Exploring the Experiences of 'Young Mums' in Education

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Abstract

Young Mums are a vulnerable group due to their marginalised status. This is a social justice piece of research, aiming to challenge existing stereotypes and to understand the experiences of some young Mums.

Situated within a critical realist paradigm and employing narrative analysis techniques, semi-structured interviews were conducted with two participants who were attending school when they became pregnant.

The interview transcripts were then analysed using thematic, structural and linguistic narrative analysis techniques.

Findings were considered for two focus areas per participant. Changing Relationships and Educational Decisions for Sasha. Finding intimacy and Dependency for Nicole. Their stories demonstrate diversity in their experience of young motherhood.

Overall findings relating to relationships, motherhood, resources, prejudice and emotional health, were discussed in terms of the previous literature. As a qualitative piece of research, the findings cannot be generalised to young mothers as a group and indeed the diversity of the two participants experiences would persuade against any overgeneralisations. Nonetheless the findings may be useful in helping professionals consider some of the potential needs of young mothers.

Young motherhood may be a volatile time in terms of relationships, with relationships affected by social rejection, emotional stress, changing identities and changing priorities and commitments. High aspirations and strong educational identities may hinder a young Mums ability to embrace motherhood. Even for those who immediately embrace motherhood, stigmatization, lack of support and medical

difficulties may affect their ability to form positive identities as competent mothers. For some young Mums previously disengaged with education, success at motherhood and a desire to provide for their child may start to change their beliefs in terms of the value of education. However, access to education may be affected by stigmatization, lack of flexibility in educational systems, relationship with staff, separation from child and financial considerations.

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Chapter 1 (part 1): Literature review

1.1 Introduction

'Being a young Mum is not that bad. It's not, it's not a crime, it's not a bad thing' (Sasha)

With a few exceptions, such as Sweden (Jones, Forest, Goldman, Henshaw, Lincoln, Rosof, Westoff & Wulf, 1985) most Western societies over the last half a century harbour a negative view towards teenage pregnancies. Jones et al. (1985) argue that the higher pregnancy rates in the USA are related to a high level of religiosity and significant political power associated with religious groups. The UK however is a lot more secular and negative attitudes towards pregnant young people occur even when the pregnancy falls within wedlock (Carter & Coleman, 2006). Although there may be a public distaste with regard to younger teenagers having sex (Monk, 1998) and some doubt towards the ability of young Mums to cope with child rearing responsibilities, it is the perceived economic effect of teenage pregnancies that is likely the most significant factor accounting for these negative attitudes. Many studies have attempted to investigate the economic effects of teen pregnancy however the ability to do so is limited by the lack of appropriate comparison groups (Fletcher & Wolfe, 2009). What is however apparent is that continuing education is difficult for those young Mums who have aspiration to do so and a recent Barnardos' report suggests that young Mums are being forced out of education (Evans & Slowly, 2010). In the UK, education is undoubtedly an important vehicle for achieving economic prosperity and for young Mums there are additional barriers to academic success. My area of interest includes, though is not limited to the educational experiences and aspirations of pregnant teenagers and teenage Mums. My justification for this focus it that the opportunity to achieve economic prosperity without academic achievement is substantially lower than ever before, with employers increasingly favouring students with higher education for jobs that were once occupied with school leavers (Wolf, 2011) and an increasing requirement for

college level certification for access to many of the remaining vocational careers that don't require a university qualification.

Section one explores the social stigma surrounding teenage pregnancy, section two identifies factors which relate to the occurrence of teenage pregnancy. Section three examines the economic and welfare outcomes of teenage pregnancy, section four considers factors effecting educational/career options of young Mums and section five reflects on the identity of young Mums.

Three qualitative studies which interviewed young Mums about aspects of their experiences and motivations had findings particularly relevant to this research. The Hutchingson & Moore (2012) study interviewed 33 young Mums aged between 16 to 19 years old in the Nottinghamshire area, to explore their circumstances. The study identified key themes with particular emphasis on, the young Mums' engagement with services and how their decision making was influenced. The Carter & Coleman (2006) study interviewed young parents who had planned their pregnancy, including 41 young Mums aged between 13-21 years old, throughout the UK. Their primary aim was to understand the parents' motivation to become pregnant. The Birch original and follow up studies (Birch 1986 & 1996) presented qualitative and quantitative findings from their interviews with over 100 young Mums in two London boroughs, with the intention of gaining greater insight into how to support this marginalised group.

1.1.2 Social Stigma

'It is clear that young parents are stereotyped, and teenage pregnancy carries a stigma in society. However, it is also apparent that there are different views of this issue within different faiths and cultures in England. For example, in some cultures having children young within marriage does not carry a stigma.' (Carter & Coleman 2006, p58). The culture most represented in the political power of the UK however appears to endorse a negative view of young Mums. The government aimed to reduce teen pregnancy by half by 2010 (Social exclusion Unit, 1999) and although it has seen the rate of teenage pregnancy reduce (Department for Education, 2010), the government fell far short of their target. The size of their target however reveals the extent to which it perceives teenage pregnancy to be undesirable. (Birch, 1996).

In the tradition of Foucault, Monk (1998) examined the dominant political discourses around young Mums. He argues that neo- conservative discourse constructs teen

pregnancy and teen sexuality as immoral, the neo-liberal discourse problematizes teen pregnancy from an economic perspective, while the welfaristic discourse construes teen pregnancy as adverse to the development of the young Mum and her child. Together these discourses, which are arguably as relevant to the 21st century as they are to the end of the 20th century, construct teenage pregnancy as undesirable. Raising the age of consent to 16 did not stop children from being sexual beings and Monk (1998) suggests that ''While this use of law asserts a norm, that of the child as a non-sexual object, it is ineffective to the extent that it has little material or normalizing effect on children, its only weapon being punishment.' (Monk, 1998, p252). According to Monk legislation around sex education and the accompanying social discourses ensures that the sexually active teenager is perceived as having a moral, health or in fact legal problem and is thus marginalised. Responsible parenting is 'defined in such a way that it accords with the discursive constructions of teenage pregnancies and child sexuality as morally, socially and economically problematic.' (Monk, 1998, p251)

1.1.3 Teenage Mums: Who Are They?

Demographic research suggests that teenagers who get pregnant tend to be economically and emotionally deprived. They are more likely to be in care or homeless, have low educational attainment and be the offspring of young Mums themselves (for a review see Swan, Bowe, McCormik & Kosmin, 2003).

The vast majority of young parents come from low socioeconomic backgrounds and Carter and Coleman (2006) investigated young Mums who had planned their pregnancy and found that all had suffered disadvantage and poverty.

The Need for Love

An Australian study found family factors such as parental divorce and experience of domestic violence to be more strongly related to teenage pregnancy than low engagement with education (Quinlivan, Tan, Steele, and Black, 2004). Poor relationships with parents and negative family experiences are reported by young Mums. (Allen, Strange, Copas, Stephenson, Johnson & Oakley, 2007; Carter & Coleman, 2006). For the minority of pregnant Mums who planned their pregnancies most reported emotional rather than financial reasons (Hutchingson & Moore, 2012).

The need for someone to love or a way to escape from unpleasant family relationships were the highest reported motivators (Carter & Coleman, 2006). Young Mums intentions to have a child were often kept secret from their families (Carter & Coleman, 2006). Perhaps indicating an intention to create a new family separate from the existing family.

Young Mums in Care

Birch 1996 presents data showing significant differences between young Mums in care and those who were not. Difficulties in school and association with crime are much higher in this group and in fact low in young mothers who had not been in care. Thus studies that don't make a distinctions between young Mums who were in care and those who aren't, may present a misleading picture regarding the effects of young motherhood. Statistics for entering employment are also much lower for young Mums in care (Birch, 1996) Once again showing the difficulty of grouping 'young Mums' together and demonstrating the complexity of attributing outcomes, such as economic outcomes to young motherhood itself.

Self-Esteem and Sexual Behaviour

Although some people perceive that girls engaging in risky sexual behaviour are more likely to have low self-esteem, a review by Goodson, Buhi & Dunsmore (2006) suggests no such link. Birch (1996) reports that pregnancy provides a boost to self-worth and may motivate repeat pregnancy behaviours.

Birth Control Barriers

The literature supports the idea that knowledge of sexual health is high and thus unlikely to explain significant differences in pregnancy (Allen, Strange, Copas, Stephenson, Johnson, & Oakley, 2007). In a Scottish study Raab & Henderson (2010) found that Roman Catholics had a higher rate of teenage pregnancy than those belonging to the Church of Scotland, which they speculated may relate to Catholic attitude towards contraception.

Jones et al. (1985) suggested that barriers towards accessing the contraceptive pill such as financial, physical (location/ opening times), attitudes and lack of confidentiality, may explain differences between Western countries with high and low pregnancy rates in the early 1980s. British Teenage girls report lower levels of

contraception use the first time they had sex, with 22% not using contraception, compared to the last time they had sex with only 4% not using contraception (Darrach, Singh & Frost, 2001). This may suggest that some teenage girls aren't expecting to become sexually active and consequently aren't prepared with contraception the first time they have sex. The majority of young Mums for whom pregnancy is unintentional tend to be poor users of contraception and for many it is not perhaps the knowledge of birth control but 'the motivation to use birth control which is often lacking' (Birch, 1996, p150).

Social Background and Abortion

For teenage girls who do become pregnant accidently the choice between choosing to have their child or a termination differs between communities. Caucasian girls are more likely to have abortions (Birch, 1996). Girls from more affluent communities are also more likely to have terminations (Turner, 2004). This may be because of a more hostile attitude towards pregnancy in these communities in contrast to more deprived areas where higher numbers of existing young parents in the area may help to legitimise the choice of parenthood (Carter & Coleman, 2006). It is however likely that these differences may at least partially relate to the academic aspirations of girls and the families of girls in more affluent areas.

The Mum Aspiration

Although many young Mums become pregnant some choose motherhood as their career (Hutchingson & Moore, 2012). For those who plan their pregnancy, their strategies for achieving pregnancy range between fatalistic to proactive with more proactive Mums reporting coming off contraceptive pills and adapting to a healthy lifestyle (Carter & Coleman, 2006).

Low Academic Aspirations

Young girls who plan pregnancies rarely report having strong academic aspirations (Carter & Coleman 2006) and there is a strong relationship between a disengagement with school and occurrence of teen pregnancy (Bonell, Allen, Strange, Copas, Oakley, Stephenson & Johnson, 2005). Raab & Henderson (2010) reflect that low educational attainment is likely 'a precursor rather than a consequence of young parenthood' (Raab & Handerson, 2010, p18). Hoise (2007)

suggests that tackling pupils' dislike of school is a viable strategy for meeting the government's targets of reducing teenage pregnancy.

High Aspirations and Abortion

Families from higher economic groups may place a greater emphasis on the importance of education, are more likely to perceive that their economic situation will be better through the pursuit of education. They may be more likely to understand the educational system and the increasing difficulty of returning to education at a later date. Consequently, girls in higher economic groups may be more motivated to delay pregnancy until after they have progressed through the educational system. According to the Department of Education (2017) 90% of Key stage 4 school leavers in England continued with education in 2016 and 66% of Key stage 5 school leavers (typically aged 18 or 19) also continued onto more education. Girls who were not classified as disadvantaged were most likely to continue with education. Thus, many women from higher socioeconomic backgrounds are likely to continue education into their 20s.

Low Prospects and the Motherhood Strategy

Conversely girls reporting planned teenage pregnancies are typically from areas with limited employment or training opportunities (Carter & Coleman, 2006). As Carter and Coleman, 2006 point out 'educational aspiration can only be meaningful when there are attainable and realistic opportunities.' (Carter & Coleman, 2006, p58). For many young people from deprived backgrounds prosperity through educational means will be unlikely regardless of pregnancy. Many perceive the alternative to be a dead-end job (Carter & Coleman, 2006). Geronimus (2003) claims that the economic benefits of delaying child birth are reserved for those from higher socioeconomic backgrounds. Geronimus goes as far as suggesting that earlier pregnancies may in fact be beneficial for people living in areas of high poverty, where health and life expectancy is lower and career prospects are more limited. 'Promoting delayed childbearing norms helps socio-economically advantaged teens maintain their privilege while the social control messages against teenage childbearing contribute to maintaining the marginal status' (Geronimus, 2003 p888) of the disadvantaged. Burton (1990) found that some participants from

disadvantaged backgrounds felt that starting families earlier helped to make sure that there were enough able bodied individuals to meet the needs of the family.

Finding Purpose in Motherhood

With lack of direction provided through academic or career aspirations for some pregnancy provides the purpose (Carter & Coleman, 2006). According to Carter & Coleman (2006) motivators for planned teenage pregnancy include satisfaction, the opportunity to gain a new identity and the desire to have a good relationship with their children, whilst the parent is still youthful enough to enjoy it. Financial reasons such as a desire for better housing were not reported as motivators for pregnancy by young Mums (Carter & Coleman, 2006). It is possible that such motivations were not reported as the young Mums perceived that such motivators would be judged negatively by their audiences. Nonetheless the fact that young Mums listed other motivations would suggest that young Motherhood is not simply motivated by financial means.

1.1.4 The Real Outcomes of Teenage Pregnancy

1.1.4.1 The Real Economic Cost of Teenage Pregnancy

Examining the economic effect of teen pregnancy is problematic. Early studies which tended to match girls simply on social economic background for example suggested larger differences in amount of time in education (Moore & Waite, 1977). On the other hand some studies with more sophisticated controls find no differences (Hotz, McElroy & Sanders, 2005). Fletcher & Wolfe (2009) used a control group of individuals who had miscarried after the time that they could have accessed abortion services. The study found only small differences in the probability of finishing high school, no real difference in years of schooling or welfare receipt. It did find larger differences regarding their income in their early 20s with young Mums receiving less. Although the control group is made up of indivuduals who would have been young mothers, were it not for the miscarriage, it may be too simplistic to assume that miscarriages are random events and that the groups are otherwise comparable. Secondly it does fail to take into account that the impact of a miscarriage on a teenager's decision making and motivation may be significantly different than the impact of pregnancy. Results of a review by Squires, Alava, Payne, Blank, Baxter &

Preston (2012) suggested that there are very few negative socioeconomic effects that can be attributed to teenage pregnancy itself and that poor socioeconomic outcomes are related to the disadvantaged background of which teenage pregnancy is a good predictor.

1.1.4.2 The Welfare Outcome

Family Relationships

The young Mums relationships often undergo changes during the transition to motherhood. Some young Mums report better family relationships (Zeck, Bjelic-Radisic, Haas & Greimel, 2007; Cater & Coleman, 2006). Their Mums are often an important source of support however there is often a desire to be independent and not burden their parents, particularly when they do not feel their parents can support them (Hutchingson & Moore, 2012).

New Friendships

Although many old friendships do not survive the transition to motherhood, new relationships with other young Mothers can be rewarding (Hutchingson & Moore, 2012). Young Mum's responses on the 'life satisfaction survey' suggested that as a group they were, on average, more satisfied with their friendships than the population reference group of the same age (Zeck et al., 2007).

Relationship with Partners

Qualitative studies suggest diversity in the young Mums relationships with their partners. For some their babies' fathers are supportive, even though they often don't live with them. For others they lose contact with the father, sometimes because the fathers are not interested in having a child and in other cases the young Mums outgrow their partners (Hutchingson & More, 2012; Birch, 1996).

Benefits to 'Self'

The experience of young parenthood for the majority of teenagers is positive (Duncan, 2007; Carter & Coleman, 2006). For example, young parents report an increase in confidence and fulfilment (Carter & Coleman, 2006).

Regret and Burden

The minority of parents however regret becoming mothers when they did. Some of them perceive parenthood as a burden. They report isolation and financial hardship. These views are more likely to emanate from single Mum's without support (Carter & Coleman, 2006). Raab and Henderson (2010) found that young Scottish Mothers not living with a partner were more likely to be living alone with their children than with another family member. Without support the difficulties of parenthood may impact negatively on the young Mums' satisfaction.

