The London School of Economics and Political Science

"I deserve respect because I'm a good mum."

Social representations of teenage motherhood and the

potential for social change

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A thesis submitted to the Institute of Social Psychology of the London
School of Economics for the degree of Doctor of Philosophy,
London, February 2013

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Abstract

The aim of this thesis is to investigate the representations of teenage motherhood held by teenage mothers and specialised service providers in London and as expressed through public policy of the United Kingdom between 1999 and 2009, with the view of enabling social change in policy and practice. The secondary aim is to investigate the ways in which teenage mothers and specialised practitioners dialogically construct identities for themselves in light of these representations.

The theoretical underpinnings of my empirical investigation are Social Representations Theory, especially the 'structural approach' and its expression of dilemmatic common sense through core and peripheral representational elements. This thesis also highlights the theory's associations with social identities, stigma, power and resistance, and the possibility for social change.

The qualitative methodological approach of a London-based case study includes interviews and focus groups as well as observations with teenage mothers, interviews with specialised practitioners, and a thematic analysis of policy documents. The datasets are thematically analysed and juxtaposed through the lens of the 'structural approach'.

Findings suggest that, at the core, teenage motherhood is constructed as problematic by teenage mothers, practitioners and in policy. Simultaneously, all three datasets actively construct and draw on peripheral elements which are at odds with the core. Young mothers construct positive representations of teenage motherhood based on their own experiences and frequently draw on peripheral elements to negotiate positive identities. Specialised practitioners highlight the potential positive outcomes of teenage motherhood with appropriate support, and construct identities for themselves as 'correctors', 'defenders' and 'protectors' of teenage mothers despite being exposed to courtesy stigma. Policy paints a heterogeneous picture of teenage motherhood as a multi-faceted reality that can be managed through specialised professional support. The opportunities for social change based on the discourses and actions through which teenage motherhood is represented are discussed.

Key words: identity, London-based case study, public policy, social change, specialised practitioners, stigma, 'structural approach' to Social Representations Theory, teenage motherhood, teenage mothers

Acknowledgements

I am forever indebted to my wonderful supervisor Professor Cathy Campbell. Her honest, sincere and caring supervision has always made me test and expand my limits. I could not have wished for a more supportive, generous and kind person to guide me throughout this research. Thank you Cathy.

I gratefully thank Caroline Howarth and Claudine Provencher, and Andy Wells of the ISP for being valuable influences at several key stages of this process. Many thanks also to Daniel Linehan and Jacqueline Crane for their incredible pool of knowledge and patience in answering every kind of question.

It goes without saying that my deep gratitude goes to the mothers and professionals who participated – and also those who opened doors. I shall not forget their kindness and trust.

At home, I would like to thank my grandparents for their encouragement and support and for making me realise how privileged I am to have the opportunity of higher education. A great thank you to my mother who always encouraged and supported me in doing what I thought was right, for not holding me back and for letting me go my own way. Thanks to my dad for always being there.

Many thanks to my friends and colleagues Vlad Glaveanu, Helen Green, Linda Soerensen, Mohammad Sartawi, Eleni Andreouli, Sarah Otner, Ben Voyer, Mercy Nhamo, Jacqueline Priego Hernández, Morten Skovdal and Rochelle Burgess for being advisers, friends and counsellors. I must also thank Eri Park for sharing some invaluable wisdom about sticking to one's guns. I also want to thank Corinne Curtis, Cristina Bianchessi, Viola Hutten, Ralph Weichelt and Vanessa Gray for their friendships and for distracting me from academic life.

I would further like to thank the Economic and Social Research Council who funded this project, as well as the London School of Economics and Political Science (LSE) postgraduate study support, the postgraduate travel fund, the LSE Students' Union and the Institute of Social Psychology conference fund.

My examiners, Professor Roger Ingham and Dr Flora Cornish have challenged me further and provided invaluable guidance towards the completion of this thesis. Many kind thanks to both of them for their time, effort and support.

Finally, I would like to remember Jean-Claude Abric and Gerard Duveen who passed away during my time at LSE and whose works so greatly influenced my thinking and development. May they rest in peace. For the glory of God.

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List of Acronyms

CtL	Care to Learn
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills
DH	Department of Health
EET	education, employment and training
EMA	Education Maintenance Allowance
FNP	Family Nurse Partnership
LSE	London School of Economics and Political Science
ONS	Office for National Statistics
SEU	Social Exclusion Unit
SRT	Social Representations Theory
TPIAG	Teenage Pregnancy Independent Advisory Group
TPS	Teenage Pregnancy Strategy
TPU	Teenage Pregnancy Unit
UK	United Kingdom
USA	United States of America

Research Aims and Assumptions

The aim of this thesis is to gain an understanding of and to juxtapose the social representation of teenage motherhood based on representations held by teenage mothers[1], specialised practitioners and in public policy documents between 1999 and 2009. This thesis has three objectives which are empirical, theoretical and methodological. The primary aim is to understand how the three different groups construct core and peripheral social representations of teenage motherhood with the view of enabling social change in policy and practice. The secondary aim, based on the dialogical relationship between social representations and identities, is to gain an understanding of the social identities teenage mothers and specialised practitioners construct for themselves based on their representations of teenage motherhood to understand the social and symbolic environments which allow stigmatising representations to be challenged.

On an *empirical* level, the aims of this thesis are to advance the knowledge of social representations of teenage motherhood circulating among teenage mothers, specialised service providers and in public policy. This assessment is based on the assumption that social representations of teenage motherhood in the general population are negative, which will be demonstrated in the literature review and a media appraisal in Chapter one. A further integral assumption is that policy has a real impact on teenage mothers' wellbeing beyond its immediate social influence and messages about teenage motherhood due to its power to allocate funding to services and provide direct financial support to young mothers[2]. Therefore, understanding social representations of teenage motherhood circulating in policy is vital in establishing the extent to which policy addresses mothers in terms of how they themselves understand the challenges and opportunities of teenage motherhood.

On a *theoretical* level, the objective is to contribute to the literature on the 'structural approach' to Social Representations Theory (SRT), particularly with regard to the dilemmatic nature of common sense through the interplay of core and peripheral social representations, social identity formation and maintenance, as well as social change. I aim to contribute to the understanding of stigma and power inequalities based on core and peripheral social representations of teenage motherhood, and the mechanisms used by stigmatised social groups to resist the internalisation of stigma.

Methodologically, combining the 'structural approach' to social representations with a qualitative research design and data analysis offers a new perspective on the application of SRT, and allows for a new way of researching the potential for social change.

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[1] The terms 'young mother' and 'teenage mother' as well as 'professional', 'service provider' and 'practitioner' will be used interchangeably.

[2] This is not to say that policy is the only or most important influence on young mothers' wellbeing. The media is understood to be another influential source of social representations, which will be acknowledged in Chapter one and throughout this thesis.

Research Questions

The above objectives translate into the following research questions which guide the investigation:

1. What is the core social representation of teenage motherhood, and how is the core made up by teenage mothers, specialised practitioners and in social policy?

2. What are teenage mothers' peripheral elements of their representations of teenage motherhood, and how do young mothers construct identities for themselves based on core and peripheral elements?

3. What are specialised practitioners' peripheral elements of their representations of teenage motherhood, and how do practitioners construct identities for themselves based on core and peripheral elements?

4. What are the peripheral social representations of teenage motherhood in policy?

5. How do the core and peripheral elements used by teenage mothers, practitioners and in policy provide an opportunity to enable social change?

Thesis Overview

An overview of the aims, content and conclusion of each chapter is given below. These synopses are provided to guide the reader through this thesis and will be replicated at the beginning of the relevant chapter.

Chapter 1

The first chapter provides an overview of existing empirical literature and positions this thesis in its wider research context. In this chapter I focus on the social, political and media discourses that shape the social representations of teenage motherhood within which this project is situated. The aim of this literature review is to map out the relevant empirical literature to familiarise the reader with the research problem. A further purpose is to highlight the gaps in the literature and demonstrate how my research seeks to advance existing knowledge with regard to understanding social representations of teenage motherhood from the different perspectives of teenage mothers, practitioners and in policy documents. This is achieved by firstly outlining the demographic backgrounds of young mothers in the United Kingdom (UK) and giving an overview of the main policies put in place to address the 'problem' of teenage motherhood. I will then provide an account of how these issues are presented in the media in order to establish the wider social representations of teenage motherhood circulating in society. Existing literature regarding the wellbeing of teenage mothers, (specialised) services for this group, and relationships between service users and practitioners more generally are then mapped out.

Chapter 2

This chapter introduces the social constructionist theoretical concepts framing this thesis. The theoretical underpinnings of my empirical investigation are SRT, especially the 'structural approach' and its expression of dilemmatic common sense through core and peripheral representational elements. I also discuss the theory's associations with social identities, stigma, power and resistance, and the possibility for social change. Here, I want to demonstrate how drawing together this group of concepts enables me to grasp the social representations of teenage motherhood presently held by young mothers, specialised practitioners and in policy. At the end of the chapter, I will have demonstrated how these concepts are well suited to exploring the ways in which professionals and teenage mothers employ representations of teenage motherhood to construct wellbeing-enhancing identities, and the ways in which the internalisation of stigma, being at the core of social representations of teenage motherhood, may be challenged and resisted. The role and influence of core and peripheral elements in policy to enable social change will also be addressed.

Chapter 3

The aim of this third chapter is to demonstrate how the triangulation of three inter-related research undertakings presented in this thesis was designed to answer the research questions. Firstly, I will

provide an epistemological rationale for choosing a case study in London and qualitative analysis with the theoretical underpinning of the 'structural approach' to SRT. The transparency of sampling and data collection processes and their relevance to empirical and theoretical problems are demonstrated. The analytical details and procedures of interviews and focus groups with teenage mothers as well as observations at a teenage mother and toddler group (Study one), interviews with practitioners (Study two) and an analysis of policy documents (Study three) are provided. Further, I will discuss the use of thematic analysis with regard to the 'structural approach' to social representations. I conclude this chapter by reflecting on my subject position and influence on participants, and by pointing to ethical considerations as well as practical and theoretical limitations of my methodological approach.

Thematic network of empirical chapters

The thematic network in Figure 1 demonstrates how the core of the representation of 'teenage motherhood as problematic' is made up in each dataset and the peripheral elements that support the core. At the beginning of each empirical chapter I will discuss the global themes presented in Figure 1 as well as the organising themes which feed into them to demonstrate the structure of my data analysis and as a means of guiding the reader through the chapter.
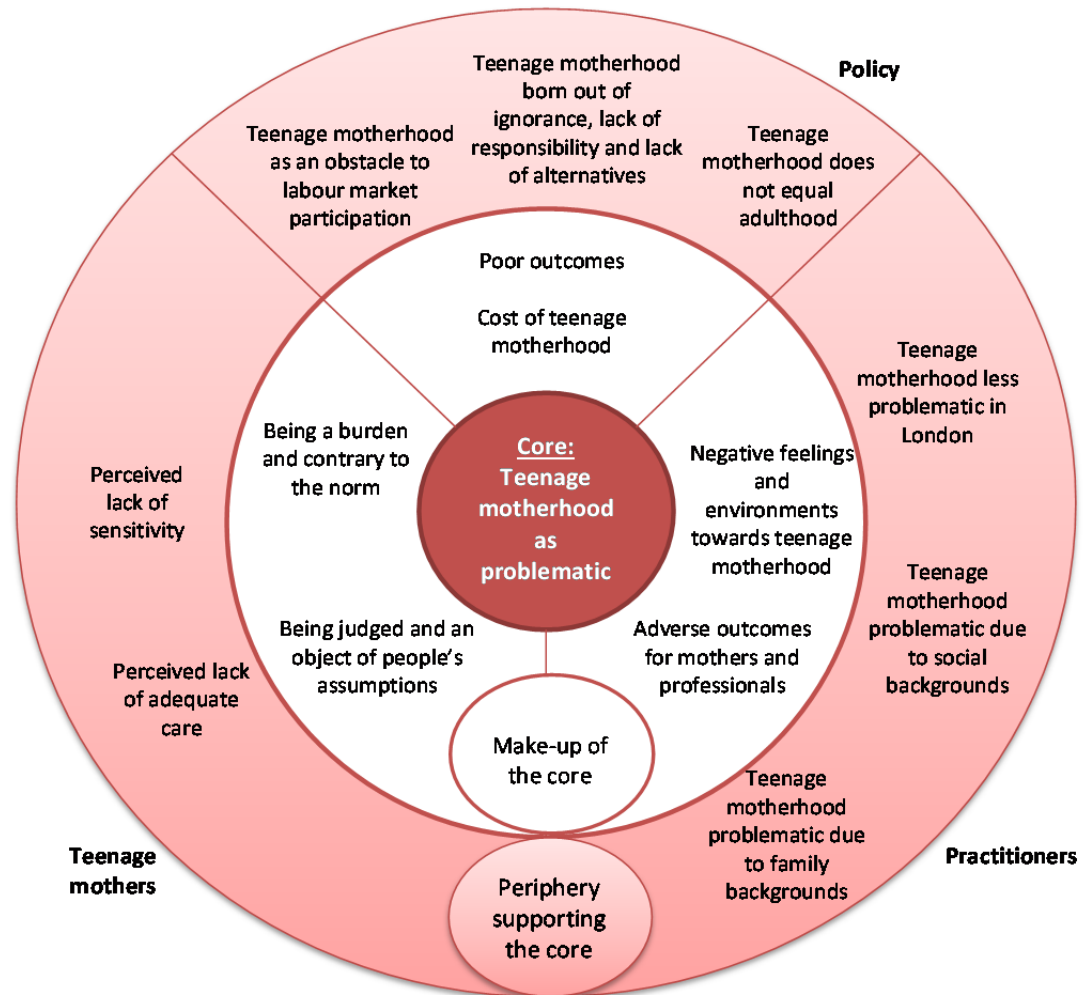
Figure 1: Thematic network of the central core and the peripheral elements that support it

Chapter 4

The aim of this chapter is firstly to gain an understanding of how the young mothers in my sample[3] represent teenage motherhood and secondly how they use these representations to construct their identities. At the core of young mothers' representations of teenage motherhood lays the understanding that it is problematic. This representation is made up of mothers' awareness of their situation as counter-normative, being perceived as a burden to society, and mothers' experiences of being judged by practitioners and in social situations, based on representations of teenage motherhood as problematic. At the periphery, however, which is strongly present in the discourses and actions of young mothers, lays the understanding that teenage motherhood is not necessarily problematic. On the theoretical underpinning that the representations about one's social group affect one's wellbeing, my findings suggest that teenage mothers actively distance themselves from the negative representations of their social group, of which they are acutely aware, and against which they develop their own senses of self as teenage mothers. I conclude this chapter with a

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[3] Unless otherwise specified, when referring to 'teenage mothers', 'young mothers', 'mothers', '(specialised) practitioners', 'professionals' and 'service providers' in Chapters four, five, six and seven, this thesis refers to these groups **in my sample** only.

discussion of the socio-psychological tools mothers employ to resist the internalisation of stigma based on the representations of teenage motherhood that they feel faced with from practitioners and their wider communities. In addition, I discuss the mechanisms mothers employ to construct positive identities for themselves in spite of this stigma.

Chapter 5

This chapter presents my analysis of interviews with practitioners who work with teenage mothers in health and social services in London. The aim is to advance the research goals by outlining the representations professionals hold of teenage motherhood and the impact of these representations (in discourse and action) on their own identities. Findings suggest that 'teenage motherhood is problematic' lays at the core of professionals' representations based on the 'default' situation of young mothers' problematic social and family backgrounds as well as the potential adverse outcomes of teenage motherhood. These representations are actively responded to in a client-centred model of care that provides crisis support for mothers' immediate needs to ensure their wellbeing. Simultaneously, professionals' peripheral elements of the representation are complex, contradictory and context dependent, and include representations of teenage motherhood as a potentially positive outcome. These dilemmas are dealt with in dialogue between the core and peripheral systems and come to the fore when practitioners are challenged and stigmatised by service providers who are not specialised to work with teenage mothers. Further, the analysis shows that professionals draw on personal histories and experiences to negotiate their own senses of self as 'defenders', 'protectors' and 'correctors' of teenage mothers as well as stigma directed at themselves.

Chapter 6

The aim of this chapter is to present the core and peripheral social representations of teenage motherhood circulating in UK central Government policy documents between 1999 and 2009. The analysis focuses especially on aspects of policy regarding the support of teenage mothers rather than the prevention of teenage pregnancies. Findings suggest that the core of the representation positions teenage motherhood as a problematic occurrence, particularly when utilised in contexts before the teenager is pregnant or has decided to keep the child, due to the challenges teenage parents are likely to face based on their emotional, educational and economic backgrounds. This representation stems from the understanding (and policy target) that teenage pregnancies should be reduced; teenage motherhood hence constituting an undesirable health and social outcome. On the periphery, however, policy paints a more heterogeneous picture of teenage motherhood, especially *post-factum*, as a multi-faceted reality and problem that can be managed through specialised professional support. Although these peripheral elements protect the central system through drawing on the problematic nature of teenage motherhood, the peripheral system also allows for social change through the introduction of elements of a more positive view of teenage motherhood

by focusing on providing support for a positive future. Embedded in the core and peripheral elements, policy documents utilise discourses of 'economies of performance' in which teenage motherhood is positioned as a potential barrier to labour market participation, as well as discourses of 'ecologies of practice' that highlight their need for support and care.

Chapter 7

The aim of this chapter is to consolidate my findings and to highlight the disjuncture and commonalities between the social representations of teenage motherhood drawn on by teenage mothers, specialised service providers and in policy documents. In the three previous chapters I have demonstrated that at the central core teenage motherhood is represented as problematic. In this chapter I draw on this core and the various peripheral elements of this social representation to juxtapose the three datasets and highlight the challenges and opportunities which differing peripheral elements hold with regard to informing young mothers' and practitioners' identities and enabling social change. This juxtaposition is based around the meta-analytical framework of 'maintaining the status quo', dilemmatic knowledge and power relations' and 'potential social change' as this chapter will demonstrate. I conclude this chapter by outlining the strengths and limitations of my study and highlighting the novel contributions of my research to the literature. Finally, I provide recommendations to policy and practice with regard to how the findings of this London-based case study could be used to improve services and outcomes for pregnant teenagers, teenage mothers and specialised service providers.

1. Teenage motherhood: A literature review

1.1 Chapter overview

The first chapter provides an overview of existing empirical literature and positions this thesis in its wider research context. In this chapter I focus on the social, political and media discourses that shape the social representations of teenage motherhood within which this project is situated. The aim of this literature review is to map out the relevant empirical literature to familiarise the reader with the research problem. A further purpose is to highlight the gaps in the literature and demonstrate how my research seeks to advance existing knowledge with regard to understanding social representations of teenage motherhood from the different perspectives of teenage mothers, practitioners and in policy documents. This is achieved by firstly outlining the demographic backgrounds of young mothers in the UK and giving an overview of the main policies put in place to address the 'problem' of teenage motherhood. I will then provide an account of how these issues are presented in the media in order to establish the wider social representations of teenage motherhood circulating in society. Existing literature regarding the wellbeing of teenage mothers, (specialised) services for this group, and relationships between service users and practitioners more generally are discussed to conclude the chapter.

1.2 Social and political background

1.2.1 Demographic and social development of teenage motherhood

Figures from the past 50 years demonstrate that in England and Wales reported births to 15- to 19-year-old girls were lowest in the early 1940s (Figure 2). The rate of teenage births then increased rapidly and peaked in the early 1970s. Since then, the rate has gradually declined again. According to the Office for National Statistics (ONS) (Smallwood, 2002 for a breakdown of outcomes), the same pattern is found in births to married teenagers; however, the decline of births to married teenage couples has been more rapid since the late 1970s and early 1980s and was at a level of 2.45% between 1996 and 2000. Ingham (2005) found that the proportion of teenage conceptions occurring within a stable relationship have also decreased. Hence, today, the vast majority of teenage births occur out of wedlock. The rate of births to married teenage mothers could be seen to be an ambiguous measure in the sense that it does not account for those mothers who get married (shortly) after the child is born or who cohabit without getting married: both current trends are emerging in all age groups (ONS, 2011).

Births to married and non-married 15-19 year olds 1941-2000
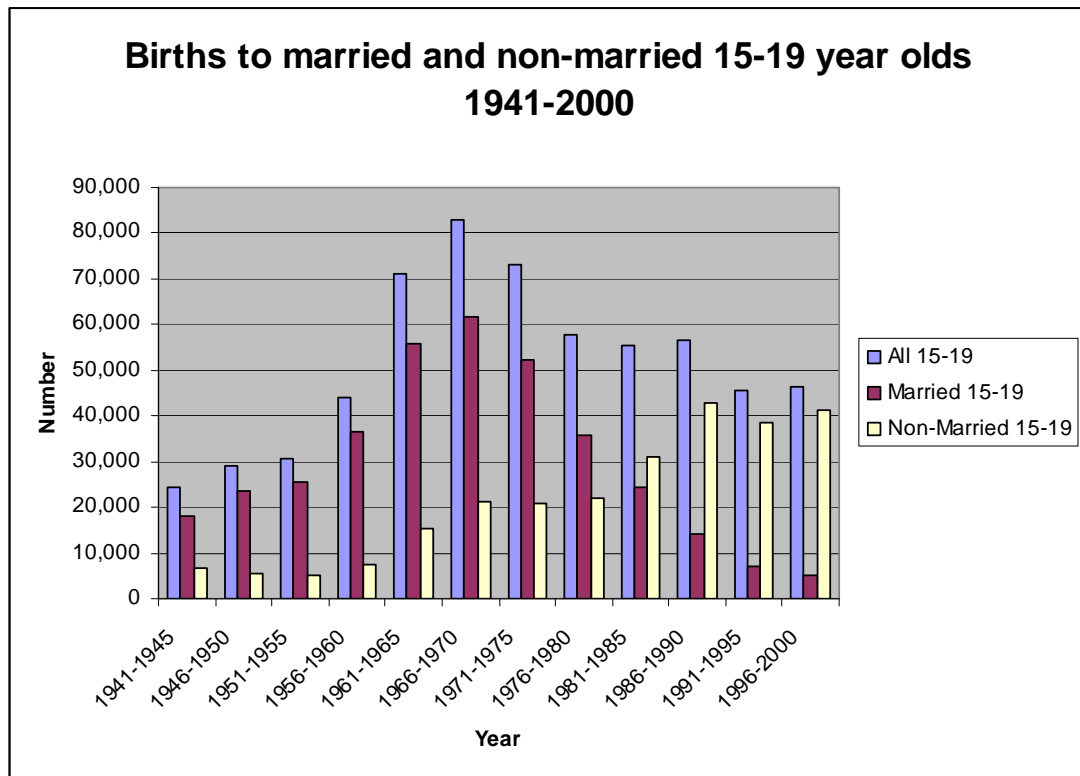
Figure 2: Live births to 15–19 year olds in England and Wales 1941–2000 and mothers' relationship status at childbirth

Recent trends show that an unprecedented rate of mothers (of all ages) return to work and many defer motherhood to a later age in favour of a career (Womack, 2009). There are now more single parent households and the average number of children per woman has declined to just under two in 2007, from an average of just under three in 1963 (ONS, 2011). Across European countries there is a shared concern of a declining and aging population, which raises questions of how parenthood can be made more attractive in today's society (Womack, 2009) and which may open possibilities to reposition the value of a young childbearing population. Womack (2009, p. 20) further found that those women "most adaptable to becoming mothers saw motherhood as an escape route from the boredom of school or a dull job, or a way to put someone else 'first' and make more meaning of their lives". Wilson and Huntington (2006) suggest that perceptions of motherhood which used to be normative a few decades ago have now shifted so that teenage mothers are marginalised and stigmatised, which is a widely shared view in the literature. Today, they argue, teenage mothers are 'vilified' because they counter the current 'ideal' of women delaying childbirth in favour of a career.

Both the introduction of the Abortion Act in 1967 (Abortion Act, 1967), which legalised abortions in Great Britain, and the legalisation that allowed the combined contraceptive pill to be offered to all (not only married) women in 1967, are said to have contributed to the initial drop of teenage births in the 1970s (Wellings & Kane, 1999). Other societal and economic reasons such as the general population delaying childbirth are also said to play a part in the decline of births to teenagers

(Murphy, 1993; Womack, 2009). This trend has recently started to reverse, and today more women are giving birth in their early to mid-20s than in the previous two decades (ONS, 2011); yet, this has not led to an associated increase in teenage births. Provisional figures for 2010 indicate that the conception rate for under-18s in England and Wales was 35.5 conceptions per 1000 teenagers, the lowest rate since 1969 (ONS, 2011).

Before the introduction of the Teenage Pregnancy Strategy (TPS), between 1990 and 1999, teenage conception rates in the UK decreased by five per 1000 (from 68 per 1000 to 63 per 1000), of which approximately 60% were taken to term. A statistic less frequently directly reported than teenage conceptions is that of teenage births, which has declined nationally by 1% between 2006 and 2007 despite a national increase in teenage conceptions (National Teenage Pregnancy Midwifery Network, 2009), thus demonstrating that more teenage conceptions are now aborted. The ONS reports that in 2010 there were 40,591 live births to teenage mothers (ONS, 2011).

The UK teenage conception rate is the highest in western European countries; this fact is often referred to in academic literature (e.g. Arai, 2009), in Government publications (for example by the Social Exclusion Unit (SEU) in 1999) and the media as a reason for concern and intervention to reduce these rates. Globally, a comparison among developed countries shows that teenage conception and birth rates are higher in English-speaking countries than in other developed nations, the highest being in the United States of America (USA), Canada, Australia, New Zealand and the UK (Chandola, Coleman, & Hiorns, 2001). In the UK, Ingham (2005) found that areas with higher rates of teenage pregnancies were linked to economies such as shipping (i.e. ports), industry, manufacturing and coalfields.

The Netherlands are a popular benchmark against which the UK's figures are measured; teenage birth rates in the Netherlands were 'only' 12 per 1000 in 1999 (Singh & Darroch, 2000). Some authors, however, warn against such comparisons, particularly when not taking the wider social inequalities and reproductive trends of each country into consideration (Arai, 2003). Policy influencers (Ingham, 2007b), however, value the contribution of evidence from cross-national comparisons with regard to learning and understanding how young people can best be served by the state.

The London area where this research is located[4] is identified as a 'statistical neighbourhood' (Benton, Chamberlain, Wilson, & Teeman, 2007) and has historically been among the area with the highest teenage conception and birth rates in London (ONS, 2010). Statistical analysis reveals a correlation between under-18 conceptions and high levels of deprivation (Uren, Sheers, & Dattani, 2007). As

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[4] Henceforth referred to as 'London'.

such it is an area in which Government intervention is targeted and it is often a site for pilot schemes to reduce teenage conceptions and programmes to support teenage mothers.

1.2.2 Policy

Nationally, the Teenage Pregnancy Unit (TPU) was set up as a result of the ten-year TPS and it published the influential report "Teenage Pregnancy" under the SEU in 1999. The main goals of the TPS are to reduce teenage conceptions by 50% from its baseline in 1998, and support teenage mothers to return to education, employment and training (EET) (SEU, 1999). Further goals regarding the children born to teenage mothers in the TPS include reducing infant mortality rates by at least 10% and reducing other adverse medical outcomes such as low birth weight (SEU, 1999)[5]. The "shameful record" of teenage conceptions in the UK compared with its European neighbours, as it was called by the Prime Minister at the time (Tony Blair), was given as one explanation for the necessity of Government focus to reduce teenage conceptions (SEU, 1999). More substantial and tangible reasons than "shame" behind the Government's concern for young mothers can be summarised by findings published in 2007 by the Department for Children, Schools and Families (DCSF) and Department of Health (DH) (2007) stating that by the age of 30, teenage mothers are:

> *(i) 22% more likely to be living in poverty than mothers giving birth aged 24 or over, (ii) 20% more likely to have no qualifications than mothers giving birth aged 24 or over, (iii) much less likely to be employed or living with a partner, (iv) when living with a partner, the partner is more likely to be unemployed and have poor qualifications.*

Furthermore, the DCSF and DH (2007) report notes that the problems that children of teenage parents face include having a 63% higher chance of living in poverty, low academic attainment and being more likely to be unemployed later in life. Social exclusion before the pregnancy and social isolation due to teenage motherhood are also said to be experienced by young deprived mothers (SEU, 1999).

Economic activity is deemed particularly important by the Government in order to prevent long-term social exclusion, which mothers with low or no qualifications are said to face throughout their lives (Yardley, 2009). In order to enable new young mothers to cover transport and childcare costs while studying, financial assistance under the 'Care to Learn' (CtL) scheme is made available to them (Dench & Casebourne, 2004). Under the Education and Skills Act (2008) all teenagers, including those who are mothers, are required to remain in education or training until they are 18 years old (Corlyon, 2011). At the time of this study, a further financial support offered to disadvantaged young people in general who re-engage or continue in education or training was the 'Education

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[5] While the TPS writes about "young parents" some authors suggest that it only (or predominantly) refers to young mothers. Page, Whitting and Mclean (2008) argue that young fathers are only referred to explicitly in a few policy documents.

Maintenance Allowance' (EMA), offering up to £30 per week (plus bonuses if certain targets are reached) to 16, 17 and 18 year olds with a household income (in most cases parental income) below £30,810 per annum (Burgess, 2009). EMA and CtL could, at the time, be claimed simultaneously by teenage mothers who were eligible (Learner Support Directorate, 2009)[6]. Vincent and Thomson (2010) found that, despite legislation for schools to accommodate pregnant teenagers and mothers under the age of 18, the support of schools and staff attitudes varied greatly between schools, resulting in a tangible (negative) impact on young mothers' continuation or disengagement from school. Harden and his colleagues (2006) found that forcing teenage parents (back) into education or employment through welfare sanctions, bonuses or punitive measures did not achieve the desired effect. It is argued that providing flexible alternatives and programmes which teenage mothers enjoy and value would be more effective in the long term (Corlyon, 2011). Cross-nationally, Bois-Reymond (2008) compared six European countries (Slovenia, Bulgaria, UK, Netherlands, Italy and Germany) and found that no country had a satisfactory solution for young mothers to 'juggle' motherhood and employment simultaneously.

In the early years of the strategy it was suggested that it would have limited success because it had an unrealistic timescale and ignored cultural values and social factors associated with early motherhood, instead focus was placed on Sex and Relationship Education and contraception (Family Education Trust, 2002). However, since 1999, amended and expanded strategies to the TPS have been introduced to include groups such as Black and minority ethnic mothers and young fathers whose particular issues were not addressed in the original Teenage Pregnancy report (Wray, 2005); as well as targeting locally specific issues in areas of high conception and birth rates (TPU, 2002, 2005). Under the Labour Government (1997-2010), all local authorities had an obligation to provide a teenage pregnancy coordinator to advise on and plan interventions. Local authorities also had their own specific strategies and targets to fulfil the goals of the TPS (Corlyon, 2011).

Several research reports were commissioned by the TPU and DH which addressed particular issues around teenage motherhood such as the consequences of teenage parenthood (Berrington et al., 2005; Berthoud et al., 2004), social exclusion (Wiggins, Oakley, et al., 2005), education (Hosie & Dawson, 2005), effects of rural and seaside locations (Bell et al., 2004), attitudes towards and sexual activity among minority ethnic groups (R. French et al., 2005; Jayakody, Viner, Curtis, Sinha, & Roberts, 2005) and their parenting experiences (Higginbottom & Britain, 2005). These documents provide policy implications; however, the views expressed in these documents are not necessarily those of the commissioning bodies. Despite these targeted reports, it is further argued that the strategy also needs to address structural inequalities and particularly target teenagers from disadvantaged backgrounds (Corlyon, 2011).

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[6] "The Education Maintenance Allowance scheme for which teenage mothers were eligible closed in January 2011 and has been replaced by the more discretionary Bursary Fund for those between 16 and 19 years who might struggle with the costs for full-time education or training." (Corlyon, 2011, p. 7)

In addition to policies and programmes, the Teenage Pregnancy Independent Advisory Group (TPIAG) is a non-departmental body associated with the Department for Education which was set up in 2000 to advise the Government on the TPS and monitor its implementation. In 2008, it had 14 members from health, education, parenting, research, housing, Local Government and children's services, including two young people (TPIAG, 2009). It publishes an annual response to policy developments, performance on its goals and advice for future goals and procedures (TPIAG, 2010). The Government in turn publishes a response to the TPIAG's recommendations. One of its recent publications points towards findings that "teenage parenthood results in poor health, under-achievement and low earnings for both the mother and her baby" (TPIAG, 2010, p. 1). The TPIAG argues that a reduction in teenage conception rates is based on local success in implementing the TPS, arguing that those areas in which teenage conception rates did not significantly decline over the past ten years failed to implement the strategy effectively.

Ingham, Clements and Gillibrand (2001) found that decreasing teenage pregnancy rates were associated with the establishment of inter-agency groups, new staff to support sex education initiatives, specialist training for teachers, consulting young people and the establishment of sexual health services targeted at young people. Further, pilot schemes in socially deprived areas with high conception rates demonstrate that greater public spending is associated with reduced teenage conception rates (Galavotti & Green, 2006; Wilkinson et al., 2006).

In 2011, a year after the end of the strategy, the conception rate of 15-17 year olds was at 30.9 per 1000 (ONS, 2013), compared with the baseline of 47.1 conceptions per 1000 women aged 15 to 17 years in 1998. As official figures were not published until two years after the end of the strategy, there was an initial perception of the strategy not having been successful. One proposed reason for (perceived) lack of decline is that some (deprived) communities do not conceptualise teenage motherhood as problematic, rather as normative (Arai, 2007), where family support for young mothers is expected by her and her support network (Kidger, 2004). Middleton (2011) also suggests that young mothers' views of teenage motherhood do not coincide with the policy focus of reducing teenage conception rates, and that the policy direction may require re-focusing. Instead, it may be of greater value to grant liberty to young mothers in choosing their life trajectories rather than pursuing somebody else's definition of happiness (de Beauvoir, 1957). Against this background, several academics and health professionals argue that the conceptualisation of teenage motherhood as a 'problem' and nuisance to society, health services and social care requires repositioning (Duncan, 2007; Wray, 2005). The criticisms of teenage pregnancy policies in the academic literature as well as the policy dilemma of preventing teenage conceptions while supporting teenage mothers are discussed below.

1.2.2.1 Policy dilemma and criticisms

This section addresses the dilemma of teenage pregnancy and parenthood to policy, and highlights criticisms in the academic literature of the New Labour policy approach.

The TPS, although criticised for addressing teenage pregnancy as an issue isolated from other sexual health concerns, is said to have been a generally welcomed policy initiative (Burtney, Fullerton, & Hosie, 2004; Evans, 2006). In the context of the TPS, the Government finds itself in a position of simultaneously wanting to reduce teenage conceptions (and, therefore, discouraging teenage motherhood), while supporting those teenagers who have become mothers or fathers. This dual aim constitutes a dilemma between potentially encouraging teenage conceptions through (overly) generous support for teenage mothers on the one hand, and stigmatising teenage motherhood by aiming to reduce teenage conceptions (and as such positioning teenage motherhood as undesirable) on the other hand. This dilemma is important to acknowledge, as Plotnick (1993) proposes there to be a strong relationship between services prescribed by social policies and the outcomes of teenage pregnancies and childbearing. This view is contested by other researchers (e.g. Bane & Jargowsky, 1988) who warn against such a simplistic approach and highlight the need to consider the complex relationships between demographic outcomes and social policies (Hantrais, 1994; Selman & Glendinning, 1996).

The TPS has attempted to strike the fine balance between reducing teenage conception rates and providing more practical and material support for teenage mothers (Ingham & Smith, 2010). Although the Government has received widespread criticism for its support of teenage mothers as encouraging teenage conceptions (particularly so in the tabloid press (Selman, 2001)), evidence from the USA suggests that teenage conceptions are not correlated with benefit support levels (K. A. Moore, Morrison, & Glei, 1995, in Cheesbrough, Ingham & Massey, 2002). Yet, despite greater support from health practitioners being made available to young mothers, the challenges and difficulties many young mothers face and find themselves in do not appear to have eased (Moffitt & E-Risk Study Team, 2002, in Ingham & Smith, 2009). Notwithstanding these findings, an evaluation of the TPS points towards several positive outcomes from the changes that had occurred by 2003 (Teenage Pregnancy Strategy Evaluation, 2004).

In light of the dilemma outlined above, below I map out the political climate (from the perspective of academic literature) which framed the TPS and its subsequent guidelines for professional service provision. Academic literature claiming and discussing the extent to which this approach is stigmatising towards young mothers, or indeed anybody who does not ascribe to 'worthy' citizenship parameters, will be presented. This overview provides the background for my research project to analyse policy documents with regard to their representations of teenage motherhood.

Middleton (2010, p. 52) suggests that the New Labour Government's (1997-2010) approach towards teenage motherhood is more "benevolent" than the ways in which the previous Conservative Government (1979-1997) treated young parents. Further, she argues that the various policies emerging from the TPS have been within the Government's pledge to improve children's wellbeing (Middleton, 2010). Such positive views of New Labour's approach are few and far between.

The New Labour approach, introduced after Labour's election into power in 1997, positioned citizens as 'survivors' in the current time of uncertainty and manufactured risk. Academics argue that this approach is considered to be inherent in the TPS, proposing that economic realities should be balanced against social justice in order for social democracy to survive (Bullen & Hey, 2000). The Government's aim of introducing 60% of teenage mothers back into EET could be perceived as such a measure, where a population, formerly dependent on the state, is 'helped' toward self-sufficiency. Kidger (2004) criticises the Government for equating wellbeing and success with economic self-sufficiency. She argues that discourses of social inclusion need to include the socio-psychological benefits of full-time motherhood and community participation rather than paid work alone (*ibid*.). Currently, however, it is claimed that the 'worthy' citizen identity is that of a worker or somebody preparing to work (i.e. is in education or training) without relying too heavily on the state in periods of unemployment (F. Williams, 2001, 2004).

Within the social inclusion agenda, social inclusion is said to be equated with the "social mainstream" where those included are acknowledged citizens who understand their mutual responsibilities with the state (Bullen & Hey, 2000). This reciprocal relationship is said to be broken for New Labour by those who are unable to contribute due to their circumstances, such as poor skills, low income or crime, identified by the SEU as barriers to integration (*ibid*.). Bullen and Hey (2000) further argue that according to New Labour, social inclusion is not possible without education. However, it is not often noted that many teenagers who become mothers are already outside of mainstream education, implying that it is not the pregnancy itself that caused the disruption of their learning (Smith, 2002). Malin and Morrow (2009) highlight literature which criticises the Government for its approach in the TPS towards young mothers' education (Kidger, 2004), housing (Giullari & Shaw, 2005), and fully meeting young mothers' needs (Austerberry & Wiggins, 2007). The authors themselves, however, found that capacity building in young mothers to cope with existing and potential future problems was enabled through professional-led programmes stemming from the TPS.

The policy approach introduced in 1999 has further been criticised by many academics for making generalisations about teenage motherhood and teenage mothers, portraying them as a homogenous social group (Colley & Hodkinson, 2001; Percy-Smith, 2000). Teenage mothers are said to be made accountable for their own situations (Yardley, 2008) and, unlike children who are seen as victims, are

seen as adults and blamed for their own social exclusion (Clarke, 2006). The economic 'risk' of teenage motherhood is said to be particularly presented in terms of young mothers' current and future welfare dependence, as well as the welfare dependence of their children (France, 2008). Lister (2003) argues that New Labour places the dual responsibility of parenthood and worker on young mothers without providing adequate support.

Holgate and Evans (2006) argue that dominant ideology about the ways in which motherhood *should* occur is shaped by Government institutions, the media as well as public discourse. In this context, Fallon (2006, p. 192), in a critical discourse analysis of the TPS, argues that there is particular focus on the 'nuclear family' as a social norm, and that the Government draws on "potentially oppressive ideas" to underpin solutions to teenage pregnancy. In this context, Carabine (2004, p. 110) claims that the New Labour policy approach towards teenage motherhood introduced stigmatising labels for groups such as "teenage mothers" or young people "not in education, employment or training". Further, Carabine (2007) argues that today, blaming the individual for failing to be a responsible and prudent agent has overtaken a broader 'moral traditionalism'. In the context of 'morality', Hoggart (2003, p. 163), in writing about the Government's dilemma around teenage pregnancy, argues that the Government does not go far enough with regard to liberalising sexuality in young people and is more likely to promote 'no sex' rather than 'safe sex' messages.

Finally, policy makers are criticised for not acknowledging that teenage motherhood could be conceptualised as a "choice biography" within the life trajectory of moving from adolescence to adulthood because other routes of moving to adulthood are restricted or denied (Dwyer, Harwood, & Tyler, 1998). Conceptualising teenage motherhood as an unplanned mistake, as Dwyer and colleagues perceive the Government to do, is considered an anti-emancipatory approach. Nevertheless, changes to the "vision and agenda" of policy were already said to be starting to occur in 2003, when it was proposed that young mothers should be consulted in policy making (Foley et al., 2003, p. 114).

My research analyses whether these claims are justified in the context of particular policy documents regarding teenage motherhood. Further, instead of blaming policy for a particular (assumed) ideological approach and agenda, I want to ask: what opportunities are provided for social change with regard to teenage motherhood in policy? As outlined above, Government institutions are but one influence on the ways in which motherhood is thought about (Holgate & Evans, 2006). The perspective on teenage motherhood put forward by the media is outlined below.

1.2.3 Media and teenage motherhood

An appraisal of media's view of teenage motherhood is necessary in light of the theoretical underpinning of SRT in this research; SRT considers media messages to be key reflections of social

discourses at the collective level (Gervais, 1997) which therefore influence how society talks about, perceives and treats young mothers. Indeed, shared views of a phenomenon are said to be both in the media and in people's minds: as being in the one, they necessarily are in the other as well (Farr, 1990). Wilson and Huntington (2006) argue that the term 'teenage mother' is often used in media without specific reference to the mothers' age (younger or older teenager) and circumstances (married, not married, self-supported or welfare dependent). This lack of differentiation, they suggest, is homogenising and implies a view that there are similar outcomes for teenage mothers regardless of their particular situations.

Although the media have a wide, currently ever increasing, range of outlets (print, digital, 'social media', etc.), for the purpose of demonstration I focus here on print newspapers as an example of a type of media source. The frequency and type of media messages about teenage mothers and teenage motherhood are important to note in order to adequately place this project within its current social discourses. Data I gathered from the online database of newspapers "Nexis" (Figure 3) show the number of times the terms "teenage parent", "teenage mother" and "teenage pregnancy" were mentioned in any article in any UK newspaper between 1994 and 2010. The UK newspapers' mentioning of all three terms has increased by varying degrees over the past decade. In the case of "teenage pregnancy", whereas there were just over 250 references in 1997, the number of references in 2007 exceeded 1500. The two greatest shifts were recorded between 1997 and 1998, and between 1998 and 1999, from which point onward the coverage has remained within a more stable range. This shift highlights the increased salience of the representation of teenage motherhood in society, manifesting shared and widespread utilisation of the concept in the UK.
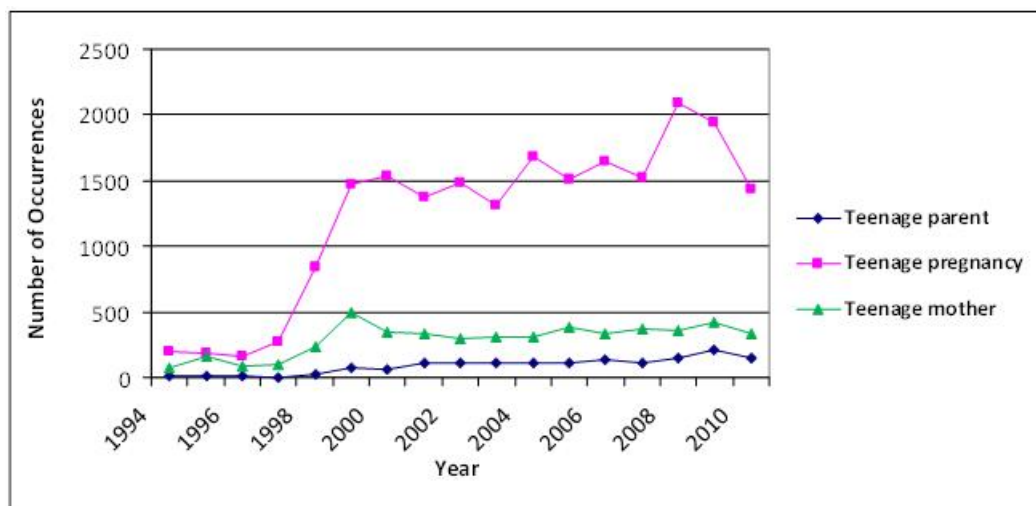
Figure 3: Number of times the terms "teenage parent", "teenage mother" and "teenage pregnancy" occur in any article in any UK newspaper between 1994 and 2010

By contrast, the terms "teenage mother" and "teenage parent" were continually mentioned at a much lower frequency than "teenage pregnancy". In 1999 "teenage mother" peaked as a featured

term in newspapers at 489 times, but declined thereafter to a level of 370 times in 2007. It could, therefore, be speculated that there is a greater media focus and concern with teenage *pregnancies* rather than the support for or experiences of teenage *mothers* or *teenage parents*.

The upshot of newspaper attention in 1998/1999 is unsurprising due to the change of Government in 1997 and the subsequent introduction of the TPS and related reports and strategies for socially excluded groups in this period by the SEU. A closer examination of the types of newspapers in which teenage pregnancy and motherhood were mentioned most frequently and the types of headlines and contexts within which stories appeared offers an insight into how they are likely to be perceived in the wider society, which I will draw on below.

In a media analysis of teenage pregnancy, Arai (2009) argues that the frequency of reports are distorting the public's perception of the scale of teenage pregnancy in the UK. Shaw and Lawlor (2007) note that more than half of the 162 British Broadcasting Corporation online news items featuring teenage pregnancy focus on the prevention of teenage conception. The tone of media stories has been found to be largely sensationalist (Simey & Wellings, 2008), and Arai (2009, p. 39) points out that the increase of media coverage in a wide range of media outlets has shown a "multiplication of negative stories" about teenage pregnancy rather than a diversification of reports. Negative media coverage is said to reinforce "negative attitudes towards pregnant and parenting teenagers" which has adverse implications for the mothers' and their family's wellbeing (Arai, 2009, p. 40).

Hadfield et al. (2007) provide an overview of current British media debates around motherhood, fertility and choice. Their findings suggest that with increased choice in contraceptive and abortion use, women are also under increased public scrutiny and criticism on the grounds of their sexual health and fertility choices. This rings particularly true for those women who threaten conventional representations of motherhood and womanhood: teenage mothers, older mothers and childless women (*ibid.*). Shaw and Giles (2009) argue that the media continues to classify choices such as older or younger motherhood as 'unorthodox lifestyles'.

Studies in the USA, where the body of research is both broader and deeper than in the UK, found that media stories of teenage motherhood that represented mothers as coming from "flawed backgrounds" and "making tragic mistakes" perpetuated the mother herself as the problem, whereas a "wrong society" media discourse provided an opportunity to reduce the stigmatisation (Kelly, 1996, p. 429).

In the UK, the media openly disapproves of the Government's financial and housing support for young mothers (Wellings, 2001). Stereotypes of teenage girls getting pregnant (deliberately) in order

to be given free and independent accommodation provided by the local authority (which no research study has been able to validate (Arai, 2009)) have fuelled media and social discourses, contributing to the stigmatisation of young mothers (Wellings, 2001). Particularly (however, not exclusively) tabloid papers are said to depict young mothers as 'feckless', stupid and greedy (e.g. Weldon, 2008).

Ponsford (2011) observes that motherhood is becoming increasingly commercialised and that consumption is becoming part of the maternal identity and the demonstration of care for the child. This is particularly the case for teenage mothers who fall out of the normative domain of 'motherhood' and use consumption (despite their often limited financial means) to "re-imagine themselves as respectable carers". Nevertheless, Ponsford (2011) argues that young mothers' purchasing behaviours is socially scrutinised, criticised and ridiculed, while their income and spending are under surveillance by policy interventions. In addition to being publicly scrutinised for their spending behaviours, Luttrell (2011) argues that young mothers' bodies, minds and hearts are also subject to public discourse.

Macvarish (2010) addresses the paradox of the increasing view of teenage motherhood as a social problem (despite declining conception rates) and the de-moralisation of sex. She argues that a prevailing anxiety about the stability of the social order and moral decline have shaped "the construction of the teenage mother as lacking in rational and moral agency; and the construction of her and her child as a social threat". In addition, the teenage mothers' association with the working class (Kiernan, 1995), reflected both in culture and in the media, amplifies the "stigmatisation of teenage mothers as the wrong kind of mothers, producing the wrong kind of children" (Macvarish, 2010, p. 319).

Ingham (2007a, p. 119) suggests that young people may feel pressured by the media to commence a sexual relationship before they feel ready, a pressure that could be addressed by equipping young people with "skills and confidence" to see themselves in a more "positive and self-affirming light". At the same time, politicians are said to be under pressure from the media "not to appear too liberal in their approach to sex and relationship education" (Ingham, 2007a, p. 118).

Lawlor and Shaw (2004) argue that the rates of teenage pregnancies are inflated by the media. Most people have no contact with young mothers or the population 'at risk' of young motherhood. As this is not the case for practitioners who work with young mothers, they have the opportunity to evaluate media images against their own experiences with mothers and institutional guidelines of how to work with them (such as the "Care to Learn – Code of Practice for childcare providers working with young parents" directive, (Learning and Skills Council Learner Support Directorate, 2008). For the specialised professionals in my study, I consider policy and institutional guidelines, as

well as their first-hand experiences, to be an important influence on their relationships with young mothers and will use these in preference to a detailed analysis of media discourses to investigate their social representations of teenage motherhood.

1.3 Teenage mothers' wellbeing and services for young mothers

1.3.1 Young mothers' wellbeing

In this section I present research and evidence about teenage mothers' wellbeing as existing in the literature. Firstly, a definition of how 'wellbeing' is understood in my study will have to be drawn. Renedo and Jovchelovitch (2007) provide a broadly termed conceptualisation of 'health' which I want to use as a basis for my conceptualisation of 'wellbeing' in this thesis. It appears particularly suitable for my study because it emphasises the socio-psychological dimension of wellbeing that is core to my study. The authors propose that:

> *It is now widely accepted that health is a relational construct dependent on the larger material, social and symbolic living conditions in which social actors find themselves (WHO & UNICEF, 1978). Rather than being the absence of disease, health involves physical, psychological and social well-being. An expanded understanding of health makes visible its connections with social and cultural contexts showing that poverty and inequality have a direct impact on the health of individuals and communities**. In addition, relationships with others and the discourses held by others about one's self or social group impact directly on the self-esteem, autonomy and capacity of actors to engage in health behaviours and seek social and material support that will improve health.** (Renedo & Jovchelovitch, 2007, p. 780/781, emphasis added)*

In addition to the above, I also draw on the work of Honneth (1995) who argues that our wellbeing depends strongly on the extent to which we are recognised as having worth by the people around us. Combining insights from these backgrounds, in my thesis I conceptualise wellbeing as above, as being made up of physical, psychological, social and financial factors in the life of a social actor.

Empirically, I am particularly concerned with the relationships mothers have with professionals and the discourses and stereotypes young mothers perceive professionals to hold about them and their impact on teenage mothers' identity construction. The ways in which existing academic literature and policy understand teenage mothers' wellbeing and needs are discussed below.

