Finding out about the study
    9.2. Attitudes towards THRIVE study & the groups
    9.3. Feelings about attending groups (if attended any)
    9.4. Partner's views about the groups

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