Health Issues

Young Mums are less likely to report good health than older mothers and non mothers (Raab & Henderson, 2010) and there is a slightly higher occurrence of premature births and lower birth weight babies. On the other hand there is a reduced need for caesarean births with young mothers (Lao and Ho 1997; Smith & Pell 2001) caesarean births not only utilise more NHS resourses but can also have a negative impact on the mother's emotional wellbeing (Davies, Slade, Wright & Stewart, 2008)

Parenting

Geronimus (1992) criticises that policies around young Mums are often based on stereotypes and assumptions rather than empirical evidence. Geronimus found that contrary to stereotypes, young Mums from poorer backgrounds, living in extended families often have an extensive amount of child care experience and a good understanding of the demands of childcare. Which are not seen as unwelcome or detrimental to their lifestyle.

Luster (1998) collected data on 142 young Mums, aged between 13 and 19 years old, partaking in a 5 year project. As part of the project they were supported by a 'well trained paraprofessional family advocate' (Luster, 1998, p?). These advocates rated the parenting given by the young mothers, when their children were 54 months old. Luster (1998) concluded that young Mums are a diverse group in terms of their parenting abilities and that some young Mums, who did well with parenting, probably did not benefit from the additional support provided by the project. Measures of the mother's self-esteem, positive view of relationships, prenatal child rearing beliefs, school achievement, as well as the desirability of the neighbourhood they lived in and advocates assessment of the amount of support they received from their social

network, all correlated positively (moderate) with advocates rating of child care quality. The finding however could potentially be more of an assessment of culture than of the quality of the mother's childcare. The assessment criteria itself included academic outcomes for the young mothers' children as well as other culturally based ideas of good parenting practice that corresponded best to middle class Western ideology. Assessments of what is good mothering is, subjective, based on cultural assumptions and often created by and conducted by individuals of higher socioeconomic status. Burman (2008) cautions that 'The regulation of mothering has extended beyond the domain of caring for children into promoting their linguistic and educational progress (Burman, 2008, p210). She further points out that it is not evidenced that the rate of language development relates to educational competence and that many culturally based assumptions of what supports language development are not actually grounded in evidence or necessarily relevant outside of specific cultural outcome ideals. The use of these culturally biased assumptions means that 'the devaluation and derision of working-class and minority women for their communicative and interaction styles continues' (Burman, 2008, p216). With a large proportion of young Mums coming from lower socioeconomic backgrounds, much research on their parenting quality must therefore be interpreted with caution.

Ideal Age

Some of the young Mums interviewed in the Birch (1996) follow up study. reflected that although they didn't regret their pregnancy, they now felt that they had been too young, however their conceptions of the ideal age of parenthood was only a few years older. Their own children, at this point teenagers themselves, shared similar views regarding the ideal age of parenthood.

1.1.5 Pursuit of Education and Career

Motherhood and Motivation

Evans & Slowly (2010) report that motherhood can motivate a young mothers' desire for education. The desire to provide a more economically prosperous environment for their children was often expressed however 'these aspirations tended to lack

focus and be expressions of future wishes rather than being based on specific goals and plans.' (Hutchingson & Moore, 2012 .p25)

Exclusion from School

Evans and Slowly (2010) report that young girls were let down by their schools who, failed to offer them adequate assess to education, encouraging many to leave school on health and safety grounds. Hutchingson and Moore (2012) who interviewed young mothers who were not in education or training found variation in the supportiveness of schools and that health and safety concerns also featured as a prominent reason for pregnant girls leaving school. Inability to sit exams due to the timing of pregnancy was also used to suggest that girls should leave their courses. Feelings of rejection by educational institutes and feelings of intense gratitude to educational providers who allow them to finish their course or return later (Hutchingson & Moore, 2012) suggests that young Mums are unsure what to expect and reveal a need for more consistent and clarity regarding what support is available to young Mums in education and what rights they have.

Accessing Education

In addition, Hutchingson & Moore (2012) found that morning sickness was a barrier towards school attendance. For many who didn't attend school there was no home school or alternative educational provisions.

Influence of Professionals

Hutchingson and Moore (2012) largely found that for many teenage girls their educational and career decisions were often determined by professionals around them. Not only did young Mums differ in terms of whether the school supported them but their experience of career advice was largely dependent on whether professionals such as their health workers referred them on to other services. ''If there was no-one who would advocate their needs on their behalf then those needs went un-met.' (Hutchinson & Moore, 2012, p22) Consequently young Mum's educational outcomes were variable, depending on whether the adults around them provided concrete support in this area.

Professional Influence

Bandura (1977) proposed the social learning theory, suggesting that individuals learn from observing the behaviour of others. An individual learner however won't learn equally from everyone. More effective role models for a specific learner are those individuals with characteristics which make the learner more likely to imitate their behaviours. Belonging to more of the same identity groups, such as gender or socio-economic group can increase the likelihood that someone will serve as a role model Bandura (1977). With many young Mums coming from lower socioeconomic backgrounds and many professionals who work with them belonging to higher socioeconomic groups this can be problematic, as teachers, social workers and midwifes have the potential to be viewed as 'others' and thus not seen as realistic role models. Research has however suggested that although the courses and careers of young Mums can be varied (Birch, 1996), professionals may have the potential to influence young Mums' career aspirations. Hutchingson & Moore's (2012) study reported aspirations of midwifery following very positive relationships with the midwives who worked with them. Birch, (1996) reported several young Mums pursuing a career in social work. This suggests that for some young Mums, the professionals who work with them are viable role models.

Facilitating Return to Education

In addition to a desire to gain academic qualifications, other reasons Hutchingson & Moore (2012) found for young Mums engaging in education included convenience, such as the venue providing child care, financial incentives such as food being provided free of charge and treats for finishing the course, such as bowling.

Barriers to Education

One of the most significant barriers to returning to education is childcare. Even when Mums are ready to leave their children they can find it difficult to leave their children with a child care professional (Hutchingson & Moore, 2012). In the minority of cases young Mums are able to leave their children with their own parents while they pursue their education or career (Hutchingson & Moore, 2012). For most access to affordable and conveniently located childcare is the most important thing when considering returning to education (Prymface, 2011), though other important factors included the need for courses to be flexible and part time (Prymface, 2011), the

financial and time costs of travel. (Hutchingson & Moore, 2012) and the desire for support and advice (Prymface, 2011). The later is of particular importance given that young Mums often have limited knowledge or resources for finding educational or career opportunities (Hutchingson & Moore, 2012).

Later Access

Birch (1996) reports that although child rearing can delay young Mums access to training, some women who had children in their teens are still wanting to access education in their late twenties and early thirties. 'as they get older and as financial support for training declines, benefits linked to the care of children diminish, and what education and experiences they have gets progressively dated, their currency in the labour market diminishes (Hutchingson & Moore, 2012, p31). Hutchingson & Moore (2012) point out that only focusing on their immediate needs without addressing their longer-term needs could contribute to individuals, who were young Mums, becoming significantly disadvantaged in the labour market by their mid-twenties, with no appropriate support to address this disadvantage.

1.1.6 The Identity of a Young Mum

The realisation that they are pregnant 'provoked feelings of shock, fear, joy, and bewilderment.' (Hutchingson & Moore, 2012, p17). For some young Mum's the pursuit of a new identity can be a motivating factor for motherhood. For others motherhood may conflict with previous identities and may bring about a significant change in the individuals identities.

A subjective 'adult identity' may be dependent on the subjective assessment of when (e.g. on time, early or late) individuals acquired objective roles associated 'with the transition away from the family of origin and toward the family of procreation' (Eliason, Mortimer & Vuolo, 2015 p219), such as parenthood, living with a partner/spouse, home ownership, and financial independence. Parenthood may be a particularly important role in terms of establishing a subjective adult identity (Arnett, 2003; Eliason, Mortimer & Vuolo, 2015), however Eliason, Mortimer & Vuolo (2015) found that a perception of early parenthood without a partner, is associated with a perception of being late to acquire the other objective adult roles and is not significantly associated with individuals feeling like adults by their mid-twenties. Thus

early parenthood may delay the acquisition of an adult identity, possibly by delaying the acquisition of other roles and identities associated with adulthood. For some adult living in economically deprived areas developing an adult identity may be more difficult. Mitchell and Green (2002) report that some young people 'perceived a dearth of socio-economic opportunities and life choices for themselves, which in turn had important ramifications upon levels of self-esteem and future aspirations.' (Mitchell and Green, 2002, p14)

For those with close relationships with female family members, young parenthood may prolong their dependence on these family members (Mitchell and Green, 2002; Schofield, 1994) potentially restricting their development of an independent adult identity. On the other hand support from their own Mums, in the form of baby sitting allowed some young Mums to participant in activities such as clubbing and maintain a 'youth' identity (Mitchell and Green, 2002). For some the youth identity may conflict and motherhood which some young Mums perceive to be a 'significant symbol of adult status within society' (Mitchell and Green, 2002, p14).

The Good Mum

Mitchell and Green (2002) used grounded theory in order to derive themes from the transcripts of interviews with 14 young mothers (aged between 15 to 24) from low socioeconomic backgrounds. They found that the young Mums tended to identify themselves as caring, respectable and responsible Mums. The identity was in some cases achieved by comparing themselves favourably to mothers who they felt did not meet the criteria of being a respectable, competent mother. Many young Mums are aware of the negative perceptions of others however the self-identity as deviant is rejected and teenagers justify why they were the exceptions to the stereotypes (Carter & Coleman, 2006; Yardley 2008). Hutchingson & Moore, (2012) report that some of the young Mums they interviewed 'saw the fulfilment of their children's happiness as being synonymous with their own personal growth and expressed the view that they were willing to defer their own fulfilment by promoting that of their child' (Hutchingson & Moore, 2012 p28) thus establishing and maintaining their identity as a good mother, through personal sacrifice.

Mitchell and Green (2002) found that many of the young Mums had interacted frequently (often daily) with close female relatives and through this gained practical, emotional and financial support which allowed them to feel that they were able to

cope with the demands of motherhood and thus enabled their positive identities as caring, respectable and responsible mothers. Birch (1996) reports that teens in care had a worse prognosis in being able to keep and raise their children, these individuals may have access to less social support, particularly that derived from close female relatives.

1.1.7 Summary of Literature Review

Many young Mums are disadvantaged by economic and emotional hardships which can mean they will likely benefit from support. Young Mums who have been in care are a distinct group and have poorer outcomes as parents.

Despite the prominent discourses around young Mums the reality is that teenage pregnancies are more likely to have positive than negative outcomes. It is also likely that many are no more economically dependent on society than they otherwise would have been, however access to employment can be more difficult. For some motherhood can motivate an engagement in education through a renewed desire for economic prosperity however the additional barriers young Mums face can hinder this goal.

The reality is that most young Mums are not proactive when it comes education and careers and prospects can be determined by educational and welfare professionals who they are dependent on for knowledge and advice.

Experiences of secondary school Mothers is varied and many find barriers to assessing   education.

Chapter 1 (part 2): Thesis Justification and Objectives

I felt that the literature review supported my own initial feelings that young Mums are a marginalised group. Literature on young Mums was divided between research that problematised pregnancy, predominately (and perhaps incorrectly) on the basis of economic outcomes. And research which tried to identify ways to improve the wellbeing of young Mums, within a climate of marginalisation. Little critical research however exists that fully challenges the problematisation of young Motherhood.

Existing qualitative research has tended to effectively list experiences thematically and whereas this begins to produces information which helps to identify potential needs and successes, it however strips away context and fails to investigate why young motherhood impacts diversely on the wellbeing outcomes of individual young mothers. An awareness of how different circumstances, interpretations and experiences impact on an individual's wellbeing, help to provide the insight necessary for educational psychologists to provide effective and evidence based interventions to improve the wellbeing outcomes of the specific young Mum they are supporting. It also helps educational psychologists to recognise which factors are contributing to the oppression of young Mums and aspires a direction for advocacy.

I wanted the research process and outcome to be one that values the young Mums as individuals, liberating them from stereotypes and the disempowerment that marginalisation brings. Equally I wanted the research to inform potential ways of improving the wellbeing of young Mums, even in the face of existing marginalisation, and societal disadvantage.

I feel that the above objectives are in line with the pursuit for social justice. I see the research as political research because it seeks to redefine the issue, de-problematising young motherhood and instead challenging the current societal attitude and practice. It aspires to contribute to positive social change and the empowerment of young mothers. The research expresses values in keeping with the humanistic psychology tradition but additionally is influenced by ecosystemic psychology, taking into consideration context and the interaction between different influences on the individual.

In this chapter I hope to:

- Indicate the need for this study in light of the current political climate

- Persuade the reader that this topic is highly relevant to educational psychologists
- Situate the research within psychological traditions and disciplines
- Defend the justification for this research from a social justice perspective
- Make explicit the aims of this thesis
- Define the research questions

1.2.1 National Policy

The Teenage Pregnancy Independent Advisory Group (TPIAG) was set up in 1998. Although they aimed to improve the wellbeing of Mums under 18 years of age, this was very much secondary to their primary aim of reducing teenage pregnancy. Their focus was informed by the belief that early motherhood is detrimental to the health, wellbeing and the economic prospect of the young mum and her children. 'The evidence is clear that teenage parenthood results in poor health, under-achievement and low earnings for both the mother and her baby.' (TPIAG, 2010, p1).

TPIAG (2010) reports that during the 10 years they were active, pregnancies in the under 18 age group have fallen. The number of abortions has also increased. Sedgh, Finer, Bankole, Eilers, and Singh (2015) compared pregnancy and abortions rates for young mums aged 15-19, across several countries and reported that in Scotland as well as England and Wales, 'the teen abortion rate increased, whereas the teen birth rate declined.' (p227). Of the 47 other counties whose data was listed only 12 had higher pregnancy rates, with Romania and the Russian Federation the only European countries with higher percentages. In 2010 the Minister for Public Health and the Minister for Children young people and families (Gillian Merron and Dawn Primarolo respectively) wrote that despite the 'success' of the teenage pregnancy strategy since 1998, teenage pregnancies were still 'too high' (Department of Health, 2010) and that going forward the priority should remain to reduce pregnancies in adolescents further.

Given the argument presented by TPIAG the aim of reducing teenage pregnancy would appear in the first instance to be in keeping with social justice. The evidence however may not be as 'clear' as they suggest and the literature review (chapter 1: part 1) challenges the assumption that young motherhood is the *cause* of economic disadvantage (section 1.1.4.1) and educational underachievement (section 1.1.3).

Further it suggests that not all wellbeing outcomes are negative (section 1.1.3 & 1.1.4.2).

TPIAG state that 'Teenage parents remain some of the most excluded young people in society despite the improvements of the last ten years. The inclusion and support of teenage parents and their children is vital to the success of the Big Society.' (TPIAG, 2010, p3). In isolation, this statement may give the illusion of embracing social justice. Kidger (2004) however argues that simply having a policy aspiring to reduce teenage pregnancy contributes to the exclusion of young Mums. The policy and justification for it invalidates motherhood as an acceptable social contribution, vocation and aspiration, and brands it undesirable.

Ingham (2005) counters that the policy might be justified in terms of reducing unwanted pregnancies, as evidenced by the relatively high abortion rate. The desirability of motherhood is however not independent of context. The literature review suggests that some young Mums consider motherhood to be desirable (Carter & Coleman, 2006), however its desirability is tainted by societal marginalisation. It is impossible to know what reproductive decisions young mothers would make in the absence of social stigma and in an environment with policies and cultural practices conducive to both early and later motherhood. It is perhaps better to aspire to produce an environment that is conducive to early motherhood for those who choose it, rather than to aim to coerce abortion and later parenthood for all. Though by no mean unanimous (e.g. Coleman, 2011), there is some evidence that legal abortion when freely chosen by individuals has no greater negative impact on wellbeing in the long term than choosing parenthood for women (Adler, David, Major, Roth, Russo & Wyatt, 1990) or adolescents (Warren, Harvey & Henderson, 2010). Pregnant females, however who are torn between a desire for motherhood and the desire to avoid stigma and culturally imposed barriers, are faced with a difficult choice and one that arguably restricts their freedom and impacts negatively on their wellbeing. Women making their decision to have their children can be aware of the stigma of abortion, which impacts on their immediate wellbeing (Steinberg, Tschann, Furgerson & Harper, 2016). For some adolescents neither abortion nor pregnancy is perceived to be free of negative societal judgement.