At the launch of the second report of the "Families At Risk Review", the then Cabinet Office Minister Ed Miliband described the origins of young motherhood as lying in inter-related economic, social and cultural problems "which are incredibly difficult to disentangle" (Miliband, 2008). Concerns for young mothers' health, their lack of education and financial hardship are widely acknowledged in the literature (e.g. Aber, Brooks-Gunn, & Maynard, 1995; Lee, Clements, Ingham, & Stone, 2004). Indeed, Bonell (2004) identifies health concerns for this group as a common reason used by UK

academics to justify their research projects. Some of the most prominent wellbeing issues identified are: smoking during and after pregnancy (Edin & Lein, 1997; Graham & McDermott, 2005; McDermott & Graham, 2006); drug abuse (Rains, Davies, & McKinnon, 2004), unbalanced 'poor' diets and adverse living conditions (Botting, Powls, Cooke, & Marlow, 1998); and poor mental, especially emotional, and physical health (Meadows & Dawson, 1998). Further characteristics of young mothers include those of having separated, single, step- or foster parents (DCSF and DH, 2007; Meadows & Dawson, 1998), growing up in families suffering from financial hardship, physical or psychological abuse (Boyer & Fine, 1992), parental mental health problems or alcohol abuse and describing one's own childhood as unhappy (DCSF and DH, 2007; Hanna, 2001). Drawing a comparison between "teenage" and "older" mothers, the Teenage Pregnancy report further points out that the former "often do less well on ante-natal health" which for many young mothers is the case due to "huge problems" with their family, care or fostering arrangements, stress or breakdown of relationships, as well as educational, housing and money problems (SEU, 1999, p. 60). Contrary to these findings, Whitley (2009) established that, in the Canadian context, younger and lower income mothers from both European and Caribbean backgrounds were more satisfied with their parenting skills than were older mothers from European backgrounds. Older European mothers also lacked the emotionally close and geographically proximate family ties on which most younger mothers from both backgrounds were able to draw. These findings are coherent with Kramer and Lancaster's (2010, p. 613) claim that "[c]hildrearing practices, rather than pregnancy *per se*, may explain much of the discrepancy in the prevalence, success and attitudes towards teen motherhood in traditional and developed societies". In addition, Fletcher (2011) found that, compared with their non-teenage mother sisters, becoming a teenage mother had insignificant effects on unhealthy behaviour and in some cases had protective effects from drug and alcohol abuse.

Being born to a teenage mother is found to make a teenager ten times more likely to become a teenage parent him- or herself (e.g. Dawson, 1997; SEU, 1999), which is often referred to as the 'cycle of deprivation'. McNulty (2008), however, found no intergenerational pattern of teenage motherhood; in her study in Northern England she found that young (rather than 'teenage') motherhood was linked to social class and gender positions. Nettle and his colleagues (2011) found four factors which bring a girl's age at first birth forward by an average of six months (after controlling for social class and income): i) whether she had been breastfed by her mother, ii) her parents' involvement in her upbringing, iii) her father's presence and iv) whether the family had frequently moved house during her upbringing. Indeed, using life history theory, Coall and Chisholm (2003) argue that in environments subjectively perceived as uncertain and risky (a reality for many teenage mothers), early reproduction at a young age can be an evolutionary adaptation. Feeling able to talk to a mother or female guardian about sexuality has been associated with reduced 'risk' of teenage conception (Craig & Stanley, 2006; Sawtell, Wiggins, Austerberry, Rosato, & Oliver, 2005), which is not the case for girls' ability in talking to men or male guardians. This changes once the child

is born because mothers or sisters of a teenage mother can contribute to her distress whereas the presence of her father or another significant male can improve her psychological and financial wellbeing (Bell Kaplan, 1996; Bunting & McAuley, 2004).

Depression and anxiety during pregnancy, substance abuse, partnership problems (DCSF and DH, 2007; Meadows & Dawson, 1998), negative mental health outcomes in the short, medium and even long term, and being caught amidst family conflicts and bad nutrition (Botting et al., 1998) are said to contribute to the poor outcomes of young mothers and their children. Figures of postnatal depression among teenage mothers are also higher than those for older mothers (DCSF and DH, 2007). Yet, Boden et al. (2008, p. 158) found that the link between teenage motherhood and mental health problems later in life was "likely to be non-causal", suggesting that a predisposition to mental health problems was present in teenagers who became mothers before the pregnancy. In addition, even homeless teenage mothers have been found to have "positive maternal competence and self-esteem scores", while showing more depressive symptoms than their housed counter-parts (Meadows-Oliver, Sadler, Swartz, & Ryan-Krause, 2007, p. 116). Regardless of age, maternal depression in the early postpartum months have been found to have a lasting influence on the child's psychological adjustment (Murray et al., 1999). Many teenage mothers raise their children in single-parent households and have to cope not only with the same difficulties as mature lone parents, but also the issues arising from their young age (Baldwin & Cain, 1980). Despite these adverse circumstances, although the vast majority of teenage pregnancies are found to be unplanned they are not necessarily unwanted (Duncan, 2007). It is suggested that many mothers show a 'positive ambivalence' (Duncan, Edwards, & Alexander, 2010) towards their pregnancy. This is particularly relevant with regard to the negative stereotypes surrounding teenage motherhood, which are not necessarily shared by teenagers who become mothers.

As stated above, reducing adverse medical outcomes for children born to teenage mothers (i.e. low birth weight, premature birth, and neonatal mortality among others) are goals in the TPS. Smoking cessation and breastfeeding are the most prominent medical concerns in the strategy for young mothers. Rarely mentioned in the literature is that the rate of caesarean sections in teenage mothers is about half the rate of older mothers, and although there is a greater risk of perinatal death among teenage mothers than the general population the figures for teenagers are also lower than those for older mothers (Seamark & Lings, 2004). Studies both in the UK (Cunnington, 2001) and the USA (Geronimus & Korenman, 1993) seem to suggest that the socio-economic living conditions and behavioural factors such as smoking and alcohol abuse are more closely linked to the adverse medical outcomes than the young age of the mother alone. Therefore, it could be argued that giving birth as a teenager is, per se, no more risky than giving birth at a later stage in life when controlling for socio-economic status. On the cognitive level, however, a recent study found that young mothers' physical reactions to infant cries did not show the same state of alertness as those by older

mothers from the same socio-economic background (Giardino, Gonzalez, Stein, & Fleming, 2008), her age itself thus constituting a reason for concern about teenagers' parenting abilities. Other researchers, however, have found no difference between teenage mothers and older mothers with regard to parenting skills (Berrington et al., 2005). In addition, practitioners in primary care state that, particularly where the family, health professionals and society are supportive of the pregnant teenager or young mother, it does not have to be as "bleak" an outcome as it is sometimes portrayed (Seamark & Lings, 2004, p. 817). Berrington and her colleagues (2005) found that outcomes for children born to young mothers are strongly dependent on the mothers' mental state, a supportive environment thus being paramount to positive outcomes. As such, I argue that equating teenage motherhood with negative outcomes is too simplistic a position to take. Social reality is complex and relational, and has to be negotiated by the social actors who are concerned. I suggest that teenage motherhood does not have to be an adverse outcome for either mother or child if networks are in place which make mothers feel supported and able to receive and act on the help that is offered.

Failing or being unwilling to make positive changes when the opportunity arises is said to be a common problem among teenage mothers (Musick, 1993). In a US study, Harris (1996) suggests that fatalistic attitudes contribute to a 'revolving door of welfare' in which young parents, throughout their lives, sporadically return to receiving state welfare after periods of independence. A UK study, however, found that although teenage mother-headed families entered the welfare system at an earlier stage of the family life, they also left the benefit system earlier than women from similar socio-economic backgrounds who delayed motherhood (Seamark & Lings, 2004). The contrary was found by researchers in Australia, whose finding suggests that state dependence is stronger for women who had children as teenagers than for women who had children at a later age, with poor health being a leading factor of welfare dependence for women who were teenage mothers (Jeon, Kalb, & Vu, 2011).

Nevertheless, teenage motherhood may potentially bring the family closer together (C. Williams & Vines, 1999) and provide stability for the young mother (Geronimus, 2003). Richardson et al. (1991), among many others, found that for teenage mothers, motherhood is seen as central to their future and regarded as a safe source of self-esteem and respect in the wider social environment. Putting the maternal identity first served multiple functions: providing "a sense of moral worth" as opposed to dominant discourses exemplifying them as a problem, and serving as "a buffer against the potential threats to self-esteem" (McDermott & Graham, 2005, p. 29). Nevertheless, this identity is also identified as opening up opportunities for others to stigmatise them as 'welfare scroungers', for not engaging in the labour market and not contributing to society (Dawson, 1997). The mother–child relationship is said to give young mothers further opportunities for a positive self-image: it provides support during difficulties in their heterosexual relationships with the father of the child or other

partner, and the mother–child relationship is seen as more stable and intimate than heterosexual relationships (Mitchell, Crawshaw, Bunton, & Green, 2001).

With regard to young mothers' psychological wellbeing, Alldred (2011) found that nine out of ten mothers in her sample justified their circumstances of being a young mother to the interviewer, without being prompted to explain their situations. She interprets these explanations as mothers' feeling obliged to account for their situations and by doing so counter negative stereotypes of teenage motherhood. According to Alldred (2011), the mothers' reaction is a reflection of the judgemental cultural and political context of teenage motherhood in the UK, and mothers' desire to construct a positive identity in spite of their stigmatisation.

In the UK, it has been suggested that it is society's attitude towards female teenagers and their sexuality and choices that needs to change in order to enable support networks and facilities around their needs (Lawlor & Shaw, 2002). Lawlor and Shaw (2002) claim that the ongoing labelling of teenage mothers as public health problems, the approach said to be taken to date, is counterproductive to their wellbeing. Other academics highlight that representing teenagers' sexual behaviour as "deviant" is directly linked to society's perception that teenage mothers are "irresponsible and inadequate parents" (Kidger, 2004, p. 296). Wray (2005) voices similar concerns and adds the importance of teenagers' ability to feel that their confidentiality is preserved by professionals. Particularly in the case of teenage parents, she argues that "without confidentiality there can be no trust and without trust there can be no affinity", which are both crucial for a good quality practitioner–mother relationship, which every mother is entitled to (Wray, 2005, online).

Holgate (2012) argues that institutions set up and provided by the state such as education, health and welfare, enforce and enact Government ideologies in their practices. As such, young mothers are subject to Government opinions by virtue of using (or avoiding) these services. Below I present existing literature on services for young mothers and young mothers' experiences of these services.

1.3.2 Services and young mothers

To contextualise the service provision for teenage mothers I consider it noteworthy that a study by Walker and Townsend (1999), reviewing the UK literature on general practices' role in promoting teenage health, found that physicians rarely offered health promotion including sexual health advice to teenagers. Although these findings are now over a decade old, they draw attention to the fact that current teenage mothers and fathers are likely to have grown up (at least partially) using services that were ill-equipped to cater for teenagers' particular sexual health needs. Seamark and Lings (2004) in a retrospective study on mothers' experiences of their teenage pregnancies further note that there is a lack in research from primary care on teenagers' experience of pregnancy or motherhood, despite this being the location where most mothers and their children receive care.

Furthermore, there is also a lack of research on professionals' experience of teenage pregnancy and working with teenage mothers in the UK literature.

Here I will discuss how existing literature presents the influence of services on teenagers' reproductive choices and outcomes. I highlight that almost all academic literature perceives teenage motherhood to be a stigmatising condition in most service settings and map out literature which counters such findings.

A Government report on 'citizen empowerment' argues that "services should reflect people's aspirations and lifestyles to offer users … increased personal control …" (The Strategy Unit, 2009). Yet, the general impression conveyed in the literature is that young mothers are stigmatised in service settings and their control of service provision is restricted (Craig & Stanley, 2006). In terms of health care provision, Chase and colleagues (2006) suggest that young mothers feel that they are received with hostility, not given a fair reflection of their choices in the early stages of their pregnancies (e.g. where and how abortion services are available), or have received incorrect or incomplete information from various service providers including general practitioners, hospitals, social services and job centres. When teenage mothers' accounts of their experiences are discussed in the literature, mothers' quotes often state how statutory sector staff, peers, strangers on the street and some family and community members 'look down' on them and their children (Holgate, 2007). Holgate (2007) uses a young mothers' quote as the second title of her article, which states "I wish they'd ask instead of just judging first" summarising the argument. In general, young people have been found to see health professionals as "obstructive, disrespectful", or have "failed to recognise [the mothers'] right to confidentiality" (Wray, 2005). Being treated in a judgemental and unresponsive way by practitioners is further said to result in the non-attendance of young mothers at antenatal classes and other services for young pregnant women or early mothers (Hippisley-Cox et al., 2000). Older mothers attending the same antenatal classes or mother-and-baby groups are also considered sources of stigma by teenage mothers and contribute to their reluctance or unwillingness to attend (de Jonge, 2001). Logsdon et al. (2005) found that teenage mothers in an educational setting specifically targeted at them 'quilted' together their support services, drawing on a range of different sources to have all their needs met as best as possible. The main sources of support were found to be the family, partner and peers, the former two affecting their social support with regard to safety and socio-economic status (*ibid*.).

In terms of the demographic make-up of service providers, it has been found that there are significantly fewer conceptions among teenagers living in the catchment areas of young (under 36), or female-staffed surgeries, and support-nurse hours are negatively correlated with conceptions in teenagers, even when controlling for funding status, rurality, partnership size and general practice training status (Hippisley-Cox et al., 2000). To explain these findings, the authors point to the care-

seeking behaviour of patients who deliberately visit practices with female doctors, as this population tends to be younger and more likely to be female with "female specific problems" (ibid, p. 844), and suggest that these findings require further investigation because they cannot fully be explained or theorised with existing data alone. Practitioners are said to play an essential role for the positive experiences of young mothers (Magness, 2012), fathers and the wider family network, and positive experiences have been found to have long-term benefits (Dallas, 2009; Sauls & Grassley, 2011). SmithBattle (2009) suggests that clinical practices should address the concerns, strengths and aspirations of teenage mothers as well as the long-term inequalities that often pre-exist and contribute to poor outcomes.

Poor access to and availability of medical resources, especially in rural areas, are said to make teenage girls feel stranded and helpless, or even lead to unwanted pregnancies (Craig & Stanley, 2006) because contraceptive or abortion services could not be utilised in good time and/or in confidence. However, other authors have found that the urban–rural differences in abortion ratios are no longer significant when deprivation is controlled for (Lee et al., 2004).

In the USA and Canada, several studies have concentrated on service provision for young mothers (Black & Ford-Gilboe, 2004; Crow & Pillai, 2006; Rains et al., 2004; SmithBattle, 2000). Black and Ford-Gilboe (2004) found that family health promotion work was positively correlated with single-parent adolescent mothers' health-promoting lifestyle and mothers' resilience. Rains et al. (2004) studied the discourses professionals employed about teenage mothers (with specific wellbeing concerns) in three different service locations in a Canadian town. The two main discourses were summarised as seeing mothers as problem teenagers/problem mothers on the one extreme or as social activists on the other. Findings suggested that professionals' discourses (and associated actions) were directly linked to how helpful or restricting mothers perceived the service setting to be. A study in the USA found that professionals in a nursery worked clandestinely, regularly weighing the teenage mothers' children and 'fattening them up' where necessary (Stiles, 2005). When changing the babies' nappies, they also checked that babies had no unexplained bruises, thus trying to prevent intervention by the authorities in cases of suspected child abuse (*ibid.*). Professionals considered these hidden measures necessary as they feared mothers would withdraw from the service if they felt under scrutiny and surveillance by professionals, thus putting themselves and the wellbeing of their baby at risk. In the UK, the Governments' (rather than service providers') desire for surveillance of teenage mothers has been recognised as a problem, particularly with regard to housing provision for mothers (Graham & McDermott, 2005).

Several research projects on the effects of home-visits by nurses of socio-economically deprived mothers ('Family Nurse Partnership' (FNP)), including teenage mothers, were conducted by Olds and colleagues in the USA (Olds et al., 1998; Olds et al., 1999; Olds, Henderson, Phelps, Kitzman, &

Hanks, 1993; Olds, Henderson, Tatelbaum, & Chamberlin, 1986; Olds & Kitzman, 1993). Findings of these studies suggest that regular home visits by the same, assigned nurses are positively correlated with the wellbeing of mothers and the long-term positive effects of specialised care for these groups. In these studies, 'quality of program' referred to the parent's emotional engagement with programme services. One significant aspect of this emotional engagement was the parent's interpersonal interactions with programme staff over time. The UK programme was formally reviewed in 2011, and is followed by a randomised control trial until 2013 to measure its impact (Barnes et al., 2011). Some initial findings point toward the programme's potential to support disadvantaged families, particularly with regard to engaging young fathers (Corlyon, 2011).

The staff–parent relationship is often viewed as a theoretically important variable in early intervention programmes, particularly when programmes focus on promoting the socio-emotional development of children in high-risk families. Both attachment theory (Bowlby, 1978) and infant–parent psychotherapy (Lieberman & Zeanah, 1999), for example, suggest that a supportive, sensitive and trustworthy relationship between parent and practitioner can be a corrective experience in terms of parents' existing representations of services and relationships. This, in turn, has been found to positively impact on greater sensitivity of the parents towards their children (for example Olds et al., 1999). Similarly, in the FNP studies, mothers' perceptions of empathy from home visitors were related to empathic attitudes the mothers had towards their children (Korfmacher, Kitzman, & Olds, 1998). Findings by Heinicke et al. (2000) further suggest that mothers' trust in and ability to work with the home visitor had a significant association with the mothers' responsiveness to their children's needs. The health care literature also acknowledges the importance of service providers communicating *with* rather than *at* the pregnant teenager or young mothers (O'Hare & Fallon, 2011). All these studies point towards the importance of a practitioner in improving the life outcomes for (disadvantaged) mothers and their children. Despite high initial costs for such schemes, Government savings in the long term are also reported, particularly for the most deprived mothers in the four years after childbirth (Olds et al., 1993). The FNP pilot in the UK, in which 'at risk' mothers (including teenagers) volunteered to be allocated a specialised health visitor for up to two years after giving birth is based on these findings (National Teenage Pregnancy Midwifery Network, 2009). Parfitt and Cornish (2007) however, suggest that the success of such programmes needs to be considered in light of the previous health systems available in any given country. The effects of the FNP, therefore, need to be closely monitored in order to draw unique conclusions to the UK context.

In the UK, Yardley (2009) conducted a study on the experience of formal support services by young women who had given birth as teenagers in the Midlands area. She concluded that the current focus on one-to-one support services should be expanded to encompass the possibilities of more group-support meetings. One-to-one service, which is said to be favoured by New Labour policies, fails to acknowledge the benefits of social interactions between young parents to counter their isolation and

build the support networks (McLeod, Baker, & Black, 2006) which would further "add to the social capital of communities" (Yardley, 2009, p. 243). Further, in line with previous findings that Connexions[7] workers focused their work largely on EET targets (Wiggins, Rosato, Austerberry, Sawtell, & Oliver, 2005a), it is argued that *all* functions of support services "need to be valued more significantly", beyond encouraging mothers to re-engage in EET (Yardley, 2009, p. 241).

Kidger (2004) further argues that the barriers to work (in turn said to enable social inclusion) are in fact much higher than can be easily transgressed through education or employment offers, and that focus should be placed on alternative routes to social inclusion, which can be explored well in group settings. The effectiveness of group support services has been demonstrated by a few studies in the USA. One of these studies presented findings from a community-led group which facilitated a bi-weekly baby-clothes swapping session (Gold, Kennedy, Connell, & Kawachi, 2002). In their interviews, mothers said they attended not to get new clothes for the baby, but to meet other mothers in similar situations and discuss experiences or difficulties with child-rearing, breastfeeding, benefit payments or other questions they might not feel able to ask elsewhere. Some older teenage mothers also went to meetings to donate clothes, as they were happy to help other new mothers, because they were able from their own experience to appreciate the difficulties some of them were going through. The professional in this group merely worked as a facilitator and point of contact for mothers (*ibid.*).

The academic literature suggests that many young mothers see their identities of full-time good mothers as more important to that of somebody in (often low-paid and part-time) work and use this identity as a coping mechanism against societal stigma (Edin & Lein, 1997; Graham & McDermott, 2005). They have no incentive to work, or see themselves as psychologically (and possibly financially) worse off if they were to engage in the labour market (McDermott & Graham, 2005). It has also been reported that young mothers find it difficult to part from their babies and trust childcare providers to look after them adequately (McVeigh & Smith, 2000). McVeigh and Smith's research also suggests that younger teenage mothers (more so than older teenage mothers) fear losing the connection and special relationship with their child if they were to leave it with a childminder for prolonged periods of time (*ibid.*). Voluntary work, however, has been identified as work that is in line with the identities of young mothers and thus opens the opportunity to acquire skills in a less formal setting (Kidger, 2004). Mothers who volunteered in 'peer education' school-based sex education programmes saw "social belongingness and community participation" rather than EET as more important factors leading to social inclusion (Kidger, 2004, p. 291). However, in the classroom, they 'spun' their stories

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[7] "Central London Connexions (CLC) is a partnership of the local authorities in Camden, Hackney, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth and Westminster. Established in 2002, the aim of CLC is to provide a quality assured service to support … central London local authorities to deliver early intervention services for young people and meet the Raising the Participation Age (RPA) requirements." (Central London Connexions, 2008)

of teenage motherhood to fit into the teachers' expectations, highlighting the negative aspects and hiding the positive sides of motherhood which were (outside the classroom setting) far more pronounced for them (Kidger, 2004). This highlights the (perceived) societal expectation that teenage motherhood is necessarily bleak and to be avoided. Kidger argues that being a mother is said to give many girls without a prior (mainstream) direction in life an occupation in its own right. A professional career is thus not deemed necessary to provide a 'job title' (McDermott & Graham, 2006). Young mothers have been found to construct their identities as 'intelligent, competent and caring', depicting others who draw on stereotypical (negative) representations of young mothers as 'ignorant and old-fashioned' (Darisi, 2008).

However, both in the USA and especially the UK there is great scope to advance the literature. In the UK, the direct effect of professionals' understanding of young motherhood on mothers is rarely, if at all, discussed in detail. It has been suggested that teenage mothers, either immediately or once they are older, should be involved in designing services available to young mothers because their particular needs often remain undetected (de Jonge, 2001; Jewell, Tacchi, & Donovan, 2000; Yardley, 2009). Already in the UK, medical students in Newcastle take part in a "Teenage Pregnancy Workshop" designed by Buxton et al. (2005) where mothers who had their children as teenagers talk about their experiences and lives, triggering medical students to realise and think more carefully about the complexity of young mothers' circumstances and how to work with them. To date, this practice is not widely spread, but certainly deserves greater attention.

Despite the Government's pledge to enable service users to have control over the services they receive, this has not been the case for teenage mothers who are found to be stigmatised rather than empowered by practitioners and service providing institutions. This elicits two questions: i) to what extent is this the case in specialised (and generic) services in London, where levels of teenage conceptions and births are particularly high and ii) to what extent are stigmatised service users able to resist the internalisation of stigma? The literature on practitioner–client relationships within which stigmatisation and empowerment can occur is discussed below.

1.3.3 Service provider–service user relationships

This section is concerned with literature on how practitioners understand their relationships with service users and their own role within the service.

The aim of this section is to discuss existing research that highlights different kinds of practitioner–client relationships and their impact on service users. The goal of doing so is to draw attention to the importance of relationships that can inform identities and provide a framework against which professionals' practices can be evaluated. This is of importance as the relationships between professionals and mothers in these settings, and the representations practitioners bring into and

take out of these encounters are of concern in this study. Indeed, it has been proposed that social service agencies are the locations where social problems are theoretically and practically constructed, promoted and reproduced (Rains et al., 2004). An in-depth socio-psychological account of the discourses and practices in these relationships with regard to teenage mothers and professionals working with them is lacking in the existing literature.

Preston-Whyte et al. (1990) argue that outcomes for young mothers can be vastly different depending on whether or not the child is born in a supportive cultural context with supportive relationships. The context of the pregnancy and support available are also found to affect teenagers' adjustment to motherhood (Savio Beers & Hollo, 2009). Further, Osborne (2008, p. 2) found positive effects on "identity reconstruction, rather than disruption" in cases where adequate social support is offered from "key actors to facilitate adaptation" to the new and challenging circumstances of young motherhood.

A useful framework for assessing the relationships between practitioners and mothers is that of Fisher and Owen (2008) who propose two approaches which they call "ecologies of practice" and "economies of performance". The former highlights the importance of relationships of care, valuing the worth and rights of individual patients, where care is informed by clients' needs rather than policies or standardised procedures. These relationships are further said to facilitate processes of empowerment and recognition, necessary for the emergence of a positive self-concept (contributing to wellbeing) in service users. User-oriented practices are demonstrated in relationships of (mutual) recognition and respect, where imminent needs (also referred to as 'crisis support' later) are prioritised to long-term policy goals (Fisher & Owen, 2008). The emotional work (Hochschild, 1983) involved in these practices directly addresses the stigmatised identities by providing recognition for patients' concerns and needs.

The latter, "economies of performance", dehumanises patients by regarding them as statistical problems in terms of numerically measured welfare targets that need to be either reduced or augmented (Fisher & Owen, 2008). Practices based on performance indicators are informed by policies and numerical targets that position patients as passive entities with little regard for their individual differences or needs (*ibid.*). Fiona Williams (2001) argues that practitioners' focusing on performance and meeting policy targets can result in teenage mothers' being seen too narrowly and possibly against the mothers' own understanding of themselves. Subsequently, these conceptualisations inform relationships which lack recognition and respect between service provider and service receiver, potentially harmful to a positive identity formation and the wellbeing of teenage mothers (F. Williams, 2001). Wray (2005) argues that the meeting of wellbeing and learning targets, said to improve teenage parents' life chances, is a core component of policy guidelines which professionals have to adhere to. For Wiggins and colleagues (2005b), these targets appear to

be more aligned with the Government's desire to control young people's sexuality and lives rather than supporting and respecting their autonomy. The same argument regarding governmental surveillance rather than support of teenage mothers is made by Giullari and Shaw (2005) with regard to mother and baby housing units.

A study of maternity wards in South Africa found that structural and institutional barriers were the main reasons for inadequate care for mothers before, during and after childbirth (Jewkes, Abrahams, & Mvo, 1998). However, power struggles, disrespect and lack of recognition between practitioners and patients were found to be further reasons why patient neglect and abuse took place. An "ideology of inferiority" present in nurses' constructions of their patients is said to serve as a defence mechanism for practitioners against users' verbal or physical abuse and nurses' own lack of medical resources to adequately support mothers in the antenatal period and during labour (Jewkes et al., 1998). Hospital staff described 'bad' patients as ignorant or illiterate whereas 'humble' and obedient mothers who were respectful and accepting their position as powerless service users were preferred in all services (Jewkes et al., 1998). Although these findings stem from a very different social and cultural environment, it is of merit to note how lack of resources and the struggle for power and recognition can play a defining role in the make-up of professional–client relationships, as will be discussed in the chapters to follow.

Fisher and Owen (2008) argue that despite the desire of health and social policy to promote user empowerment, the intersubjective relationships necessary to recognise patients as equal humans are not acknowledged within policy prescriptions and, therefore, are not within the scope of most policy-led interventions. Oskowitz et al. (1997, p. vi) also highlight the necessity for practitioners to receive adequate support and care from the system. If professionals' work is not valued in the wider public sphere, then misrecognition is easily projected onto more vulnerable groups (Jewkes et al., 1998). The same is the case for professionals working with patients who form a stigmatised group. Professionals may receive what the mental health literature calls 'courtesy stigma' for their association with the stigmatised group (Birenbaum, 1970).

Frank (2004), theorises ecologies of practice as relationships where "generous listening" is present in both the service provider and the service receiver. This narrative approach is designed to include the human factor of user interactions in services and demonstrate that the focus is on providing care and ensuring *healing* of the *patient* rather than the *treatment* of the *disease* (Pai, 2004, italics added). The institutional, structural and personal barriers that can operate in service settings and which can undermine health-enabling practices by professionals will be useful conceptual tools in investigating the extent to which professionals see their role as meeting policy and institutional targets, or supporting mothers in what they feel should be addressed as their most prominent needs. This

approach would be in line with the Government's Strategy Unit's ideology (as discussed above) of addressing needs as expressed by service users.

1.4 Conclusion of literature review

The aim of this chapter was to introduce the social, media and political backgrounds with regard to teenage motherhood, the service needs of young mothers and conceptualisations of practitioner–mother relationships. The literature review highlights that there have been no studies conducted in the UK which triangulate the social representations of teenage motherhood from the perspectives of teenage mothers, specialised practitioners who work with this social group and policy documents designed to address teenage motherhood. Further, there is little research evidence from the UK exploring the dialogical relationships between teenage mothers and specialised practitioners in light of how relationships and identities between these groups are negotiated and constructed. The research gap extends to an understanding of the extent to which the social, economic and health challenges of young mothers interplay with how professionals represent teenage motherhood. Therefore, the research questions these gaps elicit and which will be answered through my research are:

1. What is the core social representation of teenage motherhood, and how is the core made up by teenage mothers, specialised practitioners and in social policy?
2. What are teenage mothers' peripheral elements of their representations of teenage motherhood, and how do young mothers construct identities for themselves based on core and peripheral elements?
3. What are specialised practitioners' peripheral elements of their representations of teenage motherhood, and how do practitioners construct identities for themselves based on core and peripheral elements?
4. What are the peripheral social representations of teenage motherhood in policy?
5. How do the core and peripheral elements used by teenage mothers, practitioners and in policy provide an opportunity to enable social change?

2. Theoretical framework: Negotiating representations, identities and stigma to achieve social change

...informants and students tend to take many of these standards for granted, not realizing they have done so until an accident, or crisis, or peculiar circumstance occurs.

(Goffman, 1971, p. 111)

2.1 Chapter overview

This chapter introduces the social constructionist theoretical concepts framing this thesis. The theoretical underpinnings of my empirical investigation are SRT, especially the 'structural approach' and its expression of dilemmatic common sense through core and peripheral representational elements. I also discuss the theory's associations with social identities, stigma, power and resistance, and the possibility for social change. Here, I want to demonstrate how drawing together this group of concepts enables me to grasp the social representations of teenage motherhood presently held by young mothers, specialised practitioners and in policy through empirical research. At the end of the chapter, I will have demonstrated how these concepts are well suited to exploring the ways in which professionals and teenage mothers employ representations of teenage motherhood to construct wellbeing-enhancing identities and the ways in which the internalisation of stigma, being at the core of social representations of teenage motherhood, may be challenged and resisted. The role and influence of core and peripheral elements in policy to enable social change will also be addressed.

2.2 Social Representations Theory

The first part introduces the theory of social representations and demonstrates the ways in which representations are used by all people to make sense of everyday life. The theory frames my interest in the representations practitioners and young mothers draw on to conceptualise and contextualise teenage motherhood, as well as representations circulating in policy. I do this to explore the theoretical foundations of the symbolic and social power of representations in communications, actions and in relationships between specialised professionals, teenage mothers and policy. I highlight the 'structural approach', which categorises representations into core and peripheral elements, as a key theoretical aspect in my thesis and the ways in which the 'structural approach' allows for dilemmas in common sense to co-exist. In the second part I demonstrate the interplay of knowledge and power in the construction, maintenance and transformation of social representations in order to explore the extent to which representations can be used to assert the stance of a powerful social group or defend the viewpoint of a marginalised group. This section also functions as a basis to introduce the relationship between social representations and social identities as it is relevant to my thesis.

2.2.1 Definition

For Serge Moscovici, the 'father' of Social Representations Theory, representations are a means for observing the *modern* and the *normal* (1990). More than observing, using this theory as a conceptual underpinning invites researchers to challenge the taken-for-granted in what we perceive as the *contemporary* world. It allows us to make the invisible visible (*ibid.*) and to question the social order, including social inequalities otherwise blindly accepted as social 'facts'. Social representations are shared understandings of social phenomena that provide a complex, yet common reality in a given community (Jodelet, 1991).

One of the most widely used definitions of social representations is deliberately broadly termed, for which the theory is often criticised[8]. It describes social representations as:

> *System(s) of values, ideas and practices with a twofold function; first, to establish an* ***order which will enable individuals to orient themselves in their material and social world and to master it; and secondly to enable communication*** *to take place among the members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history. (Moscovici, 1973, p. 30 emphasis added)*

An even more abbreviated form, yet encompassing the main traits of a representation, is that of a social representation being "a socially shared production of a social object by the community for the purpose of behaving and communicating with and alongside one another" (Moscovici, 1963, p. 251).

Moscovici (2001) argues that the way in which communities and individuals within them think is rooted in their social memory and cultural conventions, rather than strictly based on reason. He uses the example of a study into reactions towards, and interactions with, mentally ill lodgers in a small French village by Jodelet (1991) to emphasise the argument that rationality is often overruled by traditional structures of thinking and being. Jodelet demonstrated that families who housed mentally ill lodgers had customs and routines that excluded the lodgers from the 'normal' (e.g. separating their cutlery), yet when they spoke about mentally ill people, host families presented themselves to be much more tolerant, open and accommodating of the lodger's integration into normal daily life in the house and the community (*ibid.*). This demonstrates that actions and discourses, although both being part of social representations, are not necessarily the same. Social desirability bias in the ways in which people talk about their actions must, therefore, be taken seriously in social representations studies.

Although based on historic roots, social representations are flux, heterogeneous and always in negotiation with new and alternative representations emerging from modern social life (Voelklein &

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[8] For a discussion and defence of the most common criticisms of SRT see Voelklein & Howarth (2005) and Raudsepp (2005).

Howarth, 2005). Nevertheless, traditional social structures play a dominant part in establishing a social order, rather than the social order being primarily informed by contemporary epistemological debates or structures (Moscovici, 2001:39).

The "plurality of representations and their diversity within a group" (Moscovici, 1988, p. 219) is a key feature of social representations, present within as well as between groups and debates in any given social context (Farr, 1998). Social representations "express and structure both the identity and social conditions of the actors who reproduce and change them" (Rose et al., 1995, p. 3). This is of particular relevance to my study as I investigate how social representations are used, reproduced and changed in the dialogical process of informing identities, as well as their ability to enable social change. The use of common or shared meanings which are necessary for communication to occur between two given social actors does not imply that there will be consensus between them. Indeed, contradictions, frictions and negotiation are key in the processes of representations as a means of adapting to an ever changing world and unprecedented circumstances (Jovchelovitch, 2001). As Moscovici notes in 1990 (p. 172), we live in a "professional society" in which "competence and expertise" are valued. This state is likely to have intensified over the past two decades since its publication in 1990. Yet, our life trajectories and choices are still determined by semi-traditionally structured communities in which individuals are given an ancestral framework along and against which their unique sense of self is established (Jovchelovitch, 2007, p. 71). SRT provides the framework to understanding how young motherhood is made sense of in policy and services, and how young mothers construct their identities under the influence of the cultural traditions they negotiate with society and practitioners. I argue that these cultural traditions can be found in policy documents, which constitute influential artefacts (Bauer, 2008), and will, therefore, be an important part of my analysis. As the theory is concerned with the (re)production of knowledge through social, psychological, historical and ideological dynamics (Howarth, 2006a), its use in this study will allow me to uncover and question the knowledge about teenage motherhood currently held by professionals who work with young mothers, as well as the ways in which teenage motherhood, as an influential social representation, is produced, challenged and maintained in policy (Wagoner & Oldmeadow, 2008).

The above definition and other theoretical aspects of the theory now need to be unpacked and discussed in relation to how existing social representations are used and new representations emerge in encounters between individuals and groups, particularly with regard to young mothers, specialised practitioners, and in the context of policy documents. This includes a discussion of the core and peripheral structural elements of social representations which I will draw on in the methodology, empirical and discussion chapters.

2.2.2 Make-up of a social representation and the challenge of representing teenage motherhood

In the construction of a social representation new ideas are compared, evaluated and moulded into existing ones to determine to which category the alien idea is best suited (Joffe, 2003). This categorisation is never neutral and is always informed by the particular concern and existing projects of a given social group in order to advance their own interests (Wagoner & Oldmeadow, 2008). Abstract concepts are materialised (Howarth, 2001) in the ways different social groups (due to their pre-existing representations) make sense of the same phenomenon. Through social representation we make the unfamiliar familiar, but more precisely we make it familiar in relation to ourselves and our social group and by doing so reaffirm the established order (Jovchelovitch, 2007). I argue that representations of teenage motherhood exist because it is a counter-normative concept which needs to be made sense of and because it "alarms and threatens" individuals and communities (Huotilainen, 2005). The 'oddity' of teenage motherhood as a social representation emerges at the point where the unfamiliar object (here teenage motherhood) needs to be attached to a familiar object. As teenage motherhood involves both the concepts of 'teenager' and 'mother' (and the various social representational elements attached to these objects), it is difficult (if not impossible) to 'mould' teenage motherhood into either of them. Conventionally, motherhood is associated with maturity and reliability, whereas adolescence is often stereotyped as a period of immaturity, discovery and development. The categorisation of a new concept is determined by the value attached to it, leading to the establishment of either a positive or a negative relationship with the unfamiliar item, image or idea (Meier & Kirchler, 1998). 'Teenage' and 'mother' have potentially conflicting connotations, so that their merging into the notion of 'teenage mother' is not a good fit and leads to unease and tension. Because of the tension between merging 'motherhood' and 'teenager', it is difficult to attach this new concept to pre-existing conceptual frames, leaving people with a resulting sense of unease or uncertainty about young mothers. This uneasy fit may lead to a sense of psychological unease with the condition; and also create a fertile ground for stigmatisation. I argue that a representation of a 'good' teenage mother can be destabilising to representations of 'good mothers' as well as 'teenage mothers'.

So what is a 'social representation'? Only when a shared belief plays an important part in the coordination of a given groups' practices can this common idea be considered a social representation (Wagner, 1994). Idiosyncratic theories or knowledge, even if shared with others, do not constitute social representations unless they elicit mutual behaviour in the group and have a function with respect to the object to which they refer (*ibid.*). Another criterion is its social significance. In my project, therefore, in order to study teenage motherhood as a social representation, it needs to be relevant at a collective level and trigger new social practices (Wagner, 1994). Wagner claims that the relevance of a phenomenon can be detected by its dichotomic character, such as the negating or contrasting counterpart to a concept (e.g. healthy vs. unhealthy, normal vs. abnormal), where the counter-normative condition of the phenomenon requires

"*representations work*" by the group (*ibid.*, p. 215). I argue that the prefix 'teenage' to the concept of 'mother' or 'motherhood' constitutes the relevant condition within which a social group (in which teenage motherhood is considered a counter-normative or negative occurrence) is compelled to elaborate new representations. Unlike the theory of attitudes, beliefs and values, SRT allows a social phenomenon to be captured in its macro-social historic totality (Wagner et al., 1999) and is, therefore, better suited as a conceptual framework for the purpose of my study.

Nevertheless, individuals who share a common reference of an object do not necessarily hold the same position towards it (Doise, Spini, & Clemence, 1999), and do not necessarily use the same elements to make up their representation about the object. Therefore, differences between certain groups' representations of a social object will be evident. Doise and his colleagues (1999) suggest that these differences in people's and groups' representations are organised according to their group membership and purpose of the representation. Elsewhere, Doise (1998) argues that it is within a set of social representations that we search for the principles under which individual differences are established and expressed. Jovchelovitch (1996) argues that the public sphere is marked by contradictory representational elements and diverse experiences which interact and compete in everyday social life. Social representations are subject to symbolic struggles and mobility depending on actor and situation, and are important factors in the processes of identity construction (*ibid.*).

In addition, in my study it will be particularly interesting to explore how teenage mothers and practitioners construct and organise their identities around the available representations with regard to their group membership and purpose of their interaction. Representations of teenage pregnancy, as the literature review revealed, are grounded in the assumption that they are undesirable, and that teenage motherhood is a negative outcome which is to be avoided. The presence or absence of this assumption, as well as its implications, plays a significant part in the rest of this thesis. This is particularly the case in terms of the core and peripheral elements of representations of teenage motherhood employed. Below I discuss the 'structural approach' of core and peripheral elements in social representations, especially with regard to their relevance in my empirical chapters.

2.2.3 The 'structural approach': Core and peripheral elements of a social representation

A social representation is structured around central core and peripheral elements (Wagner, 1994). Parales Quenza (2005, p. 79) proposes that "both subsystems constitute the representational field, and research on social representations should explore the internal organization in order to understand their conformation, functioning and eventual transformation". Core elements of a representation are more deeply anchored in sociological, historical and ideological structures of everyday life and give the representation meaning (Abric, 1976). Due to its historic, normative and ideological origins, the central core is said to bear no contradictions (Parales Quenza, 2005). Central

core elements are determined by three aspects. Firstly, the core depends on the nature of the object that is represented (Abric, 2001). Secondly, the structure of the core is dependent on the type of relationship between the group and the object (Abric, 2001). Thirdly, it is determined by the institutionalised and socially acceptable values and norms that make up 'reality' at a given time and for a given group (Abric, 2001).

In order to discern a central core of a representation, three elements have to be present in the representation: it has to have a symbolic value, an associative value and an expressive value (Abric, 2001). The symbolic value refers to the necessity of the element giving meaning to discourses and (symbolic) actions. The associative value refers to the extent to which the representation relates to other elements, as a central core is associated with many more elements than peripheral elements are. The expressive value can be determined by quantifying the frequency of how often the element is referred to. However, I will argue later that this last evaluation criterion needs to be reviewed when using qualitative methods. The evaluation criterion I propose instead is asking what a given discourse or action is 'in response to'. What is the keystone of the representation without which the representation would fall apart? Or even, what is the 'default' situation which discourses and actions are in response to? Parales Quenza (2005, p. 84) also warns about using the expressive value (which he calls 'salience') as a key evaluative criterion. He argues that salience of a given discourse or action may suggest that it is a peripheral element which has a direct link to the core but is yet conditional; alternatively, it may be a novel element of a social representation undergoing change. Further, peripheral elements are said to be conditional (refer to Table 1), whereas core elements are unconditional and independent of individuals or contexts (Parales Quenza, 2005). I will illustrate these elements in my empirical chapters.

Table 1: Characteristics of the central system and the peripheral system of a representation (Abric, 1993)

Central system	Peripheral system
Linked to collective memory and the history of the group	Permits the integration of individual experiences and past histories
Consensual: defines the homogeneity of the group	Supporting the heterogeneity of the group
Stable, coherent, rigid	Flexible, bears contradictions
Not very sensitive to the immediate context	Sensitive to the immediate context
Functions: generates the signification of the representation determines its organisation	Functions: allows adaptation to concrete reality allows content differentiation protects the central system

Core elements of the representations of teenage motherhood are likely to shape the symbolic and material aspects of encounters between professionals and young mothers (e.g. where they meet and how they communicate), as social representations in institutional settings can "stabilise, control and even segregate social groups and individuals" (Rose et al., 1995, p. 5). The core of a representation is least likely to change because it has been historically established (Abric, 2001), is better memorised and has a stronger presence in the long-term memory (Abric, 1989). When faced with the object of representation, the core element is instantaneously (though I argue not necessarily consciously) activated (Parales Quenza, 2005). At the same time, effective transformations of the central core of a representation (and as such also social change) can only occur when the core is questioned (Moliner, 1992). As the transformation of the central core would constitute a complete overthrow of reality (Abric, 2001) and the social order, this transformation is a laborious and challenging undertaking. To influence the core, in either strengthening or challenging it, peripheral elements of a social representation are used, as I demonstrate below. I propose that the central core of a representation can be aligned with what Goffman refers to as 'standards' that are taken for granted (1971, as per the quote at the beginning of this chapter), or the status quo of the space and time with regard to the object.

Peripheral elements of a representation are organised around the central core. They have three functions to defend, adapt and concretise the core (Abric, 2001). Peripheral elements play an essential role in making sense of the context of a representation and the way it changes over time. This refers particularly to new information and the transformation of environments in modern life (*ibid.*). It is through the periphery that these new influences are filtered down into the core. It is indeed a 'filtering' that occurs as peripheral elements of a representation serve as a 'shock absorber' (Flament, 1994); they serve to evaluate the extent to which the new influence 'fits' with the core, and as such the extent to which it is 'othered' or adapted into the core. Gaskell (2001) and Parales Quenza (2005) argue that peripheral elements of a representation are at the interface with reality and are therefore more easily accessed. For example the defending function of peripheral elements depends on the specific situation, and can be adapted to strategically fit the purpose of the situation at hand, whereas the core of the representation is not affected by this temporary shift in representation (*ibid.*), and subsequent discourse and action. Parales Quenza (2005) proposes that sometimes peripheral elements steer a certain course of action in a way that does not involve the core and as such makes economical use of the peripheral element.

Molinari and Emiliani argue that on the outskirts of the core, peripheral elements are "strictly dependent on the characteristics of individuals and on their context", allowing the integration of (further) contradictory knowledge and actions to those present in the core (Molinari & Emiliani, 1996, p. 43). It is also suggested that there are qualitative differences between core and peripheral elements. Core elements are closely linked to "collective experiences and values, the realm of

culture" in a given setting; whereas peripheral elements are largely dependent on people's "adaptation [of the core] in everyday life" (Parales Quenza, 2005, p. 83 & 84). This distinction is highly noticeable in my research as it highlights the ways in which stigmatised groups creatively use peripheral elements of social representations to construct positive identities. This is also a particularly useful concept in relation to the multi-level approach to stigma taken in this study and discussed later in this chapter (§ 2.4.1). It is important to note, however, that these individual characteristics and contexts are also socially constructed and therefore not purely individual experiences. Yet, peripheral elements held by practitioners may play an important role in the actual interactions, spatial meetings and relationships between service providers and mothers. Similarly, the individual and situation-specific peripheral elements drawn on by teenage mothers in their interactions with professionals (and the impact of these on their identities) need to be considered.

In addition to core and peripheral elements, each social representation carries a different weight in conventional thinking; as such, representations are not democratic as there is no equal competition between representations (Joffe, 1995). Rather, the survival of a given representation depends on the influential powers of the group holding the representation (*ibid.*). Lahlou and Abric (2011) put forward that not all elements of a representation are equal and that the 'structural approach' is designed to investigate how general or specific, and how solid or flux each element is, and what its function is in the representation. Some elements may simply be descriptive of the object, whereas others show a relationship based on the normative value system (Lahlou & Abric, 2011). As such, social representations of teenage motherhood in policy would, theoretically, have more currency on a wider social level than social representations held by teenage mothers or professionals. It also follows that, in conventional 'expert–lay' frames of operating, that professionals' representations are more widely shared and preserved. Nevertheless, or precisely because they are not democratic, social representations hold potential for social change. This is of importance in my study as I argue that social change is necessary for the wider acceptance of teenage motherhood and the cessation of the stigmatisation of teenage motherhood.

2.2.4 Social change, (local) knowledge, common sense, power and resistance

There are three distinct (however not mutually exclusive) ways in which the 'structural approach' could be used as a theoretical framework for social change. Abric (1993) puts forward the question of what happens when social actors develop social practices which contradict their system of representation. This is an important question in this thesis as I argue that professionals and teenage mothers do employ social practices and construct social identities which oppose the central core of their representation of teenage motherhood. Parales Quenza (2005, p. 83) draws on Abric's (1993, p. 77) work to illustrate these three ways: "First, the representation may resist change if the periphery succeeds in managing temporarily the contradictory practices by generating strange schemas.

Second, the transformation may be progressive in practices, [which] although different, do not entirely contradict the central core. Third, a brutal transformation of representations may occur in which there is an inexorable rupture with the past." 'Strange schemas' signify: "i) recalling of the normal, ii) designation of the foreign element, iii) affirmation of a contradiction between the two terms and iv) positioning of a rationalization helping to bear the contradiction" (Abric, 1993, p. 78). In the discussion chapter I argue that challenging the negative representations of teenage motherhood is based on temporary peripheral resistance and engagement in alternative practices as well as a progressive transformation as certain peripheral elements in young mothers' and professionals' representations do not completely contradict the core. Young mothers and practitioners generate a range of 'strange schemas' to (temporarily) employ contradictory practices and discourses.

Contradictions are expected to be found in social representations as common sense is understood as being dilemmatic in that people can hold conflicting views of the same object simultaneously. With regard to the 'structural approach', dilemmas are said to be dealt with between the core and peripheral systems of representations. The periphery allows dilemmatic items to be used alongside the core for a given purpose and limited time, in order not to disrupt the core. Contradictions are stored in the peripheral system (Abric, see Table 1); the peripheral system is flexible and permits the integration of individual experiences and past histories which may be at odds with the core. Moore, Jasper and Gillespie (2011, p. 514) put forth the notion that "dilemmas are quintessentially dialogical" as there needs to be negotiation between two objects which are at odds with each other. The authors position dilemmas as existing "at the intersection between thought and society" (H. Moore et al., 2011, p. 514). With regard to the 'structural approach', the core could be termed 'society' whereas 'thought' would represent the peripheral system. 'Society' can be seen as core because core elements are historically anchored and linked to the collective memory and history of the group. 'Thought' can be seen as peripheral because it allows the integration of individual experiences and their (albeit socially constructed) cognitions. Dilemmas are thus dealt with at the intersection between the stable and the flux in order to hold society together.

Below, I point out how knowledge and power are embedded in and interplay with the dialectic and dynamic processes of social representations. I highlight the importance of local knowledge to empower or stigmatise less powerful groups and to bring about positive social change. I also discuss the interplay and dilemmatic nature of common sense, lay and professional knowledge, and the power dynamics in establishing social representations in the context of professional–client relationships in order to meet the aims of making policy and practical recommendations towards enhancing teenage mothers' wellbeing.

Through the processes of social representations, the theory provides at its core a potential for social change (Park, 2010). Due to their dialogical nature, social representations are debated more than just between two subjects, instead, they are resisted, re-evaluated and changed (*ibid.*). Although a call for change from the familiar might provoke uncertainty and unease, it allows new representations to emerge and slip into the previously occupied spaces (Moscovici, 1995). Howarth suggests that despite negative representations of the self, individuals and groups are able to employ "social creativity and social change [to] find ways to co-construct more positive versions of self, community and culture" (2010, p. 13). Chapters four and five will provide empirical evidence for how teenage mothers and professionals are able to construct positive versions of self despite threats to their identities due to negative social representations about their social groups.

As social representations are the prerequisite to everything we claim to know, they define our realities and give us meaning (Jovchelovitch, 2007). According to Bourdieu and Nice (1977), knowledge is more than a particular standpoint by a person in a given space and time. Indeed, the knowledge embedded in representations is as diverse as human communities (*ibid.*). SRT holds that common sense or lay knowledge is not ignorant or distorted, but rather that all individuals hold knowledge that enables them to be 'masters' of their realities and worlds (Jovchelovitch, 2007). Therefore, according to the theory, teenage mothers hold knowledge about themselves, their lives and wellbeing needs that practitioners may not understand or might find difficult to grasp, and which may not feature in policy conceptualisations of teenage motherhood.

The hierarchical positioning of mothers' and practitioners' knowledge is likely to be unequal due to traditional views of 'expert' knowledge as superior to 'lay' knowledge (Moscovici, 2001). Such positioning could undermine young mothers' chances to gain access to resources and opportunities (Jovchelovitch, 2007). The extent to which there are non-dialogical encounters of knowledge (where knowledge held by mothers is displaced, excluded or deconstructed) between professionals and mothers, or dialogical encounters, (where 'non-expert' knowledge is recognised as legitimate) will provide insight to the social representations practitioners hold and employ in their work with mothers. Whether professionals recognise or deny mothers' expertise about their lives is a crucial prerequisite to understanding whether positive identities in mothers are given an opportunity to emerge (Jovchelovitch, 2007), be explored or re-confirmed. In non-dialogical encounters, a positive identity maintenance or elaboration would be a greater challenge. Nevertheless, the possibility for young mothers to hold power must not be undermined, as power is dynamic and can be found in the most and least obvious places (Foucault, 1977). Furthermore, Vaughan (2011, p. 62) highlights that notions of a 'powerless population' are questionable as even marginalised groups display resistance through overt or subtle means such as sabotage, non-cooperation or non-compliance as "means of ... talking back in silence". Chapters four and five will highlight the ways in which teenage mothers and professionals resist stigmatisation through an overt or covert use of power.

Gillespie and Cornish (2010) found that "what can be said and heard" in an encounter between two people depended on their hierarchical relationship to each other. The authors found that in health visitor–patient relationships non-compliance with professional advice was at a given stage accepted and overlooked by the health visitor in order not to strain the overall relationship and not to demonstrate their incapacity to change the client's behaviour (*ibid.*). Similarly, some patients pretended to comply with health visitors' advice for the same reasons and not to appear disobedient. This is particularly relevant to my study as Chapter six will show how practitioners deal with young mothers' non-compliance.

French and Raven (1959) speak of social power in five dimensions. 'Reward power', referring to the power holder's ability to reward subordinates, and 'expertise power', regarding the power held through 'owning' specific knowledge, are particularly applicable to my research. Both types of power are associated with the potential to influence others in a given social system (*ibid.*). With regard to my study, and in the social representations framework, it could be assumed that specialised professionals hold both reward and expertise power. Reward power could be understood in terms of the physical and social gain mothers can receive by engaging in the services; expertise power because professionals hold crucial knowledge about how to achieve the mothers' and babies' optimal wellbeing. Simultaneously, and especially from a social representations perspective, mothers hold expertise power over their own lives and bodies. The extent to which these theoretical power relations hold true in praxis between teenage mothers and specialised professionals will be discussed later.

Linking social representation and power further, it could be useful to draw on Fiske's (1993) work. She found that individuals who held power were more likely to use stereotypes in forming an image and judging others. As new representations are formed by powerful groups to make sense of new phenomena in the group's interest, drawing on stereotypes allows the powerful group to maintain and strengthen the status quo. Hence, challenging negative representations of teenage motherhood could be deemed particularly difficult due to the strong stereotypes of teenage motherhood and the (perceived) lack of power held by teenage mothers in the wider society.

There has been an increasing awareness in academic research that an adequate understanding of the production and use of social representations necessitates an appraisal of the social identities at play in these processes (Breakwell, 1993). As a means of conceptualising the possible impact of social representations of teenage motherhood on social identities (and vice versa) of teenage mothers, below I seek to map out the relationships between the two theories.

2.3 Social identity and social representations

> *Representations sometimes call our very identities into question. We struggle over them because they matter – and these are contests from which serious consequences can flow. They define what is 'normal', who belongs – and therefore, who is excluded. (Hall, 1997, p. 10)*

SRT and Social Identity Theory are two different paradigms, but they can both benefit from each other because, together, they can function as a "more powerful explanatory model" of social action (Breakwell, 1993, p. 2). Here, I want to offer a conceptualisation of how representations and identities stand in relation to each other, and particularly how this relationship can be useful in theorising the potential influence of professionals' and young mothers' social representations of teenage motherhood on their sense of self. As there are multiple approaches to both SRT and concepts of identities, researchers are advised to select an approach that is best aligned with the empirical and methodological problems in question (Marková, 2007b). I will discuss my approach below.

Social identities refer to the individual's knowledge that she or he belongs to a particular social group (e.g. teenage mother, sibling, client of services, daughter, student), as well as the value that she or he places on their group membership (Tajfel & Fraser, 1978). The value people are able to place on the groups to which they belong is heavily influenced by the degree of respect and positive social recognition accorded to such groups in the wider communities of which they are a part. An understanding of social identities is vital to my study as they play a key role in shaping an individuals' self-esteem and impact on the likelihood of whether they will exercise agency to promote their own health and wellbeing or not (Campbell & Scott, 2011).

More than a century ago, William James argued that "a man has as many social selves as there are individuals who recognise him" (1890, p. 294). Framing this stance within SRT, Doise (1987) suggests the possibility of "studying self as social representation", whereas Berger (1966, p. 106) proposes that societies have "repertoires of identities" which are defined by societal norms and knowledge, and along which individuals are enabled to understand themselves and their realities. In addition to the above approaches, I want to position my work within the framework of Duveen (2001) who puts forward the simple and clear notion that social representations are the prerequisite for identities to emerge.

Tajfel and Forgas (1981, p. 124) propose the definition of a social identity as "an individual's knowledge that he belongs to a certain group together with the emotional and value significance of this membership". Therefore, social identity and social representations can be aligned on the understanding that individuals, with their knowledge and beliefs about who they are, do not exist in

isolation or independently of others, but are reliant on each other to feed and recognise one another's reality. Jovchelovitch (2007, p. 22) draws on the theories of Lacan, Freud and Mead in stating that "the presence of an Other is at the heart of the Self". Yet, Doise notes that "individuals often do not assign themselves the same characteristics they ascribe to their groups" (1998, p. 18/19). This argument is in line with Duveen's (2001) explanation that there is not an obligatory but a contractual relationship between social representations and identities, meaning that subjects have agency to engage in a particular identity of their social group or not. Doise further argues that the "social representations of groups, membership groups as well as other groups with which one interacts, intervene in actualizing personal identity" (1998, p. 21). Rather than delving deeply into Social Identity Theory (Tajfel, 1974), I would like to base the core of this theoretical discussion on existing work on the interface and relationships between SRT and social constructionist conceptualisations of dialogical formations of social identities.

Wetherell and Maybin (1996) point out that language and other discursive practices structure the sense of self in a given situation, where the kinds of selves that are made possible depend on both the ways in which individuals talk about themselves and are talked to and about by others. Similarly, as pointed out previously, Park (2010) highlights the importance of words in having tangible consequences on representations – and hence on the constructions of selves. As such, "identity is as much concerned with the process of being identified as with making identifications" (Breakwell, 2010, p. 6.1; Duveen, 2001). At the same time, and just like social representations, identities are not singular at any given point in time: there are many different and sometimes even contradictory senses of self operating simultaneously, where newly formed social identities do not necessarily or immediately replace but rather co-exist with old ones (Wetherell & Maybin, 1996). Like representations, these social identities depend on location and time; certain circumstances make one range of understanding of self possible which is suppressed, denied or enhanced in other situations (*ibid.*). Hence, it is as social identities that social representations become psychologically active for individuals (Duveen & Lloyd, 1990, p. 6) in interactions, even if these interactions are non-verbal.

As Howarth (2007, p. 133) notes in the context of racism and racist stigma, representational practices can "damage identities, lower self-esteem, and limit the possibilities of agency" in a given community. Similarly, Doise (1998) points out that general societal norms and values are a key factor in enhancing or reducing self-esteem. The extent to which representational practices that stigmatise young mothers are present in the community and employed by professionals will be one point of investigation.

As social representations precede identities (Duveen, 2001) and are the basis on which people construct their senses of self, social representations of particular groups (such as teenage mothers or

practitioners) play a key part in enabling or limiting the opportunities particular individuals have for constructing positive and empowered senses of self. Howarth (2011) argues that individuals use and re-construct available knowledge to fit and develop their senses of self. These senses of self in turn enable or limit the likelihood to engage in relationships and actions that promote their own wellbeing and enhance positive relationships with others (Campbell & Scott, 2011).

Furthermore, social representations are framed by wider hierarchical power relations inherent in particular communities or societies. It follows that the representations held by more powerful groups in particular social settings (e.g. policy makers relative to practitioners, or practitioners relative to clients) will often enable or limit the extent to which members of negatively represented groups are likely to internalise or resist negative social definitions of their social group. This does not mean that people are necessarily victims of negative social representations. In certain circumstances, even the most powerless people will, in some situations, be able to resist or refuse to internalise negative stereotypes of the groups to which they belong, and construct empowered identities (Campbell & Scott, 2011). However, the degree of social support they get in this process influences the likelihood that this will happen (*ibid.*). The quality of relationships between professionals and teenage mothers, and the representations of teenage motherhood in social policies, will play a key role in providing an analysis of the extent to which teenage mothers' positive identities may be informed.

2.3.1 The role of the 'other' in identity construction

The extent to which we are able to construct different identities (and how many of these) is dependent on our contexts and norms within these contexts (Duveen, 1993; Renedo & Marston, 2011). The representations that more powerful groups (e.g. socially included groups or majority groups) have of our group can constitute symbolic and material constraints which can impede our positive identity construction and our ability to challenge the identities imposed on us (*ibid.*). Symbolically and materially, this may translate to fewer future opportunities (as it is not within our identities to achieve certain things) and fewer opportunities to have one's interests represented in the public sphere. Therefore, identities can be an important tool in the reproduction and transformation of power relations which either constrain or enable social change (Campbell & Jovchelovitch, 2000; Campbell & MacPhail, 2002; Campbell & McLean, 2002; Renedo & Marston, 2011).

Professionals' and young mothers' representations of teenage motherhood inform their interactions and form part of the symbolic environment within which both groups construct their identities (Renedo & Marston, 2011). The construction of identities is an intersubjective mechanism based on the interplay "of the symbolic resources contained in others' and one's own representations about the Self and one's [social] groups" (Renedo & Marston, 2011, p. 270). The ways in which these

mechanisms function, especially between professionals and their interactions with stigmatising professionals, will be highlighted in Chapter five (§ 5.6.4).

For dialogue to take place, there must be a mutual recognition that the other is a "legitimate partner in [the] interaction" (Jovchelovitch, 2007, p. 132). Unequal hierarchies in identity positioning between health care providers and health care users has been found to constrain dialogue and acceptance of each other's contribution to the interaction (Gillespie & Cornish, 2010). Renedo and Marston (2011) found decision-making interaction between professionals and programme participants to be asymmetrical with regard to symbolic and material power. This inequality prevented participants from adequately reflecting their standpoint and needs. This is not to say that in other circumstances people are not able to develop alternative and indeed positive identities despite the negative representations of their social group held by other groups (Howarth, 2006b, 2010; Renedo & Marston, 2011).

Further to linking representations with social identity construction and maintenance, below I incorporate conceptualisations of how stigma, as societal disapproval of one's self, can have damaging consequences to wellbeing.

2.4 Stigma and recognition

Below I will link concepts of stigma to social representations and identity construction, maintenance and change. For the purpose of this thesis I define stigma as societal disapproval expressed through relationships or feelings of exclusion that have damaging consequences to the bearer's wellbeing. In this section I will also provide a discussion of literature on stigma in service settings, before concluding the chapter.

2.4.1 Definition of stigma

Stigma is a 'marker' of social disgrace (Goffman, 1963), which is linked to various phenomena such as mental illness, unemployment, ethnicity, physical otherness (Campbell & Deacon, 2006) or counter-normative activities leading to social exclusion. Greater stigma is often attached to readily visible conditions deemed aesthetically upsetting (Jones et al., 1984). Link and Phelan (2001, 2006) define stigma as the co-occurrence of: labelling human differences, stereotyping, categorical in-group or out-group separation, all resulting in status loss and discrimination through the exercise of power by the dominant group.

Psychoanalytical explanations for stigma hold that symbolic stigmatisation is deeply embedded in the stigmatisors' unconscious fear of uncertainty and chaos (Joffe, 1999), and occurs through their

strong inner desire to construct a world where such uncertainly is reduced. Joffe suggests that when human existence is perceived to be threatened by misunderstood otherness, this otherness is instinctively rejected rather than questioned, evaluated or tested (*ibid.*, pp. 38–39). This standpoint can be elaborated on with the help of SRT, as representations can be used to highlight the strangeness and inferiority of that Other in order to maintain and justify their social exclusion (Howarth, 2001, p. 232) and misrecognition as worthy members of society. As demonstrated previously in this chapter, I deem teenage motherhood to elicit such uncertainty.

Risky behaviour, its association with the 'unhealthy Other' and its projection onto the out-group is a social process which is linked to the normative morality in a given society (Crawford, 1994; Farrimond & Joffe, 2006). Thus, stigmatised groups or individuals experience social disapproval, leading to restriction of their activities or locations which can result in isolation and social exclusion (Farrimond & Joffe, 2006), low self-esteem and depression (Link & Phelan, 2006). Stigma is particularly encountered in disadvantaged communities, where several forms of deprivation often occur simultaneously, such as poverty, poor health, gender discrimination (Abadia-Barrero & Castro, 2006; R. Parker & Aggleton, 2003), stigmatising disability (Reeder & Pryor, 2000), social marginalisation or social exclusion (Deacon, 2006), many of which are also realities for young mothers. Link and Phelan (2006), however, lament that the multiplicity of stigmatising conditions are rarely fully considered together in the literature and doing so would give greater insight into the outcome and impact on people's lives.

It is also proposed that an individual's knowledge of their stigmatising condition can encourage the actions that lead to the stigmatisation in the first place, for example welfare stigma can lead to the perpetuation of welfare use (Page, 1984). Furthermore, poverty has been found to undermine resistance to stigma, and a negative relationship between deprivation and taking advantage of health campaigns has been established (Campbell & Deacon, 2006). It could thus be argued that stigma, particularly coupled with financial disadvantage, undermines social participation and wellbeing. As these are all characteristics conventionally found in young mothers, this study seeks to explore the extent to which teenage mothers in London feel subjected to stigmatisation by professionals and their wider social milieu and what the potential impact of this could be.

One's socio-economic status is found to be a factor which limits the ability to resist the internalisation of stigma, as Farrimond and Joffe (2006) demonstrate with the example of stigma attached to smokers by non-smokers. Smokers with higher socio-economic status were able to reject claims that would position them as stigmatised and would provide socially valid counter-arguments and less negative views of their behaviour, whereas more deprived smokers struggled to maintain a positive identity when they felt that their health behaviours were challenged (Farrimond & Joffe, 2006). I argue that stigma of teenage motherhood is coupled with the assumption that teenage

mothers come from and remain in lower socio-economic circumstances. Unlike stigma against smokers, therefore, stigma against teenage mothers is not independent from assumptions about social class and young mothers' resistance to stigma against teenage motherhood is coupled with stigma against their socio-economic status. Others, however, have found that there is a possibility for the stigmatised to contest and transform the stigmatising representations of their social groups they are subjected to (due to their membership) through exercising agency, resistance and change (Campbell & Deacon, 2006). However, external support may be necessary in cases where several factors of disadvantage act simultaneously.

In the context of many young mothers' adverse backgrounds it is noteworthy that stigma does not inevitably lead to disadvantage, and disadvantage does not automatically trigger stigmatisation (Miles, 1989). Further, stigma is not necessarily a disadvantage in itself (Campbell & Deacon, 2006); instead, stigma has been found to enable group mobilisation and, in a few cases, a stigmatising characteristic can lead to gaining social status in a particular community (Deacon, 2006). What Goffman calls a "prestige symbol" (1963, p. 59) may be perceived as desirable and as a sign of high status in one community or context but not in another, such as having a baby at a young age. Also, drawing special attention to the stigma itself can result in the idealisation of the stigmatising condition (Jones et al., 1984), and could have the potential to result in copying behaviours. The wider public perception of a stigmatising characteristic can thus not be assumed to have an impact (positively or negatively) on the local or individual level. Therefore, the interplay of social representations, identities and conditions which lead to stigmatisation through institutional and community forces need to be considered on a case by case and local basis.

The exercise of power when ascribing stigma has direct consequences on the wellbeing of the owners of socially undesirable conditions. Being ascribed a stigmatised identity can result in a feeling of lack of control over one's life and negatively impact one's wellbeing (Daanen, 2009). For the stigmatised, lack of power increases the likelihood of being exposed to risk without the protective devices necessary to resist the internalisation of further stigmatising identities (Link & Phelan, 2006). Those considered 'at risk' in the service context and whose own knowledge is considered of lesser value than that of the professional are deemed passive recipients of practitioners' knowledge (Foucault & Gordon, 1980). Whether this misrecognition of lay knowledge is present in specialised services is of particular interest in terms of the concern of SRT with dialogical knowledge encounters (as demonstrated previously).

My study is located within the framework of multi-level explanations for stigma, rather than individual-level or macro-level explanations. As multi-level explanations for stigma draw on the latter two, I shall provide an outline of each, and demonstrate how this approach is particularly well aligned with the broader framework of the 'structural approach' to SRT used in my study.

In individual-level approaches to stigma, the wider social power structures within which stigmatisation occurs are neglected in favour of examining the psychological traits of stigmatisors and (less so) stigmatised (Campbell & Deacon, 2006). This approach aligns stigma with ignorance, where informing and educating stigmatisors about the stigmatising condition are seen as suitable tools for stigma reduction. Simultaneously, counselling of stigmatised individuals is seen as helpful for dealing with the stress incurred through stigma (Campbell & Deacon, 2006). Practically, this approach is not useful here because the underlying social forces and power structures in which young mothers and professionals operate are not addressed. The various reasons why stigma comes about are thus seen on too individualistic a level and would not fit within the social constructionist approach of this project. By itself, this approach is too narrow to understand the influences of stigma on social groups based on relational and dialogical social processes.

Macro-social explanations of stigma do not consider stigma to be merely imposed by one individual on another, but also take into consideration the way in which stigma is constructed within wider social inequalities and the complex intersections of power struggles, exclusion, gender, class, ethnicity and so on, that frame inter-individualistic interactions (Campbell & Deacon, 2006). Yet, the individual's psychological motivations are given little attention in this approach (*ibid.*), which limits its usefulness for my work. These motivations are important as they can hinder patients from engaging in healthy activities or care-seeking despite their apparent willingness (Link & Phelan, 2006). Further, in macro-social approaches, the stigmatised groups' psychological ability to reduce stigma is not given enough attention as the social forces in this approach are seen to overrule the individual's cognitive capacity (*ibid.*). On its own, this approach is too broad to understand the impact of stigma on social groups.

Therefore, this research project shall adopt a multi-level framework for stigma, which takes account of both individual and complex social dimensions of inequality. The combination of individual and macro-social approaches links stigma to processes of representations and as such this framework provides a useful tool for investigating "individual compliance, change and resistance to stigmatisation" (Campbell & Deacon, 2006, p. 412). Multi-level explanations of stigma are well suited to alignment with the social representations perspective, and specifically the 'structural approach' taken in my study, as the complex social relationships of the world, and the way in which individuals and groups align themselves along these, are key components of both approaches. Further, the selection of what a group understands to be a stigmatising condition emerges on a social level (Link & Phelan, 2006) and is thus a specific form of representation. The range of representations guiding practitioners' conceptualisations of young mothers are, therefore, accommodated within this theoretical framework. A multi-level framework of stigma is useful in that it considers a wide range of factors, both social and individual, and as such offers a holistic approach to the complex

phenomenon of professional–client relationships. It is important to note, particularly with regard to being ascribed a stigmatised identity, that these are not necessarily accepted and internalised, rather "[s]tigmatized … identities present a problem, forcing us to think about who we really are in order to contest this dominant representation of who we are not" (Daanen, 2009, p. 380). The extent to which young mothers and practitioners are forced to think about and actively create who they are and who they are not will be addressed in Chapters four, five and seven.

2.4.2 Stigma, recognition, social representations and social identities

Implicit in my work are the assumptions that empowerment, agency and recognition can help teenage mothers to achieve the best possible wellbeing if they are respected, recognised and given social value. If stigmatised, this recognition is not given and hence mothers' potential wellbeing is undermined.

Goffman (1963) emphasises the need to understand stigma in relational terms rather than with regard to attributes of a given person or group. Viewing stigma in terms of the negative social representations of teenage motherhood, particularly those held by professionals and policy, I pay particular attention to the dialogues and processes through which these are internalised or resisted by young mothers, and lead to positive or negative social identities. I understand social identity in terms of Mead and colleagues' observation that social identities are heavily determined by the ways in which we are viewed by others (Mead, Morris, & Morris, 1934). Further, Honneth (1995) argues that a vital precondition for human wellbeing and agency is that people are recognised as having value by those around them. Stigma arises when people are denied such recognition. In this thesis, I examine the extent to which teenage mothers are able to resist stigma through refusing to internalise negative representations of teenage motherhood and by constructing more positive social identities. I do this through examining the pathways through which they resist stigma by drawing heavily on certain peripheral elements of representations, and constructing positive social identities, even in hostile symbolic environments.

By bringing together stigma, social representations and concepts of social identities, I highlight that identities frame our sense of self-esteem and the ways in which people engage in positive social relationships and behaviour that enhances our wellbeing. As people in marginalised social groups have less opportunities to construct positive identities, ways of using social representations in resisting the internalisation of stigma can be explored through the 'structural approach'. Chapters four and five highlight empirical evidence of how teenage mothers and professionals resist the internalisation of stigma in order to construct positive identities for themselves.

Daanen (2009, p. 379) proposes that "[t]he disturbing and troubling fact about stigmatisation of any sort is that the meaning of one's own existence is in some sense problematic and called into

question". Social representing could be deemed in many cases as passive, non-conscious and/or non-deliberate stigmatisation as people draw on personal experiences and social knowledge in interactions with each other. Nevertheless, in some cases stigmatisation is a more conscious and deliberate process. By maintaining the social order without questioning it we all perpetuate existing stigmas against certain people and segments of society. As researchers, we are able to unravel some of these representations.

2.5 Conclusion of theoretical framework

The aim of this chapter was to introduce the theoretical concepts underpinning my methodological and empirical explorations of social representations of teenage motherhood held by teenage mothers, practitioners and in policy documents. The relationship between social representations and formations of social identities was discussed and its importance on a conceptual level to my thesis highlighted. The necessity to address concepts of stigma and incorporate these into the processes of social representations and identities was mapped out; this included a discussion of power relations and struggles in challenging traditional ways of being in the world and, as such, representing it.

Chapter three demonstrates how the triangulating of research methods allows the core and peripheral social representations of teenage motherhood negotiated by teenage mothers, specialised practitioners and in policy to be unravelled.

3. Methodology

Heart – Instinct – Principles.

Blaise Pascal (2008)

3.1 Chapter overview

The aim of this third chapter is to demonstrate how the triangulation of three inter-related research undertakings presented in this thesis was designed to answer the research questions. Firstly, I will provide an epistemological rationale for choosing a case study in London and qualitative analysis with the theoretical underpinning of the 'structural approach' to SRT. The transparency of sampling and data collection processes and their relevance to empirical and theoretical problems are demonstrated. The analytical details and procedures of interviews and focus groups with teenage mothers as well as observations at a teenage mother and toddler group (Study one), interviews with practitioners (Study two) and an analysis of policy documents (Study three) are provided. Further, I will discuss the use of thematic analysis with regard to the 'structural approach' to social representations. I conclude this chapter by reflecting on my subject position and influence on participants, and by pointing to ethical considerations as well as practical and theoretical limitations of my methodological approach.

3.1.1 Epistemological background

To introduce my methodological approach, firstly, I provide a rationale for my theoretical and practical research design of a case study. Cornish (2004, p. 91) argues that a chosen research design depends on the multiple theoretical and practical constraints with which a researcher is faced. It is the task of the researcher to find the most suitable research design that can adequately answer the questions (which in turn are shaped by constraints) and provide a coherent analysis and answers to the research questions (*ibid.*). In this chapter I aim to detail the procedures of my data collection and demonstrate the analytical process which brought me to the conclusions I present in this thesis. I acknowledge that these may not be the only, but certainly one plausible and valid, set of findings and conclusions (Bauer & Gaskell, 2000).

3.1.2 A London case study

An in-depth case study design was chosen in order to draw on the particular issues, circumstances and realities in a defined community (Yin, 2009). The benefits of this approach are the ability to highlight ways in which one given community and its members operate and, in this case, to assess the underlying constraints and opportunities for positive identity construction for young mothers

arising from the familiarity with the environment. Flyvbjerg (2001) argues that researchers need to do justice to the local contexts and reflect on the situation they encounter in the data collection. One way of providing this level of detail is by conducting in-depth community case studies (*ibid.*). Community psychologists argue that a person cannot be understood outside his or her context (Cornish, 2004); as such, observations allowed me to familiarise with the context and draw on these experiences in my data analysis. By placing myself in the community through attending a playgroup for teenage parents over a period of 13 months, I developed the necessary 'skilled sensitivity' to the context which allowed my 'skilled working' with the phenomenon of teenage motherhood in London (Cornish, 2004; Flyvbjerg, 2001). Through using triangulation of methods and datasets in a way that has not been conducted before, this case study provides a novel contribution to the literature.

Campbell (in a personal communication, 2011) argues that the case study method needs to distinguish between two forms of research: on the one hand, *hypothesis-testing* research is used when the researcher has a clear idea of what he or she is looking for and is able to tightly define and measure variables. On the other hand, *hypothesis-generating* research is used when the area of interest is underexplored, where there is no clearly defined idea about what the researcher is looking for, or how best to define the variables of interest. The goal of this chapter is to describe the hypothesis-generating approach taken in this study. A criticism of the case study design is its limitation to generalise findings to a wider context, which I will address later in this chapter (§ 3.7).

3.1.3 Core and peripheral systems and qualitative data analysis

It is considered that "[m]ethodology relates and actually depends upon theoretical issues, which in turn are bound to epistemological conceptions" (Jovchelovitch, 2007, p. 172). In social representations research, methodological choices should be based on the context and complexity of the phenomenon in question (Wagner et al., 1999) in light of the research problem the project seeks to address. More particularly, some authors advocate the use of multi-method approaches (e.g. Farr, 1993), and the choice(s) of method(s) should enable the researcher to identify the instances and circumstances under which social representations are produced and used (Jodelet, 1991)[9]. In addition, qualitative studies can potentially inform policy through their ability to provide evidence and solutions around complex, and in this case, sexual health-related research problems (Tolman, Hirschman, & Impett, 2005).

Traditionally, studies interested in core and peripheral elements of social representations are conducted through quantitative methods (e.g. Abric, 1984; Flament, 1994) with a perspective of hypothesis testing rather than hypothesis generating. In the 'structural approach', the symbolic,

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[9] To the extent that all data collection instances in which participants are aware of the researcher are 'unnatural' situations and therefore have an impact in the social representations drawn on and at work, Jodelet's approach/prescription is particularly difficult to operationalise in an ethical manner.

associative and expressive values (Abric, 2001) of the core system are measured and quantified. Wagner et al. (1996, p. 332), however, argue that "numerical consensus [is] an insufficient criterion" to determine whether a discourse is a social representation. Furthermore, the 'structural approach' holds that discourses alone are unable to grasp the complex systems of knowing and being that are social representations (Parales Quenza, 2005). I aim to address these 'warnings' through qualitative methods, particularly through observations. Applying a 'structural approach' methodology to qualitative data is an underexplored approach which only a few researchers have attempted (Parales Quenza, 2005) and thus constitutes a theoretical and methodological contribution to the literature. The use of quantitative methods (and especially experiments) in social representations studies is criticised due to the difficulty of generalising findings from an experimental setting to a social scene (*ibid.*). By combining the 'structural approach' with qualitative methods I aim to 'keep the *social* in social representations', rather than focusing on individuals and cognitive processes in controlled environments, to investigate social representations in the environments in which they are produced, maintained and challenged.

3.2 Research location

The research location in London has historically had one of the highest rates of teenage motherhood in the UK and as such is among the areas to which Government policy has awarded specific focus. Due to reasons of confidentiality, the introduction of the research location is deliberately kept brief and the area will be referred to as 'London' or 'the research location'. There are a range of specialised services and professional groups to reduce the number of teenage conceptions on the one hand, and support teenage parents on the other hand, which is why the research project is based in London. The anonymity of the research location and the services in this study is ensured to protect the identities of the practitioners who were interviewed and the teenage mothers drawing on those services.

The research location has a high level of deprivation based on economic, social and housing circumstances (Leeser, 2011). The area shows considerably higher levels of ethnic diversity than the national average; there is a high proportion of lone parent households with dependent children, and unemployment rates are above the national average (MacInnes & Kenway, 2009). These statistics are important to the contextualisation of teenage motherhood by professionals in the research area, and contextualising the mothers' lives.

In 2010, in the research area there were just fewer than 600 conceptions (a conception rate of approximately 53 per 1000 female teenagers under the age of 18), over 350 abortions (an abortion rate of approximately 33 per 1000 female teenagers under the age of 18) and between 200 and 250 births to mothers under the age of 18 in the research location (a birth rate of approximately 21 per

1000 female teenagers under the age of 18) (ONS, 2010)[10]. Data also show that the research location has higher teenage pregnancy rates than would be predicted on the basis of its deprivation level (Bradshaw, Finch, & Miles, 2005), indicating that deprivation itself may not be the driving factor for teenage conception in this area, or that teenage mothers are financially better off than would, statistically, be expected. Diamond and colleagues (1999) have further found that teenage pregnancy rates are dependent on multiple factors in deprived areas, including low self-esteem and lower educational aspirations.

The following section demonstrates how the data for each empirical chapter were collected and analysed, starting with interview and focus groups assisted by photographs as well as observations with young mothers, followed by in-depth semi-structured interviews with specialised practitioners and concluding with the thematic analysis of policy documents.

3.3 Study 1 – Young mothers

The aim of collecting data from teenage mothers was primarily to establish their social representations of teenage motherhood. The secondary aim included was to gain an understanding of their representations of self with regard to the services available to them and social representations of teenage motherhood more generally. The difficulties and constraints in engaging and retaining participants in the project are highlighted and the benefits of using observations as a research method when working with teenage parents are discussed below.

3.3.1 Interviews and focus groups with young mothers

Jovchelovitch (in Wagner et al., 1999, p. 100) highlights the importance of understanding "knowledge produced by a community of people, in conditions of social interaction and communication, and therefore expressive of identities, interests, history and culture". With the aim of analysing teenage mothers' social representations of teenage motherhood through the 'structural approach' as well as young mothers' identity constructions, focus groups were chosen as a methodological tool to allow these representations to emerge through young mothers' social interactions. Focus groups are considered an ideal methodological approach to social representations research (Lunt & Livingstone, 1996) as they enable dialogical encounters and fairly unrestrained communication between participants (Marková, 2007a). However, this method should only be used with participants from the same background in order to control for existing knowledge and power dynamics (Rice & Ezzy, 1999), to allow for all views to be heard. The dialogical dynamics of a focus group can further provide insights into the shared lived experiences of participants which no other method can elicit (Wellings, Branigan, & Mitchell, 2000). As will be demonstrated in § 3.3.3, it was not possible to conduct focus groups with all mothers, in which case semi-structured

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[10] These statistics are deliberately kept presented in rough numbers due to reasons of confidentiality.

interviews were conducted[11]. Rather than being at odds with each other, interviews and focus groups are found to elicit "complementary dimensions" of participants' representations (Priego Hernández, 2011, p. 96). The data collection process is demonstrated below.

From interviews with professionals I understood that teenage mothers were often difficult to get hold of, unreliable in attending meetings and had different schedules and routines to the 'normal' 'nine to five' working hours. In addition, from professionals' interviews I also knew that young mothers could be difficult to engage and open up to 'strangers'. On this background, it seemed more appropriate to try to engage with mothers over a longer period of time in order for them to have the opportunity to familiarise with me and speak comfortably and openly with me.

The initial design was to invite participants to take photographs (with a disposable camera which I gave to them) of things and people that before, during and after the pregnancy: i) supported and helped them, ii) made them happy, and iii) they needed and trusted. On return of the cameras, I would print two sets of photographs and give one set of pictures to the mother when conducting the focus groups. When meeting with the mothers, I would ask them to explain and describe the images with the aid of a question guide (Appendix A) and the analysis focused on their discourses around the pictures, rather than the pictures themselves. Informed consent was sought from all mothers at the time of giving out cameras (Appendix B) and it was explained to them that consent also had to be sought from those people of whom they would be taking pictures (Appendix C).

Data collection proved a challenging task. Out of 28 disposable cameras given out to mothers (and two fathers in order not to make them feel excluded), 13 were returned (see Figure 4). Loss or breakage, moving away from the supported housing accommodation or the area altogether, mothers not returning to the playgroup, or a non-explained subsequent lack of interest were the most common reasons why cameras were not returned. Even though I repeatedly (up to a point) asked those mothers who regularly came to the playgroup about their cameras, "I forgot" or "I'll bring it next week" were the most common responses. Of the 13 returned cameras, four mothers and one father could not be interviewed due to their moving away or inability to arrange a meeting. One mother gave me a memory stick with photographs instead of taking a disposable camera. In total, I was able to conduct interviews and focus groups with nine mothers who had provided photographs.

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[11] Interviews as a research method are introduced in § 3.4.1 because they were used with practitioners.
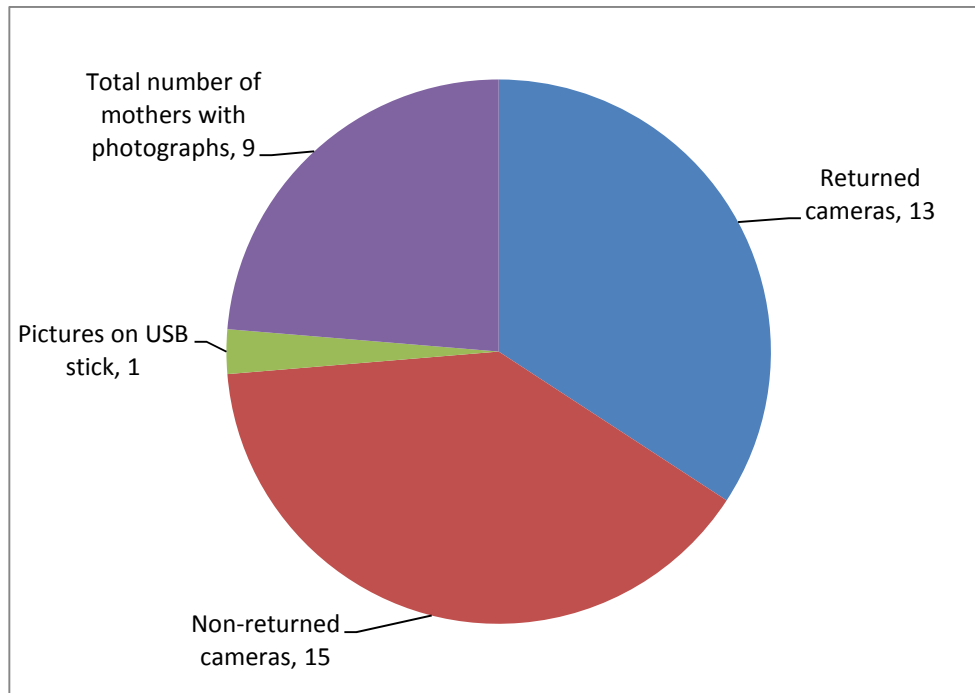
Figure 4: Cameras returned and non-returned

At the hospital (where I had previously interviewed practitioners), despite an initial agreement with the lead midwife and obtaining clearance to approach the mothers, staff changes and an inability to contact and/or receive a response from staff members resulted in me being unable to collect data from pregnant teenagers there.

At the first supported housing unit I approached, the service provider (Cindy) told the mothers about my project (with the aid of documents in Appendix D); and three mothers were interested in participating. It was then agreed that I would come to the house at three o'clock one afternoon to explain the project in detail, answer further questions, obtain consent and hand out cameras to mothers. On my visit I noticed that the information I had emailed to Cindy was both displayed on a noticeboard and among magazines and information packs in the shared living space of the house. Although I had hoped to meet the group of three mothers who had shown interest in taking part at the same time, the three mothers arrived at various times in a 65 minute window, which meant that I had to speak to each mother individually. All the mothers wanted to take part and it was agreed that Cindy would collect the cameras and I would pick them up two weeks afterwards. I assured the mothers that they could contact me if they had any questions, or Cindy could forward questions on their behalf. While there was no contact from the mothers' side, Cindy informed me a week after my visit that one of the mothers had to leave the house (for a reason she was unable to disclose) and would not be able to take part any longer. When I tried to collect the other cameras, Cindy informed me that she too would be leaving her job at the housing unit and that I would have to liaise with Felicity (a general manager at the housing organisation), who would be running the house temporarily after her departure. Felicity managed to collect one set of cameras, which I picked up

and developed. This mother also moved out shortly afterwards and I was unable to interview her. Felicity also gave me the telephone number of the third mother (with her consent), so that I could contact her directly. After several phone calls and text messages, the mother left her cameras in her pigeon hole at the housing unit's reception for me to pick up. After yet more phone calls and text messages, we arranged an interview at the house.

In the second supported housing unit, Sophie (the service provider who I had interviewed there) invited me to come to a monthly group session at the house to discuss issues and concerns with regard to the house, living arrangements and related topics. Three mothers were present, two of whom agreed to take part in my research. Sophie (and the two mothers) quizzed the reluctant mother why she would not participate to an extent that made me feel uncomfortable and I reiterated that she did not have to take part. When I contacted Sophie to pick up the cameras she informed me that one of the mothers had to leave the house and she would try to get the cameras back for me, however, the mother was currently of no fixed address and not responding to Sophie's calls. Eventually the other mother left her camera with Sophie and when I picked it up Sophie and I arranged my meeting with the mother for the following week on the understanding that Sophie would confirm this date later in the week. On the morning of the arranged meeting, Sophie called me to say that the mother had to take her child to the doctor and could not, therefore, come to our appointment on time. She gave me the mother's number and left me to rearrange a meeting. After several text messages and attempts to call, I rearranged the meeting for the following week and we were able to conduct an interview. Although I was admittedly frustrated, I was also glad to be able to understand and affirm practitioners' experiences of having to work around mothers' schedules and changing circumstances first hand.

At the playgroup I attended, I first introduced my study to all the mothers who were present a few weeks after I first came to the group in order to give the mothers time to familiarise with me. Several mothers agreed to take part at this stage and I handed out disposable cameras. In the following weeks, rather than addressing the entire group again, I approached mothers who had not been at the initial introduction individually (either on the suggestion of a professional or after asking a professional if it would be appropriate to ask particular mothers as a means of gaining the gate-keepers' consent and not causing undue distress). Over several weeks and months I attempted to recruit as many participants as possible. Despite the initial enthusiasm of some mothers, it proved rather difficult to have the cameras returned, pictures developed and focus groups (which I had originally planned) organised. This resulted in my opting for individual interviews in cases where I had developed the pictures and the mother was present at the playgroup (as I did not want to risk her not coming back and hence not being able to interview her). This inability to forward plan the data collection resulted in the process taking several months longer than originally thought and recruiting fewer mothers than I had anticipated based on the initial positive response.

All interviews and focus groups were conducted in a separate room at the playgroup, and all were interrupted by professionals and other mothers for a range of reasons (e.g. wanting to use the telephone in that room, informing the mother that her baby had woken up, and disinterest in the discussion on contraception which was held at the other room). Some mothers took their children with them to the interview room; others left them in the crèche. In the interview/focus group, I gave the pictures to the mothers and let them look through them before asking questions. Mothers then answered my questions and made collages out of the pictures which they took home afterwards. Towards the end of my data collection, more mothers became interested in participating due to the nice collages participating mothers had produced.

3.3.2 Observations and field notes

In addition to interviews and focus groups, drawing on field notes is a useful tool in contextualising the data, it adds to the thick description in data analysis and makes processes and findings more transparent (Bauer & Gaskell, 2000). Based on the background of SRT, observations and field notes are important to reveal and understand gestures and rituals of a given community which are not necessarily spoken about (Gervais & Jovchelovitch, 1998a, 1998b; Jodelet, 1991). In my case, field notes were of interest as they captured spontaneously arising as well as deeply embedded interactions between professionals and mothers that deepened my understanding of professionals' representations of teenage motherhood. Moscovici (1988, p. 241) affirms that observations help the researcher to understand the "structure of social representations *in situ*", arguably especially important with regard to the 'structural approach' to SRT used in this thesis.

Through the lengthy progress of collecting interview and focus group data with teenage mothers I was able to gather a large amount of field notes and make observations. The total number of hours of observations at the playgroup exceeded 200 hours and notes were taken over a period of 13 months. During this period, I took many positions between complete observer to complete participant (Mulhall, 2003), while aiming to stay flexible in the roles and observe unspoken representations. Being an 'outsider' at the playgroup, my attendance allowed me to get to know the regularly attending mothers and practitioners, leading to several in-depth conversations (Bonner & Tolhurst, 2002). After several months of attending the playgroup as a volunteer and observer-participant, I was invited by the professionals who ran the group to join their 'debriefing' sessions at the end of each session. Due to reasons of confidentiality, these informal discussions do not form part of my data analysis, however, they informed my ability of a 'thick description' and deeper understanding of mothers' situations and professionals' struggles.

Further field notes were taken at two antenatal classes specifically designed for teenagers and conducted by specialised midwives and at the charity where Maria (a case worker) was interviewed.

The note taking followed the pattern suggested by Spradley (1980) of space, actor, activity, object, act, event, time, goal and observer's feeling. A research diary was kept that captured impressions, feelings and further questions about the research field arising from the interviews and general observations when conducting the research. This was used as an aide-memoir in the data analysis stage to establish my perceptions and feelings before and after the interview and the general circumstances in which the interview was conducted. Further, it included notes of what interviewees spoke about before and after the audiotape recording, in case this information would be useful to contextualise other findings.

Sandelowski (1995) suggests that qualitative research ought to aim at conducting deep and case-oriented analyses which would be impossible to achieve with a large sample size. Indeed, to capture the 'raison d'être' of qualitative research it must not be evaluated against "conventional scientific criteria or rigour", rather, "the artistic features of qualitative inquiry" need to be taken into account when assessing such work (Sandelowski, 1986). Sandelowski (1998) further argues that qualitative research is quintessentially about understanding a particular in the altogether, which is precisely my aim in understanding teenage mothers' social representations of teenage motherhood in the research location. The difficulties of retaining teenage mothers in the project (as I outline below) not only validates professionals' experiences of working with teenage mothers, it also constitutes a 'natural selection' for those mothers who appeared most reliable, settled, confident and willing to share their experiences with me or found a personal benefit in participating. I do not argue that my sample of participating mothers reflects a typical teenage mother in London. My observations at the playgroup confirm that many mothers' circumstances were more difficult than those of the mothers who agreed to take cameras and take part in an interview or focus group (such as being brought up in foster families, domestic violence, hiding the pregnancy and even motherhood from parents, unsecured housing circumstances, involvement with social services, etc.). The findings in my research thus have to be evaluated against this background. Social desirability bias in mothers' selection of what to take photographs of and what to talk about also needs to be considered in the findings. The differences in professionals' and policy representations of teenage motherhood and mothers' representations of self and teenage motherhood which the analysis reveals could, therefore, stem from the sample bias in the teenage mothers who participated in my project. I will discuss the implications of this possibility in more detail later.

3.3.3 Participants

My sample was made up of 14 parenting mothers who had their first child between 16 and 19 years of age. Mothers were recruited in two 'supported housing' locations and at a weekly playgroup for teenage mothers and their children, which I attended between September 2009 and November 2010. Criteria for participation were kept broad, to facilitate recruitment. The main conditions were those of: i) having lived in London when the baby was born and still living in the area at the time of

the interview, and ii) having been between 16 and 19 years of age at the time of pregnancy with the first child. This age group was selected to ensure that all participants: i) were teenagers at the time of conception, ii) could claim Government benefits for themselves where applicable (as for 15 year olds and under, the parent or guardian has to claim on their behalf), iii) had the opportunity to attend 'mainstream' educational institutions if desired (i.e. secondary school, 6th form college or a further education college). Despite these broad criteria, I wanted to ensure that all mothers were entitled to as much of the same or similar range of services as possible, within the feasibility and scope of this project.

Table 2 demonstrates the characteristics of the mothers who participated in interviews and focus groups and who will be mentioned in extracts of field notes based on observations. Pseudonyms are used to protect the identity of the young mothers. As I visited the playgroup over an extended period of time, I marked the mothers' and children's age, as well as the educational, living and relationship situation at the time of the interview. Table 3 outlines the data collected from teenage mothers. Figure 5 visually represents the ethnic backgrounds of participants.

Table 2: Overview of young mother participants

Name	Location	Age at interview	Child's age at interview	Contact with father	Education/Work	Living situation	Ethnicity	Focus group/ Interview
Monica	Supported housing	17	4 months	Yes	At college.	Had to leave mother's house due to overcrowding.	Black Caribbean	Interview
Celine	Supported housing	17	1st: 1 year 2nd: 3 months	Yes	No interest in education/employment.	Had to leave mother's house due to overcrowding.	Black African	Interview
Tamara	Playgroup	18	4 months	No	At college.	With mother.	Black Caribbean	Focus group
Julia	Playgroup	18	1 year	Yes	Interest in college.	With family and partner.	White South American	Interview
Rachel	Playgroup	18	6 months	No	Interest in university.	With family.	White African	Focus group
Charlotte	Playgroup	19	1 year	Yes	Part-time work.	With mother.	Black Caribbean	Observations
Grace	Playgroup	20	1 year	Yes	Had to leave work due to pregnancy. Wants to return.	Thrown out of mother's house. Supported housing.	Black Caribbean	Interview
Amanda	Playgroup	20	2 years	No	Full-time mother.	Temporary accommodation.	Black Caribbean	Focus group
Emma	Playgroup	20	1st: 2 years 2nd: 4 months	Yes	Left university due to first pregnancy, wants to return.	With partner and children.	White British	Focus group
Sandy	Playgroup	20	2 years	Yes	Full-time mother.	With partner and child.	White South American	Observations
Stacy	Playgroup	21	1 year	Yes	Completed college. Interest in other course or work or college.	With partner and child.	White British	Focus group
Barbara	Playgroup	21	1st: 5 years 2nd: 1 year	Yes	Interest in college.	With partner and children.	Mixed	Focus group /Observations
Shannon	Playgroup	21	2 years	Yes	Full-time mother; might want to return to college after another child.	With partner and child.	White South American	Observation/ Personal discussions
Noemi	Playgroup	23	5 years	No	At university.	Independently with child.	Black African	Focus group

Name	Location	Age at interview	Child's age at interview	Contact with father	Education/Work	Living situation	Ethnicity	Focus group/ Interview
Returned cameras, no interview								
Mary	Supported housing	N.A.	N.A.	Yes	No information	With partner and child.	White British	N.A.
Josephine	Playgroup	N.A.	N.A.	No information	No information.	No information.	Black Caribbean	N.A.
Thomas	Supported housing	N.A.	N.A.	Yes	Work.	With partner and child.	White British	N.A.
Peter	Playgroup	N.A.	N.A.	Yes	Work.	With partner and child.	White British	N.A.

Table 3: Data collected from teenage mothers

Type	Number and duration (where applicable)
Individual interviews	4 – Duration: Between 50 minutes and 75 minutes
Focus groups	3 focus groups with a total of 7 mothers, two who did not take photographs and one who gave me her pictures on a USB stick – Duration: Between 1 hour and 1 ½ hours
Cameras given out	28 (24 at the playgroup)
Returned cameras	13
Non-returned cameras	15
Pictures on USB stick	1
Total number of mothers with photographs	9
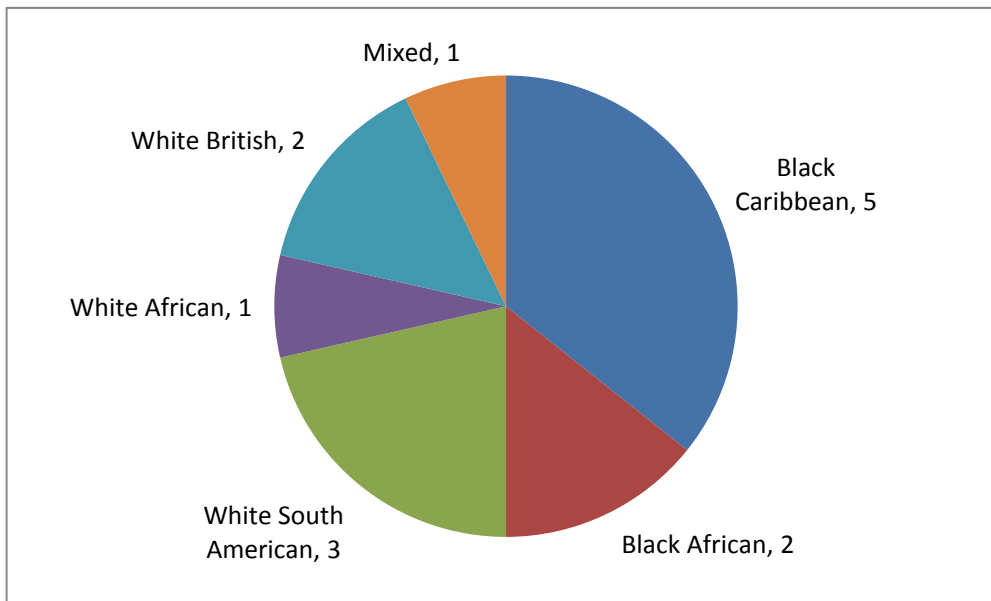
Figure 5: Ethnic backgrounds of teenage mother participants

Although there is more qualitative research with teenage mothers emerging in the literature (Dawson, 1997; Kane & Wellings, 2007; Phoenix, 1991), the sample sizes in the majority of these projects in the UK (especially work submitted for the degree of PhD) do not tend to exceed 20 mothers (Tomilson, 2008; Yardley, 2009). Indeed, although this can be deemed a limitation to my research, it can also be interpreted as a mere reflection on the nature of teenage mothers' lives and (lack of) willingness to participate in research projects. Over the 13 months period during which I visited the playgroup, around 60 young mothers attended the group while I was there. Some mothers only came to the group once or twice, others came almost every week. I approached approximately 40 mothers and all three fathers who ever attended the group. Of these, 23 mothers and one father at the playgroup took a camera and were (initially) willing to take part in the project.

3.4 Study 2 – Practitioners

The aim of this section is to map out how and why the service providers I recruited are suitable to reflect the social representations circulating within specialised services for teenage motherhood in the research location. I argue that in-depth interviews and observations are well-suited research tools for unravelling how professionals construct shared understandings, values and ideas about young mothers, which are reflected in their relationships and practices with them. In this section I firstly want to demonstrate why the use of interviews and drawing on field notes was a sound and adequate methodological choice to produce data that would enable me to understand the representations professionals drew on and employed to represent teenage motherhood and the impact of these on their identities as practitioners. Secondly, I demonstrate the data analysis process

of combining thematic analysis with the 'structural approach' as it is integral to the research design to adequately answer the research questions.

3.4.1 Interviews with practitioners

The goal of this section is to introduce the method of semi-structured interviewing and to discuss how this method was applied in the data collection.

In-depth interviews are useful tools in qualitative social research as they provide the researcher with a range of opinions and representations (Bauer & Gaskell, 2000), not only between individuals and organisations, but also within individuals themselves. It is important that the researcher does not, within the remit of their ability, impose any of her own views onto the participant (Farr, 1993). Semi-structured interviews exploring professionals' representations of their work, goals and strategies aimed at teenage mothers were used to map representations of young motherhood, their needs and their own roles in relationships with young mothers. The accumulation of a wide range of representations of young motherhood and kinds of relationships between professionals and mothers from different service settings was deemed more important than the total number of interviews (Bauer & Gaskell, 1999, p. 44). An understanding of different versions of reality which stem from social processes helps to contextualise representations of young motherhood within the local language and local knowledge of professionals which is deemed an indicator of good quality data (Bauer & Gaskell, 1999).