In summary the current political climate is hostile to young Mums. Their existence is at best seen as a mistake and when the political focus is on their eradication, there is

little surprise that despite government intervention they remain some of the most excluded individuals in society today.

1.2.2 Relevance to Educational Psychology Research and practice

EP involvement with young Mums is limited and thus it's perhaps not surprising that educational psychology publications have few articles dedicated specifically to the topic of young motherhood. With help from other educational psychologists I was able to locate a few articles either found in an educational psychology publication or which have at least one author with an affiliation to the educational psychology profession. Disappointedly they, like many of those produced by individuals outside of the field of educational psychology, reduced teenage pregnancy to predictive and outcome statistics (DeRidder,1993, Scott-Jones & Turner, 1990, Miller, Benson & Galbrait, 2001). Miller, Benson and Galbrait, (2001) collate research investigating the 'risk' of pregnancy, including the consideration of factors leading to earlier sexual intercourse. DeRidder (1993) may direct the blame away from the sexually deviant child, however pregnancy itself is seen as problematic, 'Pregnancy, not the sexual activity of adolescents, is the problem to be addressed.' (DeRidder, 1993, p103). Scott-Jones & Turner (1990) examined young motherhood from the perspective of positive economic outcomes and concluded that education was a moderating factor, though with limited effect. The studies mentioned here perhaps reflect an outdated perspective and for recent EP affiliated research you have to go to the Trainee Educational Psychologist (TEP) thesis. Both McLeod (2013) & Jessica Burdon (from personal correspondence – thesis under embargo) employ qualitative methods to explore the experiences of young Mums and draw attention to the diversity of the experiences of young Mums, challenging the statistical model that supports their stigmatisation. Burdon's work is limited to specifically championing this diversity. McLeod additionally looks towards how educational psychologists can re-engage young Mums in education, examining their educational experiences.

Perhaps the difference in TEP interest and that of EP interest reflect a difference between educational psychologies ideological stance and the reality of its practice. Educational psychology services often operate a referral system which comes through schools and there is suggestion that schools have a tendency to refer higher

proportions of boys than girls with emotional barriers to positive wellbeing (Vardill & Calvert (2000). It is possible that this reflects a difference in the way boys and girls express their difficulties (Davies, 1984) with schools either finding it easier to identify boys needs or more motivated to refer boys due to a perceived greater impact on the classroom environment. In the case of young Mums, even for individuals who may be expressing emotional difficulties in a disruptive manner, the literature review suggests that some schools may simply eliminate them from the classroom (section 1.1.5). The lack of EP attention on young Mums may also reflect that the compulsory age of education has only risen to 18 in recent years and previously many young Mums aged 16 and over would have fallen from the jurisdiction of any educational institution, rendering them less visible to the educational psychology world. From my experience of having now worked in four educational psychology service in West Yorkshire and having spoken to colleges within South and West Yorkshire in relations to their EP involvement, I understand that historically EP involvement with individuals over 16 has been limited. Statutory educational psychology work now extends to working with young people under 25 (Department of Education, 2015, SEND) and thus links with colleges are beginning to grow. Funding for colleges own pastoral and learning support teams is falling (Personal correspondence with individual colleges) and thus the need for EP support from a non-statutory position may also be growing. EP services however have limited capacity and although a message about the importance of the transition phase to adulthood may be compelling. The message of early intervention may direct more focus to younger ages groups. Nonetheless although resources are an issue when it comes to current practice, this does not detract from the fact that many young Mums may benefit from psychological research and psychologically informed interventions. Young Mums under the age of 18 are entitled to education and many young Mums over 18 may be enrolled in further education or may benefit from further education. So many young meet the demographics criteria for EP eligibility.

Defining the role of an educational psychologists (EP) is a difficult task, due to the diversity of individuals and services practicing under this title. In the1900s Educational Psychology, reflected the dominant trends of the wider discipline of psychology. For the first half of the century EP practice adhered primarily to the principles of behaviourism (Thorndike, 1932), shifting towards a cognitive behaviourist approach in the 1950s. As the discipline of psychology has diversified

past its behaviourist roots the 'psychological assessment of children and young people has moved beyond the positivist and reductionist frameworks that, for many years, dominated psychological thinking'. (British Psychological Society, 2002, p23). The ecosystemic approach (Bronfenbrenner, 1979 & 1992), emphasising how structures around the individual impact on their behaviours, is particularly influential in modern Educational Psychology. The British Psychological Society suggests that assessment should 'reflect the body of psychological knowledge, which emphasises the dynamic, interactive nature of children's learning and social behaviours with the environments in which they develop.' (British Psychological Society, 2002, p23). Since the introduction of the doctorate qualification in 2006, trainee educational psychologists enter the profession from a wider variety of backgrounds. EPs have stronger affinities for different psychological frameworks and theories, which can impact on: the types of information gathering activities they engage in and consider relevant, the conclusions they draw and the types of recommendations they make. They may differ in the extent that they see themselves as experts in child psychology or as facilitators of psychological processes. They may differ in terms of the types of assessments and interventions they perceive they have the competence to use effectively. They may even differ in the extent to which they work directly with children and young people, with some EPs and services focusing on eliciting the child's voice and others preferring almost exclusively, consultation with the adults around the child. Baxter and Frederickson (2005) draw our attention to the broad range of articles published in the educational psychology literature, many of which are not specifically addressing special educational needs. 'The profession of educational psychology has demonstrated throughout its history an interest in the widest range of children's issues and needs.' (p88). They suggest a broader focus on additional needs, for example 'needs relating to differences from the majority in language, culture, the experience of overt racism or socio-economic disadvantage.' (Baxter & Frederickson, 2005, p90). The literature review provides evidence to support the notion that young motherhood would indeed constitute an area of additional needs worthy of EP consideration. EPs work with and alongside children and young people, often to facilitate their access to and engagement in education, by drawing on psychological theories and frameworks. Education is often politically construed as the means to achieve positive wellbeing outcomes. In the 2016 white paper 'Education Excellence Everywhere' (Department of Education, 2016) Nicky

Morgan (The secretary of state for Education, 2014-2016) states 'Education has the power to transform lives and, for me, is a matter of social justice – extending opportunity to every child, wherever they live and whatever their background. Good schools and a well-educated population make our country stronger, fairer, wealthier and more secure, and higher standards in the classroom mean better life chances for everyone.' (p3). Thus in the broadest sense educational psychology practice is the application of psychology to support the positive wellbeing of children and young people. Psychological research is no stranger to phenomenon such as stigmatisation and the impact of sudden or unexpected life changes. Eps may have a role both in addressing the structures contributing to stigma and in dealing with stigma at the individual level. It seems logical therefore that psychologists should take interest in the experiences of young Mums. EP support can be in the form of individual intervention, advocacy and influencing systemic changes. Any research that helps to inform this would therefore be worthy of consideration for a TEP thesis

In summary little research has been published by individuals affiliated to the educational psychology profession and historically it has shared the problematised view that is dominant in the wider literature. Recent research by TEPs is beginning to challenge this, taking a critical stance and recognising a need for societal change. The marginalisation and associated disadvantage young Mums face should make them obvious candidates for educational psychological attention.

1.2.3 Psychological Traditions and Disciplines

There are many psychological frameworks and theories that help to inform EP intervention. Individual EPs show differential preference to these. Two of many frameworks which are widely embraced by EPs are humanistic psychology and ecosystemic psychology. This research is influenced by both these frameworks.

1.2.3.1 An Emphasis on Wellbeing

Humanistic psychology is a person-centred tradition that focuses on individual experiences and the personal meanings individuals create about themselves and their experiences (Bullock, 1985). At its core is 'the value it places on the individual and the respect for the freedom and dignity of the person' (Davidson, 2013, p8). There is a general commitment to the idea of free will and thus an emphasis on self-agency. Human nature is explored and addressed in terms of human potentials and wellbeing. Early figures in the development of humanistic psychology, focused on the self-concept and how to promote personal satisfaction through optimising therapeutic conditions for self-evaluation and self-agency (Rogers 1961) and on necessary conditions for individuals to achieve their full potential (self-actualisation) (Maslow 1954) The relationship between 'needs' may be more dynamic and complex than the hierarchical model Maslow originally proposed (Duff, Rubenstein & Prilleltensky, 2016), however a commitment towards understanding and improving wellbeing and opportunities for individuals to succeed remain alive in humanistic psychology. The humanistic tradition can inform educational psychology practice and research, its principles guide the interaction with individuals as well as informing the outcomes of the research process.

Baxter and Frederickson (2005) suggest a need to address the evidence base of EP intervention in regard to the five key outcomes identified by the government of the time as important to children: Being healthy, Staying safe, Enjoying and achieving, Making a positive contribution and Economic well-being. Prilleltensky, Dietz, Prilleltensky, Myers, Rubenstein, Jin & Mcmahon (2015) Identify their own outcomes areas that they feel are important to wellness: Interpersonal, Community, Occupational, Psychological, Physical, and Economic (I CoPPE). Research which considers diverse wellbeing goals may help to inform and justify EP interventions.

Social justice immediately conjures terms such as 'fairness'. The fairness of how resources are distributed is important to the wellbeing of individuals as the perception of unfairness can contribute to unhappiness and thus prevent self-actualisation (Duff, Rubenstein & Prilleltensky, 2016). Determining what is fair is not simplistic. The rationale for the distribution of resources may vary. For some the focus will be on improving the wellbeing of all individuals, others may have specific societal or international agendas, allowing them to view certain individuals as more vital and therefore more deserving of resources than others. Prilleltensky (2003) talks about a needs versus a merit based criterion for determining the allocation of

resources. A merit based criteria rewards positive outcomes, abilities and behaviours. Prilleltensky (2003) suggests that merit based systems are sometimes overused and can actually perpetuate the lack of fairness. With initial advantage facilitating success and access to further advantage, while disadvantage hinders success and thus access to further opportunities. The justification for a merit based system perhaps overestimates an individual's ability to make changes to their lives, a criticism often levelled at humanistic approaches, and conversely underestimates the impact of context, the emphasis of the ecosystemic approach. Further criticism of the merit based criterion pertains to the fairness of 'which' behaviours, abilities and outcomes are rewarded. This is particularly pertinent when looking at the access to reward for minority and marginalised groups such as young Mums, especially when there is a discrepancy between the values of those with the power to distribute resources and the group in question. Consequently even when explicitly used as a tool for social justice, the merit based criterion is highly sensitive to personal philosophies regarding individual agency and to value biases. A needs based criteria takes into account that some individuals require extra resources to help them overcome additional barriers and this would reflect the type of system by which EPs historically chose to allocate their services. A needs based system that simply bestows resources without addressing oppressive mechanisms however will fail to deliver justice, maintain young Mums dependance and continue to hinder positive wellbeing outcomes.

1.2.3.2 The Importance of Context

Thus research considering factors impacting on the young Mums ability to achieve a range of positive wellbeing goals will help to inform and justify EP interventions when working with young Mums or others facing similar experiences.

Ecosystemic psychology deals with systems which are complex self-organising and self-maintaining systems of which the individual is a part of (Varela, 1979). Bronfenbrenner (1979 & 1992) developed an ecosystemic framework which took into account the different systems impacting on an individual, from their own biology, to the family group and the wider society. It takes into account systems impacting indirectly as well as directly on the individual. It looks at the complexity of how the different systems interact with each other. Additionally, it allows the consideration of

temporal components, acknowledging the impact of historical culture and life events on the individual.

Humanistic psychology and ecosystemic psychology are not entirely incompatible approaches. They derive from common philosophical roots, and view human behaviour as irreducible to its constituent parts (Tyler, 1992; Tyler, 1996). The ecosystemic approach however considers the human within the wider context. 'In a nutshell, ecosystemics has developed as a humanistic systems theory precisely because both the system and the individuals in the system are considered to be important. The ecosystemic approach is fundamentally a humanistic approach, one that can be seen as continuing and developing the tradition of humanistic educational psychology.' (Tyler, 1992, p23)

With the systemic aspects taken into account the secretary of state for Education (2014-2016), Nicky Morgan's statement becomes more problematic, as individuals can no longer be viewed as being free to simply seize the opportunity that education is implied to afford them. Instead human agency is restricted by many impacting and interacting systems which together (holistically) must be conducive to the individual being able to seize that opportunity. In the literature we can see that for many young Mums the family, the cultural community and wider society have the potential to impact positively and negatively on their wellbeing outcomes. Kidger (2004) warned that policy that tried to improve the educational and economic prospects of young Mums without addressing the wider social issues, would struggle to be successful. Ingham (2005) argued that the failure to have thus far met social-economic issues did not mean that support should not be given to young Mums to try and address their current disadvantage. Unlike McLeod I didn't want my research to be limited to young Mum's educational experiences alone. I felt that this did not in any way detract from its relevance for EPs, in fact I felt that a more holistic consideration of the young Mum's experience would be advantageous for any EP planning their intervention from an ecosystemic perspective.

In summary this research values young Mums and sees them as individual and diverse young people. It seeks to contribute knowledge that will help improve the wellbeing outcomes of young Mums. It however also acknowledges that the systems around the young Mums will impact on the individual experiences of young Mums and that in the absence of change some systems in particular will likely restrict the opportunity of young Mums regardless of intervention.

1.2.4 Critical and Feminist Research

"'The personal is political'" (Shield, 2015, p146).

Rosenthal (2016) argues that social justice is a valid aim for psychologists as injustice impacts negatively on human experience and effects behaviour. She calls for a move 'toward a psychology that regularly critiques societal structures that harm the well-being of diverse individuals, and that is committed to pursuing social justice and equity.' (Rosenthal, 2016 p482). Austin and Prilleltensky (2001) classify critical psychology as a metadiscipline, allowing for all subdisciplines of psychology to be subject to political scrutiny, rejecting assumptions and the status quo. Critical psychology is compatible with the aims of humanistic psychology (Duff, Rubenstein & Prilleltensky, 2016), to value and improve the wellbeing of individuals. An ecosystemic perspective can also be beneficial when conducting critical research. Briggs (2009) points out that many school psychologists (the closest US equivalent to an Educational Psychologist) have adopted an ecological systems approach to their work and that in order to aspire for social justice, psychologists must critically examine impacting systems and where appropriate act as advocates to change these systems. 'In examining systems, we need to ask ourselves whether or not the systems are protecting students' rights and promoting equitable access to academic, social, and emotional growth' (Briggs, 2009, p9).

This research has the potential to generate new knowledge, which can challenge existing knowledge currently perpetuating the marginalised status of young Mum's. Corcoran (2014) advocates for critical psychologies to find different ways of understanding phenomena. 'what critical psychologies help us to do is refocus scope by providing a means to making a different kind of sense concerning significant life issues' (Corcoran, 2014, p292). This research hopes to expose new discourses which help to promote a new way of understanding young motherhood which moves away from its interpretation as being an undesirable occurrence, with blame attributed to the deficits in the character of the young Mums. This knowledge may contribute to the goal of changing societal discourses and thus changing existing oppressive systems currently impacting on young Mums.