The data analysed were based on 17 semi-structured in-depth interviews (Bauer & Gaskell, 2000; Flick, 2006), mostly lasting on average between 50 and 60 minutes, and mostly recorded and fully verbatim transcribed as part of the research process (Kvale & Brinkmann, 2009) between September 2008 and May 2009. One interview lasted no more than 15 minutes due to its circumstances of being conducted while waiting for young mothers to come to a meeting and stopped when the first mother arrived[12]. Another interview lasted close to two hours and included my being shown a video of the professional interviewing teenage mothers about the service provision at the institution she worked at. This interviewee also took out and read from notes that she had taken in previous years which she thought were relevant to providing background information and illustrating her work. Overall, I was received with hospitality in all services, was offered tea, coffee, water or even biscuits and cake. I conducted all bar one interview in person, one was conducted on the telephone where verbal consent for recording was sought and granted. Before the interview, an informed consent form (Appendix E) was signed by the interviewee and permission to record the interview was sought. Two participants preferred not to be audiotaped in which cases I took extended notes as far as

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[12] Although the professional and I hoped to continue the interview at a later stage, this was made impossible by the interviewee's leaving of the organisation (and the country). I attempted to receive some further answers through emailing a selection of questions to the participant, however, I did not receive a response.

possible during and after the interviews. The majority of interviews took place in the interviewee's workplace; one was conducted at the LSE. I interviewed the majority of participants during their working hours; some however made time for me after their work. Conducting interviews during participants' working hours resulted in the interviews being commonly interrupted by the ringing of participants' mobile phones and their answering of (urgent and non-urgent) calls and text messages from clients, colleagues or family members. Although this conduct was somewhat disruptive to the interview process, it reflects the working lives and realities of my interviewees and is, therefore, an integral part of their shared realities in the workplace. A debriefing form (Appendix F) was given to interviewees after the interview and they had the opportunity to ask any questions with regard to my thesis. The interview guide (Appendix G) was structured for the purpose of the research (I. Parker, 2005) and discussed between myself and my supervisor, piloted and adjusted during the course of the data collection process. As the main topics of questioning remained constant, and as interviews were semi-structured, it was deemed appropriate to include pilot interviews in the body of collected data. Saturation was reached when interviews confirmed previous findings rather than revealing new themes (Bauer & Gaskell, 2000). At this stage, I conducted two more interviews which both revealed similar discourses as found in earlier interviews.

3.4.2 Participants

I recruited 17 professionals who worked with pregnant teenagers and young mothers (Table 4). Criteria for inclusion were that of working exclusively with teenage mothers or a wider 'at risk' client group including teenage mothers and being based in a statutory or voluntary sector organisation in the research location. The criteria were deliberately kept broad in order not to exclude potentially important resources for young mothers that I may not have been aware of before entering the field. Content validity (Bauer & Gaskell, 2000) (i.e. including an adequate sample to answer the research questions) was ensured in an ongoing process by including relevant informants at any stage. I conducted interviews between September 2008 and May 2009.

Table 4 outlines the service sectors in which my interviewees worked. Pseudonyms are used to protect the identity of the interviewees. I recruited professionals in different service settings to provide the opportunity to encompass the overarching, wider social representations circulating among service providers in the area at the time. These representations draw on social, personal and institutional opportunities or barriers to provide a wellbeing-enhancing service to young mothers. The sample of professionals was chosen to reflect the wider social and organisational contexts of service provision for teenage mothers in London. All bar one respondent were female and most were in their late 20s or 30s, reflecting the gendered nature of this particular service sector.

Table 4: Overview table of service-providing participants

Name	Service sector
Maria	Charity sector (Case worker)
Elise	Charity sector (Case worker)
Rebecca	Local government (Social services)
Sarah	Health professional (Obstetrician)
Deborah	Health professional (Health visitor)
Vanessa	Health professional (Midwife)
Ariana	Health professional (Midwife)
Emily	Health professional (Midwife)
Dana	Health professional (Midwife)
Tracy	Health professional (Midwife)
Christine	Educational service (Teacher)
Sophie	Housing service
Cindy	Housing service
Felicity	Housing service
Henry	Private research agency
Kelly	Local government (Social support)
Teresa	Local government (Social support)

Despite the wide range and number of services available for teenage mothers in London, participant recruitment proved to be a challenging task. Apart from my participants, there was a general reluctance among many of the professionals I approached to participate in the research project. Of the potential respondents I contacted, some claimed not to be the 'right person' to speak to (as there appeared to be a greater concentration of professionals in services to prevent teenage conceptions rather than supporting young mothers) and referred me to colleagues; others did not respond at all to emails or telephone calls despite me leaving messages on answer phones or with their colleagues. These included Teenage Pregnancy Co-ordinators, Connexions workers, specialised midwives, obstetricians who worked closely with pregnant teenagers and teenage mothers, health visitors and social workers in several local councils whom I emailed, called and left several messages, but they did not get back to me. I asked some of my participants about this reluctance, and their explanation was a generic lack of time in service settings rather than an active unwillingness to participate. As part of my snowballing approach (Flick, 2006), most participants recommended a range of other services or specific professionals for further interviews, in many cases, however, these contacts declined to be interviewed.

Below I will describe the methods and rationale for an analysis of six policy documents on teenage motherhood and guidelines on how to deliver services to this client group. I will argue that the 'structural approach' enables an analysis of the extent to which mothers' and professionals' representations of teenage motherhood overlap or 'clash' with those present in policy.

3.5 Study 3 – Policy documents

As demonstrated in Chapter one, there is a distinct lack of inquiry into the social representations practitioners and teenage mothers hold of each other, and the possible identities for teenage mothers opened up by policy through policy representations of teenage motherhood. The aim of this section is to demonstrate how the analysis of six policy documents from the period between 1999 and 2009 is a suitable research undertaking to address this gap.

Documents are a sound basis to contextualise information because they represent shared versions of reality in a given space and time for a specific purpose (Flick, 2006). As such, policy documents are more than simple accounts of proposed practices on the basis of past experience. Instead, the social representations within them reflect the political agenda grounded in contemporary social norms in a given society (*ibid.*). They are communicative devices which are informed by existing knowledge systems and elicit new versions of reality. Therefore, they are powerful tools in informing practitioners' (and in turn teenage mothers') social representations of young motherhood and teenage mothers' needs.

A policy analysis is chosen in favour of a media analysis for the investigation of policy representations of teenage motherhood because I consider public policy with regard to socio-psychological studies on teenage motherhood an underused source of shared beliefs, values and ideas. Media representations, although they inevitably and powerfully impact on social representations present in policies, do not have the same direct and tangible impact on the institutions and services available for young mothers. Policy makers decide which social 'problems' need to be acted on and allocate funding for equipment, staff, priority areas and so on. Therefore, policies are prescriptive in the sense that professionals are employed to deliver a certain service to a certain consumer group and have to follow (or work within the remit of) the policy guidelines provided for that purpose. Professional practices are undoubtedly influenced by a broad range of (opposing) forces, norms and values; however, the fact that certain practices occur in the first place (at least in part and in the statutory sector) is due to public policy. I felt it was necessary to analyse documents spanning over the past ten years due to the time it takes to implement and establish services and eventually being able to evaluate their impact. Below I will introduce my document analysis with the theoretical underpinning of the 'structural approach' to SRT.

3.5.1 Document selection

Policy documents and guidelines with regard to teenage pregnancy and parenthood between 1999 and 2009 were gathered from a range of Government sources. This timeframe was chosen to take into account the changes and developments in policy over the past decade. Documents were taken from the online portals of different Government bodies: DCSF, particularly their 'Every Child Matters'

portal, DH, TPU, the Cabinet Office and the Department for Education and Skills (DfES). This range of sources also reflects the governmental departments and agencies in which teenage pregnancy and motherhood has been addressed during this ten-year period.

Inclusion and exclusion criteria for the selection of documents were applied as follows: As this thesis is concerned with social representations of teenage motherhood, documents which solely or predominantly address the prevention of teenage pregnancy were removed from the selection. I selected documents that were endorsed by[13] and/or published by official sources for the purpose of informing practices of working with expecting teenagers and teenage mothers. It was of importance to select documents which would have financial and practical implications for the lives of young mothers. Documents without such reward and expertise power (J. R. P. French & Raven, 1959) were excluded. Documents which were exclusively concerned with research on (expecting) teenage mothers and services for them, commissioned by governmental departments (as outlined in Chapter one (§ 1.2.2), but which did not necessarily reflect the opinion of the given department were also excluded. Documents were chosen in order to reflect topical debates, guidelines and new policy implementations in that period. Bauer and Aarts (2000, p. 31) argue that different types of data should not be mixed with one another (e.g. text should not be mixed with images, policy documents should not be mixed with newspaper articles) and the documents should reflect a "cross-section of history". These principles were obeyed as far as possible by using written and openly accessible Government publications. Some documents in the analysis have a specific focus such as education or maternity services. This heterogeneity has to be accepted in light of using documents regarding the support for teenage mothers rather than the prevention of teenage conceptions. The final selection of documents was discussed with the external examiner in order to accurately reflect the policy from the perspective of policy makers. Those documents which remained for analysis after the application of the above criteria are listed in Table 5.

The analysis focused on the ministerial introductions and the textual commentaries, rather than the case studies (where they existed), in order to gauge the social representations of teenage motherhood on a macro-social level in policy. Documents were thematically analysed following the steps outlined in the next section.

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[13] Such as 'Reaching out to pregnant teenagers and teenage parents: Innovative practice from Sure Start Plus pilot programmes'.

Table 5: Policy documents included in analysis

	Document name	Source	Year	Purpose/Introduction
1	Teenage Pregnancy	SEU	1999	To outline the scale of teenage pregnancy in England and to introduce an action plan to better prevent teenage conception and pregnancy and to better support pregnant teenagers and teenage parents.
2	Consultation: Guidance on the education of school age parents	DfES	2001	"This guidance is part of the drive to get more teenage parents into education, training and employment, to reduce their risk of long term social exclusion. It provides information for schools and Local Education Authorities (LEAs) when they discover that a girl of compulsory school age is pregnant and advice on supporting young fathers and young fathers-to-be."
3	Reaching out to Pregnant Teenagers and Teenage Parents	Institute of Education (commissioned by DfES and DH)	2005	"To offer information and inspiration to those working to develop successful services for teenagers who are pregnant or parents. It contains a rich collection of examples of practice considered effective by providers and/or users of services … It can be used as an ideas generator, an information source or a discussion document."
4	Teenage pregnancy: Accelerating the Strategy to 2010	DfES	2006	Two (of 32) pages dedicated to 'Support for teenage parents'. Some focus on increasing participation in education; acknowledgment of a dedicated personal advisor to be of benefit to young mothers; housing needs for mothers who cannot remain at home; focus on young fathers' needs.
5	Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts	DCSF and DH	2007	"Looks at how we improve outcomes for teenage parents in the here and now, but also has an eye to how better support teenage parents today will help to sustain much lower rates of teenage pregnancy in the future … We set out our vision for what we want each local area to provide for teenage parents and what we will do nationally to support them to deliver more tailored and responsive services."
6	Getting Maternity Services Right for Pregnant Teenagers and Young Fathers – 2nd edition	DCSF and DH	2009	"Aimed particularly at practitioners working in mainstream services or areas where the prevalence of teenage pregnancy is relatively low and where there are no dedicated services for pregnant teenagers. Offers practical guidance on working with pregnant teenagers and young fathers."

SEU, Social Exclusion Unit; DfES, Department for Education and Skills; DH, Department of Health; DCSF, Department for Children, Schools and Families

3.6 Data analysis

This section demonstrates how interview transcripts were analysed in order to unravel representations practitioners drew on in their work with teenage mothers. A sample interview transcript is provided in Appendix H. In this section I particularly highlight the ways in which the 'structural approach' to SRT informed my data analysis. The same analytical method was used to analyse transcripts of four individual interviews and three focus groups with teenage mothers as well as observations in the playgroup.

Thematic analysis, as per Attride-Stirling (2001) with the qualitative data analysis software Nvivo 8, was used to reveal themes emerging in the interviews, and ultimately understand the social representations professionals and teenage mothers hold of teenage motherhood. Thematic analysis in social representations research has been identified by many authors as a successful combination (e.g. Campbell, Foulis, Maimane, & Sibiya, 2005) due to the nature of qualitative data and the necessity to deconstruct representations in an ongoing and systematic manner (Bauer & Gaskell, 2000). In this method, which I will describe step-by-step below, the text is broken up into basic themes (e.g. sentences, words or paragraphs that address a certain topic), which are then clustered by their meaning into organising themes and finally merged into global themes, which are a broad overview, based on detailed analysis, of themes present in the text (see Appendix I for the coding framework of practitioners' interviews, Appendix J for the coding framework of interviews and focus groups with young mothers and Appendix K for the coding framework of policy documents). It could be suggested that thematic analysis and a 'structural approach' to social representations are incompatible as thematic analysis suggests that there may well be several global themes rather than concentrating on peripheral and core elements of a social representation. However, I propose that using both approaches simultaneously is especially useful when juxtaposing different datasets regarding the same social phenomenon (in this case teenage motherhood). The very nature of SRT suggests that people are able to interact and communicate because of a shared (but not necessarily fully consensual) and socially significant view of the object in question. It follows that there must be a shared view of teenage motherhood which all discourses and actions in a certain society and at a certain time draw on (as demonstrated in Chapter two (§ 2.2.1)). It is through dialogue with the object and using peripheral elements that this shared view is adapted to specific actors' needs and situation-specific requirements (Abric, 2001; Parales Quenza, 2005). I argue that global themes (according to thematic analysis) serve as peripheral elements to the core of the representation of 'teenage motherhood being problematic' in all three datasets (as the next Chapters four, five and six will demonstrate). The core of a representation, I argue, sits above the various global themes which support the core. This methodology applies to interviews and focus groups with teenage mothers as well as interviews with practitioners and the analysis of policy documents. I focus here on the analysis of interviews with service providers and demonstrate my analysis step-by-step below.

Step 1: Familiarising with the data

In the first step, in order to familiarise with the data, I transcribed interviews and repeatedly listened to them. Listening to interviews allowed me to appreciate *how* certain things were said rather than just *what* was said. It also allowed me to reflect on my data in an ongoing manner while analysing the transcripts. The coding framework (Appendix I) was gradually established by noticing patterns and reoccurring thoughts, ideas and explanations of practices as explained by professionals. This familiarity with the data later helped me to make links between similar themes discussed by different interviewees. *How* rather than *what* was said also highlighted individual experiences and behavioural outcomes based on these experiences.

With regard to data from young mothers, I conducted thematic analyses of the three individual interviews and four focus group transcripts separately. After a comparison, it transpired that the basic themes between the two datasets were similar, therefore, I merged them into a larger body of data. As with professionals' interviews, I repeatedly listened to the interviews and focus groups. This was a particularly challenging task due to the frequent baby cries and general background noise on the recordings. Field notes which had verbatim notes of what young mothers or practitioners said in their conversations with each other or with me (e.g. a mother telling me about her birth experience) were also thematically analysed in NVivo 8. Notes that referred to the description of a place, activity or event were used as part of the 'thick description' of the data to contextualise the findings.

Step 2: 'Free nodes'/Codes

In this step, I marked and labelled the different text sections according to the topic they addressed. I used *in vivo* codes (Strauss, 1987) such as nouns (e.g. grandmothers), verbs (e.g. parenting), adjectives, as well as more complex descriptions of what professionals said (e.g. 'young mothers being determined to do well'). Practitioners' understanding of the lived realities of young mothers and ways of improving their life chances were highlighted and marked in NVivo 8 in order to comprehend how they understood teenage motherhood and where professionals saw possible spaces for positive identity constructions in mothers' lives. Initially, there were over 200 codes (so called "free nodes" in NVivo 8) under which sections or sentences of interviews were classified.

Step 3: Basic themes

These codes were subsequently clustered and/or merged or expanded in an interpretative manner where possible and logical to avoid overlaps or duplications of codes with the same or very similar meaning. This step was a rough 'cleaning up' of the codes to provide a clear picture of the basic topics addressed by professionals.

Step 4: Organising themes

The basic themes were iteratively categorised on the basis of their similar aspects to be encompassed under a wider umbrella of discourses about a phenomenon, action or discussion that constitute the organising themes. For example, all basic themes (e.g. grandmother, boyfriend, college, etc.) that fell under categories such as 'family', 'antenatal care', 'partner relationship', 'education', 'the baby' and so on were clustered under those organising themes.

Thematic analysis and the 'structural approach'

At the stage of organising themes, the characteristics of the central and peripheral systems of a representation (Abric, 1993, see Table 1, § 2.2.3) can be applied to determine the structure of the representation. As discussed in the Chapter two (§ 2.2.3), the core depends on three main criteria which are: i) the nature of the object, ii) the type of relationship the group maintains with the object and iii) the institutionalised and socially acceptable values and norms that make up 'reality' at a given time and for a given group (Abric, 1993). I argue that the socially acceptable values and norms are particularly relevant evaluation criteria when using qualitative methods to establish the core of a social representation, as these values and norms form the frame of reference within which people can communicate unambiguously about the object (Moscovici, 1973).

For each organising theme, through interpretive analysis, it can be determined whether its content is: i) linked to collective memory and the history of the group; ii) consensual and homogenising the group; iii) stable, coherent and rigid; iv) not sensitive to the immediate context, and as such a core aspect of the representation. Otherwise, it can be determined whether its content: i) is concerned with individual experiences and past histories (for example the ways in which some practitioners draw on individual histories of teenage motherhood in their own families in which they depict the outcomes as less problematic than would be expected based on the general consensus about negative outcomes of teenage motherhood); ii) supports the heterogeneity of the group (such as drawing on the different needs of different mothers); iii) is flexible and bears contradictions (such as representing teenage mothers as victims and agents); iv) is sensitive to the immediate context (such as taking into account mothers' living and relationship circumstances), and as such a peripheral aspect of the representation. These representational elements can be employed simultaneously and are not mutually exclusive, highlighting the relational nature of social representations.

The questions that need to be asked in this type of analysis are: Does the organising theme contribute to a homogenous (core) or a heterogeneous (peripheral) view of teenage motherhood? Is it stable, coherent and rigid, or it is flexible and bears contradictions? Is it sensitive to the immediate context, or is it not sensitive to the immediate context? Further evaluation criteria include the symbolic, associative and expressive values of a representation (as demonstrated in Chapter two (§ 2.2.3)); however, as argued in § 2.2.3, the expressive value was not used as an evaluation criterion as it was not deemed suitable for qualitative data. Once the organising themes were established, the

relationships between the peripheral elements with regard to the core (i.e. protecting, contradicting or challenging) were determined.

In in-depth interviews, peripheral elements are expected to be particularly present as the object is explored from various angles and to a level of detail which includes the personal relevance of the participant rather than merely a macro-social discussion of the phenomenon. This is because the periphery is at the direct interface with reality (Gaskell, 2001; Parales Quenza, 2005) and as such more directly available in discussions. This stage also allows uncovering dilemmas in representations as the core and periphery become clearly established and their dialogical relationship exposed.

Step 5: Global themes

Global themes were then established by further merging the existing organising themes into matching categories, along with their categorisation as core or peripheral elements, which allowed clustering the data in internally coherent themes that reflect the main categories within which professionals made sense of teenage motherhood.

Throughout the data analysis I focused on what would constitute a common underlying current in professionals' discourses about teenage motherhood. This 'thread' that holds all discourses and described actions together are thought to be the central core of professionals' representations of teenage motherhood. This part of the analysis occurred when all three datasets were collected, analysed and juxtaposed, in line with the aim of this thesis to establish representations shared between professionals, mothers and policy.

Social representations and social identities

As introduced in Chapter two (§ 2.3), social representations precede social identities. On this background, the social representations of teenage motherhood shared within and between the social groups in the research had to be understood before the identities which are in negotiation with these representations could be understood. Although certain identity constructs did emerge throughout the thematic analysis due to their dialogical relationship with social representations, I re-visited the data once the thematic frameworks were established in order to investigate what kinds of identities dynamically emerged from the core and peripheral representational elements of teenage motherhood.

This approach allows analysing each dataset individually (as presented in Chapters four, five and six respectively) while enabling a juxtaposition and establishing a common 'thread' that highlights the core social representation of teenage motherhood and provides a coherent narrative. Although I acknowledge that the results in Chapters four, five, six and seven are not the only possible interpretation of the data, through methodological rigour, the narrative I present can be traced back

to the raw data (Seamark & Lings, 2004). Quotes from participants are used to validate and illustrate the interpretation of the data. Both differing and similar representations of teenage motherhood between teenage mothers and practitioners will be mapped out without "idealising the knowledge of communities" (Jovchelovitch, 2007, p. 171).

3.7 Ethics and limitations

3.7.1 Ethical considerations

In any given research project there are inevitable methodological and theoretical constraints; here I address the ones encountered in my project. The ethical concerns raised by this research will be followed by an explanation of limitations due to the practical difficulties in the data collection (in addition to the ones discussed above). I conclude this section with a discussion on the generalisability and transferability of my case study findings to other research contexts.

I align myself with the approach that ethical research avoids unnecessary intrusion and uses methods that are participatory, non-invasive and non-confrontational (Morrow & Richards, 1996, p. 100). Ethical concerns in my research with teenage mothers arose as two mothers were 17 and as such minors. According to the UN Convention on the Rights of the Child "all those under 18 years of age" are classified as children (Morrow & Richards, 1996). It is considered correct ethical procedure to seek informed consent from the parents, or those "in loco parentis" (in most cases guardians), for the child's participation in sociological, medical or psychological research projects (*ibid.*). Yet, some researchers suggest that parental consent should only be sought in research involving "all persons under sixteen years of age" (Minkes, Robinson, & Weston, 1994; in Morrow & Richards, 1996).

Despite these guidelines, it is widely acknowledged that there are circumstances and situations in which informed consent from a parent is either not possible to obtain or doing so would inhibit the research process and potentially harm the researcher–researched relationship. Flicker and Guta (2008) propose that a localised, context-dependent strategy can be adopted for participants who are able to make decisions for themselves without parental guidance, such as participants who either live independently or are the heads of their own households. In these cases, it is paramount to ensure that the 'child' (i.e. the person under 18) sufficiently understands what is asked of her or him in participating in a project and is sufficiently able to make choices about whether participation is in her or his interest or not (Morrow & Richards, 1996).

In my study, despite being mothers, universal guidelines had to be considered and respected in conducting research with mothering 'children'. Nevertheless, participation in the research project was determined exclusively by the informed consent of the young mother rather than the additional consent of her parent or guardian. I consider that seeking consent from the young mother's parent

or guardian in addition to the mother's consent would have created an artificial barrier that could have harmed the research relationship, undermining the teenage mother's authority with the potential of harming her self-esteem or sense of self as an independent adult and mother. Instead, a context-specific approach (Flicker & Guta, 2008) was taken as gatekeepers of various natures played a major role in gaining access to potential participants. Morrow and Richards (1996) argue that such gatekeepers can adopt a more crucial position in the child's possible participation than the child's parent(s) themselves. Sophie, Cindy, Felicity and the professionals who run the playgroup are such gatekeepers in my study. This is not to say that gatekeepers have parental authority to determine whether a young mother should participate in the study, rather, this approach was used to avoid causing undue harm to mothers by approaching them.

Due to the nature of this approach, I: i) ensured that participants were fully informed about the project and its aims, both verbally and in writing; ii) stressed the possibility to withdraw from the project at any point and without any prejudice; iii) made clear to participants that they had the option to withdraw their data provided at any stage up to a given date; and iv) ensured that participants' anonymity in reports and publications was preserved to my best ability. In no circumstances were young mothers pressured to take part in the project, and participation was exclusively voluntary and based on informed consent.

Ethical considerations have to apply at every stage of the research project and, therefore, need to be inherent in the research design before embarking into the field. For this reason, I asked mothers to take pictures of people and things that helped them and made them happy, rather than focusing on negative events or negative influences in their lives. Only in the interview guide did I include positive and negative aspects of their experiences and could have chosen not to ask these questions if I had found them inappropriate in the context. Nevertheless, ethical challenges can arise suddenly and take the researcher by surprise, rendering her vulnerable to her own moral judgements. Therefore, the assumption that a research project is ethical on the grounds that it has been passed by an ethics committee, or access had been granted by gatekeepers, should be taken with caution (Morrow & Richards, 1996) as formal ethical clearance needs to be seen as a means to an end rather than an end in itself. Situational reflexivity and creativity are said to be more useful than mindlessness or rigidity in following strict rules and regulations as context-specific awareness may turn out to be more valuable to protect the researched as much as the researcher (Plummer, 1983). I hope to have demonstrated in this chapter that I approached my participants in a respectful and ethical manner at all times. Yet, it is also imperative to state that this research project has been approved by the LSE Institute of Social Psychology Ethics Committee.

3.7.2 Limitations

As discussed above, I encountered a range of obstacles and constraints in my research project. These limitations are important to acknowledge for the benefit of framing my findings as well as providing recommendations of how they could be avoided in future research.

One limitation of my study is the relatively small sample size of teenage mothers as well as service providers who agreed to participate in my study. Yet, as my research is a case study design and based on SRT I am comfortable with using a small sample as the aim of such studies is to cover a wide diversity of views and experiences rather than a large number of participants. I argue that mothers' lifestyles and circumstances may have contributed to my difficulty in engaging them in the project. Although a research method such as direct interviews or focus groups (rather than attending the playgroup beforehand) may have been more practical to conduct I argue that mothers may not have been as willing to talk about their experience to a 'one-off' researcher rather than to somebody they saw and interacted with over a longer period of time.

As social representations emerge in dialogical encounters with an Other, a method where these encounters could be observed first hand would have been an ideal scenario. Due to the intimate and confidential nature of many (health) professional–mother appointments (e.g. medical examinations), these types of observations were not a feasible methodological tool. However, observations made during my interviews, during antenatal classes for teenage mothers and in a playgroup for teenage mothers, were included as field notes, which are included in the analysis and used to add to the thick description of findings.

A single location case study was chosen rather than conducting a comparative study across different research sites because local differences in social representations of teenage motherhood, as well as motherhood more generally, and their possible impact on the service provision are believed to have a significant impact on the data. This approach allows reflecting the location and lived realities of participants more realistically. Practically, the recruitment of professionals and mothers proved a time-consuming and difficult exercise despite my permanent presence in London and flexibility to accommodate participants' schedules. A comparative study over two or more sites would have posed a great logistical obstacle to this study.

An under-researched area recognised by the TPU is that of ethnicity and teenage pregnancy. Higginbottom and colleagues (2008), who were commissioned to carry out a research project on behalf of the Government, found that minority ethnic group teenage mothers had similar attitudes towards their pregnancies and motherhood as White British teenage mothers. In fact, some teenagers had a clearly more positive view of becoming a parent than the outcomes of teenage motherhood suggested by policy (Higginbottom et al., 2008). Ingham (2005, p. 60) found that areas with increasing teenage pregnancy rates "tended to be the more challenging areas in terms of the

deprivation levels and the ethnic composition of the local populations and were congregated in London". Despite these findings, drawing on the theoretical background of SRT (as demonstrated in Chapter two (§ 2.2)) used in this research, I decided not to focus on this matter unless I found explicit reason to do so in my data. As we will see in Chapters four and five, neither practitioners nor mothers attributed the pregnancy, stigma or any other positive or negative experience to their own ethnic background or that of any service provider or ethnic diversity of the area. Therefore, I concentrated on the social representations circulating among specialised professionals, teenage mothers and within policy discourses rather than distinguishing between their experiences on the grounds of ethnicity.

The ethnic diversity present in London was acknowledged before entering the field (as discussed in Chapters one and two). However, as discussed previously, I deliberately did not address this topic in the interviews as I wanted to ascertain whether it was of importance to the mothers. I therefore attempted to keep an open mind about how young mothers would represent teenage motherhood and their situations rather than making preliminary judgements about the importance of ethnicity or socio-economic status on young mothers' sense of self. Whereas some academics might criticise this approach to be 'colour-blind' (Wolsko, Park, Judd, & Wittenbrink, 2000), I argue that by taking a social representations approach to my sample and data I allow the data to determine whether or not ethnicity is a significant factor for the population. As shown in Figure 5 (§ 3.3.3), the young mothers were from six different ethnic backgrounds and ethnic diversity was part of their everyday professional and social surroundings.

As social representations are the product and property of groups rather than individuals, I used the geographical area of London, rather than the implied boundaries of ethnic groups, as a shared milieu of social representations. This approach allowed me to find more similarities than differences in a diverse sample of mothers' accounts of teenage motherhood. As issues of ethnicity were not problematised by mothers, an in-depth discussion of ethnic diversity is not deemed necessary to gain an insight to teenage mothers' representations of teenage motherhood, and their impact on mothers' identities. Further, as my sample is relatively small and shows a great diversity of ethnic backgrounds, singling out ethnicity would reduce the representativeness of the data and yield no greater benefit.

Similarly, religion, which in some families is found to be a significant part of stigma against teenage motherhood (R. French et al., 2005) was not problematised in the research design as I wanted to allow mothers and professionals to tell me about their lives and experiences rather than enforcing a pre-established framework. Two practitioners spoke about (Christian) religion being a reason why pregnant teenagers might be afraid of telling their parents about their pregnancy, for example parents (especially fathers) disowning their pregnant daughters due to their religious beliefs and the

'shame' brought onto the family. More commonly, however, professionals spoke about families' 'cultural values' as opposed to 'religious beliefs'. Mothers did not attribute their parents' (negative) reaction towards the pregnancy to religious views. Bert's (2011) research suggests that religious involvement of teenage mothers significantly improved their socio-emotional and behavioural adjustment to parenthood, even after controlling for stress and grandmother support. With regard to ethnicity in disadvantaged communities, religion is considered to increase resilience against racist stigma (*ibid.*).

As French et al. (2005) found in the UK, the impact of religion on attitudes and behaviours towards reproductive and sexual health was very different for young people from a range of minority ethnic groups. The purpose of this thesis is not to conduct a segmentation study based on *individual* ethnic background or religion, rather, uncovering the ways in which young people and specialised practitioners in London represent teenage motherhood based on their *shared* experiences and representations of teenage motherhood. As this study is not designed to distinguish between representations of 'Black' teenage motherhood or 'White' teenage motherhood (or any other ethnic background), 'Muslim' teenage motherhood or 'Christian' teenage motherhood (or any other religious background), I focus instead on a macro-social level representation of teenage motherhood in order to encompass all possible experiences and backgrounds within the case study.

Using SRT as the theoretical underpinning to this research, I argue that the shared lived realities of participants are of greater importance with regard to their social representations of teenage motherhood, especially with regard to the core of the representation that is historically anchored in the group's memory, rather than depending on the individual ethnic make-up of the group or individual religious views.

3.7.3 Generalisability and transferability

The limited possibility of generalising and transferring findings from an in-depth community case study is a common criticism. Cornish (2004) draws on three arguments that can be used in response to limited generality in case studies. I discuss these arguments below in terms of how my research meets their criteria.

The first argument is a call for relying on 'human judgement' to decide whether the findings from a particular case study are applicable to be generalised to another context (Flyvbjerg, 2001). Flyvbjerg (2001) argues that it should not even be an aim for social scientists to produce findings independent of contexts. In terms of transferring the findings from a case study to other contexts, skilled researchers are required to reflect on the context in which the data were obtained (with the help of a thick description of the particular case) and consider whether the context in which they aim to apply the findings is suitably similar (Lincoln & Guba, 2000 [1985]). Lincoln and Guba further suggest

that the findings of a given case study should be considered a 'working hypothesis' cautiously held to describe the experienced reality in the situation under investigation rather than making claims about it being generalisable to other situations. Instead, *some* findings *may be* transferable to other contexts, depending on their similarity (*ibid.*).

Secondly, Cornish (2004) outlines two means of establishing the extent to which cases and contexts are 'similar enough' for transferability of findings: the 'typical case' and the 'theoretical case'. One way of increasing the generality of a case study is by establishing the extent to which the case under investigation is a 'representative' case. However, Cornish (2004) warns that great care needs to be taken in defining the variables which are most representative of the case and indeed shape the research to come to one set of conclusions over other conclusions. I argue that my case of teenage motherhood in London is similar to other inner city locations with high teenage pregnancy rates, high levels of socio-economic deprivation, low levels of academic achievement, and with extensive services in place to reduce teenage conceptions and provide support for young mothers. I argue that the common occurrence of teenage pregnancy in the area, as will be highlighted in my empirical chapters, is a particularly important variable regarding the generality of my case. Yet, case studies are particularly interesting when they address an exceptional rather than a common case, as uncommon cases may hold clues about opportunities for social change (or lack thereof) achieved by one community but not by the general population of people or groups that would fall into an imposed category such as 'teenage mother'.

Thirdly, the 'theoretical case' approach to the generality of case studies refers to the ability to come to advancements in the theoretical approach used by the researcher, which can then be employed in studying other contexts (Cornish, 2004; Walton, 1992). Walton (1992) draws attention to 'classic' case studies which have been able to provide *models* with instructive transferability to different locations.

As social representations studies acknowledge that the knowledge produced in a given study is always bound to the place and time in which it was conceived, generality and transferability are only possible on a theoretical level. At this stage, I cannot claim generality of my theoretical case, as this can only be confirmed when applying my findings in a comparable context with high rates of teenage conceptions, teenage abortions, teenage births, and with high rates of poverty and unemployment.

3.8 Reflexivity

> The dilemma of the researcher is the dilemma of the map-maker whose attempts to draw an exhaustive map of the world stumbles on the need to include himself drawing the map. (Jovchelovitch, 2007)

This project is based on the assumption that the researcher's own representations and personality brought to the study makes each research project unique in its approach and ideology. Therefore, throughout the research I critically reflected on my subject position and own representations as a White European in her mid-20s, university educated, non-parenting female, with regard to the teenage mothers and specialised service providers in my sample. I took what Parker (2005, p. 26) terms a "a self-conscious" position in how the research was planned and conducted. Below I discuss five particular characteristics which potentially influenced the relationship with participants, namely i) parity and age, ii) accent and class, iii) living arrangements, iv) appearance and v) education. My consciousness of these characteristics allowed me to draw on mitigating discourses and actions in order to avoid the alienation of young mothers and practitioners.

Parity and age

Almost all young mothers asked me if I had children, and having told them that I did not, asked me if I wanted to have children at some stage in my life. Whereas some mothers tried to convince me that I should have children soon, others remarked that it is good that I waited – but that I should not wait too long. By assuring mothers I too wanted to have children at some stage, or saying that it would be nice to have a child, I was able to enter into a dialogue about motherhood. Mothers often commented on the fact that I was only a few years older or almost the same age as some of them. My childlessness and age seemed to facilitate discussions with some mothers with regard to my questions about their experiences of being pregnant, having a baby and being a mother. Some mothers were willing to educate me which positioned them as 'experts' about the 'realities' of motherhood with which I was unfamiliar. Mothers sometimes used terminology around pregnancy and childbirth which I was, initially, unfamiliar with. This, rather than posing a barrier to the conversation allowed me again to delve deeper into their experiences and continue our discussions.

In interviews with practitioners my lack of first-hand experience with the maternal health and social systems also appeared to be advantageous. Practitioners were willing to explain their practices in detail and my apparent 'ignorance' triggered questions which other researchers may have taken for granted.

Accent and class

Even though I did not necessarily look as if I was not from London, as soon as I started talking I was identified as a 'stranger' to the research location. At the playgroup, many mothers and some practitioners initially thought I was 'posh' based on my accent; many openly told me so. Even though most mothers were friendly towards me, I attempted to highlight that I was not 'posh' but foreign in order to not elicit stereotypes that would alienate mothers, who often came from more deprived socio-economic circumstances. In the group, it was often discussed with good humour that I was

indeed not 'posh' but German. Some mothers commented how my English was 'so proper' and better than theirs, which I laughed off by saying that this was just the way I had learned it.

The initial impression of being 'posh' was managed by my weekly attendance at the playgroup and being 'hands-on' in helping the practitioners who ran the group as well as the mothers who attended it. As I was willing to get my hands dirty by cleaning up the dishes and being aware of situations where I could ask mothers if they needed a hand with holding the baby, putting the plate down in order to feed the child, I was soon accepted as part of the group despite the way I spoke.

Living arrangements

Once mothers and practitioners knew I was German, some showed great interest in my background and what had brought me to England. Rather than being seen as a newcomer to England, I was able to explain that I had completed my A-Levels in a seaside town in the north east of England, which sparked more interest, particularly in mothers who often asked if I did not miss my family. Living away from my family indeed seemed to appear odd or unfortunate to many of the mothers. Explaining that I would live with my family if I could was used as a mitigating strategy to highlight that I shared the same values of the importance of family as most of the young mothers appeared to have.

With regard to housing, some mothers appeared to pity me for living in a shared house with 'strangers', rather than living with a partner, family members or a boyfriend. On this background, my living arrangements placed those mothers who were living alone, with a partner or with family in a better position than me. This often triggered empathy from mothers and an understanding that I was probably not as well-off as they had (at least initially) thought I might have been (as discussed above).

Appearance

When going to the playgroup, I consciously dressed plainly, often in jeans, top and flat shoes, because I did not want to draw any unnecessary attention to myself. Nevertheless, I unwillingly received comments about how nice some of my clothes were and that these would have been expensive to buy. To mothers' and practitioners' surprise and in order not to appear wealthy (based on the impression given by my accent), I truthfully responded to such comments by saying how cheaply I had bought the given item on sale, that I had bought it in a charity shop or had been given it by a friend. Such comments seemed to make mothers and practitioners realise that I was 'down to earth' and sometimes triggered conversations around saving money through buying second-hand baby clothes.

On several occasions when an outside speaker or new mothers came to the playgroup, they assumed I was one of the young mothers and were surprised to hear that I did not have a child. These instances seemed to amuse many of the young mothers and helped me to 'fit in'.

Education

Many mothers were fascinated by how many years I had been studying already, and how long it would take to finish a PhD. Rather than alienating mothers (which was my concern before entering the field), my education sparked interest in some mothers. Mothers who were themselves interested in continuing their education and going to university as well as mothers who were disengaged from education (some even before the pregnancy) asked me questions about my studies. Many mothers also commented that they could never study for such an extended period, to which I was able to respond that I enjoyed studying and would not be able to do it otherwise either. In addition, as demonstrated above, not being a mother myself helped me to position young mothers I spoke to as experts about parenthood. Through my lack of parenting knowledge, mothers had the understanding that I was not there to evaluate or judge their own parenting or knowledge.

Among practitioners, studying at LSE gave me social standing and respect. It also elicited trust and access in that (some) time-poor practitioners agreed to be interviewed due to the perceived importance of the research some practitioners told me about.

Summary

A researcher with different experiences, or one with children who had made personal use of antenatal, labour, and postnatal services may have approached the subject differently, with different tools, personal insights and ways of analysing data. I see my unfamiliarity with the maternity system to have been an advantage as I did not take certain practices, actions or relationships for granted. A more subjective approach may not have captured the potential importance of relationships in informing the experiences and outcomes of teenage motherhood. My background and approach towards the study also influenced the topic guides for interviews and focus groups with young mothers, interviews with practitioners as well as the analysis of all data sources. This background shaped the findings presented in this thesis accordingly.

3.9 Conclusion of methods chapter

The aims of this chapter were to introduce the triangulated research project that has been undertaken in order to contextualise the findings which will be discussed in the following chapters, including how the theoretical underpinning of SRT and the 'structural approach' informed the choice of sample, method and data analysis. A further aim was to map out limitations arising both from theoretical and from methodological standpoints. Social representations research recognises that generalisation of findings, particularly in relatively small scale studies on a specific population, is

neither feasible nor the main purpose of a study. Instead, I propose that the discovery of shared lived experiences and dilemmas in representations held by participants is the valuable contribution to knowledge that social psychologists can offer. The findings from my analysis of the three projects presented in this chapter will be presented and discussed in the Chapters four, five and six.

4. Experiences of self, services and society: Teenage mothers' representations of teenage motherhood

That's happiness. Being at home with my son and my boyfriend. (Shannon, 21)

4.1 Chapter overview

The aim of this chapter is firstly to gain an understanding of how the young mothers in my sample[14] represent teenage motherhood and secondly how they use these representations to construct their identities. At the core of young mothers' representations of teenage motherhood lays the understanding that it is problematic. This representation is made up of mothers' awareness of their situation as counter-normative, being perceived as a burden to society, and mothers' experiences of being judged by practitioners and in social situations, based on representations of teenage motherhood as problematic. At the periphery, however, which is strongly present in the discourses and actions of young mothers, lays the understanding that teenage motherhood is not necessarily problematic. On the theoretical underpinning that the representations about one's social group affect one's wellbeing, my findings suggest that teenage mothers actively distance themselves from the negative representations of their social group, of which they are acutely aware, and against which they develop their own senses of self as teenage mothers. I conclude this chapter with a discussion of the socio-psychological tools mothers employ to resist the internalisation of stigma based on the representations of teenage motherhood that they feel faced with from practitioners and their wider communities. In addition, I discuss the mechanisms mothers employ to construct positive identities for themselves in spite of this stigma.

4.2 Introduction: Research questions and findings overview

In this introduction I provide an overview of the young mothers' circumstances in order to frame the subsequent presentation of my findings within their local backgrounds and situations. For a social representations study, these backgrounds and circumstances constitute the social, material and symbolic resources available for groups and individuals to construct their identities.

Despite some mothers considering a termination of pregnancy, most mothers made the decision to keep the baby as soon as they found out they were pregnant. Only one young mother openly said that she had booked an appointment for a termination (due to pressure from her partner and his family), which she subsequently did not attend. All other mothers I interviewed said that the partner

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[14] Unless otherwise specified, when referring to 'teenage mothers', 'young mothers', 'mothers', '(specialised) practitioners', 'professionals' and 'service providers' in Chapters four, five, six and seven, this thesis refers to these groups **in my sample** only.

(where present) had been happy about the news or even discouraging a termination. Some mothers had semi-planned pregnancies in that they did not use contraception as, with the partner, they were not opposed to the idea of becoming parents, or wanted a baby after an earlier miscarriage. Despite these differences, all mothers feared telling their parents, particularly their fathers, about the pregnancy. One mother in the playgroup hid her pregnancy and the fact that she had a child from her parents altogether due to the shame she thought she would bring to the family.

The mothers in my interviews, focus groups and observations had very diverse 'medical' experiences of their pregnancies, during labour and in the postnatal period; some had uncomplicated pregnancies and labours, others experienced difficulties during the pregnancy and had complicated, if not dangerous, labours. Their living arrangements were also diverse, ranging from mothers who lived alone in temporary accommodation (such as a hostel), council or privately rented flats, to those who lived with the partner or remained in the parental home (with or without the partner). One mother at the playgroup lived in a foster family. Some mothers attended school or college, others were full-time mothers who left college, university or work to care for the child, yet others had not been in education when they got pregnant or welcomed the pregnancy as a reason to leave college. A few mothers had part-time jobs. The pregnancy was an initial shock to the majority of mothers and their parents. The subsequent developments in family relations ranged from being thrown out of the parental home, to being fully supported (and housed) by their parents throughout the pregnancy and after the birth. Most mothers actively wanted to move out of their parental home, whereas some were forced to find alternative accommodation away from home against their will or due to overcrowding. Despite these differences, at the time of my interviews, all mothers were in contact with their own mothers and/or fathers, with varying degrees of hospitability and dependence on their families for financial, social and practical support. Relationships with the 'baby-father'[15] ranged from happily living together independently or with either of the grandparents, over strained, hostile relationships to having very little or no contact at all. A few of the baby-fathers lived abroad. Some mothers openly practiced a faith (Christian or Muslim), whereas others were openly agnostic.

These differences are important to note, yet no single circumstance or background should be focused on at the expense of another, as the aim of research based on SRT is to map out the range of socially constructed and negotiated symbolic resources that are available to members of particular communities to make sense of their experience, rather than focusing on individual circumstances, beliefs or attitudes. On this background, social representations theorists use small and diverse samples to map out the diversity of representations that exist and to emphasise depth rather than breadth of data. As social representations are conceptualised as properties of social groups rather than as attributes of individuals, it is not of interest to segment my sample by religious affiliation, ethnicity, housing circumstances or any other individual attribute. I focus on the social

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[15] 'Baby-father' is the term most widely used to refer to the father of the teenage mothers' child.

representations of teenage motherhood present in my sample of mothers in the research location rather than generalisability of findings. Despite these individual circumstances, I aim to draw out general themes, regarding representations of teenage motherhood. I argue that despite the relatively small sample size, it was possible to grasp the social representations circulating at the time and location through ongoing contact with mothers and approximately 200 hours of observations in addition to interview and focus group data.

In order to guide the reader, I restate the research questions pertinent to this chapter and provide a broad overview of how my analysis answers these questions.

- What is the core social representation of teenage motherhood, and how is the core made up by teenage mothers?
- What are teenage mothers' peripheral elements of their representations of teenage motherhood, and how do young mothers construct identities for themselves based on core and peripheral elements?
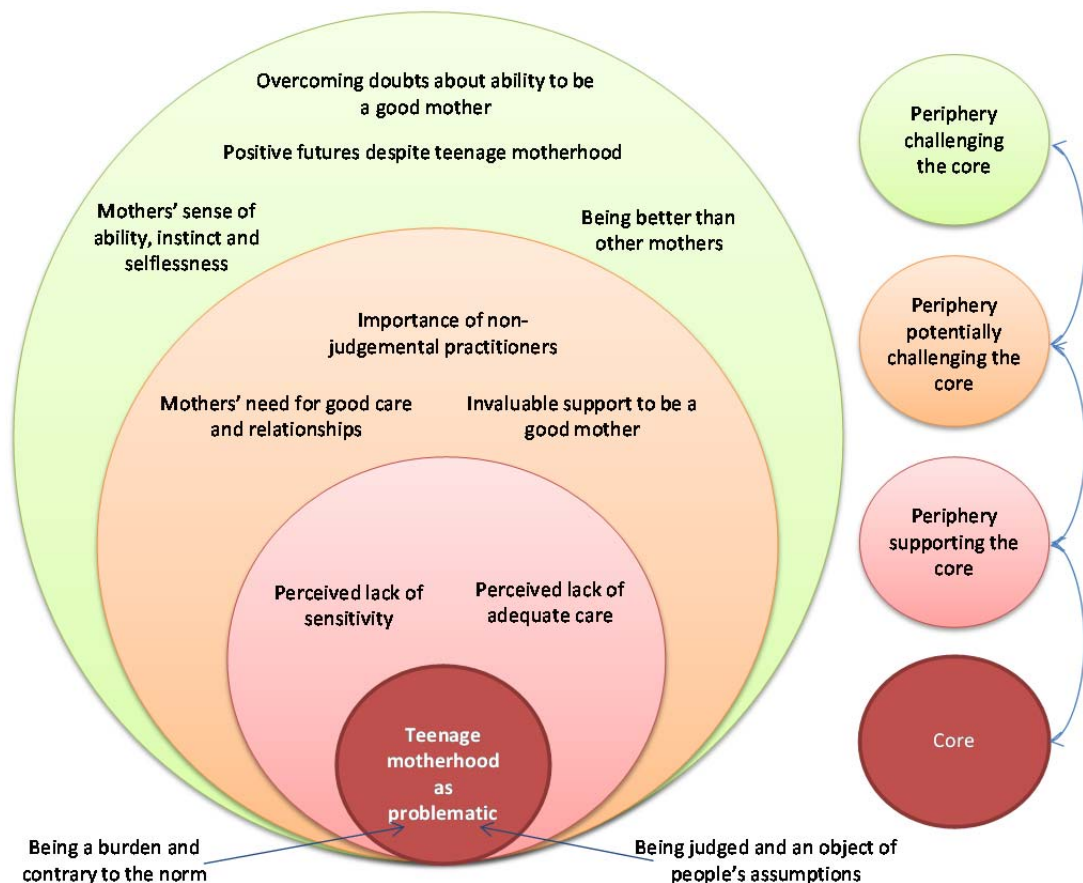
Figure 6: Thematic framework of young mothers' social representations of teenage motherhood

4.3 Findings

The findings are organised into core and peripheral aspects of young mothers' social representation of teenage motherhood. The central core of a representation depends on the "type of relation the group maintains with the object" (Abric, 2001). Teenage mothers hold a defensive position towards teenage motherhood, which is expressed through mothers' discursively distancing themselves from how they believe society (including practitioners) views young mothers. At the periphery, however, mothers speak positively about teenage motherhood, especially with regard to themselves as teenage mothers. Therefore, I argue that teenage mothers use the core of the representation of teenage motherhood to establish who they are *not*, based on who society thinks they are. The dilemmatic nature of their common sense is particularly relevant with regard to mothers' positive identity construction in spite of negative core of the representation of teenage motherhood.

Mothers inescapably experience the socially salient representation of teenage motherhood as problematic and concentrate their efforts to demonstrate that their own immediate contexts do not comply with this representation. Mothers (more so than practitioners and policy makers) draw on many peripheral elements which are either in a direct dilemmatic relationship with the core or another positive aspect of the representation. They are able to counter the core due to their first-hand experience of teenage motherhood, which is sensitive to their immediate context and allows them to represent their concrete reality of teenage motherhood as a positive experience. As the positive representations of teenage motherhood function on the peripheral level, they allow the central system to be protected, remain coherent and not pose an immediate threat to the social order. Yet, there is potential for social change based on the multitude and vigour of practices and discourses employed by teenage mothers independently and in partnership with practitioners, which point towards a potential transformation of the core system.

Below, I discuss the elements which make up the macro-social core system before I draw out the various peripheral elements which young mothers use on a micro-social level to adapt representations of teenage motherhood to their own concrete realities.

4.4 Core of the representation: Teenage motherhood as problematic

Teenage mothers share the core social representation of teenage motherhood as being problematic. This is expressed through mothers' discursively distancing themselves from representations of teenage motherhood. These representations include assumptions about young mothers being contrary to the norm and a burden to society, their being judged for their situations and poor parenting skills, a lack of adequate care and patronising practitioners.

Core and peripheral elements are often intertwined in the ways in which young mothers speak about teenage motherhood and about themselves. Mothers state the core as an expression of how

teenage mothers are expected to be in order to demonstrate that they do not agree or comply with (aspects of) this core. I argue that the representation of teenage motherhood as problematic is core, as it is not sensitive to the mothers' environment and rather homogenises teenage motherhood based on historically passed down views. The young mothers use the elements below to support the core of the representation of teenage motherhood as problematic.

4.4.1 Being a burden and contrary to the norm

Young mothers are aware that their situations are contrary to the norm; as such, they experience their lives and actions as being scrutinised and open to critique. Many mothers experience stigmatisation due to a homogenised (and historically anchored) view of teenage mothers as a financial burden to society. Although the young mothers use their socio-psychological resources to resist the internalisation of this stigma, by doing so they feel obliged to discursively counter the socially salient, and as such core, understanding of teenage motherhood:

> *I just want to go back to work so I can make my own money so I can feel like 'yes, I bought this for [my daughter]' and I feel independent enough to say that this has come from my pocket rather than me taking tax payer's money, cos **when I got taxed I was really upset... that's what other people must think and maybe that's why other people go on the way they do towards people who are on benefits…**
> (Grace, 20)*

Grace understands that she, as somebody currently receiving state benefits, is seen as somebody who upsets the 'tax payer' and as a burden on society. She positions the inability to buy something for her daughter as problematic yet, simultaneously, distances herself from that representation by stating that she wants to go back to work.

4.4.2 Being judged and an object of people's assumptions

Young mothers' experience of people making negative assumptions about them and judging them is an integral part of the core system. Mothers anticipate being judged based on how they perceive society to view teenage motherhood. They are aware that teenage motherhood is understood as problematic, and as such need to draw on peripheral elements to resist the internalisation of negative representations about their social group.

The doctor in Emma's example makes assumptions about her living arrangements and ability to understand his instructions, both of which are incorrect.

> *But my doctor as well has been a bit iffy … I got mastitis …it's really painful … my mum was actually visiting the day…, and she came with me to the surgery. [The] doctor I saw was talking to my mum and not to me,…, I think [the doctor] **presumed***

> *that ... **I didn't know what I was doing, or that [my mother] was living with me**, I don't know, [the doctor] was just really patronising and he just looked over my head and said 'you need to take her to bed, you need to do this, you need to do that, make sure she keeps feeding on this side' and I was just like, you know, **I was too ill to be honest to say anything, but if I hadn't been ill I probably would have said 'you can talk to me'**, but he was really, **I haven't seen him ever again**. (Emma, 20, mother of two)*

For Emma it is clear that the doctor's dismissive treatment of her was not correct. She would have wanted him to speak to her rather than looking over her head and telling her mother what to do. Based on her experience, she understands teenage motherhood to be problematic because being a young mother herself she is not treated like a mother of another age who can look after a child independently. She rejects this treatment by stating that she did not return to this particular doctor as well as stating that she would have confronted him had she not been so unwell. As demonstrated with regard to stigma in Chapter two (§ 2.4), stigmatised groups or individuals experience social disapproval, leading to restriction of their activities or locations which can result in isolation and social exclusion (Farrimond & Joffe, 2006), low self-esteem and depression (Link & Phelan, 2006). On this background I argue that Emma's unwillingness to see this doctor again can be seen as an example of her stigmatisation.

In addition, most mothers also feel that people around them (not only service providers) make negative judgements about them and consider their own knowledge and judgement of a situation as superior to that of the mother. When talking about situations in which they felt judged, some mothers considered it unconscious behaviour by those who judged them:

> *Monica talked about her son crying in the buggy on the bus. **People thought she was a young mother who wasn't coping and made suggestions saying that she should take him out to make him stop crying, but she wanted to leave him in the buggy as that was the safest place for him to be.** She now avoids taking the bus because her son always cries on the bus. (Notes after interview)*

Monica understands that the passengers made objective observations about mothering such as that one should pick up and comfort a crying child. At the same time, her own judgement of the situation was that the child's safety is most important and felt offended that others on the bus assumed their own judgement to be superior to her own. By feeling stigmatised and portrayed as a bad mother, Monica feels her own self as a good mother called into question. This threat to her identity leads her to change her actions in order to avoid the potential of being faced with this threat again. However, this has real negative implications for her, limiting her transport options and potentially her activities. As such, it is the case for young mothers that perceived stigmatisation has a real impact on the places the stigmatised visit and as such it can have a negatively effect on their social participation.

Further, teenage motherhood is represented as problematic because teenage mothers are not seen as having the correct knowledge to be good parents. Mothers' negative experiences with services revolve particularly around patronising professionals and those who dismiss mothers' 'lay' knowledge. Simultaneously, there are situations where mothers dismiss professionals' 'expert' knowledge. All mothers speak of instances where they felt poorly treated in services, either emotionally or physically, resulting in negative experiences and mental or physical threats to their wellbeing and positive identities, as highlighted by the following theme.

4.5 Periphery supporting the core: First-hand experience of stigma

4.5.1 Perceived lack of adequate care

The (perceived) lack of adequate care determines the organisation of the representation of teenage motherhood as problematic by highlighting the problematic circumstances young mothers face in service settings. In my sample the young mothers raise problems of insufficient advice and lack of support by service providers when it is (perceived to be) most needed. Many mothers experience practitioners as lacking interest in helping them, particularly in the immediate postnatal period. This appears to be especially the case for those mothers who have a teenage-specialised midwife and are then transferred to a generic postnatal ward without age-specific care. Tamara describes a serious situation, the day after she had an emergency caesarean section, in which she felt her own safety neglected by nurses in the hospital:

> *I thought I'd have a shower by myself, but I still wanted a midwife to come and assist me … and there was three nurses outside the bathroom where I was going to go and I was like 'excuse me, can one of you … attend to come inside the bathroom with me while I have my shower …'. They were drinking coffee and just chatting and I was speaking in the loudest voice … , and they were still chatting, and I was like 'excuse me' and they were still chatting. … I decided to just have my bath myself … On the way out I felt dizzy, like as if I was going to drop, so as soon as I closed my eyes I found I was on the floor …. So the three nurses that were still there, I was like 'excuse me, can one of you bring me to my bed please'… (Tamara, 18)*

Tamara felt her health to be at immediate risk due to the nurses' lack of care and interest in her needs. Many mothers share the view that once the baby is born, professionals' attention and concern subsides drastically, even though the needs and challenges of being a new parent may be greater than their needs during the pregnancy.

Many mothers experience poor service organisation at one or several stages in their pregnancies or as parents, relating to all areas of care or support such as antenatal classes, playgroups, Government benefits, housing and so on. Confusion with regard to visits by health visitors is a common example of mothers feeling mal- or misinformed:

> *…my health visitor was so rubbish … they came to see me, and then they didn't see me, and they got me mixed up on the records, they lost some of my data and they didn't know what was going on and **I didn't know who was coming or going. There was one at first and then another one, and then nobody came** … and **I was just like 'you know what, I don't really need you in my life, my son is well,** thank you very much… (sarcastically) (Stacy, 21)*

The poor organisation and communication between Stacy and the health visitors results in Stacy not valuing the service and indeed dismissing it as unimportant to her and her son's life and wellbeing. Stacy and her son potentially miss out on important postnatal support due to her perception that the service does not care enough to look after her files and communicate about visits.

In addition to poor service organisation, many mothers feel as though professionals do not take mothers' experiences seriously. Charlotte's (aged 19) is but one example of how a mother's knowledge of herself is dismissed by practitioners:

> *We talked about the babies, giving birth, the hospital etc. what it had been like and **Charlotte said that she was left to give birth by herself as the staff didn't believe she was in labour.** (Field notes)*

Charlotte feels that her health (and indeed life) was put at risk by staff who did not believe that she was in labour and left her to give birth by herself. According to Charlotte, the staff members' dismissal of her knowledge about being in labour resulted in her giving birth alone. Further, her postnatal ward experience that "no-one came to check on her" is a common expression of most mothers' experiences that they were not adequately cared for once the baby was born.

4.5.2 Perceived lack of sensitivity

Encounters with insensitive professionals are reported to be widespread among young mothers. However although it is a source of frustration and annoyance to mothers, rather than internalising the stigma, they are often able to resist it by depicting practitioners as ignorant, incompetent and patronising. This ability to resist stigma, and ascribe negative treatment to the inadequacy of the practitioners is the case both in relation to the habit of service providers of speaking over the mother's heads (i.e. to their parents) and also in relation to their poor communication skills while engaging directly with the mothers, as Tamara's experience highlights below. Speaking of the time shortly after her emergency caesarean section, she explains that:

> *… when I saw my son in the incubator it made me cry because they were telling me he might have brain damage and… he might not make it through … **They were actually scaring me** and I was just like … I actually wanted to cry the way they were telling me that and stuff. **What are you people, you can't even tell people in a nice way – what's the problem with you people?!** You can't even say it in a nice way [to] an 18 year old, I was just like 'shut up!' (Tamara, 18)*

Tamara feels that the professionals' *lack of sensitivity in explaining* the child's health (rather than the fact of his condition) triggers additional distress for her. She expects more empathetic treatment for a mother of her age and positions the professional as almost inhumane, saying 'what are you people?'. She rejects any further conversation with them by wanting them to 'shut up'. Mothers' experiences of unequal power relations in communications are also found in mothers' rejection of professionals' 'expert' knowledge.

At least two young mothers (Stacy and Monica) draw on their negative experiences in educational settings. These instances involved professionals who had been either insensitive towards their pregnancies (and indeed their privacy by telling the class that a student in that class was pregnant before the mother had made a final decision about the pregnancy and before she had told anybody in Stacy's case), or where professionals had been insensitive towards the mothers' demands of looking after the child. Mothers felt penalised by teachers who they perceived as being too harsh with regard to punctuality or submitting work, or with regard to absences caused by taking the child to the doctor. Such experiences with educational professionals fostered resentment towards the educational establishments in the mothers in my sample. Yet, it did not deter some of them from completing their qualifications.

Mothers also experience a lack of obtaining correct information in a sensitive manner from professionals or dealing with practitioners who do not take full care in their service provision:

> *I went [to the GP] because I had hay fever and swollen feet and on the computer I could see it, it said 'pregnancy care' … and [the GP] told me 'oh, take Prevalin and lose weight', basically that's what he said. And **I was like 'ok, even though I'm pregnant?!' and he was like 'oh' and he looked at his screen and was like 'don't take Prevalin and just, don't go out too much and stop worrying about losing weight and just try and not go out too much'.** And I was just like 'thank you' (sarcastically). (Julia, 18)*

Julia's experience results in her frustration and feeling of having her time wasted by an insensitive GP who does not take due care in treating her. Her sarcastic tone implies that she already knows not to take Prevalin during pregnancy, and as such feels as much of an expert about her wellbeing as the GP. It is important to note that her experience is not directly related to her being a pregnant teenager and rather contributes to experiences of lack of diligence and care in services more generally.

4.5.3 Summary of the core and periphery supporting the core: Periphery potentially challenging the core

The above theme highlights mothers' encounters that foster frustration, discontent and feelings of stigmatisation, based on core, negative social representations of teenage motherhood in service settings. Mothers refer to a range of negative experiences including feeling judged and misunderstood, experiencing frustration about a lack of information, poor organisation in services and lack of practical support offered by professionals. In addition, they experience patronising and insensitive attitudes by professionals, lack of confidence in professionals' knowledge and lack of interest in the services available. These experiences are of interest as they highlight the struggles between 'lay' and 'expert' knowledge and the position of power mothers see professionals to have in services. In addition, there are direct negative consequences stemming from these experiences which can limit young mothers' emotional and physical wellbeing due to not using the services or infrastructure available to them. In these scenarios, teenage motherhood is not necessarily considered as problematic by teenage mothers. However, they experience the consequences of practitioners' negative views of their social group, which may impact negatively on mothers' sense of self, or which enable mothers to consciously reject the practitioners' representation of teenage motherhood. Even though most mothers are able to reject the internalisation of perceived stigma based on negative social representations of teenage motherhood, the experience remains real and it is necessary for mothers to make sense of it. These situations are important to problematise as they may contribute to the short- and long-term health and social inequalities between teenage mothers and their non-parenting peers. Nevertheless, mothers are able to construct positive identities for themselves, as the next theme highlights.

4.6 Periphery potentially challenging the core: Teenage motherhood less problematic with non-judgemental support

Here I will draw out the peripheral aspects which potentially challenge the representation of teenage motherhood in three themes. These themes address young mothers' positive experiences with practitioners during and after their pregnancies and the impact of those experiences on mothers' sense of self based on the social representations of teenage motherhood employed in these interactions. At the periphery lays the understanding that teenage motherhood is not necessarily problematic, and that some practitioners do not see it as such. In these circumstances, the mothers' ability to develop a positive sense of self is facilitated. From a social representations perspective diversity and even contradiction of views rather than uniformity is to be expected in the data. Generic services are perceived as more stigmatising than specialised services by mothers. Many professionals in generic services are seen as patronising, judgemental and rude as the previous theme demonstrates. However, even in specialised, teenage-oriented services mothers complain about bad treatment. Here I focus on the peripheral elements and the ways in which mothers use

their experiences, support networks and the child as elements to represent teenage motherhood as more positive than the core of the representation would allow.

4.6.1 Importance of non-judgemental practitioners

Most young mothers experience judgemental practitioners, however, they also encounter many non-judgemental practitioners. Positive experiences are peripheral elements as they represent discourses and actions in which teenage motherhood is not necessarily seen as problematic, neither by the practitioner, nor by the mother. These elements are peripheral because they take into account the immediate circumstances and direct experiences of mothers which are often contrary to their expectations.

In the playgroup, most mothers speak about a professional whom they can 'ask anything' or 'tell anything' without being judged. Mothers appreciate it when professionals take time and effort to understand their particular circumstances, or simply approach them without prejudice. Emma explains her experience of the playgroup as follows:

> *[This group] provides vital support and somewhere where you can **relax** and **be yourself**. (Emma, 20, mother of two)*

For Emma, 'being yourself' means that she can be honest about her struggles and challenges, but also about her future goals (of returning to university) and aspirations in a context where people do not judge her on the basis of being a mother of two at her 'young' age. Emma compares this to her experiences (as I will address later) of going to a National Childbirth Trust playgroup where she perceives other older mothers as judgemental and feels like she does not fit it.

4.6.2 Mothers' need for good care and relationships

Teenage motherhood is not considered problematic if the mother feels well looked after. This element is promoted by close relationships with practitioners who can help mothers overcome difficulties and feel valued in an environment where they often feel ostracised. Mothers appreciate committed support from professionals and see this as beneficial to their own and their child's wellbeing. Particularly in their accounts of labour and in the immediate postnatal period, mothers speak of expecting almost the constant presence of practitioners rather than being left to their own devices. They view this as necessary for ensuring their own safety and the safety and wellbeing of their child. Professionals who provide this high level of care are greatly valued, yet considered fairly exceptional. An exceptional level of care is often attributed to individual professionals rather than a service as a whole, for example Barbara's description of her midwife when she gave birth to her second child in a birthing pool:

> *It was gone eight o'clock but she was still there [even though her shift had finished],*
> *she didn't leave me. (Barbara, 21, mother of two)*

This level of commitment by a professional is considered unusual, yet greatly appreciated because mothers feel as though their wellbeing is of genuine concern to the service provider. Barbara's comment of "she didn't leave me" (although she could have left because her shift had ended) suggests an appreciation of care beyond professionals' direct responsibilities. A practitioner who provides such support is described as 'a kind person' or 'like a friend'. In some cases, mothers even see their relationship with a professional to extend beyond the immediate service setting:

> *She's not like a health visitor; she's more like a friend. If I had a party for [my*
> *daughter]* **I'd invite her to the party, that's the kind of health visitor I've got.**
> *(Amanda, 20)*

To invite a health visitor to a child's party counters normative understandings of professional–client relationships and boundaries[16], and demonstrates the significant degree of trust and emotional involvement that can be developed between mothers and those professionals who treat them well. It also widens the mother's circle of acquaintances and people with who she feels affinity. Positive relationships are also understood as leading to good outcomes for the mother and the child, and make the reality of teenage motherhood less problematic.

4.6.3 Invaluable support to be a good mother

Mothers' dependence on service providers is greatest in situations where they realise and admit to not coping well with the demands of motherhood. This may be on a medical, practical or emotional level. In many instances mothers feel good about themselves when seeking advice as this demonstrates their active and conscious effort to do the best for their child. Support seeking positions them as good mothers. Professionals' positive response is, however, an important component in mothers' coping with parenting responsibilities (and constructing empowered identities), as Rachel explains:

> *They've been the biggest help when I came here,* **if I didn't know about them I**
> **don't think I would have managed,** *I'd probably have gone back to [country of*
> *origin] and had a nanny, cos we have nannies there, so I would have had a nanny. I*
> *don't think I would have managed without [this service]. (Rachel, 18)*

Other mothers share similar views about the importance of professionals who can play major roles in their adaptation to and coping with parenthood. The acknowledgement of faring better with professional input rings true for almost all mothers. Many mothers express their gratitude for the

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[16] As expressed by practitioners in interviews.

support they received beyond financial and housing aid. Professionals are seen as a source of invaluable advice to those mothers who acknowledge practitioners' expertise and are willing and open to consider their suggestions and guidance.

As the literature review and my interviews with practitioners suggest, mothers' openness about their problems and needs is neither universal nor to be expected. Nevertheless, some mothers in the playgroup are very open about their lives and the financial, practical or emotional difficulties and support they receive. One mother explains that she had miscarried a planned second child and that an immediate family member had died in an accident within the same month. In another instance, two mothers had a conversation about the counselling they received for their anger management problems. They both affirm that they do not want to be angry or even violent towards their children (which makes them see themselves as 'bad' mothers) and that professionals help them to be better, calmer parents. These field notes are taken from a discussion during lunch at the playgroup:

> *Barbara started talking about her temper issues and about her counselling, that her temper is really bad and that she doesn't know what to do with it. But the counselling is good, and **the counsellor listens to her really well and then proposes ideas where these problems could come from…** Shannon also said that she'd had a rough upbringing and her father was hitting her mother etc. [The professional] asked if they thought the counselling was helping and they said yes. (Field notes)*

Barbara shares her appreciation that the counsellor closely listens to her and proposes ideas about the origin of her anger. Later in the conversation she says that understanding why she has anger problems helps her to better control her temper. Most mothers see a positive outcome from seeking support in cases where professionals address their direct emotional or practical needs in an empathetic way.

Many mothers refer to very specific needs with regard to practical support from professionals such as managing the child's aggressive behaviour (e.g. Sandy asking what she can do to stop her two-year-old son from attacking the dog), sleeping patterns, the child's routine, or solid food introduction and preparation. Such support included, for example, home visits during the pregnancy rather than attending appointments at the hospital, breastfeeding support by a dedicated lactation midwife or simply being given a short rest from parenting in the knowledge that their children are safe.

> *When we're here [the professionals are] always **really helpful, taking the children and giving you a rest** like the crèche and things. (Emma, 20, mother of two)*

For Emma, as for the other mothers, having a rest from parenting means that she can regain energy and relax in the knowledge that her children are looked after. The playgroup constitutes a type of 'oasis' for her and many other mothers because they can just be themselves and know that the children are safe.

4.6.4 Summary of peripheral elements potentially challenging the core

Most mothers acknowledge their dependence on professionals in one or more areas of support needs (e.g. housing, Government benefits, counselling, medical, educational, etc.). However, mothers do not see this dependence in a negative light. Despite this dependence, mothers feel positively about their parenting and empowered by those professionals who listen to them and take them seriously. Mothers emphasise the importance of personalised and attentive support by practitioners, highlighting the peripheral element that teenage motherhood is not necessarily problematic. They also appreciatively acknowledge the positive benefits resulting from such support and refer to the particular types of practical support that they value.

4.7 Periphery challenging the core: Dilemmas and teenage motherhood as a positive experience

Varied experiences are not only present with regard to services, but also in the representations mothers use to construct identities for themselves based on their representations of teenage motherhood. In their discourses, mothers draw on their abilities to be good mothers as well as their doubts and struggles to be good mothers. The vast majority of mothers have a strong desire and sense of being 'good' mothers and draw on a range of peripheral sources to establish a positive identity for themselves. Professionals' positive encouragement plays a significant role in this identity development. I draw on mothers' family backgrounds, their doubts about coping well, and the representations they use to construct positive identities for themselves to illustrate this theme below. I argue that these peripheral elements have the ability to directly challenge the core by representing teenage motherhood as a joyful outcome, despite initial struggles.

4.7.1 Overcoming doubts about ability to be a good mother

Doubts are part of the peripheral system as they bear contradictions and permit the integration of individual experiences. Mothers have doubts about their ability to be good parents, based on their own experiences as well as the socially salient view of teenage mothers as inadequate parents. These doubts are contradicted on the peripheral system by experiences of coping and being good mothers. Doubts about ones' ability to parent stem from various sources, such as ones' own upbringing, negative comments from others or struggling to understand the child's needs.

Many mothers' discourses about their families are contradictory. Families are seen as a source of doubt about ones' parenting and a source of encouragement. A young mother's own mother is often the most important person in providing practical support once the child is born. Despite being a valuable resource for most young mothers, their own mothers are also sources of discontent, as Grace's experience highlights:

*We only just started talking again now … because in the beginning [my mother] didn't like my partner, but I was headstrong, I said **I'm not leaving him to satisfy everybody else, so that's when I did get kicked out,** because [my mother] didn't like him… (Grace, 20)*

Even though Grace experienced a difficult time due to her mothers' reaction, being 'headstrong' and sticking to her decision makes her feel stronger and more determined to follow what she wanted and thought to be right. Making decisions that do not please 'everybody else' (such as continuing the pregnancy) also gives young mothers a sense of maturity, in that they are willing to defend their position against criticism or direct discouragement. The problematic aspect of teenage motherhood being a source of tension in families is contrasted by the mothers' sense of maturity, of standing up for herself and prioritising the baby's father over her own mother.

Mothers do not only struggle with their families, they also struggle with being a parent. Difficult experiences of parenthood can make teenage motherhood appear problematic, even to teenage mothers. Retrospectively, however, they acknowledge that the difficulties are part of the reality of learning to be a parent, rather than failures due to their age. The feeling of 'not being able to cope' prevailed in the majority of mothers at one stage or another during the pregnancy and after the birth, in line with the core of the representation of teenage motherhood being problematic. However, none of the mothers I interviewed appeared to feel this way at the time of the interview and only referred to past experiences that had been resolved. Julia describes an instance soon after her son was born that elicited fear and doubt in herself and her partner:

*Like me and [my partner] both cried that night cos we were like **'oh no, what have we done?!' cos [our son] didn't stop crying** and I kept trying to feed him and the next day I pumped and there was hardly, there was nothing there, like no wonder he's crying, no wonder if he wasn't feeling well. (Julia, 18)*

The lack of control over the child and perceived or actual inability to meet its needs poses a struggle to all mothers in my study, particularly in the first weeks of being a new mother. The questions of whether they made the correct decision in keeping the child and whether they would be able to be a good parent crossed most mothers' minds, but were sooner or later dismissed. The dismissal of such thoughts was aided by practitioners, parents and partners through their help and encouragement. The child's improved behaviour and the mother's growing more accustomed and confident in her parenting through bonding with the child also helped to calm any doubts. Yet, the mothers' own memories and experiences of growing up were another source for doubting their abilities as a parent:

*I didn't know if I'd be a good mum**, I didn't know if I could do it, because my mum wasn't always around**. I don't feel like she was always there for me. So I [was] like **'would I know how to love [my daughter]?** (Grace, 20)*

Despite such doubts, the sense of 'doing it better' than their own parents also prevails strongly among other mothers in my sample. The next section highlights the ways in which mothers draw on their maternal instinct as a peripheral aspect of the representation that contrasts with and challenges the core.

4.7.2 Mothers' sense of ability, instinct and selflessness

Mothers contrast core negative assumptions about teenage motherhood with their own positive experiences. The core might lead mothers to think that they are not good mothers or will not be able to cope with motherhood. Many of their own immediate experiences, however, confirm that teenage motherhood is not necessarily problematic. There is a strong feeling in all mothers that they are able to be good mothers, despite the age or circumstances related to obstacles they face. Field notes from an event for teenage parents in the research location highlight this:

> *The next activity was to write down eight good things about ourselves on post-it notes… The lady who ran the session kept stressing how difficult it is for some people to find eight good things to say about themselves and if we had to say eight bad things than it would be much easier… We had to go around the room and everyone would say "**I deserve respect because** – " and pick one of the things we had written. One of the mothers said "**because I'm a good mum**". (Field notes)*

The facilitators' statement that it would be easier to find eight bad things about oneself as a teenage mother resides in its core of being problematic; yet, this does not appear to be the case for the young mothers who were all able to say several positive things about themselves and their parenting. Bad feelings about teenage motherhood appear to be an external projection on young mothers rather than an internal experience. All young mothers could draw on examples of themselves as good mothers despite other people's views. An "against the odds" discourse in which young parents think of themselves as having achieved something positive despite the negative prerequisites, circumstances, or views about their social group is present in my sample:

> *That's a picture of cloth nappies drying on the stand and I took that because like I was saying earlier, a few people didn't want me to have the baby and then one of the things I had when I was pregnant with [my first child] was 'I want to use cloth nappies', be eco-friendly and everyone was like **'don't be ridiculous, you're not going to cope with a baby, let alone having extra work and everything'** and I still wanted to, you know, that's one of the things that I promised myself I would do and I have and every time I see them hanging up it reminds me of the fact that actually, **I'm not doing such a bad job** and I'm kind of, it's a bit symbolic, **I haven't completely screwed up**. (Emma, 20, mother of two)*

As discussed in Chapter two (§ 2.4.1), to challenge stigma, the stigmatised are forced to actively create an identity of who they are against the stigmatised identity of who they are not (Daanen, 2009). Emma contests the identity imposed on her by rejecting the stigmatised identity of somebody who is not coping with motherhood. She replaces that image with an identity of somebody who is

coping extremely well, even with additional work, and has not "screwed up", despite other people's fatalistic perceptions about her ability to cope. Mothers draw energy and pride from experiences in which they can demonstrate to others that they are coping well despite their disadvantages (such as their age, juggling education and motherhood, being without a partner, etc.). The 'maternal instinct' comes through in other mothers as soon as they have conceived (such as Stacy explaining "I just knew I was pregnant, even before I did the test."), or once the child is born (such as Rachel saying "you know what to do, I just learned when [my daughter] was born."). This is supported by their belief that they know their children better than their own parents and professionals, which is also part of that representation, as Celine's quote highlights:

> *When you're a mum, you always think about your children every minute, the baby, I think about her every second… and my mum is like 'oh, she's crying again' [but I know] she won't take the bottle, she just wants me to hold her. (Celine, 17, mother of two)*

As part of their 'maternal instinct' it is important for mothers to know that the baby or child is safe at all times. This becomes apparent in discussions about the experience of a difficult birth or when the child is in the care of a childminder or at a mother and toddler group (as mentioned earlier). Unconditional love and equating the importance of one's own life with that of the child, or even putting the child's life before one's own, is a shared understanding among teenage mothers:

> *Amanda: I was bleeding and they were telling me that when I gave birth either one of us or both of us could die…*
> *Stacy: If they told me 'either you or your baby or both of you could die' I'd be like 'you know what, **if my baby's dying, I'm dying with it!**'*

Protecting the child from any possible harm is another part of this motherly instinct which is not raised as anything extraordinary in discussions among mothers. The concern for the child's wellbeing extends to mothers' neglecting their own needs in order to provide for the child. Here, the presence of the child is at the heart of the mothers' sense of self (Jovchelovitch, 2007).

A part of the 'good mother' identity is the shared understanding among mothers that the child needs to be put before any of her own needs or desires. Mothers see themselves as making self-sacrifices in the interest of the child. This is the case socially and financially, such as restricting social activities and purchases, and in education, such as being a full-time mother rather than continuing ones studies. Through paying attention to the child's needs rather than their own, mothers are able to feel positively about their parenting and about themselves.

During a lunch at the playgroup Emma explains to me that she goes to a National Childbirth Trust playgroup because her son likes it there, even though she hates going because of all the 'older' mothers who do not talk to her and the nannies with whom she has nothing in common apart from

being of a similar age. Yet, she goes in order to afford her son the fun and excitement he gets out of it. She compensates her own aversion of attending the group with the joy she gets out her son's enjoyment.

In terms of financial selflessness, Stacy explains that she accepts the difficulties she experiences in order to spend the little money she receives on her son instead of herself:

> ***I do struggle to get things like money for clothing ... that I need***; *but then the Social will turn round to you and say 'well, why don't you use [your son's] tax credit?!',* ***but for me [my son's] tax credit is for [my son]****, that's how I see it, but they see it completely differently like that's for you to use as well as him, but I see it completely different. (Stacy, 20)*

The intonation of her voice suggests that it is outrageous of 'the Social' to expect her to use her son's tax credit for herself. While 'the Social' might expect mothers who are struggling financially to use their children's tax credit for themselves, Stacy does not want to identify with mothers who do so. In that respect, and as I will discuss in detail below, it is important for teenage mothers to see themselves as better than other mothers in various aspects of their lives.

4.7.3 Being better than other mothers

Young mothers make positive and negative comparisons between themselves and 'other' mothers. The young mothers are able to draw on a range of examples of 'other' mothers, regardless of age, who they see as inadequate mothers to their children. This inadequacy is found in mothers who are not as self-sacrificing as themselves (e.g. not wanting to give up a career), who are not aware of safety risks for the child, or mothers who are pretending to be coping much better than they indeed are. For many mothers it is important to consider themselves better mothers than they perceived their own parents to have been to them. This includes financially, such as being able to afford things they were lacking in their own childhood, and the relationship with the child, giving it unshared attention and unconditional love which some mothers felt they had not received as children. As such, one's own upbringing is both a source of doubt about one's own parenting as well as a source of encouragement to be the best possible parent to one's child.

Drawing on other mothers' shortcomings provides the young mothers with a sense of ability and achievement. Through other mothers' shortcomings, teenage motherhood is rendered less problematic. In terms of their age, mothers highlight their youthfulness and energy as an advantage against older mothers. Nevertheless, and despite being young mothers themselves, teenage mothers with certain attributes (particularly those who matched negative stereotypes of teenage mothers) are also used as examples of 'bad' mothers, as field notes illustrate:

> *One mother's sister [who is also a young mother] does not come to the playgroup because they had a fight and are not speaking to each other. However, she thinks that her sister should come, because her sister's child needs to be amongst other children and play with them. **She thinks that their personal differences are of lesser importance than giving the child a chance to play with other children.** (Field notes)*

There is an acute awareness by the mothers in the playgroup of the negative social representations of teenage motherhood in general. Elements include lifelong welfare dependence, 'bad' mothers who do not look after their children adequately and becoming a parent to receive free council housing. Mothers actively distance themselves from these negative perceptions. This can be observed in the group discussions and interviews and is reinforced by professionals in the playgroup.

> *[The professional] said something about the stereotypes of teenage mothers and how it was **important that people would understand that not all young mothers are like that**. (Field notes)*

The expectation that teenage mothers will be subject to stereotypical thinking helps them to prepare responses to such judgments, such as being there for the child full time rather than being in education or work. This is particularly highlighted in the next theme which draws out the core understanding of societal thinking that teenage motherhood is problematic as it does not provide teenagers with financially independent and happy futures; as opposed to teenage mothers' own view that young parenthood does not cut them off from (future) financial independence and happiness.

4.7.4 Positive futures despite teenage motherhood

The core of the representation holds that teenage motherhood can be a barrier against a young mother's financial independence through lack of education and work, and a barrier against a happy future for her and her child. This theme highlights the ways in which young mothers draw on various aspects of teenage motherhood that counter this negative core system of the restrictions of teenage motherhood.

Mothers' families and wider support networks play an important role in their future planning. Some families expect the mother to complete her education, whereas other mothers distinctively want to 'do better' than their parents did through completing their education. Yet other mothers and families do not appear to care about education or employment at all. Overall, however, mothers acknowledge the importance of education and employment for the child's sake (in terms of financial independence or being a good role model for the child), rather than for their own personal development.

Education and work are seen as a way to earn their own money and be independent from the state, but also as a demonstration that having a child does not necessarily put an end to all other life opportunities. As such, the young mothers construct 'choice biographies' (Dwyer et al., 1998) for themselves and frame these within their own sense of self. This is particularly so with regard to being good mothers now and (re)turning to what society might expect from them at a later stage in order to provide the best possible future for the child.

Other mothers share this view that now they have a child, their own pleasures and needs would always need to be weighed up against doing what is in the child's best interest. This is also the case for choosing full-time motherhood for the child's sake:

> **I do want to go back [to college] eventually, but not any time soon.** *Cos I know lots of people who want to go back quite soon after they had their baby but that's a lot of hours in the day that you're not with your baby and already [his father] works during the day and [our son] prefers me to him obviously and it isn't that nice for [his father] and I don't want … my baby prefer someone else to me because I want to go back to study. I want him to know me, stuff like that. (Julia, 18)*

For Julia, her motherly desire to know her child and for her child to know her is incompatible with returning to education. In contrast to their self-sacrifice, older mothers are often seen as not making decisions in the child's best interest.

Mothers employ various techniques and peripheral representational elements to resist the internalisation of stigma from practitioners and society. Below, I draw together evidence for the psychological and social mechanisms through which many mothers are able to manage and resist the internalisation of their perceived stigmatisation.

4.8 Discussion: Teenage mothers' representations of teenage motherhood and their interplay with mothers' identities

The aim of this discussion is to provide a summary of my findings while framing them within the theoretical underpinnings of the 'structural approach' to social representations, identity, stigma and power relations.

This chapter provided an overview of young mothers' representations of teenage motherhood and of themselves as teenage mothers. I argue that the mothers' discourses are in response to a representation of teenage motherhood being generally a problematic occurrence. The young mothers spend a significant amount of time justifying their situations as young mothers and presenting their lives as 'not as bad' as current stereotypes would suggest. Therefore, I argue that the core of mothers' representations suggests that teenage motherhood is a stigmatised condition.

The various peripheral systems that mothers draw on to help them distance themselves from this negative representation of their social group are discussed below.

1. Teenage motherhood as a period for learning and personal growth – Support seeking as empowerment

The doubts mothers have about their maturity and coping are countered by mothers' support seeking on the one hand, and focus on the child on the other. Mothers who acknowledge their dependence and the expertise of professionals do not feel disempowered by this recognition. Rather, their ability to recognise their needs and accept professionals' support allows teenage mothers to build a positive sense of self in that they can be 'good mothers' who are open to expert advice in order to improve their own parenting.

2. Countering stigmatising professionals and rejecting their 'expert' knowledge

Some mothers are discontent with some services and certain service providers due to the stigma and judgement with which they feel faced. However, they project this stigmatisation back on to the service provider, as mothers reject to see any fault in themselves, but place the error onto professionals instead. They acknowledge that experiences with stigmatising professionals are unpleasant and that they do not see the necessity of professionals to act in a stigmatising or uncaring way. Yet, rather than internalising such stigma, young mothers attribute the fault to the service provider or stigmatisors. As in Darisi's (2008) research, mothers depict stigmatising professionals as old fashioned and ignorant, rather than internalising the stigma with which they feel faced. They also disengage from stigmatising services and reject 'expert' knowledge by representing it as 'useless' as compared with their own 'lay' knowledge. While this can restrict mothers' support networks, it enables them to see themselves as active and knowledgeable agents in charge of their lives. Mothers realise that teenage motherhood is seen as problematic on a macro-social level, which is why they are faced with stigma; however, they actively produce and share representations which challenge this view.

3. Actively choosing one's sources of support

Teenage motherhood is understood as requiring flexible and individualised support by mothers in my sample. Overall, professionals are not seen as key people in most teenage mothers' lives, and adequate, non-judgemental medical care for oneself and the child is the highest priority for the mothers.

In terms of family support, most mothers are reflexive about the potentially bad influence of their families, the child's father and wider 'unsafe' environments. This shows their ability to make rational decisions about their behaviour in the interest of the child, thus constituting a source for an identity formation as a good mother.

4. Maternal instinct and self-sacrifice

Rather than using the baby as a 'prestige symbol' (Goffman, 1963) or idealising teenage motherhood (Jones et al., 1984), it is the new identity young mothers gain from being a mother which enables them to resist the internalisation of stigma and present themselves as different to the core understanding of teenage motherhood. Highlighting their maternal instinct helps mothers to represent themselves as 'mothers' (rather than 'teenage mothers'). The financial, social and educational self-sacrifice of young mothers for the child is a further source of positive identity construction. The child, rather than a judgemental society, is at the heart of the self which teenage mothers construct for themselves.

5. Pointing to other's failings and comparison with other mothers

Many mothers avoid discrimination and labelling of themselves by actively rejecting the stereotypes ascribed to teenage mothers. Instead, they point to the failings of other mothers (young and older) and professionals by whom they feel stigmatised. Thus, instead of losing their status through the stigmatising condition of teenage motherhood (Link & Phelan, 2001, 2006), teenagers appear to gain status in certain circumstances through being mothers.

Representations of 'other' mothers, regardless of their age, are another source for a positive identity formation, as teenage mothers are able to detect faults in mothers who are considered more 'normative' (i.e. in stable relationship, married, completed education, at the 'right' age as per current social norms) than themselves. As such, young mothers distance themselves from making judgements about mothers based on their age and rather base their comparisons on their parenting and love for their child. Because it is through social identities that social representations become psychologically active for individuals (Duveen & Lloyd, 1990), based on representations of their own good parenting, young mothers construct identities as good mothers, or indeed better mothers than 'older' mothers or 'other' teenage mothers.

6. Drawing attention to the importance of full-time motherhood

While mothers see education as being of some importance, most mothers do not consider education to be an immediate priority in their lives. Instead, full-time motherhood, building a close relationship with the child and being there for the child while it grows up are deemed of greater immediate as well as long-term importance. As Jovchelovitch (2007, p. 22) points out: "the presence of an Other is at the heart of the Self". Here, this Other is not the child, and does not have to be actively but rather just conceptually present as a point of reference in one's identity construction. An 'other' mother in this case serves as a counter-identity to the positive identities young mothers construct for themselves.

Nevertheless, while many mothers are able to employ representations of themselves that enable resistance to professionals' or societal stigma, it is important to remember that this stigma can and does have tangible, negative consequences for the wellbeing and social participation of mothers. Mothers' avoidance of certain health professionals, their difficult relationships with family members and not using public transport can exclude teenage mothers and has negative consequences on their and their children's wellbeing. Furthermore, these findings are based on the experience of a self-selected sample of teenage mothers, and may well only represent the experience of mothers who are able to draw on more social, material and symbolic resources and peripheral elements to resist the internalisation of stigma than teenage mothers more generally.

4.9 Conclusion of research with teenage mothers

The aim of this chapter was to gain an understanding of how young mothers represent teenage motherhood, and how mothers construct identities based on these representations. Findings suggest that teenage mothers are acutely aware of the representation of teenage motherhood as problematic. As this is the dominant and socially salient understanding of teenage motherhood, mothers are constantly exposed to the representation and subscribe to it to the extent that they focus their efforts on using the peripheral system to remove themselves from being part of the common representation. I have demonstrated that teenage mothers draw on a range of mechanisms in rejecting the stigma with which they feel faced in certain service settings, society and families. A particularly important peripheral element against the internalisation of such stigma is the mothers' ability to represent themselves as good mothers and (teenage) motherhood as an enjoyable even though challenging experience.

The following chapter will address professionals' representations of teenage motherhood so that they can be juxtaposed against representations of teenage motherhood held by teenage mothers and present in policy. This is in light of the ultimate aims of informing policy and practice of how best to address teenage motherhood based on the core and peripheral representational elements held by the different groups.

5. Making sense of working with teenage mothers:

Professionals' representations of teenage motherhood

You're not 'I'm a professional'; and I don't like the fact that this chair is higher than that, cos that's wrong. So I was sitting on the table earlier to talk to one of my girls, because I think [sitting on the higher chair] gives that 'I'm important, you're not'. (Dana, Midwife)

5.1 Chapter overview

This chapter presents my analysis of interviews with practitioners who work with teenage mothers in health and social services in London. The aim is to advance the research goals by outlining the representations professionals hold of teenage motherhood and the impact of these representations (in discourse and action) on their own identities. Findings suggest that 'teenage motherhood is problematic' lays at the core of professionals' representations based on the 'default' situation of young mothers' problematic social and family backgrounds as well as the potential adverse outcomes of teenage motherhood. These representations are actively responded to in a client-centred model of care that provides crisis support for mothers' immediate needs to ensure their wellbeing. Simultaneously, professionals' peripheral elements are complex, contradictory and context dependent, and include representations of teenage motherhood as a potentially positive outcome. These dilemmas are dealt with in dialogue between the core and peripheral systems and come to the fore when practitioners are challenged and stigmatised by service providers who are not specialised to work with teenage mothers. Further, the analysis shows that professionals draw on personal histories and experiences to negotiate their own senses of self as 'defenders', 'protectors' and 'correctors' of teenage mothers as well as stigma directed at themselves.

5.2 Introduction: Research questions and findings overview

In order to guide the reader, I restate the research questions pertinent to this chapter and provide a thematic framework (Figure 7) which presents the findings based on their core and peripheral classifications.

- What is the core social representation of teenage motherhood among specialised practitioners, and how is the core made up?
- What are specialised practitioners' peripheral elements of their representations of teenage motherhood, and how do practitioners construct identities for themselves based on core and peripheral elements?

These questions are of importance as differing representations of teenage motherhood held by practitioners, mothers and in policy potentially undermine the effectiveness of services. In this chapter I demonstrate the core and peripheral elements of professionals' representations which emerge in their discourses and described actions, and the ways in which these are in dialogue with the core elements. The core of the representation is that of teenage motherhood being problematic; young mothers' wellbeing is regarded as at risk, many mothers are seen to be living in unstable conditions and their future development is uncertain. This representation gives meaning to professionals' discourses and practices, constituting the symbolic value of the representation. Yet, peripheral elements show that there are also contradictions in professionals' representations. On the periphery, professionals feel a responsibility and necessity to form strong interpersonal relationships, despite the difficulties of working with young mothers. Professionals who do not work in that way are seen as not having the same insight or necessary empathy to treat young mothers well, resulting in mothers requiring protection from stigma. This element translates into professionals' senses of self as 'defenders', 'protectors', and 'correctors' of teenage mothers (and themselves) against stigma. They see themselves as defenders against the negative views around teenage motherhood in their professional environments; as protectors of teenage mothers by buffering stigma against them, and as correctors of those teenage mothers who do not appear willing to make positive changes in their lives (from the practitioner's perspective).

Another peripheral element brings to the fore that, through closely working with the mothers, professionals represent teenage motherhood as an opportunity to improve teenagers' circumstances and potentially prevent negative situations and outcomes. I argue that the latter two elements bear potential for social change on the background that they constitute progressive contradictory discourses and practices to the central core.
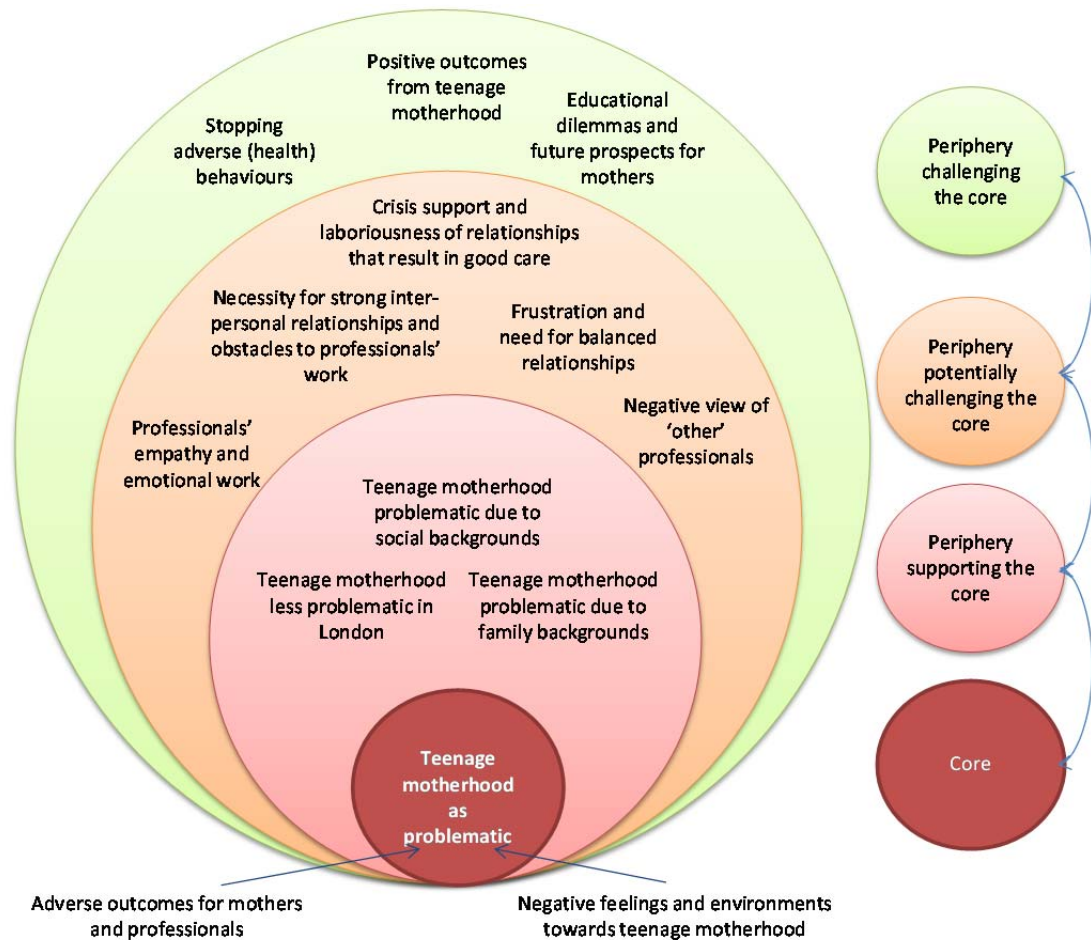
Figure 7: Thematic framework of practitioners' social representations of teenage motherhood

5.3 Findings

The findings briefly outlined above will be presented and discussed in detail below. The chapter follows the structure of Figure 7: commencing with the core of the representation, followed by peripheral elements supporting the core, those elements potentially challenging the core and finally those challenging the core. The dialogical, dilemmatic and interdependent nature of social representations as well as the dialogical relationship between representations and social identities will be highlighted throughout and particularly addressed in the discussion concluding this chapter.

5.4 Core of the representation: Teenage motherhood as problematic

The core, just as the peripheral system, cannot be seen in isolation. There is a dependent and dialogical (but not democratic) relationship between the two systems. While the core mandates the symbolic organisation of the representation, the periphery needs to be used to make sense of the core in a given time and place. A social representation ceases to exist if it is not relevant to a given society at a given moment in history (Wagner, 1994). On this background, I argue that the peripheral elements, being at the interface with reality (Gaskell, 2001), determine whether the social representation is obsolete or not. The two themes below demonstrate the problematic nature of

teenage motherhood. The first theme addresses the negative feelings and environments around teenage motherhood, and the second highlights the negative outcomes stemming from it.

5.4.1 Negative feelings and environments towards teenage motherhood

Professionals agree that not all mothers necessarily feel positive about the pregnancy. Many mothers are said to be unsure about keeping the child when they first discover the pregnancy. Practitioners see their work as eliminating any remaining doubts and helping the teenagers to come to their own decision rather than being influenced by their (often negative) environments. I had not heard about this practice before, and I was surprised when Tracy told me, in what I perceived as a fairly nonchalant manner, that a few teenage mothers try to commit suicide before telling their parents about their pregnancy. Neither the literature nor policies I have come across critically address this serious matter. It highlights negative discourses around teenage motherhood and their influence on young pregnant women's perceived choices and behaviours. That a teenage mother would consider teenage motherhood so dreadful an outcome as to attempt suicide demonstrates the powerful social currency of the representation of teenage motherhood as problematic.

> *… we've got self-harm, paracetamol overdose,…, Triptafen overdose, took the parents'*
> *pills or something. So a lot of them, **they're not taking enough, but they're taking it***
> ***and then calling an ambulance saying 'I've taken it'. And I do believe it's a cry for***
> ***help**; they're trying to tell their parents and they don't know how to… (Tracy, Midwife)*

Tracy puts attempted suicide down to a simple 'cry for help', rather than a serious threat to the mothers' lives; a view which other professionals share[17]. The very early stages of pregnancy are particularly seen as a period within which mothers are torn between keeping the baby or not, and many outside influences have an impact on their psychological wellbeing at this stage. Attempted suicide due to a teenage pregnancy also points towards a possible perceived lack of social and symbolic support for teenagers who become pregnant. Specialised service providers represent their work as offering mothers a chance for informed and independent decision making. All interviewees stress the importance of enabling mothers to make their own decision rather than letting other people influence them. Removing the mothers from these influences is seen as a difficult task, particularly when the family has strong opinions:

> *… the worst thing I think is when their mum is telling them they're throwing their*
> *lives away and never accepts it. So when the baby is born, what do they think? **They***
> ***look at this little human being and they think 'I've thrown my life away to have***
> ***you'. And that's never going to be a positive outcome** and that can lead to*
> *postnatal depression and such, that lack of support. (Vanessa, Midwife)*

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[17] Subsequently, I asked Tracy whether she knew how many pregnant teenagers did in fact die due to a successful suicide attempt. She could not tell me, as she supposed, as midwives, they would not hear about these cases.

Mothers' understanding that they are 'throwing their lives away' lies at the core of the representation of teenage motherhood which is perpetuated by policy highlighting the importance of *preventing* teenage pregnancies. Vanessa highlights her experience that lack of family support can lead to postnatal depression and other negative outcomes, pointing to the importance of the baby being born into a positive environment. Professionals consider family support essential in avoiding negative outcomes for the mother and the child. They understand the mothers' wellbeing as crucial to the mother, a healthy mother–child relationship and the child's development. Professionals thus represent the mothers' family and environment as an important influencing factor towards her wellbeing. If this support is lacking, or if teenage motherhood is directly discouraged, the consequences can be detrimental for the mother–child relationship, in that the child may be seen as the end of rather than an enhancement to the mother's life.

A shared practice among professionals is to assure young mothers that motherhood at their age is 'not the end of the world'. Practitioners explain that they inform mothers about available support whichever decision they take (i.e. a termination or continuing the pregnancy). Once a mother decides to keep her baby (or left active decision making too late to have a termination, which is said to be a common practice), professionals see their roles as preparing mothers for parenthood, helping them to apply for Government benefits, and where necessary protecting them from the family's stigma or any social disapproval they may experience.

5.4.2 Adverse outcomes for mothers and professionals

Adverse outcomes are seen by professionals as situations where the mothers' family's negative attitudes and feelings towards the pregnancy remain the same and where mothers present for repeat abortions or 'repeat pregnancies'. This supports the core of the representation of teenage motherhood as problematic, especially in instances where professionals' work is unsuccessful.

Vanessa recalls one case where a mother and all service providers around her try to overcome her adverse background circumstances to ensure a better future. This involves liaising with social services, housing officers and intense health support for the mother-to-be. Sadly, the improvements the mother makes throughout her pregnancy are insufficient:

> *…we had a situation where* **the baby was taken into foster care** *and the two midwives who were working with that particular young lady were heartbroken about it,* **they had to literally get some counselling afterwards** *because they, it was just,* **the girl screamed and wept and cried out loud as police came and escorted the baby to be taken into care,** *not knowing when she would next see it. (Vanessa, Midwife)*

The fact that both midwives require counselling after this event demonstrates their deep emotional involvement and longing for the mother's wellbeing. Professionals display compassion towards

teenage mothers despite a felt lack of recognition from some mothers, stigmatising professionals and the wider service sector. Their distress can be linked to the central core of the representation of teenage motherhood as problematic and the peripheral element of professionals' empathy, resulting in professionals' emotional attachment as highlighted in the themes below.

Another perceived unsuccessful outcome is that of a 'repeat pregnancy'. Emily explains that she sees the lack of a mother's future plans as a problem that "can create second pregnancies", which she conceptualises as a personal failure for herself as a professional and for the mother and her children.

> *… she'll have 3 kids under 2 ½. So that to me is a bit of a failure on my part and I was quite disappointed … that didn't go to plan with me. …. because they haven't actually got anything to look forward to as it were or plan towards, so I think that's actually quite a big thing that we need to concentrate on. (Emily, Midwife)*

In this scenario, Emily does not consider that having several babies and building a family could in fact be something to be looking forward to. It appears as though for her it is more important to concentrate on reducing the number of second pregnancies rather than supporting the mothers to feel positively about the second or third baby. Indeed, even specialised professionals are openly judgemental about 'repeat pregnancies'. Although they mostly use humour to frame their disapproval in the mothers' presence (e.g. Tracy jokingly saying *"I don't want to see you here again next year"* to young mothers), they convey a clear message of 'repeat pregnancies' as undesirable. On this background, young mothers are represented as victims of their problematic circumstances, lack of direction and 'aspirations' in their lives and living in a vicious cycle of family breakdown and social exclusion. Professionals ascribe themselves a 'corrective identity' and understand their own responsibility to help mothers out of these cycles through various means such as raising their aspirations and helping them avoid the adverse outcomes of having more than one child as a teenager. Professionals also highlight the negative consequences of young motherhood to the child born to the mother.

5.5 Periphery supporting the core: Problematic social and family backgrounds

In this section I further present the representation practitioners use to make sense of teenage motherhood in their work with young mothers. Firstly, practitioners acknowledge that teenage motherhood is a stigmatised condition; yet, being a more common occurrence in London than in other areas, it is considered less (rather than not) problematic and less stigmatised. Secondly, many teenage mothers are understood to come from problematic social and financial backgrounds, which render young motherhood a vulnerable situation requiring care and protection. Thirdly, young mothers are seen as coming from difficult family backgrounds and potentially perpetuating difficult family situations through their own relationships (or lack thereof) with the baby's father. These elements support the substance of the representation and allow practitioners to unambiguously act

and communicate with regard to teenage motherhood. As I discuss in Chapter seven (§ 7.4 and § 7.5), the peripheral system bears many elements which contradict the core because personal histories and direct encounters with teenage mothers broaden practitioners' perspectives and challenge conventional and taken for granted views of teenage motherhood.