Feminist psychology shares similar goals in, terms of the generation of new knowledge to effect social change and the intention to empower individuals

particularly those who are marginalised (Ollivier & Tremblay, 2000). It is also readily compatible with the aims of humanistic psychology (Crimmins, 2016). It is however unique in terms of the feminist values which underpin it (Wilkinson, 1997). Although there are different feminist disciplines a relatively universal definition of feminism suggests that feminism is anything that contributes to the removal of discrimination against women and seeks to eliminate male dominance (Dahlerup, 1986: Lovenduski & Randall, 1993). Relevant feminist goals for this research include: increasing the equality of women and girls, increasing their opportunities, opposing legal, cultural and political structures that are oppressive to them and promoting their sexual and reporoductive freedom. This research investigates an exclusively female experience and aspires to elevate (in terms of power and wellbeing outcomes) the lives of a marginalised group of young women and thus I should acknowledge its positioning within a feminist tradition.

Feminist research is diverse but often focuses on 'notions about agency, identity, power, and institutions' (Stewart & Dottolo, 2006, 501). Many young Mums belong to other additional identity groups which also afford them a lower power status such as belonging to an ethnic minority group, or a lower socio-economic group. Feminist psychology has grown to recognise intersectionality (Shield, 2015), by applying 'Intersectionality' Crenshaw (1991) psychologists can expose diversity in communities by examining multiple intersecting identities and can examine the impact of social structures on these identities. Additionally, it can also allow the search for mechanisms of resistance to oppression.

I find myself rejecting the problematized view of young motherhood that society perpetuates through its policies, media and research publications. I feel that it is important to recognize the role society plays in contributing to the marginalization and negative outcomes of some young Mums and not simply accept that any interventions addressing wellbeing outcomes have to be conducted under the current societal conditions. Consequently, I classify the research as critical research and also as feminist research aiming to elevate the wellbeing and power status of young Mums.

According to Briggs (2009) promoting social justice is not only about advocating as psychologists but also empowering others to act as advocates whether on behalf of

others or themselves. Research that considers oppressive systems and systems of oppression can help to educate individuals to empower themselves.

This research is primarily intended to inform EPs working with young Mums however it has the potential to contribute to social change. 'As educational psychologists, we have the capacity to talk about, write about and relate to people in preferred ways.' (Corcoran, 2017, p31) and in doing this potentially have the power to influence the cognition, emotions and behaviour of others.

1.2.5 Research Objectives

The primary objective of the study is to bring a greater understanding to the experiences of a small number of individuals who were enrolled in secondary school or college (or other full time education) during their transition to and realisation of motherhood. The intention is that this information should be used to help support the wellbeing and achievement of Young Mums and consequently the entire research process including data collection, analysis and dissemination of findings was conducted with this agenda in mind.

It is my hope that the research might promote the idea of individuality and diversity within the 'Young Mum' population, challenging stereotypes and increase empathy.

I thought that there may even be some therapeutic or empowering benefits for participants. this outcome although desirable was however not the explicit aims of the research process. Andrews (2007) challenges whether research we intend to be beneficial for participants actually is. For example 'Is a "speaking self" the same as a "healing self' (Riessman, 2008, p199). For reflections see appendix (p208)

Later on in the research process due to the nature of the recruitment process the young women whose narratives are presented here were very motivated to tell their stories and although each participant had multiple reasons for taking part, I came to believe that one significant reason for seizing this opportunity was in order to take a stance against injustice. I wanted to be able to ensure that my research did indeed afford the participants this opportunity. Consequently, this elevated some of my 'hopes' into firm objectives. From my meetings with the participants I felt that this injustice included negative stereotypes, discrimination and additional barriers faced by young Mums. Given that I perceived this to be the wishes of my participants I felt

that I now had an ethical commitment to ensure that my research should adequately reflect this agenda.

I felt that the opportunity to present their *individual* stories and to discuss the complexities of their beliefs was one way to help challenge the negative stereotypes that I believe do an injustice to 'Young Mums'.

I also felt that the negative actions, events and obstacles presented in the narratives needed reflecting on, not only to gain an understanding of the meanings the young women created around these but also to consider any aspects of a *reality* which contributed to the 'unjust' experiences presented within the narratives.

1.2.6 Research Questions

1) What are the experiences of young Mums?

2) How do their beliefs and identities change during these experiences?

3) How does the identity of 'young mum' impact on the life experiences of participants?

Chapter 2 Methodology

This chapter gives an account of the epistemological position and an introduction to the narrative framework used in this research. See appendix (p210) for how the research evolved.

2.1 Epistemology and Ontology and Accepting Critical Realism

Critical realism allows the accommodation of the social constructionist ideology but at the same time allows for a 'reality' independent of our senses, though accepts that this knowledge cannot be directly known and can only be inferred (Maxwell, 2012).

3.1.1 Philosophy and Pragmatism: Pragmatic beginnings

Epistemology and Methodology are interrelated and for some the separation of epistemology from the research design is impossible as it is critical to the 'understanding of the research questions being asked, and those needed to be asked' (Bishop, 2007, p10). Any consideration of a research problem will ultimately be influenced by the researcher's personal philosophy, however I wanted to embark on an exploratory and flexible piece of research retaining the ability to change dependent on the research experience. I didn't feel that beginning the research process with a fixed epistemological position was particularly conducive to this. I wanted the initial design of my research methodology to be more of a pragmatic rather than an overtly epistemologically driven exercise. The selection of methodology can be based on its suitability to address the research problem. The idea that 'problems determine methods is essentially a reference to a technical rather than an epistemological issue' (Bryman, 1984, p80). In conclusion although the beginning of the research process was effectively addressed pragmatically, I nonetheless pondered the ontological and epistemological questions of 'what can be known and how exactly can I research it'. Appendix (p209) shows the questions I found myself asking around using an epistemological or pragmatic approach.

3.1.2 Rejection of Interpretivism

Most Interpretivism rejects the natural science model, it posits that knowledge of the world independent of the human mind is impossible and that knowledge of behaviour comes from uncovering individual beliefs.

According to Riessman (2008) some narrative researchers embrace phenomenology while others reject the 'idea of a lived experience or a world behind the narrator (that is knowable)' (p13). Husserl is generally accredited for evolving phenomenology from the traditional idealist position of Kant. He focuses on the meaning individuals derive from the world, examining this from the individual's own perspective (Osborne, 1994). Heidegger's hermeneutic branch goes further in proposing that the individual and experience cannot exist independently of one another and focuses more on interpreting the meaning of the experience and its effect on the individual, which 'further erased any distinction between the individual and experience, interpreting them as co-constituting each other and unable to exist without the other'. (Laverty, 2003, p5).

Narrative research is often conducted under the umbrella of social constructivism and social constructionism philosophies. The former suggest that an individual's reality is constructed. The latter suggests that our understandings are constructed between ourselves and others in interaction and advocates for subjective 'realities' and no knowable reality. I originally attempted to justify my research premise under a social constructionism ideology however eventually rejected it for the reasons below.

Reason 1: Philosophical Belief

I would strongly agree that individuals construct their own meanings and that no subjective reality is equal to an objective reality. However I reject that knowledge of an objective reality independent of our subjective experiences cannot be inferred to some degree. McKereghan (1998) points out there is always the subjective knower and the reality of the known. In essence a person's subjective perceptions are triggered by something *real* but how well the perception reflects this reality is unknown. Thus research can investigate and speculate on the *subjective experiences* of individuals (which according to Johnson & Onwuegbuzie (2004) are often confusingly labelled as 'realities') and the *reality* that triggered them. Neither can ever be fully known by me, however I believe that research can help me to achieve a better understanding of both.

Adopting a social constructionist ideology would allow me to examine the young Mums' beliefs however wouldn't support the inferences of any 'real' barriers or facilitators that contribute to their positive wellbeing. Nor would it allow me to consider constructions to be 'real' entities as would be my philosophical preference.

Reason 2: Ethical Consideration

I felt that my participants wanted to expose things that contributed negatively and positively to their wellbeing in order to expose social injustice and help other young Mums in the future. I perceived that the participants felt that there were 'real' underlying factors which contributed to their wellbeing outcomes. Consequently I felt that failing to address this would be both unethical and a loss of opportunity. McCormack (2000) questioned whether the 'process and the presentation was "giving voice" to those with whom I spoke.' I also wanted to be sure that I was doing this and that I wasn't suppressing aspects of that voice due to a less compatible choice of ideology.

Reason 3: Data Informed

There were a few times in the interview where the participants were struggling to express their understanding. To take a stereotypically social constructionst view, which often privileges language construction, I might assume that they were trying to create new constructs, adopting the view that they were forming them through the current interview interaction. However I felt that an alternative explanation was that they were struggling to reflect their existing understandings into language, suggesting that the construct was unlikely to have formed through language interactions and that in these instances they were simply trying to use language to communicate their experience.

2.2 Narrative Framework

2.2.1 What is Narrative?

Riessman (2008) defines narrative as 'Developing a sequenced storyline, specific characters, and the particulars of a setting' (p5). Definitions of what constitutes a story are disputed. For researchers such as Labov (1972) a story is defined by specific features and structural coherence. Other researchers (e.g. Georgakopoulous, 2006 & 2014) argue for less traditional forms for narrative to be acknowledged and recognise that often narrative isn't coherent and previously reflected upon. My research adopts a very liberal definition of 'story'. Stories range

from the more traditional coherent and well-rehearsed stories, to entirely hypothetical stories reflecting on what could have been or might someday happen.

2.2.2 The Advantage of Narrative

My reason for privileging the narrative approach is based on its story telling tradition. I like the idea that we make sense of our experiences through stories 'we understand, make sense of and rehearse our experiences through narrating, and it is through narratives and narrativity that we constitute our social identities' (Sevon, 2005, p466). Narrative research is becoming popular in researching individuals' experiences of motherhood (Frost, 2007, Sevon, 2005). It is not uncommon for narrative research to target life changing events (Riessman, 2008). Yardley (2016) 'One of the key advantages offered by qualitative research is that it can examine and theorize contextual effects.' (Yardley, p295). Context can be particularly useful in narrative research (Frost, 2007). The chronological context of the stories may aid the understanding of how individuals' beliefs changed over their journey to motherhood. Similar to narrative, IPA tends to advocate relatively small sample sizes for detailed analysis however the research has the tendency to search for similarities in themes between individual cases (Smith, Flowers & Larkin, 2009). I wouldn't suggest that the individuals' experiences in my study will necessarily prove sufficiently homogenous to benefit from such a comparison. I am interested in understanding the experiences of unique individuals with no expectation that similar experiences will be pertinent to more than one of the participants. I also feel that the narrative approach can offer me a little more freedom in analysing the text. Narrative analysis can investigate the content of the text as well as structural and linguist aspects and consideration of the purpose of the story telling event (Riessman, 2008). Many models of narrative analysis exist and I propose the use of an eclectic narrative approach. This will be achieved by using several different models of analysis. This may in some cases involve the utilisation of more than one analysis model on a given section of text. This approach is advocated by Frost (2007). Frost asserts that by subjecting text to multiple models of analysis more enriched detailed interpretations can be achieved as different models allow text to be considered in different ways, reflecting the complexity of individuals. Riessman (2008) pointed out that in one particular study, thematic analysis uncovered the same topic from the narrative of two participants,

however it was only by employing a structural analysis (based on Labov, 1972) that researchers were able to gain insight into how differently this theme impacted on each participant. This is not to invalidate the contribution of the thematic analysis but instead to demonstrate that adding additional forms of analysis, can help to achieve a better understanding. Within narrative research, meanings are said to be co-constructed and the researcher is integral to the research process. Interpretations are subjective and dependent on the researchers' experiences and influence on the research process (e.g. Hollway & Jefferson, 2000) thus it was an important part of the research process for me to record my reflections and to share some of these with the reader. This is intended not only to facilitate the reader's understanding of how my interpretations evolved but also to allow the reader the necessary insight to critically appraise my research (see analysis sheet 2, digital appendix). I also include a statement about myself in the appendix (p200) for a similar purpose.

2.2.3 Discursive Influence

There are different discourse analysis traditions which operate under different ontologies (Wetherell 2001b). I felt that the consideration of language devices would be complementary to the narrative research and could be incorporated into the eclectic research model. Discursive psychologists would tend to agree that 'Language is not for one's own mind but instead is a public affair with various players' (Wetherell, 2001). This is compatible with the goal of narrative research which takes into account that individual narratives are meant to 'do work' and the language devices used may reflect the participants' agenda and the salience that particular aspects of the story hold for them. Some researchers within the Foucauldian tradition suggest that 'even the particular words which are used evoke discursive history and current social relations' (Wetherell, 2001).

2.2.4 Narrative Analysis, Wellbeing and Social Justice

The aims of this research are to inform practice that can improve the wellbeing of young Mums and to contribute to the social justice movement in respect to young Mums. Stories preserve context and give insight into the emotions, cognition and behaviour of the characters. It allows us to consider the unique perspective of the

storyteller and the salience they give to different experiences. It allows us to consider the impact of context on individual's experiences and how identities and understandings are shaped. 'Those who work with narrative are interested in the cultural resources and discourses which shape them, and the hopes, dreams and fears of those who create them.' (Fogg, 2017, p39). Consequently, it allows us to infer how wellbeing is affected and identify possible strategies for improving wellbeing. It also helps to challenge dominant narratives, by offering new stories from a typically oppressed perspective. It starts to expose the diversity in the experiences of young Mums, challenging the stereotypes that perpetuate marginalisation. By considering the experiences of young Mums within context we can also hope to infer how society is complicit in their oppression. Consequently narrative, which values the story teller and their understandings, in addition to providing integrated contextual information, compliments a humanistic and ecosystemic approach and as Riessman (2008) proposes, helps to serves a social justice agenda (Riessman, 2008)

Chapter 3: Procedure

3.1 Participants

3.1.1 Recruitment Processes

Process one (Sasha)

Donna (appendix, p216) who supports young Mums in the authority identified potential participants and gave them the participant information sheets (appendix, p218) Participants who expressed interest where then introduced to me by Donna.

Process two (Nicole)

Emma (appendix, p216) who runs a young Mums group and provide advice for young Mums introduced me to some potential participants and I gave them the participant information sheets. Participants then expressed their interest directly to me.

3.1.2 Participant Information

Sasha was a 19 year old who had become pregnant studying A-levels at a Grammar school. Sasha gave birth to a baby girl, called Leila who was nearly two years old at the time of interview. Sasha was in an apprenticeship and expressed a desire to continue into higher education

Nicole was an 18 year old who had become pregnant while studying her GCSEs at a Catholic Secondary school. Nicole gave birth to a baby boy called Jack who was 19 months old at the time of interview. Nicole was not currently in education. She however told me that she was planning to go back into education.

3.2 Interviews

3.2.1 Place of Interview

Interviews for Sasha were carried out in a private meeting room at her work place. Interviews for Nicole were carried out at her home.

3.2.2 Interviewing

As an interviewer I wanted to adopt a Rogerian approach (Rogers 1951), with an emphasis on empathy and genuine interest, in order to encourage the participants in the story telling process. 'The specific wording of the question is less important that the interviewer's emotional attentiveness and engagement' (Riessman, 2008, p24). I

was also hoping to promote a more natural narrative whereby the researcher will ask questions out of interest generated by the story teller rather than using pre-generated questions (Hollway & Jefferson, 2000). There is a suggestion that one off visits are not as conducive to natural conversations as visits over a period of time (Hollway & Jefferson, 2000; Riessman, 2008). During the interview I felt that satisfactory rapport was achieved and both interviews produced a large amount of interview data; consequently in the context of the time limitations I did not feel that it was necessary or desirable to re-interview either participant.

I wanted the interview schedule to be flexible and tailored to the individual. I did not intend for my interviews to necessarily follow the same format as each other, however due to participant choices they ended up being similar. The interview prompt sheet (appendix, p215) was used in both interviews to encourage individuals to reflect on areas highlighted by the literature search.

3.2.3 Interview Procedure

I met each participant prior to the day of the interview to introduce myself and talk about my interests. I met Nicole during the recruitment process and I met with Sasha prior to the interview.