There is a recognition of the various difficult circumstances in professionals' discourses around teenage motherhood; however, by putting a 'positive twist' on the generally negative circumstances or situations, they make the representation relevant to their immediate experiences as specialised service providers.

5.5.1 Benefit of teenage motherhood being less problematic in London than elsewhere

Teenage motherhood, although less problematic in London than in other areas, remains a condition that provokes negative social representations. London, as outlined in Chapter one (§ 1.2) and Chapter three (§ 3.2), is a setting with a variety of negative social influences. Professionals understand, interpret and utilise these backgrounds in framing the mothers' lives. Rebecca summarises a widespread view in my sample that teenage motherhood is not perceived as a shocking or unusual occurrence in the research location:

> ***There are other parts in the city or the country where [teenage motherhood] would be far more noticeable, where the stigma would be far greater, and I don't see there being so much of a stigma [here].*** *I think there is in general with young mums, but I think in an area like this, where it's quite prevalent and the support services are here, it's not something that raises so much of a … glance or something. Which perhaps, in turn **makes it a little easier** for them, cos they don't stand out of the crowd so much and the services are here; not to say of course they're not elsewhere, but I think more accessible, and much more over here, specific to their needs. (Rebecca, Social Worker)*

The conceptualisation of relative normality, or at least common occurrence, of teenage motherhood serves as a means of portraying young motherhood in the research location (as opposed to other areas) as less problematic for teenage mothers. Professionals construct the availability of specialised services, mothers' ability to blend in with the crowd and therefore avoiding or reducing potential stigma as beneficial to young mothers. Representations of young motherhood as relatively normal in the area provides professionals with the shared understanding of the broader social context as having a heightened need for services. I argue that drawing on local differences shows that professionals are sensitive to the immediate context in which they are operating. Yet, the 'default' situation is that teenage mothers stand out of the crowd and are stigmatised.

5.5.2 Teenage motherhood as problematic due to social background

Professionals draw on young mothers' circumstances and backgrounds to make sense of teenage motherhood and the teenage mothers they work with. These conceptualisations are shared among professionals, and they shape their common reality and the ways in which they describe their work with young mothers[18].

Professionals' accounts highlight the extremely diverse backgrounds of young mothers in London. Some are well supported and looked after (mostly by their families), whereas others have no recourse and support at all (such as mothers who have an (illegal) immigrant background, those disowned by the family due to the pregnancy, or those who have no personal support network on which to draw). Many mothers are seen as having complex and unstable backgrounds, which render their situations problematic. Dana's quote demonstrates how professionals perceive the range of situations in which pregnant teenagers can find themselves:

> *… [pregnant teenagers] can be so complex. I mean we joke that, the last months we had some horrendous cases; like we had loads of girls who all got big social issues and we're like 'oh please, just give me a 16 year old who's got pregnant by mistake, who's mum's supportive and we know she's going to get cared for at home.' (Dana, Midwife)*

Dana's account is representative of the shared understanding among professionals that teenage motherhood is multi-faceted, potentially challenging, worrying, and their situations need to be assessed on a case-by-case basis. Because of these different backgrounds and circumstances, professionals say it is almost impossible to make generalisations about teenage mothers. Although the norm is that teenage motherhood is problematic, it can be so for many different reasons.

5.5.3 Teenage motherhood as problematic due to family backgrounds

Although all young mothers are seen as different, they are understood as often sharing similar family background characteristics. These backgrounds reflect and confirm the statistics outlined in Chapter one (§ 1.3.1), such as poverty, substance abuse and family rupture or poor mental health. Professionals see it as necessary to incorporate these circumstances in their work with mothers to ensure their wellbeing. These backgrounds have direct effects on practitioners' work with teenage mothers.

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[18] As argued in Chapter three, the possibility of social desirability bias and possible agendas in professionals' discourses about their work has to be taken into account in the analysis. The ways professionals talk about their work may not necessarily reflect their entire range of experiences and practices. For the sake of this chapter, however, I present professionals' discourses about their work as a veritable reflection of their work and discuss the possible implications of biases in Chapter seven.

Many mothers are understood as having a negative view of the service sector due to their experiences from a young age. Professionals use this background to explain their difficulty in building a positive relationship with young mothers. Notes taken at Maria's interview (which was not tape-recorded) demonstrate this:

> With hindsight the girls look back at their younger years and may think that their relationship with their mothers were not that bad after all, but forget that their step dad used to hit them **– they have a selective memory for the positive things and then services stepped in and destroyed the seemingly happy family unit** when that was actually never the case. (Maria, Charity, Notes during interview)

Maria continues to explain that she then needs to correct the mother's 'selective memory', which she sees as a difficult process that can put a strain on her fragile relationship with the mother. At the same time, Maria positions the mothers' memory (and as such her knowledge) as distorted, which denies the mothers' lay knowledge.

Professionals' representations of teenage mothers' perceived mistrust in service providers informs their way of working with young mothers in that they approach mothers carefully. Mothers' possible experience of physical, mental or emotional harm from the family supports the central core system of teenage motherhood occurring in problematic circumstances. Indeed, lack of positive attention at home or a chaotic unloving upbringing is sometimes seen among professionals as a direct *cause* for the pregnancy, rather than a consequence. Teresa and Christine especially notice teenagers' attention-seeking behaviours, either by staying late at the school for teenage mothers (in Christine's case) or 'playing up' and wanting to be noticed during lessons:

> …it does sometimes make me think 'do they get proper attention, as in positive attention, at home?' and sometimes I'm not sure. (Teresa, Council)

Teresa suggests a degree of emotional neglect at home and Maria highlights physical abuse in some teenager mothers' upbringings, resulting in their yearning for positive attention. Some professionals also draw on their own family backgrounds in which a teenage pregnancy occurred to help make sense of teenage motherhood and support the mothers with whom they work. Through these experiences, professionals understand the necessity of a strong support network and good relationships, which they aim to establish with young mothers.

The following two themes discuss the peripheral elements which practitioners use to make sense of teenage motherhood in direct relation to their own work with young mothers and their working environments in which teenage motherhood is often stigmatised. These peripheral elements challenge or contradict the core and as such represent dilemmatic knowledge systems. As peripheral

elements never exist independently of the core, but are rather in constant dialogue with it, core elements are necessarily touched on in describing the periphery.

5.6 Periphery potentially challenging the core: Necessity for strong interpersonal relationships and obstacles to professionals' work

In order to prevent teenage motherhood constituting a negative outcome for pregnant teenagers and teenage mothers, practitioners need to face the various challenges of working with this population. These challenges include the obstacles and laboriousness of building up relationships, professionals' emotional attachment, and young mothers' as well as professionals' stigmatisation. Professionals understand their responsibilities as building up and maintaining strong interpersonal relationships with mothers in order to fully address their needs. Yet, professionals' experiences of working with young mothers highlight the erratic nature of these relationships. Relationships can be difficult to achieve due to a mother's challenging background, unwillingness to be helped or lack of understanding of the benefits of professional support. These challenges elicit mixed and contradictory feelings in professionals such as simultaneously feeling empathy and frustration. Professionals hold contradictory representations of teenage motherhood as a vulnerable situation on the one hand and an opportunity to improve one's life on the other. I will discuss these aspects below.

5.6.1 Crisis support and laboriousness of relationships that result in good care

Professionals can find themselves torn between what they think is expected of them and what they feel necessary to do in order to ensure young mothers' wellbeing. Christine's quote summarises the wide range of circumstances that can interplay in the life of a given teenage mother: parental alcohol problems, fighting with parents, being unsure about wanting the baby, depression, eating disorder, and personal neglect all contributing to the core views of teenage motherhood as problematic. She recognises that in some cases education (which is her job as a teacher) is of lesser importance than more pressing needs:

> *… her mother was an alcoholic and she was having fights with her mum and dad and she'd just had this baby,…, before she had the baby she admitted she didn't really know whether she wanted it, but it was too late and it was just a mess and she was very depressed and **so we were concerned because she wasn't eating and we felt that she wasn't really looking after herself. So really, sometimes that will come before doing GCSE English,…, in the hierarchy of needs it's much more important for her, like, so often, the way we would, she'd come in 'right, have you eaten?'** (Christine, Education)*

Christine's is a common example of the concern that professionals have about placing teenage mothers' wellbeing and immediate needs before their actual role as a professional, such as being

more worried about a mother's eating habits than her education. This 'crisis support' plays an important role in professionals' daily working lives and underpins the representation of teenage motherhood as problematic.

The fragility of professional–mother relationships is frequently expressed, and professionals explain that part of their difficulty in gaining the mothers' trust stems from the mothers' past experiences in both their family lives and previous (or current) negative encounters with professionals (particularly social services, as demonstrated in this chapter (§ 5.5.3)), and their problematic circumstances. Building up a good rapport is seen as imperative by professionals, and several participants explained that caring for the mother and child would not be possible without having gained the mother's trust and confidence. Sophie's account reflects how professionals describe the building up and maintenance of relationships as a crucial part of their work:

> … most of them we do develop a relationship **… I need them to trust me and I need to be able to trust them in order to deliver a service**; so I think when they first move in we have to work on that relationship and the relationship can be different with different people. (Sophie, Housing)

Sophie highlights that each mother is different and that she has to integrate this reality into her work. The ways in which professionals build up these client-centred rapports is through allowing time and addressing every query, request or difficulty the mother has. Being open, honest and upfront with mothers, if necessary addressing issues mothers do not want to hear, is seen as a necessity for the kind of relationship professionals want to establish with mothers, as Cindy, Sophie and Tracy explain:

> … if I don't know something I have to tell them because they know when you're trying to bluff. **It's always best just to be totally honest …, it's about mutual respect as well**. (Cindy, Housing)

> I think you have to be very honest and open when you work with [teenage mothers] …., **although they might not like to hear it**, it has to be said. (Sophie, Housing)

> …her current boyfriend was actually at Her Majesty's pleasure [i.e. in prison] at the time, but she didn't reveal that to me until she was like 8 months gone, but that's just the **growing from a stranger to someone they can actually trust** and to tell them. (Tracy, Midwife)

Mutual respect, trust and honesty in a relationship that develops over time are seen as key necessities to helping young mothers to achieve wellbeing. Professionals' discourses about their relationships represent teenage mothers as free and critical agents who actively decide what they want to disclose to whom and when. However, as the above quotes suggest, mothers are represented as immature in not wanting to face the realities of their situations, meaning that

professionals have to confront them directly with these realities. These contradictory representations make professionals' work a challenging balancing act.

Professionals see another benefit of good relationships as being able to notice changes in mothers' behaviours and moods which help them get to the bottom of young mothers' problems.

> *… we get to know our girls very very well,* **we can see if there's a problem, we can notice a change in their sort of personality or their mood,** *we can pick up on that; if there are things like boyfriend troubles, all sorts of things for* **when they start their new lives,** *like money problems and that just obviously* **gives us a chance to work through.** *(Vanessa, Midwife).*

Professionals say they are keen to give mothers the sense of truly caring about their wellbeing. Thus, the central core of the representation of teenage motherhood as problematic translates into the ways in which professionals approach their work. Professionals feel a good relationship to be crucial precisely because of teenage mothers' problematic circumstances. Service providers hope to give mothers a sense of worth and self-esteem which they feel is lacking in many mothers' upbringings and current lives. Christine explains how she addresses this problem:

> *… sometimes we [give] a bit of physical contact, like not too much, but I think actually when you're working with damaged people and low self-esteem and when you know that they're not getting a lot, sometimes they're not getting any physical love at home at all,* **no hugs no nothing***. (Christine, Education)*

Christine positions teenage mothers as neglected people who are vulnerable, have low self-esteem and do not receive 'love' from the family or partner. The benefits of physical closeness, such as being able to give mothers a hug, or being hugged by mothers could be perceived as the acting-out of what professionals describe as a good relationship. In giving mothers a hug, professionals physically act out their representations of teenage mothers as vulnerable and needy of love. Professionals form their identities as service providers around their ability to provide this love and as such an important (be it temporary) positive influence in mothers' lives. If this emotion is returned professionals feel satisfied with their work, as Emily explains:

> *It's when they say goodbye and give you a hug, that's kind of how you know that you've done a good job. (Emily, Midwife)*

Rather than a material acknowledgement (such as flowers or wine received from 'older' mothers), practitioners welcome and value the recognition of their work by a simple hug. This is accentuated as service providers often feel frustrated and undervalued in their work, both by some mothers as well as on an institutional level (as I will discuss in this chapter (§ 5.6.3 and § 5.6.4)). Little gestures such as a hug appear to make professionals' sacrifices, frustrations and hard work worthwhile, as I detail below.

5.6.2 Professionals' empathy and emotional work

Despite the vast differences in young mothers' lives, practitioners share the same representations of how best to work to ensure their wellbeing. They consider their relationships with teenage mothers somewhat sacred. If these relationships are established and maintained, professionals view themselves as in a good position to work with the mothers, addressing whichever needs they perceive or mothers point out to them, and as such rendering teenage motherhood less problematic and manageable. The extent to which practitioners empathise with mothers was already presented in the adverse outcomes of requiring counselling after a young mothers' child was taken into foster care (see § 5.4.2).

Professionals feel that their empathy and communication demonstrates to mothers that they are non-judgemental and understanding of their situations. Vanessa describes the care she provides and the feelings this elicits in her towards young mothers:

> *I just want to give them a big hug and say **'it's going to be alright'**. And we are a bit tactile sort of emotional team with our girls and things and I just think that it almost has to be the way … because the sort of situation that we're dealing with and **how hard it is for some of them**. (Vanessa, Midwife)*

Practitioners understand that some young mothers find themselves in difficult, problematic situations. Empathy and understanding of the situation as a whole, not just the struggles through pregnancy or mothering, is an important aspect of their work. The necessity to be an 'emotional team' again highlights professionals' representations of young mothers as lacking love and emotional care from other sources.

As part of their emotional attachment, service providers have great worries for some mothers and are unable to leave these worries behind after work, despite industry sector advice to do so, as Elise explains:

> ***I don't switch off from the families** and the people when I'm outside of work because a lot of them **they start to see me as someone to really confide in and the only way you can be successful in that kind of work is by being there, letting people trust you.** (Elise, Charity)*

The inability to 'switch off', or rather, the necessity not to 'switch off', is shared by all practitioners in order to do their job well. Maria also explains that she would prefer for a young mother to call her on the weekend or in the evening and "shout abuse down the phone" at her rather than the mother self-harming instead. This constant worry for teenage mothers' wellbeing represents mothers as extremely vulnerable and reliant on professionals' constant care and availability. Yet, practitioners

understand the importance of relationships not growing too close and keeping a professional distance from the mothers as I demonstrate below.

5.6.3 Frustration and need for balanced relationships

Service providers feel a responsibility to strike the right balance between friendship and professionalism in their relationships with mothers. While some teenage mothers are represented as trusting and engaging in services, others are seen as too reliant and dependent on professionals, which can foster concern in practitioners. The experiences expressed by Deborah and Sophie are two examples which demonstrate this.

> *…one does develop **very personal, intense relationships** with them over a period of time … **I have to be careful that there is a professional relationship and I'm not their best buddy**… in general it is very warm and most of the girls, we have a very positive relationship with. (Deborah, Health Visitor)*

> *… there were two different young women who **didn't want to leave** [the house] and **that scared me**. So that kind of **made me look at how I am, how I was working with them.** (Sophie, Housing)*

Reflexivity and awareness about one's own way of working is seen as critical in professionals' work. While close and trusting relationships are seen as one of the most crucial ingredients to recognising and caring for every need the mother has, it is considered necessary to ensure that the professional–client roles are maintained and not replaced with that of friendship (or even that of a mother–daughter relationship). Ariana expresses the wish to provide two roles to mothers: that of a "big sister [or] mother figure" while being "the professional who's got the answers". Dana's quote at the beginning of this chapter highlights her desire not to be seen as 'more important' than the young mother by sitting on a higher chair. Therefore, she makes sure that the physical environment does not give that impression and instead of sitting on a chair, would sit on a table. As these relationships and practices surpass conventional boundaries of client–professional relationships, they require both parties to engage in extensive identity work for themselves and for their roles in the relationship.

Practitioners share the view that mothers are collaborative in those services they are particularly interested in and extremely disengaged from those they do not value. Midwives, for example, are understood among professionals as popular with pregnant teenagers as they check the baby's heartbeat, its growth and so on, whereas a housing worker would provide less 'exciting' services. Yet, regardless of profession, all interviewees express occasional frustrations in engaging pregnant teenagers and young mothers. To alleviate this frustration, professionals draw on the mothers' difficult circumstances to explain their behaviours. Instead of not caring about disinterested mothers, service providers adapt their working schedules and practices to mothers' lifestyles and

routines, indicating that teenage motherhood is not necessarily problematic if practitioners are flexible enough to attend to their needs.

> *And she does have a tendency to be very late or non-attending for her appointments and **I have to be incredibly flexible to get to see her** and I need to see her around her going to college. **Her priorities aren't coming to see the health visitor, her priorities will be everything but seeing the health visitor** and I had on several occasion had to go via the foster carer… (Deborah, Health visitor)*

Deborah's experience is representative of all professionals and demonstrates that teenage mothers are not seen as 'powerless', instead, professionals recognise mothers' non-cooperation as a display of their power (Vaughan, 2011). Deborah finds alternative routes of getting in touch with the mother, as the mother appears to show no interest in her service offer. Practitioners represent some teenage mothers as unable to correctly prioritise their behaviours and actions. Mothers' perceived immaturity expressed in not valuing and adequately respecting professionals and their work fosters frustration and translates into a sense of self in practitioners as corrective influencers in young mothers' lives.

Service providers recognise that not all mothers want to receive help from them, and would rather be left alone. Indeed, many mothers are said to be reluctant to receive the help practitioners think they need. Often, service providers perceive mothers as having different priorities to the ones they 'should' have. Professionals thus feel that the 'reward power' and 'expertise power' (J. R. P. French & Raven, 1959) they ascribe to themselves is not recognised or obeyed by teenage mothers. Felicity admits that, more than being disinterested, mothers can see her work (which they have to engage in as part of the housing contract) as imposing:

> *…**they can see the support as a bit of an intrusion into their lives**, like 'why can't I just get a flat, leave me alone', and **it does take some time to recognise the value of having that support**, especially when they're quite young. (Felicity, Housing)*

Felicity feels that teenage mothers frame her support as 'an intrusion', and feels that she needs to correct them in order for them to realise the value of her support. All practitioners have a clear understanding that some mothers perceive them as intrusive or useless. Yet, as most mothers eventually recognise the value of support, service providers' sense of self as important to young mothers' wellbeing is not impaired by this initial opposition. Felicity highlights the age of mothers as a potential barrier to accepting and valuing support, suggesting that older teenage mothers are more mature, open and appreciative of support. Professionals represent some mothers as immature and ignorant to their own support needs, which makes their work particularly challenging. This 'corrective' identity also comes to the fore when professionals deal with stigmatising professionals, as I discuss below.

5.6.4 Negative views of 'other' professionals and environment

The frustration of working in specialised services around teenage motherhood is accentuated by feeling misunderstood and pressured by 'outsiders' (i.e. people not directly involved in their work). Interviewees share a feeling that 'outsiders' lack an understanding of what their work entails. Teresa speaks of the frustrations her and her colleagues experience due to unrealistic targets set by the Government:

> *The target [to reduce teenage conceptions] was … ridiculous and never going to happen. There needs to be a bit more thought put into these kinds of targets because it gets a bit depressing … even though you've worked your ass off. The SMARTER framework [says to] make sure it's Specific, Measurable, Achievable, Realistic, Time-bound, Evaluated and Recorded. Realistic is one of the top ones and yet the TPS is not realistic – and timely. (Teresa, Council)*

Teresa further explains that one of her colleagues left the job due to the policy pressures of meeting teenage pregnancy reduction targets which are considered unrealistic in the service setting. In this respect, practitioners develop a sense of self as 'defenders' of themselves and their work from outside criticisms if targets have not been met.

There are mixed views of 'other' professionals (mainly non-specialised professionals) in my sample. All interviewees mention stigmatising service providers as sources of negative feelings and adverse service experiences for teenage mothers and in some cases also for themselves. Nevertheless, they also speak about 'good' practitioners who are concerned for young mothers' wellbeing. Conceptualisations of 'good' professionals are often marked by personal commitment and willingness to invest time and energy in liaising with the network of practitioners, drawing all necessary services together, while showing patience and understanding for the particular needs of each mother. Elise's quote is representative of how professionals perceive the service sector for teenage mothers as a whole:

> ***I think there's still a lot of stigma, even from the professionals**, I think social-based services, for example youth groups, support groups, are probably a lot more supportive because they're working around principles now such as empowerment or kind of consulting the young people about how they feel and what they want, … I think **traditional medical services** like psychologists, doctors, those kind of services, **I think there's still a lot of stigma**. (Elise, Charity)*

Elise distinguishes between 'traditional' services and 'social-based' services which are 'now' (indicating that this may be a recent development) responsive to the needs as expressed by young people. The view of 'traditional' services as stigmatising and judgemental is a shared peripheral element in my sample. Elise shows a balanced view of services; yet, a more common view is that mothers are not treated adequately in many services. Practitioners recognise that 'traditional' professionals see themselves as having power over teenage mothers and as such are more likely to

draw on stereotypes (Fiske, 1993). Stigmatising professionals are represented as not treating teenage mothers as adults, as mothers or as deserving people more generally. This is illustrated with Maria's interview in which she talks about accompanying mothers to meetings with headmasters, job centre staff or other services in the community:

> *Other professionals would offer Maria a tea or coffee and not the mother* **so Maria would either ask the mother what she wanted or tell the professional that maybe the mother would like something also**. *(Maria, Charity, Notes after interview)*

Professionals position stigmatising practitioners who do not acknowledge teenage mothers as knowledgeable adults, deserving the same treatment as any other mother, as having a negative influence on mothers' self-esteem. Maria constructs her identity as a 'protector' of teenage mothers due to the symbolic resources and representations held by others and by herself of her social group. Another example of a practitioner defending and protecting the mother is based on a trusting relationship between the mother and the service provider. Here, the mother is able to tell Emily about her negative experience:

> *I have had a couple of girls come to me and say 'you know they treated me like I was a child and blah-blah-blah'* **so I had to go and speak to that member of staff, basically to tell them to pack it in, you know**. *(Emily, Midwife)*

Emily's confronting "that member of staff" with the concept of teenage mothers as people who should be treated as adults and not as children, challenges the stigmatising professionals' representations of teenage motherhood. As such, through her corrective approach towards the stigmatising professionals (by telling them to "pack it in"), Emily protects her own identity as a specialised professional as well as defending the young mothers' need for respect as a mother. This 'individual level' approach to stigma is, however, unlikely to bring about structural change (Campbell & Deacon, 2006). Other examples of such instances where specialised professionals confront stigmatising practitioners about their behaviours and actions towards young mothers include not asking for mothers' consent, speaking about mothers in the third person despite their presence or refusing to work with young mothers altogether. Professionals see their roles as advocates for the mothers who, as the above quote demonstrates, do not have the social, psychological or symbolic resources to confront the stigmatising professional themselves. Hence, in these situations, practitioners construct their own identities based on teenage mothers' needing protection and defending from stigmatising professionals. These same stigmatising professionals call the identities of specialised service providers as equal and respectable practitioners into question:

> *Even with me, I get to a point where I'm like "enough! Don't talk to me like that or I won't look after you". But I will, I did look after people who called me the worst things ever and I carried on looking after them,* **because they need to be looked after**…. *Midwives who don't like the fact that a lot of them swear … they'd talk to*

> them saying **'don't be such a little silly girl'** and things like that. **I've heard comments about 'how can you put up with them the way they swear at you?!'** (Dana, Midwife)

Practitioners construct positive identities of themselves around their own ability and willingness to care for young mothers despite mothers' rudeness and lack of respect. This lack of recognition is not only experienced from teenage mothers, but also from non-specialised professionals, such as being asked "how can you put up with teenage mothers, they are so rude?!". Maria explains that she frequently points to her position as a 'trauma therapist' to stigmatising professionals who she feels are belittling or stigmatising her for supporting or protecting teenage mothers.

Another way that professionals feel able to change the situations for teenage mothers is through their own initiatives in the workplace. Sarah, through working at the hospital, is able to see connections that are not obvious from the outside. She feels that improvements can be made to how professionals work with young mothers within the same service setting in order to provide better support:

> I felt quite passionate about doing the teenage pregnancy work because **I felt that there were a lot of interventions that we could make if we were thinking about it in a joined up way that would make a difference**. (Sarah, Health Professional)

Sarah highlights the necessity and benefit of knowledge exchange to improve services for young mothers based on the representation that teenage motherhood requires a lot of intervention. Here, rather than being the result of a policy prescription, it is a grassroots initiative by an observant professional that is thought to "make a difference". Therefore, rather than relying on policies, professionals appear to be aware of the needs in the community and act in accordance with them. The representations on which professionals draw with regard to improving the outcomes of teenage motherhood from mothers' often bleak backgrounds to brighter futures is discussed in the next theme.

5.7 Periphery challenging the core: Potential for positive outcomes of teenage motherhood

This theme is concerned with the peripheral system that teenage motherhood could potentially bear positive outcomes for teenage mothers, and that teenage motherhood could constitute a better outcome for the teenager than continuing her life without a child as a focus. Specialised practitioners are aware that many mothers have unhealthy lifestyles including drug and alcohol abuse, poor nutrition and poor sexual health, which are all aspects of the core. However, these are considered 'repairable' in most cases through professionals' intervention, mothers' willingness to cooperate and change. Professionals represent their work as helping mothers through challenging situations and improving their wellbeing.

5.7.1 Stopping adverse (health) behaviour

Service providers appear keen to unravel the social and individual roots of behaviours hindering teenage mothers' wellbeing. They do so by talking to the mothers and observing their environments in order to reveal the causes and triggers of unhealthy behaviours. Experiences such as Emily's are shared by most professionals.

> So you have a small population that smoke cannabis, **most of them do give up, and it's remarkable, the difference that you see in them**. Especially when you explain the risks of smoking and smoking cannabis and things like that. (Emily, Midwife)

Explaining the risks of smoking or a poor diet to mother and baby is a strategy all professionals employ. In some cases 'explaining the risks' is sufficient to initiate change, in others, the barriers to improving the young mothers' health are much higher. In these scenarios, practitioners see themselves as 'correcting' young mothers' previously held poor knowledge or adverse behaviours.

Many practitioners see the pregnancy as an opportunity for intervention and a potential turning point in the mothers' lives: a period during which adverse behaviours can be stopped due to the mothers' willingness to change for her and her baby's future. The work with mothers also extends to stopping other negative habits: Christine explains her tactic of removing the focus from the mother and placing it on the child in order to enforce her rules.

> … and I go 'no no no, we don't swear in here – **why do we not swear in here? Cos it's not a very good example to the babies**, so we can't have that kind of stuff here'. (Christine, Education)

Christine uses the baby as an object to contextualise the mothers' behaviour and places the consequences of the mothers' actions directly on the child. Professionals aim to make young mothers realise and embrace their new responsibilities as parents. In so doing, they represent teenage mothers as mothers (some of whom still have to learn to behave as such and use language seen as appropriate for mothers) rather than as teenagers without responsibilities. In these instances, teenage motherhood is used as a catalyst for positive outcomes for the mothers and their children, a representation which is at odds with the core.

5.7.2 Educational dilemmas and future prospects for mothers

Education is, at the appropriate time, seen as potentially counteracting the negative effects of teenage motherhood. Service providers feel happy for some teenagers as they manage to either improve their lives or continue their 'successful' lives (which often implies continuing or re-entering education) with as little disruption as possible. Yet, there are also concerns and dilemmas in

practitioners' discourses with regard to the timing of motherhood and the 'aims and aspirations' of teenagers. The need for a goal in life and future prospects through EET are seen as crucial areas for improvement. In this regard, mothers are seen as having lacked guidance, support, encouragement and role models in their upbringing. Professionals' two main goals in this regard are: i) to 'raise aspirations' and as such enable teenagers 'to achieve something' that was previously out of their reach and ii) to enable teenage mothers to gain financial independence from the state, their families or partners. In the context of what she calls 'improving self-esteem', Kelly explains how she gets (non-parenting) teenagers to reflect on their situations and options:

> *You know, what are your aspirations? What is it that you want to do in the long term? Is it that your aspiration is to be a doctor? Well then what are your short-term goals?' So looking at your aspirations and then **'ok, if you were to become a parent now, would you still be able to go to university?** Would you get the support?' So that type of thing, so looking at their aspirations and raising aspirations as well. (Kelly, Council)*

Rather than improving self-esteem, I understand this approach to be dilemmatic and potentially damaging towards the representations of self and the opportunities for teenagers who do become parents. Kelly conceptualises a teenage pregnancy as a (potential) threat to teenagers' fulfilling their aspirations and represents it as a barrier to 'raised' aspirations in terms of a university education or a career. This also reflects the core of the representation of teenage motherhood as being undesirable. Her account appears to dismiss the possibility of combining 'aspirations' and motherhood, which I argue can potentially harm young women's or teenage girl's future goals and self-esteem if they do become pregnant. Yet, for teenagers who did not plan to go to university, it may 'legitimise' their choice of becoming a parent and as such may not negatively impact on their ability to negotiate and construct their identities as mothers and as such not problematise teenage motherhood.

Practitioners also highlight the heterogeneity of mothers with regard to education. Dana recounts that a few mothers give birth only days, weeks or months before sitting their GCSEs, whereas others are disengaged from education altogether, sometimes even prior to the pregnancy. Most professionals ask mothers about their future plans to show interest in their lives. By doing so, they hope to demonstrate a genuine interest in their development and life-choices. Most professionals share the view that there is no rush for new mothers to return to education, unless they immediately want to.

> *...**Get into education, if they want to, or if they just want to be a mum, that's absolutely fine as well**, it's just what's right for this kind of group of women really. (Cindy, Housing)*

Cindy takes an approach which is shared by most interviewees that mothers ought to decide themselves on the timing of when they want to return to education or employment rather than being mandated to return. In this regard, on the one hand, professionals represent teenage mothers as active agents of choice. On the other hand, professionals represent young mothers as lacking direction in their lives: "I'd say probably 60% of them haven't got a clue about what they want to do" (Emily, Midwife). In general, practitioners have little doubt that teenage mothers will engage in the labour market at some stage (later) in their lives, which is deemed a positive outcome.

With regard to education, some interviewees also draw on their own family histories in which teenage pregnancies occurred. Sophie in particular highlights how a family member of hers was able to complete her university degree because the family network looked after the child. Such personal histories and experiences are important in informing peripheral elements of representations and help professionals to envisage and communicate positive outcomes of teenage motherhood.

5.7.3 Positive outcomes from teenage motherhood

Over and above simply changing for the better, interviewees also speak about cases where motherhood is the best possible outcome for certain teenagers. By describing one particularly difficult case where the mother was taking hard drugs and living in unsecured, chaotic circumstances, Ariana explains:

> *So she was one of those people who just turned this corner and brought her life around again, and, gosh **maybe even having a baby saved her**; really, because I truly believe, you know, somebody like her in the situation she was dealing with, was all very very dangerous grounds. (Ariana, Midwife)*

Even though this may be an extreme case in the greater scheme of teenage conceptions, the data clearly show that similar experiences are a reality that many professionals find in their work. Witnessing the 'turning around' of mothers is further referred to as a positive process not only for the teenager concerned, but also for those working with her, giving them a feeling of accomplishment.

> *I just love working with this client group and then **seeing them become really successful and empowering them to be the best parents they can be**, because obviously they know everything about their baby and we're not telling them how to look after their baby, we're just trying to empower them and **give them all the skills just to be really positive, happy parents** and that's just what I like in this kind of scene. (Cindy, Housing)*

Cindy recognises teenage mothers' 'expertise power' (J. R. P. French & Raven, 1959) and ability to be good mothers. She positions her clients as capable parents rather than clueless teenagers. Like many other interviewees, Cindy frames the experience of parenthood as a potentially positive one.

Further, she accepts mothers' knowledge as valid, even more so than her own professional knowledge, by saying that "we're not telling them how to look after their baby". The sense of self elicited in practitioners here is that of an enabler of wellbeing through their work. Service providers therefore allow positive identities to emerge through recognising young mothers' lay knowledge (Jovchelovitch, 2007). I discuss the positive outcomes of teenage motherhood as well as other challenging representational elements below.

5.8 Discussion of professionals' representations of teenage motherhood

In this section I use my findings to address the research question re-stated below.

- What is the core social representation of teenage motherhood among specialised practitioners, and how is the core made up?
- What are specialised practitioners' peripheral elements of their representations of teenage motherhood, and how do practitioners construct identities for themselves based on core and peripheral elements?

My analysis reveals how professionals' representations of teenage motherhood as problematic at the core guide and inform their everyday working practices. Yet, peripheral elements to construct teenage motherhood as a potentially positive outcome are also frequently drawn on by practitioners. Through an interplay of core and positive peripheral elements, professionals ascribe themselves identities as 'correctors' of teenage mothers and as 'protectors' and 'defenders' against stigmatising professionals and institutional barriers. Below I discuss practitioners' core and peripheral representational elements of teenage motherhood, the ways these representations are present in discourse and action and how these inform specialised service providers' senses of self.

The data show that interviewees hold mixed and contradictory representations of teenage motherhood. At the central core lays the representation of teenage motherhood as problematic. This is considered a social representation as it informs and guides the ways professionals work with teenage mothers and make sense of themselves in this working relationship and in the wider community. Below I discuss the various peripheral elements surrounding this core and the situations in which they are activated to diverge from the core or protect the core from potential threats.

Practitioners represent teenage motherhood as a potential occurrence due to mothers being victims of their upbringing and circumstances, vulnerable and immature, lacking of love and direction. Embedded in the representation is the shared view by professionals that a first teenage pregnancy can mostly be attributed to the mother's social and family upbringing, lacking role models and lacking 'aspirations'. As aspirations in many teenage girls in the research location are already

considered low by most service providers, the pregnancy is only indirectly seen as a barrier to achieving high future hopes.

Yet, mothers are represented as active agents with choice and as possible good parents. Mothers' autonomy is part of the peripheral elements of professionals' representations of teenage motherhood. Practitioners see and experience teenage mothers as active agents who make their own decisions about their engagement in services. Interviewees understand that some mothers are able, capable and responsible parents without being told how to look after the child. Mothers are also seen as active agents in their decision making about which service providers to confide in and at what point in time, or whether to engage in services at all. In this respect, informing professionals' representation of teenage motherhood is the view of mothers as service users with great power in determining the type of relationship they choose to have with the service provider.

5.8.1 Social representations informing practitioners' identities

I argue that the ways in which practitioners construct their identities of 'defenders', 'protectors' and 'correctors' are based on instances where the teenage mother is the Other against whom practitioners construct these identities. The identity activation is based on the particular peripheral element at the time preceding the 'identity use'. In instances in which teenage motherhood is homogenised and represented as (unjustly) stigmatised by others, practitioners draw on identities as 'defenders' of a representation of teenage motherhood as not necessarily problematic. In situations where teenage mothers are directly treated poorly by another practitioner in the presence of an interviewee, or are told about such a situation by a mother, they construct identities of 'protectors' of teenage mothers against such stigma. Young mothers are represented as 'needy' with regard to requiring protection from stigmatising professionals by my interviewees. These are individual-level approaches to stigma against teenage motherhood (Campbell & Deacon, 2006, see § 2.4.1), which are unlikely to have macro-level effects on the stigma, unless veraciously defended over a period of time. Nevertheless, those mothers who fail to follow direct advice from practitioners or who are deemed immature due to their behaviours elicit identities as 'correctors' in professionals. The identity as 'corrector' is activated when practitioners feel the need to correct young mothers about their knowledge, actions or priorities. This sense of self enables service providers to preserve their professional 'expertise' while 'correcting' mothers' behaviours with the aim of ensuring the mothers' and the child's wellbeing, but also with regard to maintaining their own professional 'expertise power'.

Another peripheral element is that of mothers being needy and deserving of non-judgemental support. Practitioners make sense of their work through representing teenage mothers as deserving, and worthy, with the right to good, targeted care. This belief directs professionals' actions, is widespread among my sample, and taken-for-granted in the sense that it is incorporated in everyday

practices. Yet, it is considered to be contested and contrasted by the discourses and practices of stigmatising professionals.

The frustration and exasperation service providers say they experience in their work is counterbalanced with their perception that if they did not care for the mothers, mothers' circumstances, health and life outcomes would be much worse. In this way, professionals make sense of their work, and make sense of why they suffer frustration and feelings of being undervalued.

Service providers feel the necessity to provide care for mothers' immediate needs (raised by the mothers or detected by professionals) as mothers' lives are represented as chaotic, unstable and uncertain. This representation is one of the practices through which practitioners construct a sense of themselves as 'protectors' of teenage mothers. They protect the mothers in the sense that they are able to address mothers' immediate needs and as such ensure that the mothers' situation and wellbeing improves.

Embedded in professionals' representations are their actions of building up emotional attachment, while keeping a balanced relationship to avoid mothers' dependence on them. Practitioners approach their relationships with mothers with caution. This is due to two reasons. The first reason is mothers' perceived scepticism of services that may potentially harm them, lack of interest and lack of trust in service providers. The second reason is the risk of forming too deep a relationship with mothers that grossly surpasses professional–client boundaries and leaves mothers too dependent and too reliant on service providers. Nevertheless, as service providers represent some mothers as sceptical and hard to engage with, they practice patience with all mothers. The peripheral elements professionals employ are thus context-specific and dependent on the mothers' circumstances, personal histories and needs.

Practitioners challenge mainstream conceptualisations of professional–client relationships through the close and caring communications and actions they engage in with the mothers. In their ways of working and communicating with teenage mothers, they reject the socially prescribed identities as 'professionals' and re-define their roles in their relationships and working environments. Further, they challenge their own taken-for-granted roles of 'experts', despite institutional barriers and challenges which uphold the relatively stable (negative) representational practices of stigmatising teenage mothers.

5.9 Conclusion of interviews with specialised professionals

The aim of this chapter was to demonstrate the analysis and findings of interviews with specialised professionals with regard to their representations of teenage motherhood and their own identities

as professionals. I have demonstrated that practitioners share diverse and contradictory representations of teenage motherhood. At the core of professionals' representations of teenage motherhood lays their problematic background, current adverse circumstances and uncertain futures. On the background of this representation, service providers use various peripheral elements and practices such as crisis support and emotional attachment to ensure young mothers' wellbeing. Through discourses and practices, professionals construct identities as 'protectors', 'defenders' and 'correctors' of teenage mothers. As demonstrated in Chapter two (§ 2.2.3), the core of social representations is made up of socially acceptable values and norms (Abric, 2001); I argue that this conceptualisation is particularly controversial for specialised professionals who do not always or necessarily ascribe to these institutionalised norms and as such, by the nature of their profession, challenge the core. The extent to which these representations, practices and identities are present in policy documents, and representation of teenage motherhood more generally, will be highlighted in the following chapter.

6. Representations of teenage motherhood in policy

6.1 Chapter overview

The aim of this chapter is to present the core and peripheral social representations of teenage motherhood circulating in UK central Government policy documents between 1999 and 2009. The analysis focuses especially on aspects of policy regarding the support of teenage mothers, rather than the prevention of teenage pregnancies. Findings suggest that the core of the representation positions teenage motherhood as a problematic occurrence, particularly when utilised in context before the teenager is pregnant or has decided to keep the child, due to the challenges teenage parents are likely to face based on their emotional, educational and economic backgrounds. This representation stems from the understanding (and policy target) that teenage pregnancies should be reduced; teenage motherhood hence constituting an undesirable health and social outcome. On the periphery, however, policy paints a more heterogeneous picture of teenage motherhood, especially *post-factum*, as a multi-faceted reality and problem that can be managed through specialised professional support. Although these peripheral elements protect the central system through drawing on the problematic nature of teenage motherhood, the peripheral system also allows for social change through the introduction of elements of a more positive view of teenage motherhood by focusing on providing support for a positive future. Embedded in the core and peripheral elements, policy documents utilise discourses of 'economies of performance' in which teenage motherhood is positioned as a potential barrier to labour market participation, as well as discourses of 'ecologies of practice', highlighting their need for support and care.

6.2 Introduction

In order to guide the reader, I restate the research questions pertinent to this chapter and provide a thematic framework (Figure 8) which presents the findings based on their core and peripheral classifications.

- What is the core social representation of teenage motherhood in policy, and how is the core made up in UK policy documents around teenage motherhood between 1999 and 2009?

- What are the peripheral social representations of teenage motherhood in policy, and how do the core and peripheral elements provide an opportunity to enable social change?

In the analysis, I focus on ministerial introductions and commentaries rather than case studies presented in policy in order to reveal the underlying representations of teenage motherhood based on the following policy documents as outlined in detail in Chapter three (§ 3.5.1, see Table 6):

Table 6: Policy documents analysed

	Document Name	Year	Source
1	Teenage Pregnancy	1999	SEU
2	Consultation: Guidance on the education of school age parents	2001	DfES
3	Reaching out to Pregnant Teenagers and Teenage Parents	2005	Institute of Education (commissioned by DfES and DH)
4	Teenage pregnancy: Accelerating the Strategy to 2010	2006	DfES
5	Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts	2007	DCSF and DH
6	Getting Maternity Services Right for Pregnant Teenagers and Young Fathers – 2nd edition	2009	DCSF and DH

SEU, Social Exclusion Unit; DfES, Department for Education and Skills; DH, Department of Health; DCSF, Department for Children, Schools and Families

The thematic framework of findings is illustrated below.
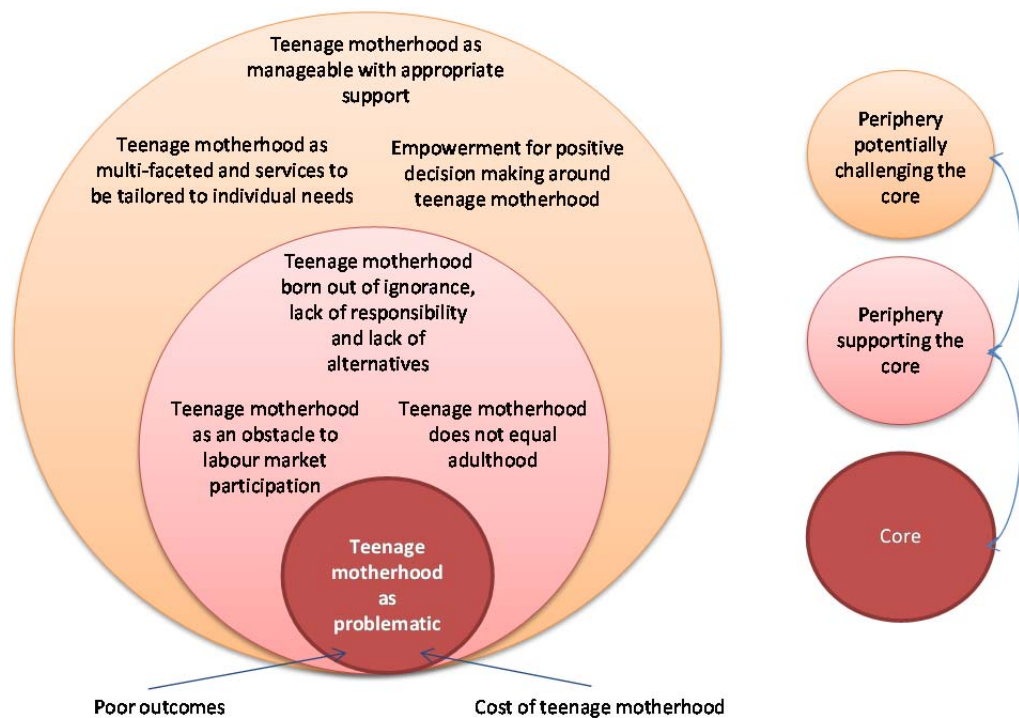
Figure 8: Thematic framework of social representations of teenage motherhood in policy documents

6.3 Findings

The thematic framework in Figure 8 will be unfolded in this chapter. Firstly, the core of the social representation of teenage motherhood as shared in policy documents will be presented, followed by the peripheral elements which support this core. Elements which may challenge the core are then highlighted before discussing the potential for social change as well as the social identities potentially made available to young mothers and practitioners in policy.

6.4 Core of the representation: Teenage motherhood as problematic

At the central core of social representations of teenage motherhood in public policy lays the concept that teenage motherhood is problematic. Throughout policy, there is a clear understanding that policy makers are concerned about 'poor outcomes' on the micro-social level for teenage mothers and their children, with early years policy also raising concerns about the cost of teenage motherhood at the macro-social level. Core elements are defined as such through their intrinsic functions of generating the meaning of the representation as well as determining its organisation (Abric, 1993). These elements are stable, not very sensitive to the immediate context in which teenage motherhood occurs or is dealt with, and define teenage mothers as a homogenous group (*ibid.*).

Out of the 30-point action plan in the Teenage Pregnancy report (SEU, 1999, pp. 91-102) on which the TPS is based, six action points refer to supporting 'teenage parents' and two action points refer to 'housing for under-18 lone parents'. The remaining 22 points are concerned with the national campaign designed to reduce teenage conception rates. This imbalance points to a greater focus being attributed to the prevention of teenage motherhood than to the support of teenage mothers. The core understanding of why teenage motherhood is considered problematic is summarised as follows:

> *Teenage parenthood is bad for parents and children. Becoming a parent too early involves a greater risk of being poor, unemployed and isolated. The children of teenage parents grow up with the odds stacked against them. (Teenage Pregnancy, 1999, p. 90)[19]*

It is recognised in early policy documents that teenage motherhood is costly not only for the immediate family unit, but also for the country at large. The Government blames itself for having failed teenage mothers, who are likely to bring up their children in poverty:

> *Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. …Our failure to tackle this problem has cost the teenagers, their children and the country dear. (Teenage Pregnancy, 1999, p. 4)*

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[19] For ease of reading, the document title, rather than the author, will be referenced in all extracts in this chapter.

Teenage motherhood is associated with single motherhood and poverty. Not only is teenage motherhood represented as a problem at the beginning of motherhood, it is understood that the problems teenagers face at the beginning of their lives as mothers are unlikely to improve:

> *The report reveals the scale of the problem we face in this country and the cycle of despair in which many teenage parents are trapped. (Teenage Pregnancy, 1999, p. 4)*

Instead of plunging into a 'cycle of despair' as a teenager, policy advocates for motherhood to be delayed until young people are in a position to independently look after themselves as well as a child. Teenage motherhood is represented as problematic due to the lack of emotional, educational and economical maturity of young people.

> *Our ambition is that all young people should have the skills, confidence and motivation to look after their sexual health and delay parenthood until they are in a better position – emotionally, educationally and economically – to face its challenges. (Accelerating the Strategy, 2006, p. 4)*

The Government's aim, as outlined in 2006, implies that teenage parents are not perceived to be capable of facing the challenges of parenthood. This understanding is also embedded in some of the peripheral elements of the representation, particularly those elements which support the core by highlighting various aspects of the problematic circumstances and outcomes of teenage motherhood in detail. These peripheral elements are discussed in the following sections, starting with those which support the core, followed by those which have the potential to challenge the core if elaborated further.

6.5 Periphery supporting the core: Economies of performance

As discussed in Chapter one (§ 1.3.3), economies of performance dehumanise people by regarding them as statistical problems in terms of numerically measured welfare targets that need to be either reduced or augmented (Fisher & Owen, 2008). Practices based on performance indicators are often informed by policies that position patients (or in this case teenage mothers) as passive entities with little regard for their individual differences or needs (*ibid.*). The analysis of policy documents shows that economies of performance are particularly common in positioning teenage motherhood as a failure by young mothers to understand its negative consequences and to pursue alternative goals to young motherhood. Teenage motherhood is also constructed as a failure by Government because it counters targets to reduce the number of teenage pregnancies. Peripheral elements which frame teenage motherhood within economies of performance function to support the core rather than challenge it.

6.5.1 Teenage motherhood born out of ignorance, lack of responsibility and lack of alternatives

The first Government report in 1999, on which the TPS was based, represents teenage motherhood as the consequence of ignorant, uninformed and immature behaviour. Teenage motherhood is not simply described as problematic for the parents, but also for the children born to teenage parents as well as to society as a whole. As such, particularly in early policy documents, teenage motherhood is understood to be irresponsible not only on the micro-social level for the young mother and her child, but also on the macro-social level, as all of society 'will pay' for it. The Government does not *only* blame itself for failing teenagers who become parents (as demonstrated above), but it also blames teenagers themselves who seem oblivious to the consequences of their actions.

> *[The report] also shows how too many teenage mothers – and fathers – simply fail to understand the price they, their children, and society, will pay. (Teenage Pregnancy, 1999, p. 4)*

In contrast to young people's oblivion to the negative consequences of parenthood at their age, as outlined above, teenage motherhood is also described as an option for young people whose alternative options are no more desirable than motherhood.

> *Often they feel they have nothing to lose by becoming pregnant. (Teenage Pregnancy, 1999, p. 4)*

Having 'nothing to lose' through teenage motherhood indicates that teenagers who become parents are not understood to be actively pursuing worthwhile alternatives. The perceived lack of desirable alternatives to teenage motherhood is, in a later policy document, described as a 'risk factor' potentially leading to early parenthood. In this context, teenage motherhood is not seen within any given immediate context, but broadly described as an option for young people who are unmotivated to pursue any other options:

> *[W]e set out what Government must do to address more effectively the underlying risk factors and motivate young people to pursue goals other than early parenthood. (Accelerating the Strategy, 2006, p. 3)*

Motherhood itself as a goal is not provided as a desirable option in policy for teenagers. The motivation to pursue any goals other than motherhood is often framed as an obstacle to labour market participation as highlighted in the following theme. This is the case for teenagers who are 'at risk' of becoming pregnant as well as those teenagers who have become mothers.

6.5.2 Teenage motherhood as an obstacle to labour market participation

Over the course of the TPS, the positioning of teenage motherhood within educational and labour market (rather than family) parameters has diversified both in terms of the financial as well as the practical options available to young mothers to continue their education. In the initial report,

Teenage Pregnancy (SEU, 1999), four of the eight action points regarding the support of teenage mothers refer to their education:

> *23. Getting back into education: Under-16s*
> *Under 16-year-old mothers will be required to return to finish full time education and given help with child care to ensure this happens. …*
>
> *24. Getting back into education: 16- and 17-year-olds*
> *16 and 17-year-old parents will be able to take part in the Education Maintenance Allowance Pilots from September 1999. …*
>
> *25. Advice for the over-16s claiming benefit*
> *… The personal advisor should discuss options for education, training and work and refer them to appropriate support, training and advice, including the learning gateway for 16–17 year olds, which teenage mothers will be able to take up if they wish.*
>
> *26. Help with child care for 16- and 17-year-olds returning to education*
> *The Government will pilot subsidised child care for 16 and 17 year olds whose families cannot help with child care, to allow them to participate in further education or training. …*
> *(Teenage Pregnancy, 1999, p. 99–100)*

Getting back into education is positioned as a reality for which the financial and childcare barriers need to be considered. The question of whether young mothers (over the age of 16) would want to return to education is not raised. As such, there is a consensus that young mothers ought to return to education rather than staying at home to look after the child. Although this approach applies to all mothers, it is a peripheral element as the provision of personal advisors to discuss the individual options for teenage mothers over 16 for education and training acknowledges the heterogeneity of young mothers and their differing needs. Also in later policy, young people's lack of EET combined with teenage motherhood is identified as leading to long-term detrimental consequences:

> *For many – particularly those who leave education when they become pregnant – their lack of qualifications can trap them in poverty for the rest of their lives.*
> *(Teenage Pregnancy: Accelerating the Strategy to 2010, 2006, p. 2)*

Teenage motherhood, especially if the mother does not pursue her education once she is pregnant or has given birth, is represented as a detrimental outcome. Support is considered particularly valuable when it leads to the 'economic well-being' of teenage parents and their children.