On the day of the interview I re-introduced myself and briefly reiterated my interest. Both participants had already read the participant information sheets, however I went through the information sheets with each participant at the start of the interview to verify that the criteria of informed consent were met. At this point I asked the participants to sign the participant consent form (appendix, p222).

Participants were informed that they had the right to withdraw from the research process and were given a period of time in which they would be able to withdraw their data from the research. Sasha was advised that she had approximately five months to withdraw from the research after the interview, as Nicole's interview wasn't until the end of February she was advised that she had a window of two months to withdraw.

The participants were informed that I wouldn't be able to use their real names in the research however they had the option to choose the pseudonym they would be

referred to. Sasha chose her name but I choose Nicole and all other names in the transcript.

I felt that sufficient rapport was developed quickly with each participant and Nicole and Sasha both appeared keen to get started with the interview. As previously mentioned the Mums appeared particular motivated to get tell their stories and I felt that this was at least partially due to their social justice agenda.

I gave participants the option of either starting by looking at the prompt sheet or simply starting to tell their story without prompts and taking a break later on to view them. In both cases participants chose the second option.

I kept my questions to a minimum in the first half of the interview (before prompts) but asked more questions in the second half of the interview.

Sasha's interview lasted for approximately two hours, Nicole's interview lasted for approximately one hour. I terminated Nicole's interview when she seemed distressed and we talked for a while after this. At the time I felt that it was ethical to terminate the interview this as I was concerned that the research was responsible for the distress and felt I had a duty of care to Nicole as a participant in my study. On reflection I wonder whether may haste to reduce Nicole's distress may have deprived her the opportunity to give voice to this particular painful story. Overall however I feel that my assessment of her distress at the time justified my action.

Sasha and I were undisturbed in the meeting room for the duration of the interview. During my interview with Nicole her partner walked through a couple of times and was in ear shot when he was in the kitchen. He contributed to the interview on a few occasions.

I used a digital audio recorder to record Sasha's interview. I used two digital audio recorders to record Nicole's interview.

Overview of Analysis Process

Step 1

A few **researcher reflections** were noted down during the interview and more reflections were recorded immediately after the interview. Further reflections were added throughout the analysis process

Step 2

Interviews were transcribed from the audio recording data from the interview (see digital appendix: Interview transcript)

Step 3

The larger narrative was divided into **discrete stories** in preparation for structural analysis

Step 4

Structural Analysis using the Labovian Framework

1) **Structural elements (**table 4.1, p38) are identified on the interview transcript (see digital appendix: Structural Analysis)
2) A summary of each discrete story as interpreted from the structural analysis is recorded on Analysis sheet 1, 4th column (See digital appendix: Analysis Sheet 1)

*An example of analysis sheet 1 and 2 for a single story is also included in the paper appendix p233-237

Step 5

Eclectic Analysis

1) **Themes** were identified from the interview transcript and recorded on Analysis Sheet 1, 5th column
2) Significant **language features** (table 3.7 p187) were identified from the transcript and recorded on Analysis Sheet 1, 6th column
3) An 'I poem' to investigate the **'voices'** of the narrator was recorded on Analysis sheet 1, 8th column. The **positioning of the characters** in relation to other characters and notes on the character's 'voices' were recorded in column 7

Step 6

Creating Analysis Sheets

1) Inferred participant beliefs were recorded on Analysis Sheet 2, 4th column
2) Interpretation of the **narrators agenda** was recorded on Analysis Sheet 2, 5th column
3) **Researcher Reflections** cumulating from step 1-6 are recorded on Analysis Sheet 2, 6th column

Step 7

Categorisation of themes was achieved by sorting and resorting thematic information from Analysis Sheet 1 into tables (see digital appendix: Grouping Themes) A summary table of **key themes** was then generated (see paper appendix: Table 9.8, p241 & Table 9.9, p242)

Step 8

Two **focus areas** were selected for each participant. **Narrative maps** where made for each focus area by visually mapping the relationship between different experiences and beliefs (see figure 5.1 & 5.2 (p65 & p77) Sasha & figure 6.1 & 6.2 (p93 & p104 Nicole)

A table was subsequently made to examine the **themes (for the focus areas) in terms of the research questions** (table 9.10 appendix, p243 Sasha & Table 9.11 appendix p257 Nicole) It summaries the key beliefs (column 2), lists factors supporting & challenging these (column 4 & 5) and summaries conflicts with the beliefs as well as any changes to the beliefs (column 6)

3.3 Transcription

I transcribed the interviews verbatim, retaining false starts, dialect, significant pauses (>3 seconds) indicated by the word pause in brackets. I transcribed the contributions of all parties present using a separate column for each person, two in Sasha's case and three in Nicole's (e.g. Nicole, myself and Nicole's partner). I indicated overlapping speech by underlining speech that occurred at the same time.

Transcripts were made to facilitate my analysis of the data not to replace the audio files. My analysis of the audio files however was done whilst looking at the transcripts and my thought were recorded onto the transcripts. I was aware that ultimately the transcripts would be the only evidence of the interview that the reader would have access to.

I felt it would be too time consuming to identify on the script features such as tone and speed of words. The way the words were delivered however did influence my analysis; I make reference to the delivery on occasions when I felt that the emotional content was very high and I make it clear that it is the delivery that has influenced my interpretation.

3.4 Stories

I divided the text up into sections that I felt represented discrete stories within the larger narrative. This helped me to think about what was going on in each section and to make my data more accessible for structural analysis. It was not always easy to break the stories up into discrete stories, in a few cases some stories were embedded within another in a way that they could be separated out. For example in Sasha's transcript story 13 (popular to good core friends) is embedded in story 12 (managing contraction pains).

Many stories relied on information supplied in previous stories. This wasn't problematic as although I divided the stories to aid my thinking and for convenience I never considered the stories to be in isolation and drew on aspects of the wider narrative in my analysis.

In some cases I wasn't sure whether the divided sections were actually discrete 'stories' however they represented a section of the transcript that didn't appear to fit with the story above or below it, so I defined them as discrete stories so not to exclude them from particular types of analysis. During the structural analysis stage I did rethink and modify a few of my story boundaries. I gave each individual story a

name that I felt was reflective of the content. For a list of stories in each narrative see table 9.1 (Sasha) & table 9.2 (Nicole appendix (p224-228)

3.5 Narrative Analysis

3.5.1 Structural Analysis: The Labovian Framework

My interviews had generated long extended narratives as my participants storied aspects of their experience that were salient to them. In contrast to thematic analysis which can be used with extended narratives, investigating the structure of the narrative, typically involves breaking the extended narrative down into smaller discrete stories. Structural 'narrative is reserved for a bounded unit of speech rather than the entire biography' (Riessman, 2008, p101). This allowed me to consider how each story is organised and what this might reflect of the participants' aims, their understanding and the importance they place on various aspects. Labov (1972) identified six elements he considered to constitute a full narrative (see Table 4.1). His 'narrators developed brief, topically centred and temporally ordered stories' (Riessman, 2008. P85).

Table 3.1: Labov's model of structural elements (in Riessman, 2008)

Structural elements	Definition
Abstract	The summary and/ or point of the story
Orientation	Information about the situation and setting
Complicating Action	An event or plot (usually challenging or disrupting)
Evaluation	Reference to meaning and emotion
Resolution	Plot outcome
Coda	Ending

I found the model difficult to apply strictly as prescribed. Labov's model is widely criticised for the fact that not all stories follow this structure. In respect to the narratives I analysed, I noticed that the introduction of the story often lacked definition ('abstract'). I often found that stories could not be separated out into single 'complicating actions' nor necessarily a singular 'resolution'. The 'evaluation' sometimes appeared absent or present but not verbalised, for example communicated through a tone of voice, an expression or a sigh. Codas were sometimes also communicated non-verbally and at other times weren't explicit and instead the fact that the story was finished could only be inferred by the start of what I interpreted as a new topic.

Given that many parts of the narrative did not fit the Labovian norm, it was a potential option to entirely reject this framework, or simply apply it to any parts of the narrative which appeared to meet the Labovian criteria. During my original pilot, when I trialled this technique however I found that considering the different Labovian features (or absence of features) facilitated my interpretation. I used quite flexible definitions of the different structural elements including for example hypothetical points (what could have happened and what will happened) as evidence of both complicating actions and resolutions in order to render some of the more evaluative, hypothetical sections of the text accessible to this type of consideration.

I provide an example in the appendix (p230) to illustrate how I utilised the Labovian principles. For my reflections on the Labovian analysis process see appendix (p232).

I analysed both transcripts based on the Labovian structural elements (digital appendix) and then summarised my interpretation of them (Analysis sheet 1, digital appendix) I wrote the summaries in the third person to reflect that this is my interpretation. 'Talk is already interpretive and ... also requires interpretation' (Sevon, 2005, p468). The summaries of the Labovian analysis focused on four Labovian features, orientation, complicating actions, resolution and evaluation.

3.5.2 Eclectic Methods of Analysis

It had been my intension to consider one type of analysis such as thematic across the entire narrative and then go through again and consider discursive elements etc. Actually, carrying out the analysis however I found myself wanting to consider different aspects simultaneously and found that applying different considerations to a section of the text together was actually beneficial to my deeper understanding.

Consequently, my analysis of the transcript was highly eclectic. I developed analysis framework sheets, which allowed me to record themes, discursive (language) elements, narrator agenda, character positioning, voices, beliefs and researcher reflection. The summaries of the structural analysis were also recorded on these sheets. For an example of analysis sheets one and two for a single story see appendix (p233-237). The Analysis sheets for all stories can be found in the digital appendix.

The thematic analysis was conducted by reading through the transcript and recording any themes I felt it related to. Riessman (2008) suggests that with thematic analysis 'focus is on the act the narrative reports and the moral of the story' (Riessman, 2008, P62). Themes were broadly defined and included identities, experiences, beliefs & underlying assumptions. These were initially noted down in the column to the side of the eclectic analysis transcript (digital appendix) before being transferred over to the analysis sheets and either recorded in the theme column or the beliefs/ assumptions column.

I considered several elements of language use, often I would highlight language on the eclectic analysis transcript that I thought reflected emphasis and importance. These included factors suggested to be dramatizing types of talk by Wolfson (1982) in addition to other features that I felt would be important to consider. 'A given word, Bakhtin argues, is saturated with ideology and meaning from previous usage' (see Riessman, (2008), p107 on Bakhtin) I considered some words and phrases in terms of shared assumptions and specific meanings. The consideration of what is achieved with the choice of specific words over others can be enlightening (Edwards, 2001). Emphasis achieved by tones and other non-vocal cues (delivery) can also alter meaning. It can characterise an action as routine or emphasise the abnormality of an event (Locke and Edwards 2003). It can also indicate the emotional significance of an experience for the narrator. For language elements considered in the analysis see table 9.7 (Appendix, p238). For reflection of the language analysis see appendix (p240).

I wanted to examine the characters in the story and see how they help to create the identity and positioning of other characters, especially as adolescents and marginalised groups may be more vulnerable to power imbalances in their relationships, contributing further to their oppression. Discursive psychology

researcher's examination of rhetorical and speaker reflexivity (e.g. Locke & Edwards, 2003) exposes how the characters, not physically present in the interaction, are referred to by the speaker can impact on the perception of the actors involved. For example, a reference of contrast to a virtue in a character not present may help to imply a lack of virtue in another character. I often combined this with the idea of listening out for different voices in the transcript (e.g. The Listening Guide (Gilligan 1982) and trying to hear the different voices of a participant (such as 'assertive' or 'victim'). One technique for identifying the voices of the participant is the 'I poems' (Debold, 1990) which involves focusing on the 'I' statements the individuals make about themselves. I recorded the 'I poems' for each of the narratives which help inform my ideas around character and identity. Austin's work which has been influential particularly in the field of discursive psychology suggested that 'power' can be fundamental in determining what the language achieves. The force language has can be dependent on felicity conditions. For example, the position of the individual, whether Queen or school pupil, influence the force that would determine whether the words made an order or suggestion. The position of the characters was considered within the eclectic analysis.

The researcher reflections on thoughts and feelings about the narration also formed an important feature of my analysis. Riessman (2008) suggest that those exposed to the narration 'are inherently part of the interpretive process, bringing their positioned identities and cultural filters to interpretation' (Riessman, 2008, p111).

In summary my analysis included attention to:

- Structural features using the Labovian Framework
- Themes
- language features
- The different 'voices' of the participants (including the use of the I-poem)
- The positioning (power) of the participants in relation to other characters

3.6 Developing Themes

I grouped themes based on ideas which through the analysis process appeared significant to me such as dependence, independence, support, unsupported, ('Grouping themes' digital appendix). I then combined related themes until I had

reduced the themes down into those recorded in Table 9.8 and 9.9 (appendix p241-242). Further consideration of how themes related to each other led to the development of five superordinate themes and a refocus of the key themes within these areas (see section 7.1).

3.7 Credibility of Procedure

I consider this research to be the opportunity to learn from the experiences of Nicole and Sasha. As previously mentioned the outcome of this thesis is to identify possibilities not indisputable facts. Therefore, I feel that the method I have outlined here is suitable for considering the possible beliefs that Sasha and Nicole held and what their experiences might suggest about any underlying realities. By including the details of my analysis in the digital appendix, including my reflections I hope that it provides the reader some insight into where my interpretations come from. I also hope that those dedicated readers who make use of this opportunity will also find further possibilities of their own that they may find beneficial.

Yardley (2000) feels that the credibility of qualitative research can be judged within four categories, 'sensitivity to context; commitment and rigour; transparency and coherence; impact and importance.' (Yardley, 2000, p215).

3.7.1 Sensitivity to Context

The discussion chapter (8) discusses the findings in relation to existing research on young Mums and to psychological theories.

3.7.2 Commitment and Rigour

I felt that this was an in-depth analysis given the timescale of the research project. I felt that I chose a method that did not sensor my analysis. In other words, it allowed my interpretations to be informed by many different types of information within the data. I felt that given my agenda a sample size of two was appropriate as it allowed me to consider the stories of the individual in detail, while also allowing me to show diversity and contrast experiences. Despite using an eclectic analysis approach I do not believe that it is ever possible to consider all the variation and complexity of the data. If I was to return to the same data later using a similar method I may discover

different complexities. Nonetheless I feel that I considered the data appropriately and in sufficient detail to address my research questions.

3.7.3 Transparency and Coherence

- coherence

As previously discussed, narratives are not always coherent, the storyteller doesn't always make assumptions and changes in context apparent to the listener/reader. They may not distinguish between events they perceive to have happened and hypotheticals. The storyteller may consider different and even contradictory meanings and may at times not be able to make any sense of their experiences. Storytellers also may misremember or purposely alter information for effect. Incoherence can however provide useful information and although the stories are told by the young Mums the interpretation is my own. I reflect on the meaning I take from the stories, using narrative analysis as a guide, in order to address the research questions. It is my hope that the reader will feel that based on my specified ontological position, I have adequately considered the data generated by this research in order to give informed answers to the research questions.

- Transparency

I include a digital appendix, with detailed analysis sheets in order to facilitate transparency regarding my analysis. Riesman (2008) would not recommend that researchers show exactly how they classify information in, for example, structural analysis, as researchers can classify things in various ways and may change their minds. I however feel comfortable in showing how I classified them as I consider the analysis process to be a way of helping me to make sense of and interpret my data. In including my classifications and detailed reflections I am simply giving the reader the opportunity to see how my interpretation process developed. I am not suggesting that my classification is in anyway 'correct' or that I wouldn't classify it differently if I was to reanalyse it now. From my personal perspective this is perhaps the most important feature of research credibility. Other credibility criteria sell my own personal views on philosophy and how I feel the finding relate to my research questions. Transparency I hope helps individuals to access the data that, although guided by my interpretation process, nonetheless gives them a little more flexibility to consider whether they might have interpreted the data differently and allows them to potentially take something different from this research than my abstract or conclusion

might suggest. I do however acknowledge that only the most motivated individuals will wish to engage with the research in this way.

3.7.4 Impact and Importance

I believe that this research has the potential to offer educational psychologists insight into the possible needs of the young Mums they work with and to inspire ideas of how to improve their wellbeing. I also hope that this research will challenge a blame culture and contribute to the social justice movement. 'many qualitative researchers consider research (like any other activity) to be inherently political, in the sense that all our speech and actions arise from a particular social context, serve some social purpose and have some social effects' (Yardley, 2000, p223)

3.8 Ethics

The British Psychological Society (BPS) divides ethics into four categories, respect, competence, responsibility and Integrity.

3.8.1 Respect

Respect is a core value for all ethically conducted psychological research projects but it is perhaps the underlying value of this study. This study aspires to increase societies respect for all young Mums and was constructed to be flexible in order to allow the researcher to examine the stories that the young Mums who participated in the study wanted to talk about, rather than for the research to dictate the topic of conversation. Participants had the option to choose the pseudo name they wanted to be referred to in the study, however they weren't allowed to use their own names. This is ethically contentious as on one hand if they are participating in the research and telling their stories, they should perhaps have the right to decide whether or not their names are included in any relevant publication associated with the research. Some people feel that participants' identities need to be protected as they might be vulnerable to repercussions from the research or may regret it later. Generally I disagree with this, as I feel that most participants will be competent enough to decide whether to use their real name, however my hesitation is that other characters in the participants' stories who haven't consented to take part in the study and haven't provided their own stories, may nonetheless be identifiable if the story teller is

explicitly identified. Thus, on balance I made the decision to anonymise the participants in order to protect others. I nonetheless accept that denying the participants the right to have their names in the study can be unfair.

The target population for this study included three specific criteria. Firstly, that were residing in the authority in which the project was conducted at some point during pregnancy and early motherhood. Secondly, they were age between 13 to 19 years old at the time of pregnancy and early motherhood and finally that they were in full time education. The location criteria was simply a methodological consideration, restricted by my ability to recruit participants. My recruitment method did not allow for equal access to all members of the target population. This is not a methodological concern as the credibility of my research did not depend on which individuals I recruited. Nonetheless it could arguably be seen as an ethical concern from a diversity perspective, as certain types of young Mums may not have the same access to research as others. Nonetheless this research does give voice to a few young Mums in a way which hopefully benefits the group in general and I feel that the above concern is more of an ethical consideration for future research than a fundamental problem with this particular study.

As it is teenage pregnancy which is referred to in policies and in the media, I chose the sample age to be between 13-19 years old. The top of this age range was a relatively simple decision. Firstly, mothers in their early twenties don't appear to suffer the same degree of overt societal prejudice as those in their teen years. Secondly, I rationalised that even if such prejudice exists, research benefiting young Mums under 20, would likely also benefit those who were older as well. Finally, I felt that the diversity of young Mums in their 20s in full time education may be more limited than in the younger age groups. The decision to set the bottom of the age band at 13 may however be more difficult to defend. 13 is the first official teen year, however some individuals do become pregnant before the age of 13 and setting the age range between 13 and 19 automatically excludes the voice of these individuals. On reflection I think at the time of deciding my sample it was as simple as wanting to do some research to benefit those individuals branded 'teen Mums' and thus 13 to 19 was the logical choice. The two participants in this study were in their later teens and their ability to narrate and evaluate their experience, reflects a cognitive maturity less likely in younger children.

As previously mentioned I allowed the participates to choose the nomenclature used to refer to this diverse group of individuals, as I was sensitive to the fact that some nomenclature used in society may have become associated with the stigmatisation of the group. Although the terminology may be considered ambiguous, I felt that this was justified from an ethical perspective.

As evident from the procedure participants were given information about the research prior to taking part and were able to give informed consent. They were also fully aware of the date before which they would have the right to withdraw their data. Confidentiality was an important consideration and the participants were made explicitly aware of whom would have access to the raw data and how it would be stored.

3.8.2 Competence

This Practice within the boundaries of their competence

Engage in additional areas of professional activity only after obtaining the knowledge, skill, training, education, and experience necessary for competent functioning.

3.8.3 Responsibility

Before undertaking this research, I spoke to two individuals who worked professionally with young Mums as the main part of their job role. I asked for their help to identify participants who they felt would be suitable participants as I was concerned that there may be some vulnerable individuals in the target population who may not be emotionally ready at share their stories at this time.

It was made clear to participants that they could talk about whatever they wanted to and didn't have to talk about anything that made them uncomfortable. They were also told that they could stop the interview at any time. I made the decision to terminate one of the interviews when the participant become distressed.

3.8.4 Integrity

I have tried to accurately represent myself to the reader, including aspects of my beliefs and background, which I feel motivated me towards this particular piece of research (appendix p200). I explained to the participants that this research would be

submitted as a required part of my doctorate qualification, as well as explaining my personal motivation for choosing my particular research focus.

The opinions, inferences and conclusions within this research are my own, except where others are explicitly credited. The methodological limitations of this research mean that findings cannot be easily generalised to other young Mums. In fact, this research suggests that young Mums are not a homogeneous group. Nonetheless I feel it appropriate and fair to suggests that will benefit from interventions inspired by the findings in this research project.

Chapter 4: Introduction to Research Findings

4.1 Brief Overview

I begin each results chapter (5.1 Sasha and 6.1 Nicole) by giving the reader an overview of the participant's situation and key characters in their stories, in order to allow the reader to access the subsequent results sections in the absence of the full transcripts.

Chapters 5 (Sasha) and 6 (Nicole) examine the experiences of the young Mums, citing evidence from the transcripts. Transcript line numbers are referenced in brackets (see digital appendix for full transcripts). In these chapters, due to restrictions on word limit and time, I chose two focuses for each participant and created a narrative map of each focus area (figure 5.1 (p65), 5.2 (p77), 6.1 (p93) & 6.2 (p104)), which highlights key themes and how they relate to each other visually. These are included as visual aids to assist the reader but are not designed to be interpreted in isolation of the findings reported in chapter 5 and 6.

Chapter 7 summaries the experiences of the young Mums and relates the findings directly to each research question. In section 7.1 the key themes I derived from my analysis of both Sasha's and Nicole's interview can be found in tables 7.1.1 to 7.1.5 (p121-128)

Section 7.2 relates the findings to research question 2, this information is summarised in tables 7.2.1-7.2.6 (p129-134).

Finally, section 7.3 relates the findings to research question 3

Table 4.1: overview of the findings section

Section	Participant	Content/ Focus	Reference figure/ table
4.1	N.A.	Overview of results section	Table 4.1
5.1	Sasha	Story overview	
5.2	Sasha	Changing relationships	Figure 5.1 (narrative map)
5.3	Sasha	Educational and career decisions	Figure 5.2 (narrative map)
6.1	Nicole	Story overview	
6.2	Nicole	Relationships and achieving intimacy	Figure 6.1 (narrative map)
6.3	Nicole	Self-agency and dependency	Figure 6.2 (narrative map)
7.1	Sasha and Nicole	Summaries key themes from the experiences of young	Tables 7.1.1- 7.1.6 Grouping themes tables

		Mums	(digital appendix)
7.2	Sasha and Nicole	Relates findings to research question two	Table 7.2.1 & 7.2.6
7.3	Sasha and Nicole	Relates findings to research question three	

Chapter 5: Sasha's Story

1) What are the experiences of young Mums?

5.1 Sasha's Story Overview

5.1.1 Education and Career

Sasha was a successful student, obtaining high grades at GCSE. She had high aspirations, suggesting the desire to become a psychiatrist prior to beginning her A-levels. Sasha also defined herself as a creative individual, expressing a particular enjoyment of art and textiles. She eventually selected her A-levels with a degree of pragmatism, selecting chemistry and maths, to allow the potential to access a degree in medicine, and business studies to allow other opportunities. Additionally, Sasha selected textiles as her fourth AS choice to continue her interest in this area.

Sasha realised she was pregnant when she was in the first year of her A-level studies. This revelation and associated experiences impacted on her subsequent educational decisions and career aspirations. It also promoted a lot of reflection around the motivation behind her career aspirations. Sasha left the Grammar school where she had been studying her A-levels and went to a sixth form college to study BTEC science. She left college after a few months to go on maternity leave, continuing her studies from home. Sasha wasn't ready to return to college when Leila was only a few months old, in accordance with the original plan, and consequently the college terminated her place. A few months later Sasha applied for and started an apprenticeship studying a Level 2 course in business admin. At the time of the interview Sasha had completed this and was undertaking the Level 3 course. Sasha was hoping to become a full-time student and go to university in the near future.

5.1.2 Home Life

When Sasha discovered she was pregnant she was living with her Mum and younger brother, Kaleb, who attended nursery and had recently been diagnosed with autism. Sasha's Mum suffered from depression and had found it difficult to come to terms with Kaleb's difficulties. Sasha felt that she was having to run the household and identified herself as being a carer for her Mum and little brother. Shortly before Leila's first birthday Sasha's Mum hit out at Kaleb when he was having one of his

'outbursts' and Sasha intervened, verbally defending him. This led to an altercation, where Sasha's Mum hit her, and told her to move out. Sasha immediately moved out with Leila and after spending a night in hospital they lived in temporary accommodation (two placements) before Sasha more recently found permanent accommodation. Sasha's manager contacted social services regarding the altercation. Social services and Sasha subsequently supported her Mum to look after Kaleb.

5.1.3 Other Key Characters

Sasha's Dad had left her Mum when Sasha was five years old and lives in Australia, Sasha is in contact with her Dad, the relationship is predominantly maintained through the use of communication technology.

Sasha's Mum has several siblings; one of these sisters is closer in age to Sasha. Sasha felt particularly close to this Aunt. Sasha's Mum had fallen out with another one of her siblings several years ago and consequently Sasha had a cousin she had not seen for approximately ten years, prior to her pregnancy. Unless otherwise specified any reference to 'Aunt' or 'Cousin' refers to these two individuals.

Sasha was in a relationship with her boyfriend for a few years before becoming pregnant with Leila. After becoming pregnant with Leila they continued seeing each other. Before Leila was one years old Sasha had a miscarriage, causing her to reflect on her relationship with her boyfriend and they broke up. Shortly afterwards he told Sasha that he had been seeing someone else who was pregnant and that they were moving in together.

Donna worked for the local authority welfare team (her role was to support young Mums in education) and intervened when she was at college in order to support Sasha to take maternity leave. Jenny was the family health nurse who focused on Sasha and Leila's health. Sophie worked for an organisation which helped Sasha find accommodation and supported her with the finances, such as helping her to apply for funds to purchase furniture.

Figure 5.1 Sasha's narrative map of changing relationships

Arrows show relationships between key beliefs

Red arrows typically denote negative influences and green positive

New Friends
Acceptance   *Advice*
Mother identity

Loss of Aspiration/ Parenting Relationship
Tension

Betrayal   *Leila*

Redefinition of partner

Independence

Partner
Dependent
Supporter

Shared experiences

Closer

Shared experiences

Relationship Gain

Redefinition of Friend
Few Close
Supportive

No shared experiences

Loss of Relationship Friends

Prejudice

Loyal

Old Friends
Popular   *Shared history/ experience*
Social Life   *School*
Youth Identity

Loss of Relationship Family

Prejudice

Loss/ grief

Tradition Special Event Leila

Social Services

Loss of Relationship Mother-Daughter

Counselling

Independence

Violence

Family
Support   *Belonging/ Acceptance*
Love   *Validation of Worth*

Forever
Dependant   *Close*
Mother-Child
Carer   *Provider*
Exclusive

Traditional Family Aspiration

5.2 Changing Relationships

5.2.1 Family Constructs

Sasha's identity as being part of the family is for me the strongest identity that emerges from her interview. Her family provides her with support, advice, sense of belonging and validation of worth.

Belonging

The importance Sasha places in belonging within a family is readily apparent. When finding a name for her daughter, ultimately the choice of name is decided by what her Grandma might think 'And then I'm going do you know what, my Grandma in the middle of Africa, when they say to her 'your Great Grand daughter has been born, she's call Kiomi'. She's going to be like, 'what on earth, where did they find this name?' And I though OK she's called Leila' (479-481). Similarly as soon as Sasha narrates Leila's birth, she identifies her as part of the family 'she looked like her Dad and my Dad' (388). It was also very important to Sasha that several members of her family visited during Leila's first Christmas and welcome her into the family (493-495), **'**And everyone saw Leila and it was just, it was really lovely' (496).

Support

Sasha views her family as supportive, 'I feel like I need to have my family around me whilst I'm still feeling a bit fragile' (1327). On discovering that her daughter is pregnant, Sasha's Mum immediately pledges to support Sasha through whatever decisions she makes (109). The construct of supportive family was reinforced further when Sasha narrates her hospital experience. Her cousin 'she came all the way, straight from work, to be with me.' (283) and then her Aunt who hadn't been talking to her 'just dropped the kids off and she came straight away' (288).

Sasha's narration of child birth in particular is presented as a very family orientated event, which positions her as part of a supportive, loving family **'**She's ... (Aunt)... videoing it and taking pictures, my cousin is holding my hand and feeding me ice, my Mum's holding my other hand and I'm pushing' (374).

When Leila is very young, Sasha goes through a period where she finds it difficult to motivate herself to do anything, it is her mother's support that she feels was vital to

helping her through this period. 'Like she would have rules like, you have to be up and ready and bathed by ten thirty and downstairs. Because if she hadn't made these rules I would still have been in bed at two o'clock, with just Leila, just in bed. ... Cos I think she saw urm, that sort of, the depression, she recognised those signs and thought if she lets it carry on, I'll get to a stage when I'm like her and afraid to go out and afraid to interact with other people' (1302-1307). The regular everyday rituals and interaction imposed by her mother was perceived as beneficial.

At the time of the interview Sasha perceived her Mum and her Aunt as particularly important to her. 'So then we just sort of like support each other in different ways, we just support each other' (1339).

Validation of Worth

Family also provided the necessary validation of worth for Sasha. She reflects that prior to becoming a mother and later rediscovering herself, **'**I don't think I've believed in myself before, I relied on other people's belief in me to get me places' (271). Sasha uses direct speech to narrate her Aunt's praise of her managing child birth without drugs **'***"You're really really strong, I couldn't do that, I couldn't do it, I'm just really proud of you, I can't believe it"'* (400). This suggests the importance of hearing this endorsement of her strength from family.

Advice

Sasha's family advise her through some of her motherhood decisions, such as whether to return to college 'My Auntie's saying "*are you sure you want to go back Sasha, you know your feelings change when you have the baby. You're just not going to want to go back"'* (501). At the time of interview Sasha felt that she and her mother were very explicit with each other about the details of their lives and advising each other around their problems (1316-1343). Sasha also has a similar relationship with her Aunt 'I'm completely honest with my Aunty and she gives me that advice that sometimes I don't want to hear but I need to hear it' (1340-1341).

5.2.2 Mother-Daughter Beliefs

Dependent

Sasha's relationship with her Mum deviates from Sasha's beliefs of what a traditional mother daughter relationship is. Sasha Explains that 'my Mum suffers from depression. So I was basically running the household then. I was sixteen then' (24-26)'. The mention of age, interpreted within the wider shared cultural context, emphasises the unusualness of this role reversal. Sasha felt that her Mum struggled to deal with her brother's difficulties (192, 638) and therefore Sasha takes on the role of looking after them (59), identifying herself as 'a young carer' (53). Nevertheless Sasha acknowledges a dependency in the relationship with her Mum prior to becoming pregnant, Sasha's narration around her increasing independence (1235-1236) suggesting that her Mum was initially more powerful in the relationship.

Close and Forever

At the time of the interview Sasha had no hesitation in pronouncing her Mum as the person she was closest to. 'My Mum, I'm really close to my Mum... I'm completely honest with her, I tell her everything and anything.' (1317-1320).