> *Addressing the support needs of teenage parents and their children contributes to all five outcomes, but specifically to 'being healthy' and 'achieving economic well-being'. (Reaching out to pregnant teenagers and teenage parents, 2005, p. 2)[20]*

This element points towards possible positive outcomes such as 'being healthy' and 'achieving economic well-being', which are deemed attainable for teenage mothers if their support needs are

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[20] 'Being healthy' and 'achieving economic wellbeing' are two out of five specific outcomes mentioned in the Every Child Matter initiative.

addressed. The financial and practical challenges of attending education as a pregnant teenager or as a mother are addressed in the 1999 report, and are carried through to later policies. Transport, childminding and childcare are mentioned in policy as posing barriers for young mothers to access education. The financial difficulties relating to teenage motherhood are clearly addressed by the introduction of CtL and the EMA (as outlined in Chapter one (§ 1.2.2)), enabling teenage mothers to continue their education from a financial perspective. In order to address the practical implications of combining childcare and education, policy introduced in 2007 highlights the ways in which practitioners can enable young mothers to attend educational settings in order to subsequently participate in the labour market:

> *The teenage pregnancy coordinator works closely with local transport services to survey bus routes and identify issues such as limits on numbers of prams or buggies on buses. The overall outcome of promoting Care to Learn is to **enable teenage parents to participate in learning, achieve their potential and strengthen their future economic well being.** (*Teenage Parents Next Steps*, 2007, p. 51)

While policy around enabling teenage mothers to remain in education in order to promote their future economic wellbeing frames teenage motherhood within the labour market (and teenage mothers as such arguably as adults in the labour force), other aspects of policy highlight the risky nature of treating teenage mothers as adults, as discussed below.

6.5.3 Teenage motherhood does not equal adulthood

Another element which supports the core of the representation of teenage motherhood as problematic is the difficulty of classifying teenage mothers as teenagers or as adults. This classification is peripheral because it is flexible depending on its context. As discussed above, EET positions young mothers within their future economic wellbeing and, as such, as adults. This is contrary to the understanding that teenage motherhood is born out of a lack of responsibility and immaturity to grasp the consequences of young motherhood. Based on the immaturity of young mothers, there is a concern for teenagers who are not treated as adults solely based on the criterion that they have a child. This is particularly so with regard to independent housing:

> *Housing policies that have treated very young parents as if they were already adults need to be reformed. (Teenage Pregnancy, 1999, p. 10)*

This challenge around treating mothers under the age of 18 as adults by providing them with independent housing is elaborated on in a later document:

> *Such mothers [under 18 living in social housing without support] often find themselves isolated in unsuitable housing, away from their families and other support networks. That only adds to the risk of poor outcomes for both parents and children. (Teenage Pregnancy: Accelerating the Strategy to 2010, 2006, p. 4)*

The problematic aspect of teenage motherhood outlined above is not solely their age, but also their possible removal from support networks. As such, the concrete reality of teenage motherhood is

integrated into this peripheral system. The ways in which these concrete realities are further embedded in policy prescriptions and could potentially lead to social change are highlighted below.

6.6 Periphery potentially challenging the core: Ecologies of practice

As presented in Chapter one (§ 1.3.3), ecologies of practice highlight the importance of relationships of care, valuing the worth and rights of individual patients (or in this case teenage mothers), where care is informed by clients' needs rather than standardised procedures (Fisher & Owen, 2008). These relationships are further said to facilitate processes of empowerment and recognition, necessary for the emergence of a positive self-concept in service users, contributing to their wellbeing (*ibid.*). As demonstrated in Chapter two (§ 2.2.3), peripheral elements are based on the core; they respond to the core either through supporting it, or through providing temporary alternative representations that do not threaten the core unless vociferously, powerfully and constantly defended (Parales Quenza, 2005). Peripheral elements are identified through their integration of individual experiences, demonstrating the heterogeneity of the group, being sensitive to the immediate context of young mothers or practitioners who work with them, and allowing adaptation to concrete reality (Abric, 1993). The ways in which peripheral elements in policy representations may facilitate processes of empowerment, especially at the stage where the teenager has decided to keep the child or has given birth, are outlined below.

6.6.1 Teenage motherhood as multi-faceted and services to be tailored to individual needs

Peripheral elements of the representation of teenage motherhood include an understanding of teenage mothers to be a heterogeneous group whose needs are required to be addressed on an individual basis. Mothers are positioned as active subjects (rather than static objects) of the services they receive, particularly with regard to their educational needs while pregnant and once the baby is born:

> *LEAs have a duty to provide suitable education for all pupils for whom they are responsible, including pupils of compulsory school age who become parents. 'Suitable education' must meet the particular needs of the pupil. This means that **LEAs should not impose one policy for all but should consult the pupil, their parents or carers** and their school to secure a package which is suitable to their age, ability, aptitude and **individual needs**, including any special educational needs they may have. (Guidance on the education of school age parents, 2001, p. 3)*

This approach also draws on the broader support network (ideally) available to teenage mothers to aid their decision making. At the same time, it positions teenage mothers as possibly dependent and unable to make informed decisions for themselves regarding their educational needs, and as such protects the core of teenage motherhood as problematic. Nevertheless, addressing the individual needs of teenage mothers acknowledges their heterogeneity and permits the integration of their individual experiences and past histories.

The extract below draws on the core to exemplify the 'risks and realities' of teenage motherhood, acknowledges 'negative stereotypes' surrounding them and encourages an understanding of their situation by other pupils. This can be understood as a positive move towards the creation of a non-judgemental environment for young mothers in mainstream schools, and is supported by the view that teenage mothers are not necessarily poor role models encouraging more pregnancies, and ought not to be excluded from mainstream schools:

> *There is no evidence that keeping a pregnant girl or school-age mother in school will encourage others to become pregnant. Effective personal, social and health education (PSHE) can alert teenagers to the risks and realities of early parenthood and can be used to encourage understanding of young parents' situation amongst the other pupils, taking care not to reinforce negative stereotypes. (Guidance on the education of school age parents, 2001, p. 6)*

The retention and acceptance of pregnant teenagers in mainstream schools suggests that young mothers' education should not be interrupted or penalised due to a pregnancy. Although there is a strong focus on mothers remaining or returning to education (also as highlighted in the first section), later policy also acknowledges that education may not be a young mother's first priority, and that it would be more valuable in the long term to support her personal wishes in this regard:

> *There was some concern about unwelcome pressure to return to EET too early after the birth of their child. This view was shared by some practitioners who argued that **pushing young mothers to engage in EET before they were ready was counterproductive** as many dropped out early and not finishing their courses **reinforces their previous negative attitudes** about education. (Teenage Parents Next Steps, 2007, p. 20)*

'Pushing' young mothers back into education may have an undesirable effect. There is an adaptation to the concrete reality of young mothers' feelings towards education (including the past histories of their potential negative attitudes towards education prior to the pregnancy). This new understanding is at odds with the initial policy target of getting 60% of teenage mothers back into EET by 2010. It is sensitive to the immediate context of teenage motherhood in that mothers may have other priorities than education and, as such, contradicts the representation of teenage motherhood as an obstacle to labour market participation. Furthermore, there is a clear understanding that young mothers are likely to require more support than merely in the area of (remaining in) education. The number of agencies and sectors mentioned as working together in order to 'provide holistic support' supports the peripheral system of teenage motherhood as multi-faceted in terms of the range of problems and challenges that young mothers can experience. Further, it highlights the multi-dimensional approach with regard to the ways their needs are to be addressed.

> *[The document] builds a comprehensive picture of the challenges that young parents face and helps us to identify how health, education, social care, youth support services and the voluntary and community sector need to work together to provide holistic support for young parents. (Teenage Parents Next Steps, 2007, p. 4)*

The above described range of support potentially necessary and available to improve the inherent problematic outcomes of teenage motherhood is drawn on further with regard to the ways in which problems can be overcome through specialist support, as outlined below.

6.6.2 Teenage motherhood as manageable with appropriate support

In response to the core of the representation of teenage motherhood as problematic, several peripheral elements support the possibility of an alternative representation if certain conditions are met. One condition under which teenage motherhood is not inevitably seen as a poor outcome is when specialist support is given, tailored to meet the needs of the young parents. This view emerged in the 1999 report and is reiterated later:

> *This publication [Teenage Pregnancy] made clear that **poor outcomes were not inevitable if the needs of young parents were met with specialist tailored support**. (Reaching out to pregnant teenagers and teenage parents, 2005, p. 2)*

Although stating the core that teenage motherhood is often combined with poor outcomes, this peripheral aspect also challenges the core in stating that a poor outcome is not always or necessarily the case. Further policy extracts allude to individual experiences of good outcomes based on specialist support, despite challenging backgrounds:

> *…teenage mothers and young fathers disproportionately come from disadvantaged backgrounds and would, therefore, be **more likely to need additional support to make a successful transition to adulthood**, becoming a teenage parent adds significantly to the challenges they face. (Teenage Parents Next Steps, 2007, p. 5)*

The three specific aspects regarding the difficulties of teenage motherhood are that the teenager is: i) likely to come from a disadvantaged background, ii) is not yet an adult and iii) has to face the challenges of parenthood. Young parents are understood to require additional support in order to achieve a positive outcome. In the peripheral system of teenage motherhood, support is understood to enable a transition to adulthood, rather than reinforcing the representation that teenage motherhood is necessarily problematic. Instead of merely acknowledging or understanding their needs, meeting young women's direct needs in order to improve their life outcomes is highlighted explicitly in a 2009 publication:

> ***Meeting the needs of young women and their partners more effectively will improve the life chances of the young parents and their children**, while also making significant contributions to the national and local targets on early access to maternity care; on reducing infant mortality, smoking and teenage conceptions; and on increasing breastfeeding. (Getting maternity services right, 2009, p. 3)*

In the above description, young mothers are the subjects in service settings, where their individual experiences and needs are promoted as being acknowledged and directly addressed in order to make the outcomes of teenage motherhood less problematic. These outcomes are particularly concerned with maternal (rather than educational or financial) aspects of teenage motherhood as

well as the wellbeing of the child. There is also an acknowledgement in earlier policy that teenage mothers have a maternal responsibility. In this regard, policy is explicit in stating that schools should be supportive to young parents' responsibilities of being pupils and being parents:

> *Schools should be supportive of both parents in their responsibilities for caring for their child. (Guidance on the education of school age parents, 2001, p. 6)*

This flexible approach prescribed here suggests a recognition in policy that parenting is an important element of young parents' lives, which needs to be recognised when providing support for them. It is also acknowledged that – antenatally – young mothers and fathers may have different 'immediate concerns' than parenting, and that these need to be addressed in order to establish a lasting relationship.

> *Ante-natal support should be provided in a way that engages young mothers and young fathers – **focusing initially on the immediate concerns** of the young parent and **establishing a trusting relationship to help to ensure sustained contact**;… (Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care, 2007, p. 36)*

The policy prescription to focus on parents' immediate concerns in order to establish a relationship suggests that parents are considered the subjects of service provision, whose needs determine the pace and type of service provided to them. The acknowledgement of young parents as individuals and a heterogeneous group is advocated to establish a trusting relationship which is seen as necessary for sustained contact. This aspect constitutes an important peripheral element providing a potential basis for social change, by framing teenage motherhood within socio-psychological family and parenting parameters rather than within labour market parameters. Nevertheless, the dual responsibilities of being a parent or mother (who breastfeeds) and being a pupil may also send mixed messages to young parents.

6.6.3 Empowerment for positive decision making around teenage motherhood

The core is protected by the representations which position teenage motherhood as the result of immaturity and a lack of understanding of the consequences of becoming young parents. However, once the teenager has decided to keep the child or has delivered the child, peripheral policy representations revolve around the support and empowerment of mothers to change previous immature and risky behaviours for the better.

> *Maternity staff should take a similar approach to supporting young mothers to stop drinking alcohol or using drugs as early as possible in the pregnancy. Teenage mothers and young fathers should be provided with clear, non-judgemental messages about the effects of alcohol on the foetus and offered practical tips on how to reduce their intake. (Teenage Parents Next Steps, 2007, p. 39)*

Teenage motherhood, *post-factum*, is not to be judged as a failure to look after one's sexual health or failure to act responsibly to delay parenthood until one is in a more stable emotional, educational

and economic position. Instead, the immediate environments of young pregnant women are to be taken into consideration in order to help them to act in the best interest of the unborn child. The peripheral representational element of teenage motherhood as a chance to enable positive decision making is not in direct contradiction with the core; however, it does allow for a more positive view of the potential consequences of teenage motherhood. Non-judgemental information and practical support are thus seen as enablers to a positive future in spite of teenage motherhood and as long as teenage mothers avoid subsequent pregnancies as teenagers:

> *At the same time, we want to ensure that young women who do become pregnant and decide to go ahead with their pregnancy, receive the support they need to make successful futures for themselves and their children, and avoid any subsequent pregnancies whilst still teenagers. (Teenage Parents Next Steps, 2007, p. 3)*

The negative outcomes of teenage motherhood are seen to be alleviated through support and empowering young mothers to make positive decisions. Nevertheless, repeat pregnancies are considered an additional risk factor to the potential positive outcomes of teenage motherhood. The risk associated with subsequent pregnancies while still teenagers can be linked back to the core of the representation of teenage motherhood as problematic and to be avoided. The various representational elements of teenage motherhood in policy between 1999 and 2009, their opportunities for social change and potential ways of informing identities for young mothers, are discussed below.

6.7 Discussion of representations of teenage motherhood in policy documents

In this discussion I highlight the implications of the core and peripheral social representations of teenage motherhood in policy and focus particularly on the question of how these representations provide an opportunity to enable social change. The analysis suggests that the initial Teenage Pregnancy report supports a view of teenage motherhood which is problematic to the mother, the child and society, while later policy documents focus on the multi-faceted nature of teenage motherhood. While the core of the representation of teenage motherhood remains that it is problematic, later policy developments hold the potential for a more positive outcome through a range of interventions and specialised support services. The shift to a more context-sensitive approach to teenage motherhood and provision of practical as well as financial support demonstrates an ideological shift from teenage mothers as objects to subjects of services and policy decisions.

The peripheral system holds the contradiction between the hypothetical representation of teenage motherhood before the conception and the representation of teenage motherhood once the teenager is a mother. There is a shift of weight in policy of the core of the representation of teenage motherhood as problematic between the stages before and after the pregnancy. Before the

teenager is a mother, the core is almost uniquely invoked to highlight the challenges and difficulties of teenage motherhood. Once the teenager has decided to keep the child, more peripheral elements are drawn on to highlight the possibility of positive outcomes. This is particularly demonstrated in the ideological shift between representing teenage motherhood as being born out of ignorance on the one hand, and empowering positive decision making around teenage motherhood on the other.

In many ways, the peripheral elements fulfil their functions to defend and concretise the core (Abric, 2001). They do so by positioning all peripheral elements in response to the problematic nature of teenage motherhood (such as teenage mothers requiring specialist care because it is a problematic situation or outcome). Peripheral elements also help to make sense of the context of the representation and the way it changes over time. The peripheral element of teenage motherhood as multi-faceted in particular challenges the homogenous view of the core. This new representation is filtered into the core over a period of time and can be seen as a 'shock absorber' (Flament, 1994) to the stable and coherent view of teenage motherhood as a singular problematic experience. I argue that, once the mother has decided to keep the child, most peripheral elements stand in response to the core in that they offer alleviation of the probable 'default' negative outcomes of teenage motherhood. This is especially the case with regard to the support for teenage mothers, which is aimed at improving the outcomes *in collaboration with* young mothers (rather than in an imposed manner).

Dilemmas exist in situations where a peripheral element is at odds with the core, such as the problematic nature of teenage motherhood due to mothers' disengagement from EET as opposed to the necessity to avoid pushing young mothers back to education too early, thereby risking having the reverse of the desired effect. This element may be particularly powerful in challenging the core over a period of time by allowing new ways of thinking about teenage motherhood to enter the core. Rather than representing teenage motherhood as a period where mothers should return to education, there is a dilemmatic element which positions teenage mothers as agents who should decide for themselves when to return to education.

As social representations can "segregate social groups and individuals" (Rose et al., 1995, p. 5), I argue that the social representation of teenage motherhood as problematic, at the core, segregates teenage mothers from non-parenting teenagers as well as from mothers of any other age. Nevertheless, the policy prescription to support teenage mothers in mainstream schools (if suitable for the expecting teenager or mother) indicates a degree of integration and acceptance. Rather than positioning young mothers as the agents for positive change, practitioners who work with young parents are represented as enabling (or empowering) decision making which may render teenage motherhood less problematic. Similarly, the non-judgemental approach advocated with regard to young mothers' educational and lifestyle choices (such as alcohol and drug consumption) may

gradually further challenge the core *post-factum* as well as representations of teenage motherhood before conception.

As demonstrated in Chapter two (§ 2.2.4), social change is made possible when the core system of an object is questioned and transformed. This transformation can occur through a complete overthrow of reality (Abric, 2001), or a gradual filtering of new elements into the core (Flament, 1994). I argue that the representation of teenage motherhood once the child is born holds important and powerful elements to gradually challenge the representation of teenage motherhood as problematic. Over the ten-year period of policy documents in this analysis, a gradual change can already be observed with regard to the integration of more positive conceptualisations of teenage motherhood.

Further, the necessity to challenge the core is particularly important with regard to providing positive representations of their social group in order for teenage mothers to construct positive identities for themselves. The identities available to teenage mothers based on policy representations of teenage motherhood are discussed below. It is crucial to note that these are not the only or the most important identities available to young mothers; rather, they are merely a summary of the possible identities available from policy representations of teenage motherhood.

6.7.1 Social representations informing teenage mothers' social identities

As demonstrated in Chapter two (§ 2.3), SRT suggests that representations precede identities (Duveen, 2001), suggesting that social identities are informed by the social representations available regarding one's social group. In this section I discuss the potential social identities available to teenage mothers based on the social representation of teenage motherhood in policy documents.

Based on the core and peripheral representational elements of teenage motherhood in policy documents, I argue that there is little room for mothers to develop identities outside the educational and labour market frameworks provided. While practitioners are described as needing to help young parents to achieve positive futures, these positive futures often refer more to their economic wellbeing than their parenthood. Nevertheless, there are dilemmas in policy regarding the positioning of teenage mothers as adults as opposed to as teenagers. There is a strong understanding that teenage mothers should (eventually) engage in the labour market in order to achieve economic wellbeing, thus highlighting their potential identities as independent rather than welfare-dependent adults. Simultaneously, however, it is advised that teenage mothers should not be living in independent accommodation without support due to the risk of poor outcomes, thus highlighting their potential identities as dependent and vulnerable teenagers.

By refraining from pushing mothers back into education once the child is born, and encouraging flexible arrangements for young parents to attend school as well as looking after the child, policy acknowledges the maternal identities of teenage mothers. The acknowledgement, particularly in later policy documents, of the heterogeneity of teenage mothers as well as the understanding that teenage motherhood is not inevitably a negative outcome, point toward the possibility of positive identity constructions for teenage mothers – particularly those who receive specialised support.

Specialised support for teenage mothers is targeted at their independent positive decision making regarding their health and wellbeing, which constructs them as agents of their wellbeing and positive parenting. The negative stereotypes around teenage motherhood are not only acknowledged, but also condemned as being counterproductive to the positive outcomes for teenage mothers. These representations are important starting points to enable positive identity constructions in the long term and potential social change.

6.8 Conclusion

This chapter highlights that two factors influence the activation of core or peripheral social representations of teenage motherhood. Firstly, earlier policy documents focus on the core of the representation of teenage motherhood as problematic more so than later documents, which instead highlight the multi-faceted nature and potential for positive outcomes through specialist support. This represents progressive social change over time due to an understanding of the individuality of teenage mothers and the need to address their individual needs. Secondly, the perspective from which teenage motherhood is addressed plays a major role in the activation of core or peripheral elements. Prior to the pregnancy and motherhood, the core is almost uniquely drawn on to discourage the problematic outcome of teenage motherhood to occur. Once the teenager is pregnant or a mother, peripheral elements allow for a more positive outlook on her situation and future in order to alleviate the inherent negative predispositions. Social change can thus be enabled by drawing more strongly on peripheral elements as well as bringing the peripheral elements drawn on *post-factum* into the discourses and actions around teenage motherhood before the teenage pregnancy. Although later policy documents as well as the *post-factum* perspective revolve around more positive representations of teenage motherhood, I argue that social representations of teenage motherhood as problematic remain too deeply embedded in the shared social history and collective knowledge to have significantly challenged the social order over the past ten years. Yet, it needs to be acknowledged that policy is only one of several strands of influence on the social order. The influences on representations of teenage motherhood brought by teenage mothers as well as specialised practitioners are juxtaposed against those present in policy in the concluding chapter.

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7. Discussion and conclusion

Once more, then, our self-feeling is our power. (James, 1890, p. 311)

7.1 Chapter overview

The aim of this chapter is to consolidate my findings and to highlight the disjuncture and commonalities between the social representations of teenage motherhood drawn on by teenage mothers, specialised service providers and in policy documents. In the three previous chapters I have demonstrated that at the central core teenage motherhood is represented as problematic. In this chapter I draw on this core and the various peripheral elements of this social representation to juxtapose the three datasets and highlight the challenges and opportunities which differing peripheral elements hold with regard to informing young mothers' and practitioners' identities and enabling social change. This juxtaposition is based around the meta-analytical framework of 'maintaining the status quo', dilemmatic knowledge and power relations' and 'potential social change' as this chapter will demonstrate. I conclude this chapter by outlining the strengths and limitations of my study and highlighting the novel contributions of my research to the literature. Finally, I provide recommendations to policy and practice with regard to how the findings of this London-based case study could be used to improve services and outcomes for pregnant teenagers, teenage mothers and specialised service providers.

7.2 Introduction: Research questions and findings overview

In order to juxtapose the three datasets, I summarise the overall research questions and provide a thematic framework (Figure 9) which presents the meta-level findings of my analysis.

- What is the core social representation of teenage motherhood, and how is the core made up by teenage mothers, specialised practitioners and in social policy? What are the implications of the core of the representation positioning teenage motherhood as problematic?
- What are teenage mothers', practitioners' and policy makers' peripheral representational elements of teenage motherhood, and how do teenage mothers and practitioners negotiate and construct identities for themselves based on the core and periphery?
- How do the core and peripheral elements used by teenage mothers, practitioners and in policy provide an opportunity to enable social change?

In this chapter I juxtapose the core and peripheral elements which my three datasets employ to symbolically, materially and discursively represent teenage motherhood. I suggest that the ways in

which representations are constructed and used can be classified as: i) maintaining the status quo, ii) dilemmatic knowledge and power relations and iii) potential for social change. These are simultaneous occurrences which are dependent on one another and in constant negotiation. All datasets show some level of maintaining the status quo of teenage motherhood being a problematic occurrence; however, the data also show dilemmas between the ways in which teenage motherhood is socially represented. Lastly, the data show several opportunities for social change towards an understanding of teenage motherhood as a potentially neutral or positive outcome. The relational and dilemmatic elements will be highlighted in this chapter.
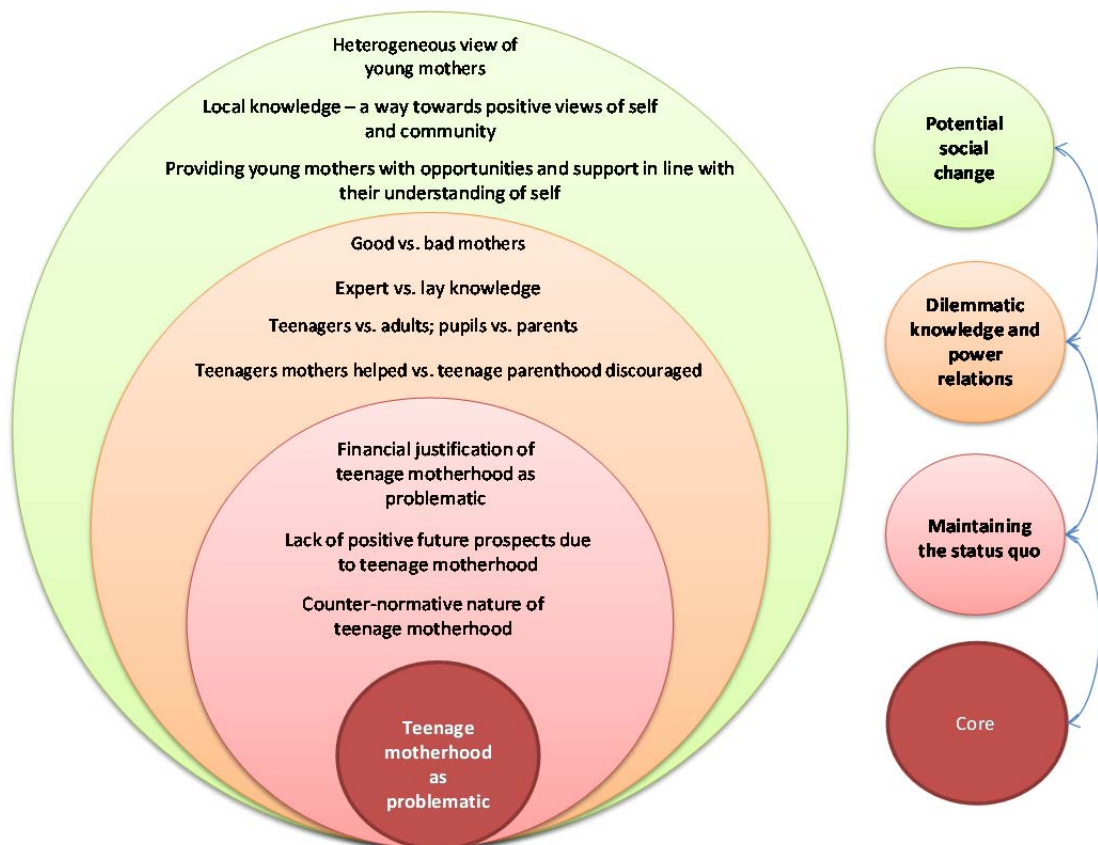
Figure 9: Meta-analysis framework of core and peripheral systems of teenage motherhood

7.3 Juxtaposing representation of teenage motherhood and their implications

In this chapter I demonstrate how the central core of the representation of teenage motherhood is challenged as well as defended by the peripheral elements on which teenage mothers, practitioners and policy makers draw. I argue that my ability to draw on many examples of how peripheral elements are employed stems from their being at the direct interface with reality, more easily accessed (Gaskell, 2001; Parales Quenza, 2005), and found in active thinking and acting about teenage motherhood. Because of their immediate accessibility, I suggest that professionals and teenage mothers are likely to voice more peripheral elements rather than speaking directly about the central core. In this thesis, I suggest that the central core of the representation of teenage

motherhood functions to structure discourses and actions around young motherhood and serves as a reference point for policy prescriptions, ways professionals work with teenage mothers, as well as the identity work young mothers and practitioners engage in to negotiate and construct identities for themselves.

As a reminder from Chapter two (§ 2.2.3), core elements provide the underlying structure which organises the representation and are not as readily brought into the discursive sphere as peripheral elements, as they are not at the direct interface with reality (Gaskell, 2001). Instead, core elements are embedded in everyday patterns of thinking and behaving, allowing people to operate in accordance with their beliefs without conscious decision making. These elements make up reality (Abric, 2001) without consciously being invoked by social actors. Further, core elements are not necessarily rational in a given place and time, as they are based on "traditional structures of thinking and being" rather than being adapted to the 'here and now' (Moscovici, 2001).

I argue that rationality in constructing teenage motherhood is overruled by traditional structures of thinking and being (Moscovici, 2001) which is expressed in the ways in which all peripheral elements respond to the 'default' situation of teenage motherhood as problematic. This representation can be seen as stable, coherent and rigid in the sense that it serves as a historical and common ground of understanding teenage motherhood. The shared core allows young mothers, practitioners and policy makers to speak unambiguously about teenage motherhood; however, the *meanings* behind *why* teenage motherhood is problematic remain hidden unless they are explicitly expressed. The understanding *that* teenage motherhood is problematic is shared; however, there is no consensus as to *why* it would be so, as the *why* is stored in the peripheral system and made up differently by the three groups.

Before presenting the juxtaposition of the research findings, I want to remind the reader about the important role of the media and other social influences in the dialogical construction and shaping of these representations which must not be dismissed. In a social and symbolic environment which perpetuates negative views of teenage motherhood (§ 1.2.3), we need to remember that shared views of a phenomenon are both in the media and in people's minds; being in the one they are necessarily in the other (Farr, 1990). The representations discussed below, their interaction with and influence on each other are never to be understood in isolation of the wider social environment in which the media plays a key role. I do not suggest that the representations of teenage motherhood in policy have 'the upper hand' on representations held by teenage mothers or practitioners (or vice versa). Rather social representations (even though they are not democratic (Joffe, 1995)) hold the potential to enable social change from powerful and non-powerful social groups. Triangulation of methods and datasets allowed for the views of three distinct groups to emerge, as my findings below demonstrate.

While I do not suggest that the elements I present are the only elements which make up the representation of teenage motherhood as problematic, I argue that these are the most salient elements which each dataset draws on to make sense of teenage motherhood within their social and personal histories. The core provides a keystone against which all other aspects of teenage motherhood need to be evaluated by each social group. It also provides a discursive structure which allows different social groups to unambiguously communicate and act with regard to teenage motherhood. As we will see below, this 'unambiguity' is challenged on the peripheral level, especially when young mothers and practitioners speak up against the stigmatisation of teenage mothers.

7.4 Maintaining the status quo: Peripheral elements supporting the core

One function of the peripheral system is to protect the core, with the core in turn protecting the social order from being disrupted. I suggest that the peripheral elements which protect the core function to help maintain the status quo in everyday interactions and discourses. The three ways in which the social order remains undisrupted found in my analysis are: i) highlighting the counter-normative nature of teenage motherhood, ii) drawing on young mothers' lack of financial capabilities to independently care for themselves and their child and iii) highlighting young mothers' lack of positive future prospects. I discuss these in turn below.

7.4.1 Counter-normative nature of teenage motherhood

Teenage motherhood is a social representation precisely due to its counter-normative nature. It needs to be made sense of as it "alarms and threatens" individuals and communities (Huotilainen, 2005). The unfamiliar object needs to be attached to one or several familiar objects in order to avoid psychological unease with the concept.

My findings suggest that teenage mothers construct teenage motherhood as problematic due to their first-hand experience of being a burden to society and contrary to the norm as well as being judged by other people for being a teenage mother. Young mothers experience this stigma from practitioners as well as the general public, by whom they feel their knowledge about mothering judged and dismissed. Unlike teenage mothers' experience of stigma based on their social group, practitioners draw on mothers' problematic social and family backgrounds to support their representation of teenage motherhood as problematic. Practitioners view teenage motherhood as problematic due to the potential adverse outcomes for young mothers such as the child being taken into foster care (which is counter-normative vis-à-vis the general public, see § 5.4.2). Over and above a first teenage pregnancy, practitioners consider a second (or third) teenage pregnancy as problematic, not least because of their own perceived failure to help prevent a subsequent teenage pregnancy, but also due to young mothers' bleak futures when having to care for more than one

child as a teenager (§ 5.4.2). Further, professionals' discourses and stigmatising practices regarding 'repeat' pregnancies also perpetuate the view of teenage motherhood as undesirable, with 'repeat' pregnancies posing another barrier towards the 'normality' of young motherhood. Policy and professionals project the 'risky behaviour' of repeat pregnancies on teenage mothers (who do not use postnatal contraception). As such, they position mothers' lives as 'risky', show their social disapproval and stigmatise them (Farrimond & Joffe, 2006). On this background, I argue that the discourses in policy and by professionals can be especially alienating for those young mothers for whom a 'repeat' pregnancy is part of their active family planning.

7.4.2 Financial justification of teenage motherhood as problematic

Policy positions teenage motherhood as costing the country dearly on a social and financial level (§ 6.4). There is a concern that teenage mothers who do not complete their education will be unable to participate in the labour market and as such contribute meaningfully to society (§ 6.5.2). In policy, the problematic nature of teenage motherhood is highlighted especially before the teenager is pregnant, arguably as a deterrent to teenage conceptions. Teenage motherhood is constructed as problematic especially in early policy documents due to its negative socio-economic impact on society, the mother and the child. The representation that, generally, teenage motherhood is an undesirable situation assumes that teenage mothers are a homogeneous group. I suggest that earlier policy documents homogenise teenage mothers more so than later policy documents. The 'norm' presented in policy is that young mothers come from adverse backgrounds and have bleaker futures than teenagers who do not become mothers. While their often challenging socio-economic or family backgrounds are acknowledged in policy, becoming parents as teenagers is positioned as exacerbating the already problematic circumstances in which these teenagers find themselves (for example § 6.5.3).

Young mothers represent teenage motherhood as problematic based on teenage mothers' (common) financial dependence on the state and the negative views this elicits in tax payers. Mothers justify their own situations in two ways. Firstly, they position themselves as (eventually) joining the workforce, and secondly, highlight the financial struggles and sacrifices they make on behalf of their children, thus positioning themselves as good mothers. Drawing on these elements counters the claim that teenage motherhood would be problematic because mothers are able to cope, despite their financial strain.

The justification that teenage motherhood is problematic due to financial circumstances is used differently by teenage mothers and in policy. While policy highlights the lack of contribution and indeed the 'drain' teenage motherhood presents to society, young mothers focus on their children and their struggles to afford clothes and activities for themselves and their children based on the limited financial resources on which they are able to draw.

7.4.3 Lack of positive future prospects due to teenage motherhood

Practitioners and policy makers consider teenage motherhood problematic due to the perceived lack of positive futures for mothers and their children. They highlight the often less than ideal circumstances with regard to the physical, mental and financial wellbeing of the mother to care for a child. This view includes relationship instability with partners and parents or the extended family. Lack of education and lack of aspirations further perpetuate the perceived or alleged bleak futures of teenage mothers. The conceptualisation that motherhood is not an outcome to aspire to as a teenager confirms that it is at odds with normative and socially approved life trajectories. On the contrary, while young mothers are acutely aware of their counter-normative life trajectories, they do not consider their futures as bleak. Instead, many look forward to getting to know and raising their children.

Below, I discuss the peripheral elements which, through their dilemmatic relationship with the core, have the potential to challenge the social order.

7.5 Dilemmatic knowledge and power relations

As outlined in Chapter two (§ 2.2.4), dilemmas exist at the interface of thought and society (H. Moore et al., 2011) or, with regard to the 'structural approach', at the interface of the periphery and the core. The dilemmas surrounding teenage motherhood are kept in the peripheral system, at times protecting the core, at times challenging the core. The dilemmas in the discourses and actions surrounding teenage motherhood between teenage mothers, practitioners and in policy are discussed below.

7.5.1 Teenage mothers' need to be helped vs. Teenage motherhood discouraged

A dilemma present in policy and practitioners' discourses is the understanding that teenage mothers require support and should be helped, but teenage motherhood should not be encouraged. Practitioners express this dilemma in their stigmatisation of 'repeat' pregnancies by positioning a first teenage pregnancy as manageable and 'not the end of the world' (§ 5.7), whereas a second teenage pregnancy may entail particularly bleak futures for young mothers and their children (§ 5.4.2). This position is shared in policy, which prescribes non-judgemental support for young mothers, including their remaining in mainstream schools throughout the pregnancy (§ 6.6.1), while highlighting the need to prevent subsequent pregnancies (§ 6.6.3).

Particularly in practitioners' actions and discourses there are dilemmas between feeling sorry for young mothers and knowing that they can achieve positive futures. Professionals see themselves able to help mothers in their difficult situations through showing them love and caring for them.

They also worry about young mothers' wellbeing and make themselves available to the mothers beyond their professional obligations. I argue that this type of emotional engagement is a direct response to professionals' view of mothers as lacking love and care either at home or from their partners. The peripheral elements of professionals' representations show an active integration of their individual experiences with teenage mothers. Some professionals also draw on their personal histories of having experienced a teenage pregnancy in the immediate or wider family (§ 5.7.2). These personal experiences function both as stories of hope (i.e. being able to achieve something positive despite having been a teenage mother or having been born to a teenage mother) as well as stories of warning (i.e. how hard it is to be a teenage mother or the permanent damage to a child growing up without a father). I argue that professionals' drawing on personal histories normalises and justifies teenage pregnancies, helping practitioners to foster a non-stigmatising environment and culture around teenage motherhood.

The practitioners in my study appear particularly willing to listen to teenage mothers and fully understand their situations in order to care for them. Within their personal experiences, professionals draw both on positive and negative accounts of working with teenage mothers. The joys as well as the frustrations help practitioners to make sense of their work as well as their own identities as specialised service providers. Professionals' justification for putting up with frustrations (i.e. because mothers need to be looked after even if they are rude or non-compliant) can be seen as defending the core of the representation of teenage motherhood being coupled with many problems that need addressing. However, professionals experience joy through achieving success because of their good relationships with teenage mothers. This success also challenges the central core by positioning teenage mothers as potentially capable and happy mothers. Such contradictions are not uncommon and even to be expected in social representations studies. These contradictions exist alongside each other without causing psychological distress and are employed in specific contexts and situations to make sense of a given discourse or action. Therefore, actions and discourses remain peripheral elements as they sporadically occur in response to the wider shared view of teenage motherhood as opposed to being considered normative.

7.5.2 Expert vs. lay knowledge

Use of the hierarchical position of expert above lay knowledge brings up dilemmas within as well as between social groups. Practitioners position themselves as 'correctors' of young mothers' distorted lay knowledge, which places their own knowledge as superior to that of young mothers (§ 5.5.3). Some mothers place some practitioners' knowledge about the child's behaviour, health and development above their own knowledge, whereas other professionals' knowledge (especially from those who are perceived as stigmatising) can be dismissed as irrelevant and useless (§ 4.5.1). Mothers' peripheral systems thus function to both protect their own motherly knowledge about the child as well as allowing certain 'expert' knowledge to influence their ways of thinking and acting.

Acting on some, but not on all professional advice, gives young mothers a strong sense of control and authority, as well as a view of themselves as good mothers who seek support in areas of need. Disorganised service providers or those seen as not taking due care in treating mothers are dismissed as 'useless' to improving mothers' wellbeing and can negatively influence mothers' view and take-up of the wider service provision available to them.

In policy documents, there is some acknowledgement of young mothers' voices needing to be heard, and their own wishes needing to be respected for example with regard to the timing of returning to education (§ 6.6.1). The augmented acknowledgement and acceptance of young mothers' knowledge as non-distorted and relevant in providing care for them is a hopeful development towards a service design which optimally meets their needs without compromising practitioners' medical and service environment knowledge.

7.5.3 'Good' vs. 'bad' teenage mothers

In their discourses, teenage mothers and professionals distinguish between 'bad' teenage mothers as those who conform to the core, and 'good' teenage mothers who do not conform to the core. In this respect, the mothers distinguish between themselves and mothers like themselves (e.g. who are self-less) as 'good', and those unlike themselves (e.g. who put themselves and their careers before the child, or who do not adequately care about the child's health and wellbeing) as 'bad' mothers (§ 4.7). In addition, practitioners and teenage mothers use peripheral elements to further contradict the homogeneity of teenage mothers.

The peripheral elements mothers draw on allow them to integrate their individual histories and experiences into the representational system. Mothers draw on examples of 'other' mothers as bad mothers as a reference point against which to construct their own identities as good mothers (§ 4.7.3). Ironically, the ways in which teenage mothers differentiate themselves from other teenage mothers could also be understood as supporting the representation that teenage motherhood is problematic and 'bad'; they acknowledge the existence of 'bad' teenage mothers and construct their own identities in direct response and opposition to these. Therefore, it can be argued that even teenage mothers themselves perpetuate the stigmatisation of their own social group.

7.5.4 Teenage mothers as teenagers vs. adults, as pupils vs. parents

Further dilemmas arise around the inability to easily position teenage mothers as neither teenagers nor adults, or as neither pupils nor parents. Tension between 'ecologies of practice' and 'economies of performance' (Fisher & Owen, 2008) arise in areas where policy, practitioners and teenage mothers have different views of teenage mothers' needs, futures, identities, and ways in which services should be provided based on the identity ascribed to them. Policy places great importance

on improving the outcomes for teenage mothers and their children through education and work. As demonstrated in Chapter one (§ 1.2.2.2), this constitutes a 'citizenship' view of teenage mothers, 'helping' them towards economic self-sufficiency and independence from the state. The policy target that 60% of teenage mothers should be (back) in EET by 2010 could be understood as a target which encourages professionals' working in an environment which values measurable outcomes over relationships of recognition. It also supports the core of the representation in that it 'offers' a pathway away from the problematic nature of teenage motherhood towards a stable, 'happier' and less risky life of financial independence. Policy makers promote an identity construction for teenage mothers as active participants in the labour market as a 'remedy' to the negative outcomes of teenage motherhood (§ 6.5.2). In practice, however, as interviews with service providers reveal, their own preferred practices are not directly oriented towards these targets, but rather concerned with meeting the needs as expressed by mothers themselves, and allowing them to decide for themselves when (rather than if) they want to return to education (§ 5.7.2). Further, teenage mothers may not be in a fit state to be participating in education and their primary needs (such as having eaten) take precedence over the secondary need of education. Professionals acknowledge the importance of providing the option of being a mother now as well as a mother and a student or worker once mothers have completed their immediate parenting responsibilities.

As demonstrated in Chapter four (§ 4.5.2), some mothers encounter direct or indirect barriers to their educational engagement as a pregnant teenager or young mother and experience some staff as unsupportive to their multiple and contradictory demands as mothers and learners. Educators who give teenage mothers 'a hard time' appear to work in direct opposition to policy goals which aim to enable rather than deter mothers from returning to education. This obstacle to achieving policy goals needs to be taken seriously when establishing the reasons for why many young mothers do not return to education. In this respect, policy makers and judgemental professionals are stigmatising mothers because they do not fully recognise what is important for the mothers, their identities, and in the best interest for the child from the mothers' perspective. A policy response which would further make education more flexible in order for mothers to return to education when they feel ready or when their children are older would be a possibly fruitful adaptation to the needs and identities of young mothers.

7.6 Potential for social change: Peripheral elements at odds with the core

Elements which challenge the core are present in all three datasets. Teenage mothers, practitioners and policy prescriptions highlight the need for good support in order to overcome the difficulties and problematic outcomes of teenage motherhood. As demonstrated in Chapter two (§ 2.2.4), the 'structural approach' to social representations can serve as a theoretical framework for social change (Abric, 1993; Parales Quenza, 2005). I argue that one form of social change, in the context of this thesis, could be considered as non-judgmental and non-stigmatising treatment of teenage mothers

and specialised professionals who work with them in service settings. In this section I discuss how my findings show three key elements towards a potential for social change.

7.6.1 Heterogeneous view of teenage mothers

The peripheral element of teenage motherhood as multi-faceted and heterogeneous is a key component in the potential to challenge the core that teenage motherhood is necessarily problematic. Practitioners repeatedly draw on the heterogeneity of the teenage mothers they work with, stating that they have to work differently with each mother, as 'they are all different' and no two cases are alike (§ 5.5.2). Service providers thus allow for individual differences, and incorporate mothers' particular characteristics and needs into their ways of working with them. In this way, professionals make economic use of peripheral elements, employing only those elements necessary to make sense of the situation of a given mother at a given time.

Service providers employ flexible discourses and actions in their work especially with regard to 'crisis support'. On the background of 'crisis support', the heterogeneity of teenage mothers is also recognised in policy (§ 6.6.1). In policy as well as by specialised professionals, mothers are understood to present to services with a range of individual and urgent problems which need to be addressed on a case-by-case basis. I argue that this recognition in policy counters criticisms that policy (implicitly) homogenises teenage mothers for example by Colley and Hodkinson (2001) and Percy-Smith (2000), as outlined in Chapter one (§ 1.2.2.2). The argument put forward by Wilson and Huntington (2006) that the media homogenises teenage mothers (§ 1.2.3) is, therefore, also not integrated into policy developments. This element allows professionals to adapt their actions to the realities of different mothers' lives, rather than using a 'one size fits all' approach which would overlook their individual needs and situations. In terms of improving outcomes for teenage mothers, this element is of great importance as it allows otherwise unmet or even unidentified needs to be addressed.

While policy on teenage motherhood is widely criticised in the academic literature for homogenising teenage mothers, vilifying them and positioning them as risks to themselves and to society, I argue that my analysis also reveals potential for positive social change in policy. Policy support for initiatives such as 'crisis support' demonstrates the understanding that different mothers are likely to have different needs at different points in time. The prescribing of tailored support policy thus views mothers as a heterogeneous group with the common features of being 'young' and pregnant or a mother. These elements prescribe contradictory practices to a mainstream treatment of service users and support the Strategy Unit's pledge that "services should reflect people's aspirations and lifestyles to offer users … increased personal control…" (2009, see Chapter one (§ 1.3.2)). Nevertheless, it needs to be acknowledged that 'crisis support' is a peripheral element in response to the core of the problematic nature of teenage motherhood. Providing 'crisis support' is conditional

and context specific; therefore, it does not directly challenge the unconditional core of the representation. Yet, these elements hold potential to persist, be more widely shared and improve services for teenage mothers by treating them as individuals who deserve non-judgemental, tailored care. However, there needs to be adequate support for professionals to meet mothers' immediate needs rather than meeting and being assessed on quantitative policy targets through 'economies of performance'.

7.6.2 Local knowledge – a way towards positive views of self and community

With regard to the immediate local circumstances, practitioners position teenage motherhood as advantageous to occur in the research location rather than in an area where teenage motherhood is less prevalent (§ 5.5.1). I suggest that this positioning helps service providers frame teenage motherhood in a positive light as they are able to distinguish between the local and individual potentially positive (peripheral elements) and the general negative (core elements) representations of teenage motherhood in this way. Teenage motherhood is thus seen as potentially negative in other geographical and socio-economic areas and potentially positive in the research location.

In my sample, practitioners' explanations of challenging stigmatising professionals by acts such as pointing to the fact that the mother had not been asked if she wanted a drink or telling stigmatising professionals to 'pack it in' constitute acts of agency and resistance in their own right (§ 5.6.4). These ways in which professionals protect and defend teenage mothers (and in turn the value of their own work with them) hold potential for further change in institutions demanded from the bottom up. Nevertheless, there needs to be a full appreciation in specialised service providers of multi-level stigma that considers the individual as well as the wider social factors which perpetuate the stigmatisation of teenage mothers. Confronting a single professional with their stigmatising behaviour is an individual-level approach to stigma (as discussed in Chapter two (§ 2.4.1)) and therefore unlikely to lead to social change unless it is supported by a shift in culture that rejects such negative treatment of teenage mothers.

7.6.3 Services tailored to mothers' current and future needs

On the background of the potential for social change, I want to return to the question posed in Chapter two (§ 2.2.4) of 'what happens when social actors develop social practices which contradict their systems of representation?' I argue that certain peripheral elements (such as teenage mothers considering some professionals like a friend (§ 4.6.2)) contradict mothers' representations of professionals and services as being a stigmatising environment. These representations, however, only exist on the periphery as not all professionals are seen as such. Indeed, those who are 'like a friend' are considered to be an exception. Therefore, I argue that it is precisely in social practices where social actors contradict their systems of representation that social change can occur.

Indeed, as the core system can eventually be changed by persistent peripheral elements, I suggest that the practices and relationships between teenage mothers and professionals (which mothers and service providers spoke about and which I observed) in London hold hope for social change first and foremost in their immediate context. Yet, there remains vast room for social change towards a non-judgemental treatment of teenage mothers more generally in non-specialised service settings and society as a whole.

7.6.4 Implications

Practitioners recognise the negative impact of stigmatising service providers on teenage mothers as well as the wider service environment in which teenage mothers are not able to feel recognised, and are not treated with dignity or worth. In addition to not using the services in which stigmatising professionals operate, teenage mothers also feel at risk by not being looked after and not being taken seriously. The recognition of the negative impact of stigmatising professionals is evident in all three datasets and could be perceived as a positive development towards challenging the stigmatisation of teenage mothers in services and as such working towards improving their wellbeing.

Absent in policy documents is the representation of teenage motherhood as a joyful event and outcome. Unlike policy makers, teenage mothers and practitioners are able to view young motherhood as a positive event, despite many of its challenges (§ 4.7.4 and § 5.7.3). Elements which position teenage motherhood in direct contrast to the core, and as such as non-problematic, highlight young mothers' ability to be good parents and the positive outcomes for their futures.

As Kidger argues (2004, and as mentioned in Chapter one (§ 1.2.2.1)), there is a conceptualisation in policy that equates wellbeing and success with economic self-sufficiency, and the 'social contract' with being employed rather than receiving state benefits. Teenage mothers have been accused of breaking this 'agreement' by bearing children at a young age and not engaging in the labour market. In my research, however, many mothers understand this mutual responsibility with the state (e.g. by not wanting to live on benefits) and, therefore, do not directly break the reciprocal relationship which New Labour is suggested to have introduced (Bullen & Hey, 2000). Indeed, most mothers plan to work at some future stage in their lives, once they have fulfilled their (immediate) responsibilities as mothers. Mothers do not allow themselves to be categorised into the core of the representation of bad teenage mothers (and as such bad citizens), rather, they challenge this core with their own identity construction, by mapping out and following their own 'choice biographies' (Dwyer et al., 1998). Yet, mothers find themselves having to justify their situations and lives as 'teenage mothers' to themselves and to their wider social environment (§ 4.7.1).

The implication of the social representation of teenage motherhood as problematic is that young mothers are required to actively draw on peripheral elements to construct positive identities for themselves. Similarly, practitioners who work with young mothers draw on a range of identities for themselves to negotiate and make sense of their roles of working with teenage mothers.

Systemic and institutional change can be observed in the types and range of services available to teenage mothers in London. My use of an in-depth community case study helps to establish the extent to which social change is hindered or achieved by professionals and young mothers in London. I argue that the mechanisms used by my participants may be useful in designing projects to empower both stigmatised teenage mothers and professionals in a similar context where such mechanisms are not yet employed by the stigmatised population(s). I argue that my case is exceptional in the sense that the young mothers receive specialised services designed for teenage mothers in an area with high teenage pregnancy rates. For example, mothers do not have to go to antenatal classes for mothers of all ages (in which the literature suggests teenage mothers feel stigmatised). The existence of such tailored services indicates an extent of social change to the 'traditional' ways in which teenage mothers are dealt with and treated in institutions without specialist care. As my findings suggest, some professionals are able to contribute to such change not only on an interpersonal level by confronting stigmatising professionals, but also on an institutional level through active collaboration with other areas of mothers' support networks such as setting up links between specific departments or groups of professionals.

I address the dialogical mechanisms between social representations and identity constructions (as discussed in Chapter two (§ 2.3)) employed by mothers and service providers below.

7.7 Positive identity construction in the light of stigmatising representations

Based on the above discussion of the core and peripheral elements of the social representation of teenage motherhood held by teenage mothers, professionals and policy makers, this section concentrates on the effect of these representations on the dialogical identity construction of teenage mothers and specialised service providers[21]. I highlight how the representations of teenage motherhood may help or hinder positive identity construction of teenage mothers, and the ways in which the young mothers negotiate their identities of being teenagers and mothers in London. As presented in Chapter two (§ 2.3), I argue that representations precede identities (Duveen, 2001) and that representations and identities are in constant dialogue in the affirmation and challenge of representations and the construction and development of identities. I argue that, despite teenage motherhood being a stigmatised social condition, the young mothers are able to construct positive

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[21] As outlined at the beginning of this chapter, I do not suggest that these are the only social representations at work in the negotiated identity construction of young mothers and that other influencers such as the media, family and partners also play an important role, but were not part of this investigation.

identities for themselves through creatively using peripheral elements in response to the core element of the representation (Howarth, 2010). Specialised professionals, who play an active (yet not necessarily central) part in mothers' positive identity construction, also draw on peripheral and core elements of teenage motherhood to construct positive identities for themselves. They do so on the background of receiving courtesy stigma from other professionals and feeling undervalued by some teenage mothers and pressured by their wider institutional (and political) surroundings to achieve certain targets.