This special relationship between mother and daughter is considered to be unbreakable. 'Knowing that no matter what I could ever do Leila is going to be there for me, she's always going to be my daughter. And I think that's something that my Mum feels about me as well' (1677-1678).

Provider

Narration around the dispute over rent (594-600) as well as the desire to provide for her daughter (890), suggest that being a provider is part of Sasha's belief around Motherhood.

5.2.3 Changing Family Relationships: Barriers and Facilitators

Sasha felt that the outcome of her motherhood journey was ultimately one of gains in relationships; 'I've gained being a Mum and I've gained a beautiful daughter. And such a strong family support system which I probably wouldn't have had, had I just been a teenager, yeah' (1382-1383). The motherhood journey however, is not a time of consistent relationships and several of her relationships change.

Prejudice and Grief

Several relatives stopped speaking to her (200) when they found out she was pregnant. This included her father who 'disowned' her (196) and her favourite Aunt. I felt the loss of relationship also indicated a loss of support and a loss of routine for Sasha as characters who had played a significant part in her life, such as her Aunt, who prior to this she met up with 'a few times a week' (208) were suddenly absent. Sasha admits that 'I found that really difficult, I found that really difficult' with the repetition and amplifier ('really') reinforcing the impact Sasha felt this had on her experience.

Even her mother who stuck by her (109), 'was really really disappointed' (108). This implies a sense of judgement, that Sasha made a bad choice that someone could be disappointed in. In addition to their own prejudices, Sasha felt that wider societal prejudice impacted on her relationships. Sasha perceived that her family became embarrassed (1040). 'My Mum found it really difficult as well. Just sort of, how was she going to go out into the world knowing, other people knowing her daughter had gotten pregnant and, you know, and all that' (210-211). Sasha therefore not only experiences the embarrassment of social judgement herself but is also aware that because of her, her family members share the social judgement. Sasha's father stopped talking to her mother following the pregnancy news (300). Although not explicit, I interpreted this as an indication that he may have in some way held her mother to be responsible for the pregnancy. When Sasha's father eventually reconciles with his daughter, 'he sort of apologised and said, "*you know, I've sort of come to terms with this, I'll, we need to work through it*"' (198). Sasha's narration of his 'sort of' apology suggests an awareness that although he accepts some fault he also feels that Sasha is not entirely devoid of blame.

Sasha doesn't rationalise the negative reactions of her relatives entirely in terms of prejudice. For example when evaluating her Aunt's reaction she attributed it more to grief for what had been lost. 'She was just disappointed, she had really big hopes and dreams for me. She just, she had, she, she could see where she wanted me to be in life. And when she found out I was pregnant she was devastated' (1348-1350). The sense of loss of aspirations is something that Sasha herself experiences.

Sasha's mother may have perceived that her daughter's motherhood would make her own life more difficult. Sasha recognises that some negative stereotypes of young Mums, construe them as passing their childcare responsibilities onto their own mother (1730). Sasha reports that her own mother had expected that she would be left to do the childcare 'And my Mum rang my Grandma upset, oh you know, "*I thought she was going to leave it all to me to do, I got upset about that when she was pregnant but now she's born, she doesn't even let me change a nappy, does she not trust me, what's going on?*"' (1734).

Violence and Independence

Sasha's relationship with her mother breaks down due to a violent altercation (604) which despite attempts at diplomacy from other relatives (617) lead to a period of time (616) where Sasha and her mother don't communicate. 'She got really violent in front of Leila and she was sort of hitting me and throwing me out and urm, yeah, that day she sort of kicked me out. *"I don't want you in the house anymore"*' (603-606). Sasha believes that it was defending her brother that precipitated the altercation with her Mum. Sasha uses direct speech to emphasise her Mums response 'And she's, *"oh, why are you questioning me?"*' (634). One possibility is that her Mum found it difficult to adjust to a change in power balance in their relationship and that this contributed to the escalation of events (635). Later in the narrative Sasha says 'I think my Mum found that difficult to deal with, urm, that I was changing and she no longer had any control over me.' (1235-1236). Although Sasha's independence is initially a barrier to her relationship with her mother it eventually paves the way for a closer and more equitable relationship in terms of power (1312-1348).

Exclusivity

The initial exclusivity of Sasha's relationship with Leila was another factor which brought tension into Sasha's relationship with her Mum (1731), 'Because when Leila was born, I did everything, I bathed her, cleaned her, everything. Nobody got a look in' (1732-1733).

Special Events

Sasha demonstrates that being pregnant can be a positive as well as a negative in terms of relationships with others. An individual who has been out of her life for ten years is unlikely to be 'disappointed' by the pregnancy, however the magnitude and significance of the event is a talking point strong enough to break ten years of silence. 'I'd not seen my cousin in about ten years…So I sent her a message on facebook… Oh by the way I'm pregnant' (266-269). Sasha narrates that her cousin 'came to see me about a few weeks later and she stayed the whole weekend' (272). The visit appears to me to be related to the excitement of the pregnancy (270-271) recognising it as something special and to be shared (275).

Christmas and Leila's first birthday feature among the special events in Sasha's narrative that impact on relationships. Ultimately constructions around family and tradition lead to a reconciliation at Christmas as neither Sasha's Mum (644) nor Sasha are able to conceive of a Christmas apart from each other. 'And that was just alien to me, I just thought, this is really weird.' (651). After Christmas 'things changed and slowly, slowly, slowly we sort of, built up that relationship.' (654).

Sasha also perceived the new baby in the family to be a positive force for reconciliation; 'But when Leila was born, she's just, everyone in my family, just brings joy to everyone' (1357).

Social Services

Sasha perceives the involvement of social services (628) in her Mum's life as a positive force. 'With social services being involved, she received the support that she needed so that she could help my brother' (655). Social services also helped Sasha to positively reframe her own thoughts around her relationship with her mother and leaving home. '*"Your Mum needs to be thankful for you, because you basically raised Kaleb from being small, you took that onto your responsibilities. So when it came and you got pregnant you just kept doing the same thing and then it just got to the point where you just couldn't take anymore. You just didn't want to, you just couldn't continue"*' (668-670).

Counselling

The impact of the turbulence of Sasha's relationship with her Mum, following the violence altercation, was extreme. This was the first time that Sasha had talked about her experience with her Mum since engaging with counselling (683) prior to this intervention 'it was giving me nightmares and sort of… Whenever I think about my Mum, I'd just burst into tears… I couldn't function' (675-81). Sasha felt that the counselling was key to her coming to terms with this negative experience (674).

5.2.4 Partner Constructs

Support

Sasha felt that her partner at the time was supportive when she became pregnant. 'my daughter's father was, he was being supportive throughout the pregnancy, really supportive, he was there, for me, he was really supportive throughout the whole pregnancy and even after she was born.' (195). Sasha phones him when she's trying to manage her contraction pains (241-242) and rings him when she is in hospital.

Despite his offer to come to the hospital for the birth (303) he is rejected in favour of Sasha's close female family members. I said 'my Mum's here, my cousin is on her way and my Auntie's coming. You can come, when you've finished work or whatever' (317-319).

Though excluded from the birth, when Leila's Dad does join her at the hospital they have a particularly intimate emotional moment over the birth of Leila. 'And he was just like, *'I'm the happiest I've ever been'* and urm we all had a bit of a cry.' (416-417).

Traditional Family Aspiration

Sasha makes it clear that she was intending to have the traditional family life with Leila's father, concluding that 'I've been living this life because I want to be stable and build a family' (850).

5.2.5 Changing Relationship with Partner

Dependence and Doubts

Now that Sasha has been able to move on from the relationship, when she looks back at it, she interprets it as a 'controlling relationship' (1541). Sasha feels that

Leila's Dad didn't like that she was changing and becoming less easily influenced by others 'he no longer had any hold over me' (1237).

According to Sasha's narrative she began to question 'do I really want to be with you for the rest of my life?' (837). Sasha's own doubts about the relationship precipitated the split from her partner however the revelation that he'd been seeing someone else behind her back (839-840) was a huge blow for Sasha (842). 'I just feel like, urm, knocked the wind out of my sail, I just feel that that knocks me down.'(843).

Sasha now rationalises that the age difference and difference in ambitions between them was a barrier to their relationship (1240-1241). 'And I feel like, looking at where he is in his life, at twenty six, that is not where I want to be at twenty six'(1241)

Loss of Traditional Family Aspiration

Something that Sasha really regretted was 'the past five years being spent with someone who had no intentions of ever, raising their child.' (1376). At the same time this revelation also gave her a sense of freedom 'There's like, there's freedom in, in finding those things out, I feel like I've been set free.' (879). The shattering of the stable family life aspiration also brought down the beliefs Sasha had formed around sacrificing her dreams for the family. This liberated her to be able to conceive of a new future. 'It's changed my perception of who I want to be and what I want to do' (846).

Parenting Relationship

Sasha's beliefs around Leila's father's responsibilities, did not match with the reality of what she was getting from him. 'I just couldn't see eye to eye with him on seeing his daughter or supporting me financially… And I was just finding it really hard to sort of get some sort of co-parenting thing going on.' (586-588). Sasha attributes her tiredness to the lack of parenting support, 'I think the only person who could have helped me was Leila's Dad... Because regardless of whether I had help from my Mum or whatever it was they, those things were always going to tire someone else out. They were going to use up someone else's resource. But it was his responsibility to do and he never did any of those things' (1432-1437).

In addition to the perceived deficit in practical support Sasha also feels that he is 'the source of my emotional exhaustion' (1464). Suggesting that although she had doubts

about their relationship, there was still emotional pain over the loss of their future together and the hurt of the betrayal. Sasha is nonetheless moving on and announced 'I've just started dating again' (1322).

5.2.6 Friendship Constructs

Popular

Sasha constructs a 'popular' identity around her school days 'at school I was really popular, everyone was my friend, nobody disliked me' (220).

Supportive

Sasha describes a small group of friends who were excited about the pregnancy, contrasting with most of the reactions she had received. Sasha described these friends as being 'quite good' (218). I wasn't sure what the use of the qualifier signalled however it's possible it relates to the change in those relationships over time.

5.2.7 Changing Relationships with Friends: Barriers and Facilitators

Prejudice

Sasha's narrative suggests a link between pregnancy and a significant reduction in number of friends 'as soon as they found out I was pregnant I had like the five that stuck by me' (223). Sasha perceives that prejudice directly contributed to this. Sasha narrates that following the pregnancy becoming common knowledge at her school some of her school friends 'unfollowed' her on twitter (1064). Furthermore she received social media messages from friends she'd been to school with for many years 'saying stuff like, oh, you got pregnant and you've messed your life up now.' (1070). Sasha provided the specific detail that she had even been to nursery with some of these students, thus indicating a sense of betrayal. 'I wasn't expecting congratulations but I was expecting a *'you alright, what happened to you? What's going on?'' (1072)*. Sasha understood the reaction of the students to be down to the negative stereotypical perceptions her school peers had of young Mums 'Urm, I mean at school everyone just has this negative perception of teenage Mums. They

just *"Oh, I wouldn't dare be a teen Mum, I wouldn't dare have a kid, I wouldn't dare do this and oh yeah, teenage Mums are all slags."'* (1078-1079).

School

Sasha leaves school partly to avoid the social judgement of individuals she knows. 'I'd feel like people were judging me cos these are people who've known me from being eleven' (1043). This however also took her away from the friends she was still close to. Attending college gave her the opportunity to meet people, however the narrative suggests that her pregnancy may have formed a barrier to her forming close friendships. 'I must have been six months pregnant. Nobody knew at college, nobody knew and nobody could tell... I always sort of wore a scarf and a jacket so they just, nobody ever saw it' (130-134). Leaving college took her away from regular interaction with her peers, 'so yeah I left college and then I was just sort of at home' (190). Access to other people is something Sasha recognises as a difficulty and felt that if she could go back in time 'I would have told myself, join a gym (laugh)... It's just something to do, you can meet new people' (1643-1646).

Youth Identity and Child Care

Sasha's narrative suggested an expectation, prior to becoming pregnant, to be part of the youth culture. 'I feel like I've lost my, I would say, I've lost my childhood... And doing everything that all my friends are doing and just having fun, I've lost that' (1361-1363). She expected to partake in the social aspects of university 'lost that experience of going to University and fresher's week' (1362). The loss of this lifestyle is related to the burdens of child care when Leila was younger. 'I mean now things have changed, I mean Leila is a lot older, she'll stay with anybody (laugh). So I've been able to regain that sort of bit of my youth back' (1608-1609).

Shared Experiences

Sasha explains how practicalities, such as not being able to go out due to child care and a lack of understanding from her peers as to the extra planning parents require to access social events (1595-1607). Different experiences lead to her being 'unable to sort of fit in with my friends again' (1603). Sasha narrates that 'we've got nothing left to talk about. *'Ah, is your baby alright? Ah, she's so cute, ah, you ah'.* You know,

it's a dead end conversation.' (1624-1626). In contrast when she found other young Mums she found that they had similar experiences of motherhood and shared fascination in the everyday events of their children (1630-1632). These friendships provided Sasha with both the identity of supported friend and supportive friend to other young Mums 'I've always given them as much support as I can and I've told them every single thing I went through.' (1573). Sasha remembers asking about young Mums groups (1567-1569), recognising the advantage of being able to share experiences. Sasha felt that it was predominantly the shared experience of motherhood rather than the experience of being a young Mum that was beneficial, indicating a more generalised identity as a Mum (1100-1103). 'And it doesn't necessarily have to be teenagers, people in their early twenties or something. You still have something to bond over and that's something that I would have really, really loved to see right from the beginning. Because I only sort of got that sort of one on one support with someone who'd been through it before, and come out the other end Urm, when Leila was sort of seven months old and today she's my best friend.' (1581-1586)

Acceptance

Sasha's work colleagues impacted positively on her experience of motherhood and seem to have done so largely by normalising the experiences. *'no one looks at you differently for being a Mum, we're all parents'(*954). This ability to identify with other Mums and in particular single Mums who had been through the same things and accepted her as one of them may have helped Sasha navigate between the identity of a marginalised young Mum and that of a mainstream Mum. This also gave her access to positive role models. 'Other Mums, other single Mums who in fact were testament to say actually, listen I've been through it, I've done it, I'm still here'(1208).

Stability

Being able to form new friendships and effect changes to her social life is also related to Sasha's sense of stability. 'I felt settled enough to invest in myself and so right now, I do make time, I've got new friends and new experiences' (1262).