As representations "define what is 'normal', [and] who belongs", they inevitably define who is abnormal and does not belong (Hall, 1997, p. 10). Normality and belonging are crucial questions of negotiating and constructing positive identities. As Howarth (2010, p. 13) suggests, the construction of "more positive versions of self, community and culture" can be achieved through "social creativity" and lead to social change (§ 2.2.4). I suggest that positive versions of self and community are constructed by young mothers and to an extent by practitioners, who consider the community where teenage motherhood is more normative than in other areas as a protective factor for stigma against teenage motherhood.

I suggest that teenage mothers construct their identities in direct response to the negative social representation of teenage motherhood circulating in their wider social surrounding. As such, they recognise the negative social representations about themselves. However, rather than identifying with the negative representation (which would imply an internalisation of the representation), the young mothers find ways of using peripheral elements to distinguish between their own situations as teenage mothers and the situations of teenage mothers who are seen as 'bad' mothers in problematic circumstances (§ 4.7.3). As discussed in Chapter two (§ 2.3), individuals often do not assign themselves the same characteristics they ascribe to their groups (Doise, 1998). In addition to not assigning themselves these negative characteristics, mothers disidentify with the central core of the representation of teenage motherhood. This disidentification with the group is found to be a common reaction to stigma about one's social group (Crocker, Major, & Steele, 1998). As such, mothers are able to construct identities for themselves as 'good' mothers in direct opposition to the assumed and experienced external categorisation into the social group of teenage mothers.

Core elements of the representation of teenage motherhood are resisted, re-evaluated and changed (Park, 2010) by mothers' and practitioners' identity constructions because teenage motherhood as problematic does not 'fit' with their own experience of teenage motherhood. Young mothers are able to view teenage motherhood as non-problematic based on their ability to overcome doubts to be good mothers (§ 4.7.1), drawing on their motherly instinct to be good mothers (§ 4.7.2) and positioning themselves as better mothers than 'other' mothers of any age, despite their own young age (§ 4.7.3). Through strategic use of representational elements, I argue that the young mothers are

able to construct positive identities for themselves, despite the constant negative messages about their social group and who society thinks they are (Daanen, 2009).

Teenage mothers' identities also bear contradictions. One example of these contradictions are mothers who 'admit' to having (had) doubts about their parenting abilities and knowledge, their ability to love the child and their ability to provide for themselves and the baby (§ 4.7.1). These doubts are contradicted by feelings of having a motherly instinct, implicit knowledge about the child, being self-denying in terms of putting the child's needs before their own, and showing self-sacrificial love (§ 4.7.2). As the mothers speak about these doubts retrospectively, their coping mechanisms at the time of their initial doubts are unclear. Nevertheless, this insight holds potential for improving the situations for future teenage mothers as professionals (and policy) could reassure pregnant teenagers of the fact that, due to their developing motherly instinct, bonding with the child, and services in place, they will be able to cope and will be able to be good mothers.

Further contradictions in peripheral elements of mothers' representations arise in situations where they draw on one element, such as teenage mothers being welfare dependent, and despite depending on welfare themselves, do not identify with the negative stereotypes associated with these circumstances. Indeed, mothers use this element to associate 'other' teenage mothers with the central core element, but use peripheral elements for themselves as not *wanting* to be welfare dependent to protect their identities as good mothers and indeed good citizens. Therefore, it could be argued that mothers construct representations of an idealised self which helps them to resist the internalisation of stigma they associate with their own social group.

I suggest that the ways in which professionals experience mothers' display of power through 'talking back in silence', non-compliance and non-conformity (Vaughan, 2011) challenges the norms of 'professional–client' relationships and is as such a step towards social change. While mothers' non-attendance to appointments or not returning to stigmatising professionals may be adverse to their physical health and that of their child, I argue that it may be beneficial to their ability to construct identities as knowledgeable subjects with dignity and a right to choose their interactions with professionals. Through these actions mothers display (if not necessarily to anyone else but themselves) how they do not allow themselves to be treated and what situations they do not allow themselves to be exposed to or enter into again. I demonstrated in Chapter two (§ 2.4.1) that social identities shape individual's self-esteem and impact on the likelihood whether they will exercise agency to promote their own health and wellbeing or not (Campbell & Deacon, 2006). I argue that the mothers are able to construct positive identities, are able to develop positive self-esteem and are able to exercise agency to promote their own health. Specialised professionals see themselves as working as 'defenders' for those mothers who are not able to exercise agency in response to stigmatising professionals, which is part of the social system that enables their resistance.

Another area of tension which mothers are able to resolve by drawing on representations of themselves as good mothers is their EET (or lack thereof). Interestingly, both being in education and not being in education are used for positive identity construction, depending on individual circumstances. For most mothers the most important aspect of their identities is that of good motherhood which, for some mothers, is incompatible with education (or at least with the educational offers they see open to themselves; § 4.7.4). For other mothers, current education or employment (despite the practical and emotional struggles that come with it) forms part of their identity as a good mother who, through education, will find work and will be able to provide for her and her child's future independently of the state (§ 4.4.1). Therefore, my findings both contradict and confirm those by Edin and Lein (1997) and Graham and McDermott (2005), who found that teenage mothers use their 'mother' identity to counter stigma about their not being in education.

Similarly, my findings also suggest that teenage mothers' school attendance is not seriously harmed by teachers' attitudes, unlike the findings by Vincent and Thomson (2010). While mothers feel that is it expected of them (by some professionals, some parents, the Government and society more generally) to return to education or engage in employment, they counter this perceived pressure by drawing on representations of children's full-time need for their mother. Young mothers are able to use discourses of mother–child bonding, the child's development, good parenting and the importance of breastfeeding against the perceived stigma of teenage mothers who do not return to college or work. In response to stigmatising educators, those teenage mothers who do not let themselves be deterred from education by those stigmatisors strengthen their identities by highlighting their desire to achieve something (other than, or as part of, good motherhood) despite the stigma and obstacles they encounter (§ 4.5.2). In this regard, my sample of practitioners draws on both sides of the argument, with the general consensus being that teenage mothers should return to school or work in their own time rather than being expected to return immediately. Individual differences in professionals' discourses are present, however, as some professionals position teenage motherhood as an almost insurmountable obstacle to educational achievement. Therefore, paradoxically, a teenage pregnancy is seen as an obstacle to young people's education, yet, teenage mothers are expected to return to and succeed in education.

I argue that the policy agenda of promoting EET could be seen as providing a possible identity to be students and academic achievers to teenage mothers who may not have considered this identity for themselves prior to the pregnancy (§ 6.7). This 'identity offer' by policy could be understood as empowering rather than undermining young mothers' identity construction as capable citizens (for example to those teenage mothers who disengaged from school prior to the pregnancy itself). Conversely, it bears contradictions in the sense that it undermines the importance for mothers to construct identities of good full-time mothers. It also undervalues the importance for mothers to

develop and be reliant on their maternal instinct, which has been found to be an important mechanism for their positive identity construction. The mixed messages of breastfeeding and educational engagement can also be seen as contradictory and non-compatible requirements that policy makers place on teenage mothers (§ 6.6.2).

Rather than using their child *itself*, as a "prestige symbol" (Goffman, 1963) to counter their stigmatisation, mothers use the identities which they are able to construct because of the child, being the Other in their identity construction (Jovchelovitch, 2007), as a means to counter stigma. Further, as I discussed in Chapter two (§ 2.4.2), social identities are heavily determined by the ways in which people are viewed by others (e.g. Mead et al., 1934). I suggest that teenage mothers actively avoid being in the presence of those professionals who they consider view them and their situations as negative. Distancing themselves from negative influences on their identities is thus a useful technique employed by young mothers. I argue that teenage mothers improve their wellbeing and gain agency by surrounding themselves with professionals who recognise them as having value and valuable knowledge about themselves and their child (Honneth, 1995).

Generally, stigma does not appear to be a disadvantage in itself (Campbell & Deacon, 2006) for the identity construction for many mothers in my sample. Instead, stigma appears to fuel mothers' determination to construct positive identities in light of the negative view of their social group. However, I argue that stigmatisation of teenage mothers can lead to or perpetuate their disadvantage with regard to the restriction it fosters in their activities or locations they visit (Farrimond & Joffe, 2006). Mothers' constant requirement to actively respond to the stigmatisation of their social group and justify their life choices is unlikely to have a positive impact on them. Nevertheless, where there is stigma, there is (most likely to be) resistance, which has the potential to enable group mobilisation and social change.

I suggest that peripheral elements are drawn on particularly by the teenage mothers as symbolic resources to construct positive identities in light of a negative social representation about their social group. Further, I argue that several positive life experiences and influences drawn on by young mothers and professionals do not 'fit' easily with the core. Yet, it is important to mention that those young mothers who attended the playgroup and lived in supported housing units but did not participate in the project may not be able to draw on the same positive symbolic resources as those who did participate. As such, my research design of a case study may be able to highlight certain mothers' strategies of using representations creatively to establish a positive symbolic environment which other teenage mothers may be able to benefit from.

7.7.1 Practitioners' identities

Having discussed the identity construction of young mothers, I now turn to specialised practitioners. My findings are, to a certain extent, contrary to those by Craig and Stanley (2006) who argue that young mothers have restricted control in service settings. Professionals construct their identities based on the core of the representation of teenage motherhood as well as in light of the pressures and set-backs they experience when working with teenage mothers. The particular identities that come to the forefront in professionals' discourses and actions are those of 'correctors' of unhealthy and disobedient teenage mothers (§ 5.4.2), 'protectors' from stigma in the family and community (and at times from the 'harm' of poor health choices mothers inflict on themselves; § 5.6.4) and 'defenders' of stigma directed towards themselves as specialised professionals and the mothers they work with by 'other' professionals (§ 5.6.4). By highlighting the elements of their work that require them to 'correct' teenage mothers, professionals respond directly to the problematic nature of teenage mothers' situations, their lack of knowledge and their need to follow professional advice to achieve and ensure wellbeing. Through protecting young mothers practitioners position mothers as vulnerable and needy of shelter from stigma. As 'defenders' of young mothers professionals simultaneously perpetuate and challenge the core of the representation. As service providers acknowledge that teenage mothers require defending from stigma, they also acknowledge the wider social view that teenage motherhood is subject to stigma and problematic. Nevertheless, this representation is challenged by professing that teenage mothers should not be stigmatised and 'fighting their corner' as Ariana (a midwife) describes their ways of working.

In addition, specialised professionals also do not identify with the wider group of service providers by whom teenage mothers feel stigmatised and with whom they do not want to be categorised (§ 5.6.4). This refusal to identify with 'other' practitioners is possible through dialogue with their representations that 'other' professionals are stigmatising, do not understand mothers' histories and situations and are insensitive towards mothers' feelings. Professionals resist ascribing this stigmatised identity to themselves. Courtesy stigma is thus experienced and acknowledged; however, it is not internalised in the sense that my interviewees would rather be seen differently to non-specialised and stigmatising professionals. Nevertheless, my interviewees feel their authority and status undermined by stigmatising professionals, which is likely to have a real impact on the service setting within which they operate.

7.8 Novel contribution

In this section I discuss the contributions of my case study to the empirical, theoretical and methodological literatures. I argue that my contribution lays particularly in adding further evidence to the limited knowledge of teenage mothers' stigmatising experiences in services and their positive identity construction in light of the social representation of teenage motherhood as problematic. In

addition, I contribute to the evidence of specialised professionals' experiences, their ways of making sense of teenage motherhood, working with teenage mothers and constructing identities around working with a stigmatised social group while being subject to courtesy stigma. My theoretical and methodological contributions are based on my use of the qualitative research design of a case study, underpinned by the theoretical framework of the 'structural approach' to SRT, which is traditionally linked to a quantitative research design. Finally, my thesis helps to reveal areas in which further research needs to be undertaken to better understand and find ways to challenge negative social representation of teenage motherhood in order to help young mothers construct positive identities linked to improving their wellbeing.

7.8.1 Empirical contribution

My empirical contribution lays in the finding that the negative central core of the representation of teenage motherhood as problematic is shared among teenage mothers, practitioners who work with them and in policy documents. Yet, although young mothers and practitioners acknowledge this representation and construct their lives around responding to it, their response is not one of internalisation. Rather, they frequently, if not predominantly, draw on peripheral elements of the representation to dialogically construct a positive view of teenage motherhood and positive identities for themselves. Nevertheless, contrary to appraisals of public policy in the academic literature to date, my findings also suggest that policy holds potential for positive social change in recognising and addressing young mothers' needs as expressed by mothers for example through 'crisis support' and targeted care.

Specialised service providers and mothers engage in non-conventional relationships which challenge the established order of normative professional–client relationships and the boundaries associated with these. These relationships and identities challenge normative expectations and have to be re-constructed in order for mothers and professionals to orient themselves in the service settings and make sense of their roles within them. Particularly for specialised service providers, this means 'giving up' their assumed superior position as an 'expert' and instead positioning themselves, interpersonally and physically, alongside the mothers they work with in order to provide what they perceive as the best possible care.

Courtesy stigma towards professionals working with a stigmatised client group has been found in understaffed and underfunded circumstances (e.g. Jewkes et al., 1998, see § 1.3.3). However, this type of stigma has not yet been found to be experienced by specialised professionals working with teenage mothers in relatively well-staffed and relatively well-funded circumstances. I argue that specialised professionals' experience of courtesy stigma is based on the central core of the representation of teenage motherhood being problematic and a stigmatised condition and, as such, working with them also constituting a stigmatised condition. This courtesy stigma is an important

finding in the sense that specialised professionals work under the double burden of being stigmatised by other service providers and working with a challenging social group by whom they can also feel undervalued. Professionals' ability to resist the internalisation of this stigma is particularly based on their identity construction as 'defenders' and 'protectors' of teenage mothers. Through drawing on these identities as well as the representation of teenage mothers as needing help and support, professionals are able to make sense of their work and defend the necessity of their work.

Policy prescriptions, despite providing increasing support and recognition for the particular needs of teenage mothers, are predominantly concerned with the prevention of teenage pregnancies due to the problematic circumstances within which teenage conceptions and births occur and the 'risks' of 'repeat' teenage pregnancies. There is little to no recognition of the joyful experience of teenage motherhood in policy. Yet, teenage mothers and professionals repeatedly draw on peripheral elements which suggest that teenage motherhood is 'not the end of the world' or even the best thing that happened to some of the mothers.

7.8.2 Theoretical and methodological contribution

There have been several calls in the academic literature to use non-traditional methods in social representations research (e.g. Howarth, Foster, & Dorrer, 2004). My first approach to addressing this shortage was by using a photography-based research design to gain insight into the representations of teenage motherhood shared by teenage mothers in London. As demonstrated in Chapter three, this approach proved challenging due to the fluid nature of many mothers' lives. These circumstances ought to be remembered and integrated into future methodological designs for data collection with teenage mothers.

Using the 'structural approach' to social representations as a theoretical underpinning to my methodological approach facilitated bringing the three datasets together to a common central core understanding of teenage motherhood on which 'unambiguous' discourses and actions are based. I argue that there are certain important differences in using quantitative and qualitative methods combined with the 'structural approach'. For example, as the peripheral systems are in direct interface with reality, it should be considered that, using qualitative methods where no possible answers are provided (unlike in experiments or questionnaires), respondents are more likely to frequently draw on peripheral rather than core elements of the representation. Therefore, the central core evaluation criteria of the 'expressive value' (Abric, 2001) or 'salience' (Parales Quenza, 2005) should not apply to qualitative studies (as discussed in § 2.2.3 and § 3.6). As Jodelet's (1991) social representations study found, deep-seated cultural traditions and ways of separating mentally ill lodgers from the 'normal' (which I argue to be the central core of the representation) were not verbally *expressed* by participants but rather *observed* by the researcher. Similarly, I argue that the

representation of teenage motherhood being a problematic outcome is so deeply seated in my sample's norms and values based on wider social representations that it only requires expression when explaining certain situations rather than making constant reference to it.

I argue that young mothers' resistance to stigma is only possible on the periphery of social representations through continually establishing and pursuing discourses about themselves that contradict the negative representation of their social group. In my sample, there was no evidence of a 'brutal transformation' to representations of teenage motherhood which would indicate immediate and lasting change to the central core (Abric, 1993). At the time of the study, it appeared that the central core of the representation was too rigid, socially embedded and defended by powerful social groups as well as indirectly perpetuated by specialised professionals and young mothers to display any wider social change. Nevertheless, I argue that the frequency and diversity of peripheral elements being used by teenage mothers and professionals hold potential for social change if further brought into the macro-social understanding of teenage motherhood.

I also want to highlight the benefits of triangulating methods and data sources when using the 'structural approach'. In this case study it was particularly important to incorporate observations in the data collection in order to ensure a thick description and my ability to reflect the particular case of the London location. As I discussed in Chapter three (§ 3.1.2), my theoretical and methodological approaches were not designed to test a given hypothesis. Instead, the aim of the research was to generate hypotheses about the particular case of teenage motherhood in London.

The hypotheses generated are: i) that teenage motherhood, even though represented as problematic, may be used as a defence mechanism by young mothers if certain conditions are met; ii) that negative representations of a social group may elicit more support for that group through specialised services, especially if the social group is of a critical mass; iii) policy has been seen too one-dimensionally in academic literature to date, criticising it for labelling and stigmatising teenage mothers without taking into account the positive identity it provides for young mothers.

7.9 Strengths and limitations

All research projects have strengths and weaknesses, constraints and opportunities which often cannot be anticipated at the outset. Therefore, I argue that the ability of the researcher to adapt to the particular research context is a *sine qua non*, especially in qualitative, social representations research. Below I demonstrate particular strengths and limitations of my study in terms of the research context and the theoretical underpinning to my work.

Conclusion

My study was purposely a small case study focusing on the social representations of teenage motherhood in London. This research design allowed me to gain a deep understanding of the representations of teenage motherhood elicited in an area with high teenage pregnancy rates and a plethora of specialised services in place. From a social representations background, small sample sizes do not pose an obstacle to the validly of a study as people's particular and nuanced experiences are of interest.

Methodologically, I argue that grassroots participatory methods designed to empower a given social group and enable them to have their lay knowledge and voices heard, might be a challenging approach depending not only on participants' willingness to take part in a project, but also based on the structure of their lives and lifestyles. While the teenage mothers were comfortable in talking to me in an informal and general manner (even about very personal and sensitive subjects), the necessary structure and formality of an ethically conducted research project may have deterred their active participation in the project. The difficulties encountered in having cameras returned and setting up focus groups and interviews demonstrate the limitations of the necessity to establish a rapport with participants whose lives and circumstances are potentially in flux and unstable.

I argue that social desirability bias may have existed both in mothers and in specialised professionals. For mothers, this social desirability may have been expressed through their construction of their situations as more positive than they veritably perceived or experienced them. Nevertheless, I argue that mothers honestly reflected their circumstances, including talking about their financial struggles (e.g. not being able to buy new clothes for themselves because of wanting to spend the money on the child), their struggles with their families (e.g. being thrown out of home because of the boyfriend and the pregnancy), and their struggles in services (e.g. not feeling well looked after or treated poorly). Yet, struggles with the father of the child (which professionals and policy suggest to be a reality for many young mothers) were rarely addressed by mothers. Similarly, I argue that professionals' social desirability bias may have been expressed in the sense that they rarely spoke about negative relationships with mothers or ways in which they thought they had treated a mother badly. Through triangulation, I was able to experience the frustration of working with teenage mothers first hand, which professionals spoke about, as well as able to observe stigmatisation of teenage mothers. Flament, Guimelly and Abric (2006, in Lahlou & Abric, 2011) highlight that some elements which "undermine the positive self-image that the subject wants to give to the audience" may remain hidden and not be expressed. This brings forth the question of "what is the actual representation?" (Lahlou & Abric, 2011, p. 6). I argue that participant observation allowed me to appreciate whether there was a difference in the representations of teenage motherhood young mothers presented in interviews and focus groups compared with representations observed at the playgroup.

With regard to the generality of my findings, as argued by Cornish (2004), this can only be established in further studies drawing on my findings. Therefore, the hypotheses generated in my study require to be tested in similar contexts. In addition, there are still many areas of teenage motherhood, young mothers' wellbeing and their social identity construction which have been brought up in my research as remaining unexplored, such as a focused study on the stigmatisation of 'repeat' teenage pregnancies, which I discuss below.

7.10 Further research

Here I discuss suggestions for future research which partly stem from the limitations of my own study as demonstrated above and partly from the new ideas generated on the empirical, theoretical and methodological levels through my research. I suggest that using different methods, a different group of participants and approaching teenage motherhood from a different perspective may hold further insights into social representations of teenage motherhood.

Based on the difficulties encountered with regard to recruiting teenage mothers to participate in the research, I suggest that alternative research methods ought to be applied when conducting research with this population. It would be advisable to employ methods that can immediately involve young mothers in the research process in order not to 'lose' them during data collection. Such an approach would allow for mothers with less stable living conditions and schedules to be included in the research. The representations of teenage motherhood held by mothers who frequently change address or cannot regularly attend a playgroup due to other (potentially changing) commitments (or indeed disinterest) would be valuable in order to allow views from mothers with a wider range of experiences than were potentially included in my sample.

Further research using quantitative methods in line with the tradition of the 'structural approach' to social representations would allow mapping out core and peripheral elements in a quantitative manner, and overlaying a thematic network of the elements present in mothers', professionals' and policy discourses. This approach, as well as a further qualitative approach to understanding the establishment and effects of representations of teenage motherhood, may benefit from conducting a comparative study of different locations. These locations could be differentiated by studying some locations which were subject to particular interventions (e.g. a particular local TPS and associated teenage conception targets), whereas others were only subject to the general TPS and with low teenage conception and birth rates. This approach would also allow to establish the relationship between policy interventions on social representations further.

Teenage mothers' improved wellbeing through specialised as opposed to generic care may additionally highlight the particular benefits of targeted support. In this regard, I argue that there

would be great merit in looking more closely at core and peripheral elements of representations with regard to mechanisms of identity construction and resistance to stigma. Questions regarding the extent to which peripheral elements of representations can sustain positive identities despite threats from the core are still underexplored.

With regard to participants, I argue that it would be valuable in future research to juxtapose the views of specialised and non-specialised service providers in order to gain an understanding of how all services can be more user (here teenage mother) friendly. Exploring the 'courtesy stigma' of specialised practitioners from the perspective of non-specialised practitioners may be particularly useful in informing ways in which service providers can work more amicably alongside each other in order to achieve the best outcomes for service users.

With the aim of ensuring the wellbeing of teenage mothers, it would be valuable to conduct future research into the social representations of teenage motherhood held by family members of young mothers. This includes understanding how family rupture due to teenage motherhood can be anticipated and avoided. Exploring the views of grandparents and their socio-psychological coping mechanisms to adapt to the situation are an underused source to improve the wellbeing of young mothers.

A further participant group which has not received adequate attention in the literature are those pregnant teenagers who try to commit suicide due to their pregnancy and perceived inability to tell their parents (as described by Tracy in § 5.4.1). The experiences of these mothers may help to design communication around teenage pregnancy and empower pregnant teenagers to choose another route than attempting to take their lives. In this regard, representations of teenage motherhood held by non-parenting teenagers in locations with high teenage birth rates would be an important investigation in order to gain an understanding of young people's representations before conception which would allow juxtaposing these against representations of teenage motherhood before conception in policy.

Including other perspectives may further advance the understanding of teenage motherhood in today's society. Especially with regard to the predominantly negative view towards New Labour's approach to teenage motherhood in the media and academic literature, an analysis of media and academic views of the Conservative Government's approach (in power since 2010) towards teenage motherhood would be insightful in order to establish the ways in which new approaches are perceived as helping or hindering positive representations of teenage motherhood.

Longitudinally, the outcomes for children born to teenage mothers who had specialised antenatal and/or postnatal care as opposed to those who did not, would be worthwhile exploring to establish the long-term benefit of specialised support.

Lastly, the question arises of how my findings can be translated into actionable approaches by policy and practice to address those mothers who are not able to construct positive identities for themselves. Although this question requires more research to be answered fully, I provide some recommendations below.

7.11 Recommendations

In this section I discuss the recommendations to policy and practice drawn from the findings from this case study in order to achieve (further) social change and positive identity construction and positive outcomes of teenage motherhood.

In the context of teenage conception and teenage pregnancy rates being represented as extraordinarily high in the UK press, policy makers and especially politicians need to consider their public discourses such as the 'shameful records' of teenage pregnancy more carefully. Such discourses, being employed on a national platform, can rapidly turn into 'widespread beliefs' in society and negatively impact on the social group in question. While there is progress in the representation of teenage motherhood once the child is born, the influence of negative representations of teenage motherhood before conception needs to be more seriously considered in enabling positive outcomes for young mothers and their children.

In addition to reframing public, including media, discourses, there is a need for policy makers to think more carefully about ways of formulating and communicating policy that takes account not just of the dangers and risks, but also of the benefits and joys that come from (young) motherhood. This is particularly so with regard to young mothers who come from challenging backgrounds and do not necessarily or immediately have the material and symbolic resources to construct positive identities in the face of stigma. This could be achieved by policy taking account of how mothers construct their identities and see themselves as positive, vibrant young people at the beginning of their lives as mothers, who understand the challenges of motherhood but pride themselves in their achievements. Although the heterogeneity of teenage mothers and their varied experiences are already acknowledged in policy, they need to be acknowledged further, particularly beyond providing 'crisis support' for the different immediate needs of certain mothers. Their 'choice biographies' for example with regard to returning to education or employment, should be acknowledged and supported by policy initiatives and by providing supportive services around these choices.

Based on interviews with practitioners, it became apparent that service providers feel under pressure to meet targets in a system in which they can feel stigmatised. Service providers experience a range of frustrations and worries through their emotional work with teenage mothers. I suggest that there needs to be a supportive and positive environment around teenage motherhood for specialised practitioners to avoid interpersonal difficulties with stigmatising staff members in addition to their challenging work with teenage mothers. Further, I suggest that service settings, especially specialised services, would benefit from support that helps professionals to cope with their worries and frustrations of working with teenage mothers. Many practitioners' inability to 'switch off' from their clients highlights the need for more professional support.

Nevertheless, I argue that even specialised (and generally non-judgemental) professionals need to be more aware of the potentially negative impact of their stigmatisation of 'repeat' pregnancies. There needs to be increased awareness of the fact that such stigmatisation might undermine mothers' already stigmatised life trajectories in terms of their family planning decisions and efforts to be good parents. Mothers who plan their families around education or career choices who are faced with negative messages about 'repeat' pregnancies may delay further pregnancies and have to disrupt their education or career again at a later stage. A 'family planning' rather than 'ensuring postnatal contraception' approach may be beneficial in addressing (and accepting) mothers' life choices rather than suggesting a normative life trajectory for them.

Mothers might be more receptive and less rejecting of services if policy makers and professionals think more carefully about including young mothers' own identities in the ways in which services are designed and delivered. I argue that there may be great merit in highlighting a maternal identity and the maternal instinct which pregnant teenagers or mothers will (eventually) develop and thus will help them cope with the demands of motherhood. Highlighting a mothers' unconditional love for the child (at the latest once it is born if not before) may also help service providers to assist mothers in adjusting to the idea of becoming a parent. This approach may also be worth exploring in cases where the pregnant teenager's parents have not come to terms with the pregnancy or may disown the mother-to-be. Reminding her parents of their own unconditional love for their child (in the ideal case) may weaken parents' objections to the teenage pregnancy and help them adjust to the idea of becoming grandparents.

More generally, based on interviews with professionals, research with teenage mothers and my policy analysis, non-judgemental environments in health services, schools, job centres and other public and private sector institutions are urgently needed.

Finally, there needs to be an awareness in practitioners and policy makers that it may be the focus on reducing teenage conception rates, postnatal contraception and reducing 'repeat' pregnancy rates that are alienating young mothers from services and may perpetuate their adverse social and (mental) health conditions. This perception may be estranging mothers from seeing services as safe and supportive environments in which they can be themselves and express their needs, hopes and identities as they themselves see them rather than in response to professionals', policy makers' and society's expectations. This conceptualisation also enables stigmatisation in service providers because it supports the problematic nature of teenage motherhood. Policy's and professionals' positioning of mothers as vulnerable people in need of support and welfare does not 'fit' with how many mothers see themselves. This may be another reason why mothers are difficult to engage and retain in services. Nevertheless, building on the positive developments which have taken place in policy during the period of the TPS some social change could already be observed, which provides the potential to socially embed itself further.

7.12 Conclusion

> If people define a situation as real, then it is real in its consequences (Thomas & Thomas, 1928)

The starting point of this thesis was to understand and juxtapose the social representations of teenage motherhood from the perspectives of teenage mothers, practitioners and in policy documents in order to explore the potential for social change to the ways in which teenage motherhood is represented and treated. It was understood that identities are constructed out of dialogue with the social representations of one's social group. In this thesis I aimed to demonstrate which factors facilitate or hinder young mothers' dialogue with professionals and policy makers in their construction of positive identities as well as highlight the ways in which the use of social representations may bring about social change. I demonstrated the dialogical encounters experienced by teenage mothers and professionals in the context of service provision prescribed by policy. I was especially interested in the opportunities that dialogical encounters open up for mothers to construct positive identities for themselves. I argue that teenage motherhood at its core is a stigmatising condition; however, mothers resist the internalisation of stigma through creatively and frequently drawing on peripheral elements of the representation. Nevertheless, stigmatising, non-dialogical encounters alienate mothers from services and, therefore, potentially obstruct their wellbeing.

In addition, mothers' construction of positive identities does not rule out that there is no internalisation of stigma. Indeed, the necessity to actively negotiate and construct (rather than merely adopt) a positive identity as a means of justifying one's situation, highlights that young

mothers are faced with negative representations of themselves on a regular basis. This negative impact needs to be acknowledged in that social change on a macro-social level needs to occur so that young mothers are able to draw on more readily available positive symbolic values of their social group to construct their identities rather than constantly engaging in identity work to justify their life choices, situations and 'who they are' as opposed to who they are not. I argue that the mothers who participated in my research were particular cases in their ability to construct positive identities. Yet, unwillingness to disclose adverse views or feelings about themselves or their children may have directed my findings to highlight this particular experience, while covering up other experiences and negative views of self.

These findings highlight the importance of conducting in-depth case studies, as my research adds to the small body of literature outlining positive experiences of teenage motherhood and positive identity constructions in teenage mothers. My findings may be useful in designing programmes, training staff and allocating funding for services for teenage mothers, in order to address mothers in light of the identities they construct for themselves.

If, as discussed above, teenage mothers and specialised professionals experience their stigmatisation as real, then it is real in its consequences (Thomas & Thomas, 1928), despite their ability to construct positive identities for themselves. If policy and professionals are serious about appealing to mothers, getting mothers to use services and enhancing their wellbeing, they must augment their efforts to construct positive social representations around teenage motherhood and offer services in a way that resonates with the mothers' identities and the life trajectories they have chosen for themselves.

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Appendices

Appendix A: Question guide for interviews/focus groups with teenage mothers

- How have you been finding taking the pictures?
    - What have you enjoyed about it
    - What didn't you like about it
- Who did you take pictures of?
    - Why did you take pictures of these people
    - Where were you when you took the pictures
    - What were you doing there
    - Who else were you with
- Is there anybody else you would have liked to take pictures of if you could have travelled further or had a chance to see them, but didn't in the past two weeks
    - Who are they
    - Why would you have wanted to take pictures of them
- If you had done this project while you were pregnant, who would be on the pictures – who made you happy, or helped you, or was important to you then?
    - What did they do for you
    - Where are they now
-
- Can you talk me through your pregnancy?
    - What happened when you found out you were pregnant
        - when did you find out
        - how did you find out
    - who did you talk to / who did you first tell
    - hat happened when you went to your GP / the hospital
        - who did you talk to there
        - what were the people like
    - what about your midwife
        - can you tell me a bit about her/him
        - how did you feel about going to see them
        - how did you feel when they were coming to see you
    - who were the other professionals you were in touch with at the time
        - what were they like
    - who did you like to see most when you were pregnant
        - who would you say did you have the best relationship with and why / what was it like / what did they do that others did not do / what did they do differently
    - who did you like to see least when you were pregnant
    - who do you like to see most / least now – why

- Can you talk me through what it was like moving here?
- What have you found good about living here so far? What have you found bad?
- What about your friends – how did they react when you told them you were pregnant?
    - What have your relationships with them been like since – what were they like before

Appendix B: Consent form for mothers to participate (also sent to hospital)

Statement of Consent: Use of cameras and study participation

Purpose of photography project

The purpose of this exercise is to give you a chance to speak out and share your experiences of being a young mother, find out who you turn to for support and how you feel about your relationships with professionals. After the photos have been processed we will talk about the pictures in groups (using a tape recorder) and meet again to create your personal photo-book.

Duration:

Your participation in this exercise will be approximately a three months period.

Procedures:

If you choose to take part in this exercise you will be asked to take photos of things and people who 1) support and help you, 2) make you happy and 3) you need and trust. We would like you to answer three questions through photography: 1) 'What are your relationships with professionals like?' 2) 'What is good about the relationships?' 3) 'What needs to change?'.

You must always seek permission from the people you photograph and get them to sign a separate consent form.

After processing the photos, we will meet up and talk about some of the photos, what they mean and what they represent. In signing this form you also agree to participate in the group discussion and writing short stories on three of your favourite photos.

Risk and discomforts:

There are no physical risks or discomforts associated with your participation in this study. It is unlikely; however, some questions may bring out emotional discomfort, in which case you will be directed to the appropriate professional. Nothing which will be said will jeopardize our partnership. Should you feel uncomfortable, please let me know and we will stop the interview immediately.

Benefits:

There will be benefits to you from your participation in this study. You will get the opportunity to create your own photo-book with the pictures you have taken, show it to your friends and family and keep it as a memory. Additionally, knowledge gained from this exercise may contribute to an understanding of the health and service needs of young mothers like yourself. This information can potentially benefit young mothers and communities here and elsewhere in the UK.

Confidentiality:

Every effort will be taken to protect your identity. I am not asking for your name and no participant will be identified in any report of this study or its results. However, your face may appear on photos – you will be asked for each photo whether it may be used to show publicly. After you have completed the interview, we will store the information in a secure place. Only information about the whole group of participants will be written up, and it will not be possible to identify any one person.

Right to refuse:

Your participation in this exercise is voluntary, which means you do not have to do it if you do not want to. You can stop at any time without penalty or judgement. You may also refuse to answer any of the questions. You must always seek consent for participation of the people whom you photograph and inform them that they have a right to refuse.

Participants' Agreement:

'I have read the information provided above. I voluntarily agree to participate in this exercise – knowing that I can refuse to answer any of the questions and stop participating without any penalty. I will receive a copy of all photos; however, I give the researcher permission to use my photos confidentially. I will also make sure that any person I photograph has consented and is aware of the purpose of this exercise'

_____ _____ _____
Name of participant   Signature of participant   date

_____ _____ _____
Name of interviewer   Signature of interviewer   date

Appendix C: Consent form to be photographed

<u>**Statement of Consent: Being photographed**</u>

You have been asked by _____ to be photographed on behalf of a study at the London School of Economics.

<u>**Purpose**</u>
The purpose of the study is to give young mothers a chance to speak out and share their experiences of being a young mother, find out who they turn to for support and help, who make them happy and who they need and trust.

<u>**Consent**</u>
By being photographed, you give permission of your photo being discussed in confidence and used in the research project and publications. Every effort will be taken to protect your identity and your name will not appear anywhere.

'I have read and understood the information provided above. I voluntarily agree to be photographed for this project, knowing that the photograph may be used positively in the above outlined study.'

_____   _____   _____
Name of photographed   Signature of participant   date

_____   _____   _____
Name of photographer   Signature of photographer   date

If photographed is under 16 years of age, the parent/guardian must sign below

'I understand that I have consented to my minor child agreeing to have his/her photograph taken for the above outlined study.'
_____   _____   _____
Name of parent/guardian Signature of parent/guardian   date

For answers to any questions about the project, please contact the following person:

Claudia Mollidor   07901 935780

Appendix D: Documents explaining and promoting my research

Young Mum's and Dad's Photo Project

Free to participate – all materials provided

It's your project – you take control of it!!

Take pictures of people & things important to you

Create your own, personalised photo-book

Keep a memory of the early months of you and your baby

Ask (Professional's name) for details

Photovoice Step-by-Step

Step 1
Purpose
I'd like to know about your lives and support systems for you and your baby. There are three particular areas I'd like you to tell me about:

People and things that before, during and after the pregnancy (as a mother/father):
- **Support and help you**
- **Make you happy**
- **You need and trust**

Think about these before you take pictures, but also take pictures spontaneously when something suddenly comes to your mind.

People and things can be absolutely everyone and everything that is in any way important to you. There are no wrong answers and you are the expert of your life which I'd like to learn about.

Step 2
Ethics and necessity for consent
It is absolutely necessary to get permission from the people you photograph to have their picture taken. Please don't just take a picture of a person without asking their permission. Ask them if it is ok to be photographed before you take their picture, get them (and their parent/guardian if under 16 years old) to sign the form I gave you, and give them a form to keep as well.

Use of camera
You might want to think about different angles, use of light and perspectives (for example where you are sitting/lying/ walking/ standing when you see something that makes you happy; you could take the picture from that perspective, even though it may seem abstract, you can later explain what it means and why you took that perspective).

Step 3
Schedule
- Phase 1: You are given two cameras (one to keep in your room, one to take with you when you go out) to go off and take pictures for two weeks (30th July – ~ 14th August). I pick up the cameras and have the pictures developed.

- Phase 2: We meet with developed pictures and make a collage out of them for the play/living area in the house and chat about the pictures (~ week commencing 24th August)

- Phase 3: You're given another camera for two weeks to take another round of photos based on previous discussion for a week. I collect cameras and develop photos (~ 14th September).

- Phase 4: We make a photo-book together (~ week commencing 21th September). You'll get to write down or tell me a short story about three of your favourite pictures.

My contact details:

Address:
Claudia Mollidor
Institute of Social Psychology
London School of Economics
Houghton Street
London
WC2A 2AE

Email:
c.m.mollidor@lse.ac.uk

Phone:
07901 935780

Appendix E: Informed consent for interviews with professionals

Informed Consent

Title: Representations of Teen-aged Mothers
Context: PhD Social Psychology
Researcher: Claudia Mollidor
E-Mail: c.m.mollidor@lse.ac.uk

Aim: The aim of the study is to compare representations of teen-aged mothers in different service settings.

Procedure: You will be taking part in an interview, where different topics on motherhood between the ages of sixteen and eighteen will be discussed. Afterwards you will be asked to answer a short questionnaire.

The interview will take approximately one hour to one hour and fifteen minutes, and the questionnaire will take approximately five minutes to complete.

I understand the procedures that are to be used.
I understand that all the data will be kept confidential.

I understand that I have the right to leave the group and withdraw my contributions at any point during the study without penalty, and after the data has been collected until the 31st March 2009, and that this can be done by contacting the interviewer on the above email address and I must state my participant name.

I understand that no individual or group results on performance will be given, but I am entitled to obtain a summary of the whole study.

I understand that the data will be used as part of a thesis for a PhD in Social Psychology.

Name …………………
Signature …………………
Date ………………………

Appendix F: Debriefing form for interviews with professionals

<u>Debriefing Form</u>

Thank you very much for participating in this study.

The aim of the investigation is to gain an understanding how service providers in different institutions impact on the wellbeing of teen-aged mothers.

All data will remain confidential, however if you wish to withdraw your data you will have until the 31st March 2009 as this is when analysis will take place. You can do so by contacting the investigator via email (c.m.mollidor@lse.ac.uk) or telephone (07901 935780).

If you have any questions about the research project or would like to obtain a summary of the results, please contact the above email address. As previously stated, no individual or group data will be available.

If you require any form of counselling after participating in this study, please contact the counselling service provided by the London School of Economics. The contact details are below:

St. Phillips Medical Centre
London School of Economics
Sheffield Street
WC2A 2EX
Tel: +44 (0) 20 7955 7016

Appendix G: Interview guide for interviews with professionals

Explanation of interview
Thank you for agreeing to be interviewed for my PhD project. In the next hour or so, I will ask you some questions about your work and the clients you work with. This interview is completely confidential, and your name will not appear anywhere. I know that you have clients from a range of ages in your organisation; but all my questions will relate more precisely to pregnant or mothering teenagers between 16 and 18 and your experiences with them.
Do you have any questions before we start?

Introduction
First of all, I would like you to talk for 10 or 15 minutes about the clients you work with. Who are they, what are their needs and what role do you play in their lives? What words and images come to your head when you think about them.

What do you like most, and what do you like least about your work with the teenagers?

How would you define your relationship with the mothers?
How do you think the mothers would define your relationship?
Do you think about them much outside of your work?

What is the feedback you get from the mothers about how they feel they are treated here and in other organisations?

What do you think people in those organisations/ social services think about young motherhood?

What do you see as the key strength and weaknesses in how you work with young mothers?

What do you think adolescence means to the young mothers you work with?

Representations of clients
Can you give me an example of a case that went really well, and one that did not go well at all?

How do you think other services make a difference between older and young mothers? And how do you think it makes the girls feel?

I was told that some teenagers attempt to commit suicide after they find out they are pregnant. Can you tell me a little more about that and why you think they do it?

Some teenagers are disowned by their families when they become pregnant. Why do you think that is? How do the girls deal with this on a psychological level in your opinion?

How do you feel about the stigma that they just want a flat and become pregnant for that reason?

Why exactly do you think it's important to prevent teenage conceptions and reduce the rate of teenage mothers?

How do you cope with seeing these girls with all the problems and issues you mentioned having children?

What are the particular psychological needs of the mothers in your opinion?

Could you tell me a little about their self-esteem and what you do to address issues of self esteem if applicable?

How do you think they are perceived in the community - and what do you think is the impact of that on the mothers?

Young Parenthood, Media Portrayal, Personal confrontation
There is a lot of talk about teenage pregnancy and motherhood in the media, what do you think when you hear or read the term 'teenage pregnancy' and 'teenage mother'; what words, phrases or pictures come to your mind?

How do you feel your clients/patients experience/ feel about the way young mothers are represented?

How would you react if a teenage girl you knew well was pregnant and had a child?

What would you say to them?
What do you think other health professionals would say to them?

How do people react when you tell them what you do? What do you say to them?

Policies
I will now ask a few questions about Government policies and teenage mothers

I belief you are familiar with the Government's Teenage Pregnancy Strategy. What do you think its strengths and weaknesses are?

One of the targets in the 'Teenage Pregnancy Strategy' is to get young mothers into, or back into education, employment or training; what do you think of that?

From your experience, what do you think young mothers want to do in their lives while their child is still young; and what do you think they want to do once their child is older?

What do you think of those mothers who want to be housewives and mothers?

If you were in Government, would you change the services for young mothers, and if so, how?

Closing

How do people you meet react when you tell them what you do?

Is there anything else you would like to say?

Can you think of any other questions I should have asked?
Many thanks again for your participation.

Appendix H: Transcript of interview with professional

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Appendix I: Coding framework of interviews with practitioners

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Appendix J: Coding framework of interviews/focus groups with teenage mother

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
CORE	Teenage motherhood as problematic	Being a burden and contrary to the norm	. Feeling like a burden to society . Justifying one's situation (as contrary to norm)	I just want to go back to work so I can make my own money so I can feel like 'yes, I bought this for [my daughter]' and I feel independent enough to say that this has come from my pocket rather than me taking tax payer's money, cos when I got taxed I was really upset... that's what other people must think and maybe that's why other people go on the way they do towards people who are on benefits.	Linked to collective memory and the history of the group. Not very sensitive to the immediate context.
		Being judged and an object of people's assumptions	. Feeling looked down on in service . Feeling like a child . Feeling patronised	Someone asked me if I was [son's] Nanny and I said 'no, I'm his mum', and she said 'God, you're so young' and I said 'yep' and that was the end of that conversation. She's nice and she talks to me, but she's patronising. She doesn't talk to me in the same way that she talks to the other mothers. I don't think she's doing it to be horrible, she's nice and friendly and it's nice that she makes the effort to come to me,	Contradictory with regard to 'appreciation of care'.
SUPPORTING THE CORE	First-hand experience of stigma	Perceived lack of adequate care	. Feeling ignored in service . Feeling health at risk in service	Interviewer: And why did you go home so early [from the hospital]? Mother: Because I didn't like the way they were treating me, they were ignoring me, like I lost so much blood and they hadn't taken any blood from me. And I was walking down the corridor and I was feeling dizzy, … So me and two of my friends, they were the same age as me, so we started supporting each other, the three of us, which is quite handy, but I think most people fall into a bracket where they don't have much support.	Organises the representation. Protects the central system. Sensitive to the immediate context.

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
		Perceived lack of sensitivity	. Knowledge not taken seriously in service . Feeling one's own knowledge to be worth more than professionals'	It was similar with [son], she took all his clothes of and said the cold stimulated the feed and I was just like 'ok' (in disbelief), absolutely useless.	Sensitive to immediate context.
POTENTIALLY CHALLENGING THE CORE	Teenage motherhood less problematic with non-judgmental support	Importance of non-judgmental practitioners	. Feeling safe with professionals . Child's safety ensured with professionals	It's just nicer to come here because you can just not worry about people judging you, because everyone else is in the same position and knows exactly how it feels to be pre-judged by everyone. It's really interesting because the mothers here are all so different. There's [prof1] and [prof2] and [prof3], because this place is the only place I come to where I don't have to worry about – it's hard not really fitting in anywhere and here you don't have to worry about that. Just being there and nobody is judging you. Well they [profs] don't judge you, they're like friends and really encouraging.	Historic / personal experiences. Heterogeneity of group.
		Mothers' need for good care and relationships	. Valuing good support . Gratitude for services . Knowing that service influenced positive outcomes	I think what makes them different from other people that I've sort of had contact with is that they don't presume that you're stupid or that you don't know what you're doing or you didn't want to have a baby and you've got one so, it's hard to explain.	Contradictory with regard to 'patronising professionals'.

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
		Invaluable support to be a good mother	. Success attributed to professional . Better off through care . Wanting to use services	They've been the biggest help when I came here, if I didn't know about them I don't think I would have managed, I'd probably have gone back to [home country] and had a Nanny, cos we have nannies there, so I would have had a nanny. I don't think I would have managed.	Integration of individual experience and past (personal) history. Flexible. Sensitive to immediate context.
CHALLENGING THE CORE	Motherhood as a positive experience	Overcoming doubts about ability to be a good mother	. Unsure about ability . Lack of positive role models for parenting . Questioning own behaviour (e.g. violence)	I was coming in with bags under my eyes, and they were all like that 'she's so good, she's such a textbook baby', and I was like, oh what's wrong with my child, he doesn't sleep. The birth itself in hospital with [son] was fine, just the after bit was horrible. In that room it felt like my baby was the only one crying and everybody else's babies were asleep and he was the only one crying.	Flexible. Contradictory knowledge encounters.
		Mothers' sense of ability, instinct and selflessness	. Knowing what the child needs . Putting child's needs before one's own . Doing anything for the child	(Mother) comes back, (child) is in the 'bed' with the muslin over her head. Mother: I look mean, but if I move the muslin she's going to wake up. I'm not trying to smother her (we all laugh).	Contradictory. Heterogeneity of group.
		Being better than other mothers	. Examples of 'career mothers' as bad . Examples of other teenage mothers as bad	And the way they just, they're just so judgmental, and the way they parent their children, really over the top and you just think 'you're not like that all the time, nobody's a super-parent all the time', and I just hate the way they socially brag about.	Heterogeneity of group.

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
		Positive futures despite teenage motherhood	. Not wanting to receive benefits . Not wanting to rely on family . Making own decisions about family planning	I'm glad I made the right decision, and she was planned, yeah, cos once I stopped Uni it was just like we might as well do it now and then go back to Uni rather than having another baby and disrupting my studies again.	Integration of individual experiences and past histories – personal life and family planning. Sensitive to immediate context.

Appendix K: Coding framework for policy analysis

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
CORE	Teenage motherhood as problematic	Poor outcomes	. Teenage motherhood is problematic because of the economic and social consequences for the mother, the child and the state . Teenage motherhood results in a 'cycle of despair'	Teenage parenthood is bad for parents and children. Becoming a parent too early involves a greater risk of being poor, unemployed and isolated. The children of teenage parents grow up with the odds stacked against them. The report reveals the scale of the problem we face in this country and the cycle of despair in which many teenage parents are trapped.	Generates the signification of the representation and determines its organisation. Linked to collective memory and the history of the group. Not sensitive to the immediate context.
		Cost of teenage motherhood	. Financial cost to country . Opportunity cost to country . Financial cost to mothers . Opportunity cost to mothers	Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty. …Our failure to tackle this problem has cost the teenagers, their children and the country dear.	Homogenises the group. Linked to collective memory and the history of the group. Not very sensitive to the immediate context.

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
SUPPORTING THE CORE	Economies of performance	Teenage motherhood born out of ignorance, lack of responsibility and lack of alternatives	. Teenagers do not understand the consequences of parenthood . Teenagers do not think they have better alternatives to parenthood	[The report] also shows how too many teenage mothers – and fathers – simply fail to understand the price they, their children, and society, will pay. …, we set out what Government must do to address more effectively the underlying risk factors and motivate young people to pursue goals other than early parenthood.	Defines the homogeneity of the group.
		Teenage motherhood as an obstacle to labour market participation	. Teenage mothers should return to EET . Lack of education results in long term negative outcomes . Economic wellbeing is achieved through education	For many – particularly those who leave education when they become pregnant – their lack of qualifications can trap them in poverty for the rest of their lives.	Not very sensitive to the immediate context.
		Teenage motherhood does not equal adulthood	. Young mothers should not live by themselves . Young mothers are dependent on their support networks to reduce poor outcomes	Such mothers [under 18 living in social housing without support] often find themselves isolated in unsuitable housing, away from their families and other support networks. That only adds to the risk of poor outcomes for both parents and children.	Flexible. Bears contradictions. Not sensitive to the immediate context.

	Global Themes	Organising Themes	Basic Themes	Quotes	Characteristic of core or peripheral system
POTENTIALLY CHALLENGING THE CORE	Ecologies of practice	Teenage motherhood as multi-faceted and services to be tailored to individual needs	. Teenage mothers have different needs . Teenage mothers should receive specialist, individual support . Teenage mothers' wishes should be respected	There was some concern about unwelcome pressure to return to EET too early after the birth of their child. This view was shared by some practitioners who argued that pushing young mothers to engage in EET before they were ready was counterproductive as many dropped out early and not finishing their courses reinforces their previous negative attitudes about education.	Supporting the heterogeneity of the group. Sensitive to the immediate context.
		Teenage motherhood as manageable with appropriate support	. Poor outcomes are not inevitable . Specialist support is required to avoid poor outcomes . There are potential positive outcomes if specialist support is received	This publication [Teenage Pregnancy] made clear that poor outcomes were not inevitable if the needs of young parents were met with specialist tailored support.	Permits the integration of individual experiences and past histories.
		Empowerment for positive decision making around teenage motherhood	. Practitioners can and should enable young parents to make positive decisions . Young parents are able to act responsibly with regard to their own health and the health of the child	Maternity staff should take a similar approach to supporting young mothers to stop drinking alcohol or using drugs as early as possible in the pregnancy. Teenage mothers and young fathers should be provided with clear, non-judgemental messages about the effects of alcohol on the foetus and offered practical tips on how to reduce their intake.	Allows adaptation to concrete reality.