Figure 5.2 Sasha's narrative map of educational decisions
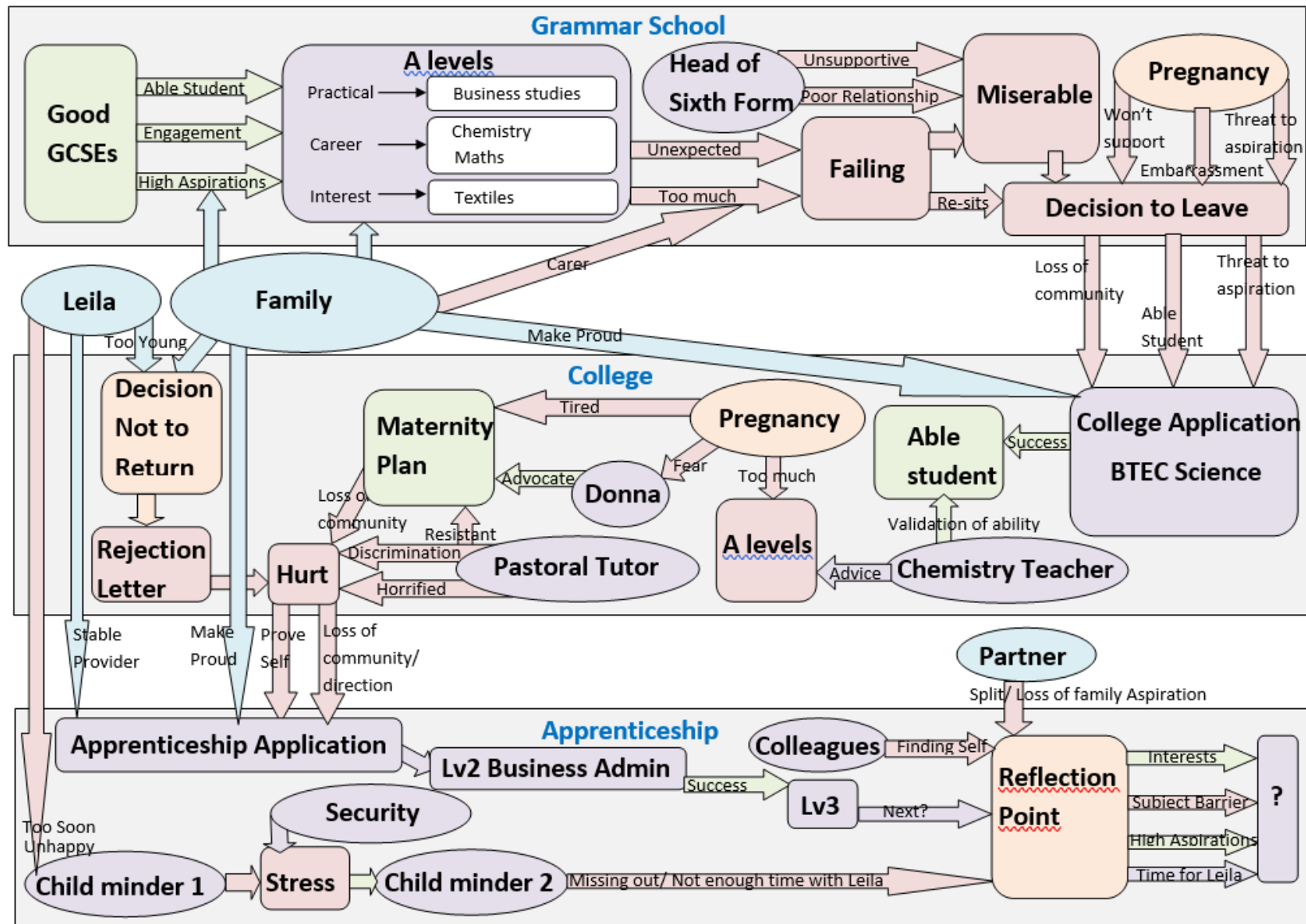
5.3 Sasha's Results: Educational and Career Decisions

Education and career feature heavily in Sasha's narrative, providing insight into her beliefs and additionally exposing barriers and facilitators that influenced her educational decisions and experience.

5.3.1 Aspirations

High Aspirations

Prior to becoming pregnant Sasha enjoyed high educational and career aspirations. 'And I wanted to be a psychiatrist, I wanted to go do, go into psychiatry and do psychology at university. And then you know, or if I could get the grades at A-level I was going to go do medicine' (909-910). Sasha's aspirations and the motivation behind her aspirations changes throughout her journey.

High Aspirations versus Motherhood

Sasha's personal beliefs ensured that 'there was no way that I wasn't going to go through with the pregnancy' (74). The decision to continue with the pregnancy however becomes an immediate threat to her original aspirations. Sasha's awareness of the conflict between aspiration and motherhood is apparent. 'They need to improve attainment rates and what people sort of want to, want to see themselves doing in the future. To raise aspirations before they start thinking about teenage pregnancies. Because if you raise those aspirations then you'll have people wanting to be doctors, wanting to do things and involved in their education as oppose to being teen Mums'. *(1745- 1747)*

Sasha's own high aspirations did not prevent Sasha becoming a young Mum but it does convey a belief that early motherhood and the achievement of high aspirations are mutually exclusive. Sasha feels that this interpretation is shared by members of the family, such as her Aunt, who also experience grief over this perceived loss of aspiration (1348-1350).

The sense of loss of aspiration prevails across the majority of the narrative. Following the decision to leave school 'I sort of had this time when I'd just felt really lost, didn't know what I was doing, where I was going.' (505). This sense of disequilibrium motivates Sasha to re-evaluate and establish new career goals. These however reflect the tension that Sasha perceives between motherhood and career and Sasha eventually concludes that her career aspirations have been sacrificed by

her need to take on the identity of a 'good Mum', facilitating a stable family home, 'that's where I am today, that's why I decided to do the apprenticeship. Cos I thought that's the best thing to do to be a Mum, do something stable' (930-931). The loss of the traditional family aspiration (875-879), once again invites reflection and the re-evaluation of aspirations. 'So that has completely changed where I saw myself in five years. It's changed my perception of who I want to be and what I want to do.' (844-846) opening up new possibilities and leading to the rejection of previous choices 'Why am I sort of pushing myself to be in a dead end job if, that's not what I want any more?' (854).

Sasha's own stance on motherhood and career aspirations does change, eventually coming to realise that 'OK you're a young Mum, that's fine, you can still be a doctor. You're a young Mum, that's fine you can still be a lawyer, you can still go be a teacher, you can still do it.' (1793-1795).

Aspirations and Educational Decisions

Sasha rationalises her educational decisions prior to pregnancy directly in line with her specific career aspirations at the time. 'I'll do Chemistry, in case I want to do some sort of health related, or medicine related, I've got Maths and Chemistry, those are your core subjects.' (916-917). The changing aspirations make way for new rationalisations 'I thought I'll be a teacher, I'll go do business management and then I'll go do the teacher training,'(764). It is apparent however that rationalisations such as the latter follow on from educational decisions that may have been forged more on immediate opportunity and need to be doing something, rather than directly motivated by career aspirations 'I thought oh, I don't really want to be a business administrator but it can open doors, it can open a lot of doors. (582).

Aspirations and Interest

Sasha had an interest in the creative arts, choosing textiles as her fourth A-level subject 'I'll just do textiles on the side because that's what I like to do for fun.' (918). Although the narrative suggests that Sasha may have entertained the idea of pursuing the creative arts further prior to pregnancy, she feels that her choice of more 'practical' career aspirations was influenced by her family.

'I said Dad "I really want to do Art."

He's like "*is Art going to get you a job after those three years or five years at University?*"

I said "well I don't know, I enjoy it."

And he's like, "*well you've got to be practical you've got to think about these things.*"' (912-915)

The pursuit of personal interest however is set aside entirely when Sasha becomes pregnant, not only because of her motherhood duties but also because she felt a need to prove herself to her family. 'When I got pregnant it was like I need to make my family proud let me go do something that's stable. Something that's, you know, something that's serious and not just be faffing about painting in my bedroom' (922-923).

The freedom from the original family aspiration (875-879) and sense of sacrifice clears the way for aspirations motivated by personal interest. 'I want to go out and do something exciting, something that I'm going to enjoy. Because I've realised life is too short for me to spend time thinking about my future and planning ahead. I just want to, I just want to completely change what I'm doing.' (855-857). Despite becoming more motivated by interest, Sasha continues to balance this with the need to fulfil her motherhood duties and provide for her child. 'I can see myself doing other things that are going to make me really happy. And provide in the same way as I do for my daughter today' (887-890).

5.3.2 Student Identity

The Able Student
The able student identity emerges early on in the narrative. 'And I was sort of predicted really high grades, I was predicted, urm, 'A's across the board' (92). Sasha's narration of her later acceptance to college indicates that she views academic prowess as desirable and enjoying high status 'I had really, really good GCSE grades so they ... (college)... were happy to have me.' (127).

The able student identity however comes under threat during the first year of Sasha's A-level courses at her Grammar school. 'And I did absolutely terrible. I failed

I think I got two 'U's and an E.' (34-35). Sasha narrates that, 'when I failed they didn't realise that it's, I'm failing because there's something underlying there's something that's going on' (93). The statement indicates that Sasha attributes her significantly lower than expected results to factors other than lack of ability. According to Sasha, her teachers also dismiss that a lack of academic aptitude was to blame. Staff members however chose a different narrative than Sasha to reconcile the disparity between Sasha's academic ability and her performance. *'"you just don't want to do the work"' (100).* Sasha on the other hand is able to defend her able student identity with the *too much* construct. Nonetheless this attack on her valued identity hurts, and results in a need to heal it by proving herself 'Yep, I think I needed to go to college before she was born to prove to myself that I still had it in me.' (1654). This therefore seems to have been a significant contributing factor to the decision to continue on to college, which would provide the opportunity for academic attainment. A college place would also help to avoid the need to re-sit the year, which is a prospect Sasha is unhappy with (40), perhaps partly due to the fact that this may also serve to threaten the able student identity.

College does indeed provide the means to support the above identity. Sasha receives validation of her ability from her science teacher *'"You're much better than this, you should be doing A-level Chemistry, you shouldn't be doing this."' (139).*The direct talk extending from line 138 to 141 on this subject may indicate the importance of this validation of academic ability to Sasha at that time, supporting the proposed vulnerability of the able student identity following her AS experience. At college Sasha appears able to acknowledge her own academic achievement 'I was sort of the best student in class.'(150).

The value Sasha places on academic achievement and her own renewed perception of herself as an able student becomes evident when Sasha narrates that she wanted to go straight onto the Level 3 business administration course (572). Unfortunately this is met with resistance (573).

The Diligent Student

The challenge from the deputy head of sixth form in regard to her attitude to learning (101) was rejected by Sasha. In college her explanation for her apparent success (150) was not simply attributed to her academic aptitude but also to the fact that

despite the difficulties she was facing and the knowledge that things were only going to get harder (145-148), she continued to meet her academic responsibilities 'I do my work, everything was done on time and course work, everything, was bringing that.' (149).

5.3.3 Overwhelmed

Too Much

Sasha's rationalisation of her difficulties regarding her A-level courses centres around the concept that she had too much else to deal with and therefore 'my head wasn't fully there.' (29). Sasha's younger brother has health needs and an autism diagnosis (54-57). 'I had a lot going on at home as well, because my Mum suffers from depression. So I was basically running the household then. I was sixteen then.'(23-26). The mention of age evoked what I presume to be a shared cultural understanding that this responsibility is not typically expected of someone of Sasha's age. It thus positioned her as disadvantaged in comparison to her peers in terms of her ability to capitalise on her learning opportunities. Sasha also narrates that she had a part time job (30) on top of her additional responsibilities at home and the emotional burden of being a young carer.

During Sasha's time at college the recognition that her current responsibilities and the increasing emotional and physical demands of her pregnancy were too much for her 'I knew that things were going to get even more difficult.' (148) significantly contributed to Sasha's choice of course at college, despite professional advice that the A-level course may be better suited to her ability (139-141). 'I just thought I need something not extremely difficult but something that I can just do and go home.' (144).

The tiredness Sasha began to experience during the later stage of her pregnancy was experienced as another barrier impacting on her ability to meet the demands of her college studies. 'I was really, really tired and I wanted to go on maternity leave, I wanted to leave now' (152).

Motherhood versus Apprenticeship

The 'too much' concept is partially related to the amount of support she feels she receives from home, both financially and practically. 'I'm basically a single parent

now, I don't, I get barely, I get minimum support from my ex' (811). In addition to not having support with home tasks it is the demands of her apprenticeship which make Sasha feel like she has too much on and not enough time to spend with her daughter. 'I find it really difficult balancing work and the learning side of it and then my home life as well.' (778). She feels like she's missing out on spending time with Leila and discovering what's going on in her life (783-796).

Prior to having a car, the need to use public transport to travel between home, childminders and work is also seen as a drain on the limited time she has (701-709). This triggers a sense of regret in returning to work too soon: 'Like I should have got a part time job maybe and gone to college in September' (798-799). Although Sasha would like to reduce her working hours she acknowledges financial barriers towards this (790). It also impacts on her future plans 'I'm looking at going back into full time education and dropping the work aspect. I don't feel like I need lots of money I just want to spend time with my daughter and watch her grow up' (805-806).

5.3.4 The Impact of Others

Unsupported

The belief of 'too much' perhaps also has to be considered in the context of the 'unsupported' belief. The narrative raises for me the question of whether or not Sasha's additional responsibilities and emotional needs would have been quite so detrimental to her A-level performance had the staff offered appropriate support to address her disadvantage and needs. Sasha makes it clear that she informed school staff that she was a young carer ''I did sort of express those things' (52) and 'I expressed this to my school.' (60). The use of the verb to express and the repetition of its derivations, struck me as particularly dramatic and seemed to convey the emotional frustration of the experience.

Sasha explains the poor relationship she felt she had with some of her teachers (44) as resulting from the impact of the additional responsibilities she had on her learning. 'I don't understand what I'm doing because I've missed last week's lesson. But I missed that lesson because I had to do this and I was at home and I had to sort this out and my Mum's this my Mum's that' (84-85). The different underlying beliefs for Sasha's academic performance are accompanied by different expectations. For Sasha, who considers that she is 'basically a young carer' (53), the expectation is

that the Grammar school has a duty to support her. She felt that they failed to investigate her claims 'They never once contacted my Mum to check any of this was really going on, or sent letters or anything, they never once followed it up' (104). They failed to offer any support 'They didn't even you know. Urm, send me to the school counsellor or the pastoral care.' (89-90) and they, or at least the Deputy Head of sixth form, failed to respect her integrity 'he just said *"you're a liar, you just don't want to do the work. I don't believe anything that you're saying right now"* (100-101). According to Sasha's narrative the school's expectation was that she should meet the demands of the course. As Sasha's failure was rationalised as being down to bad character and wilful disregard for the school expectation, school staff therefore had no responsibility to offer support.

This attitude along with the lack of empathy Sasha perceived from the Deputy Head of Sixth Form, 'that had me in tears and still nothing' (102-103) became a significant barrier to a positive educational experience, 'he really made my life Hell, at school.' (50). The motivation therefore to look for college places was narrated as a means of escaping the negative experience of schools and the belief that she would continue to be unsupported. 'They couldn't support me through being a young carer. There's no way that they'd support me through being pregnant.' (76-77). Sasha's additional perception was that the grammar school would be less inclined to support her because she was a young Mum (119, 950-951). Although Sasha has no direct evidence that this is the case, she justifies her perception on the basis of her knowledge of the fate of previous pregnant students.

'People who have gotten pregnant and gone to that school before have always been kicked out. They've been kicked out. I don't know how they've kicked them out. Because young Mums have, you know, might have been sort of pressured to, to leave, in that sense. But no one has ever come back from a pregnancy. If I'd have seen that done before, I'd have seen school's attitudes towards it as supportive then I probably would have stayed there. But from previous people who have gotten pregnant, as soon as they've been pregnant that's it. They just disappear, vanish from the school. You don't see them again, whether they were in sixth form or year eleven, or they were in the end of sixth form or whatever, they just disappear.' (1110-1119)

Despite Sasha's reference to an earlier view of college being a more tolerant environment 'where you can, you go about your business' (114). She may have been

a little reluctant to test this theory in relation to her pregnancy admitting that 'Nobody knew at college, nobody knew and nobody could tell.' (131) and this may well have been down to active attempts on her part to hide it (134). Sasha's pastoral tutor at college is presented as a character who is unsupportive of the pregnancy '"*well she shouldn't be doing this course, there's no way we can allow her to continue doing this course if she's pregnant, you know. She can't just go on maternity leave*"' (159-160). She openly admits that she would have discriminated against her had she known of her pregnancy beforehand '"*well you should have told me in your interview, you should have told me all these things before, we wouldn't have allowed you to go on the course*"'(183). She also makes it clear that the need for risk assessments is highly inconvenient (170-173).

Sasha's narrative regarding the response of the college when she fails to return from her maternity leave, is impactful, 'then I just got urm, a letter in the post saying you didn't return last week, you didn't give us a reason why, we've withdrawn you from our course.' (507). Once again there is evidence that Sasha's expectation is that staff in the educational setting have a duty of care towards her and once again they fall short of her expectation. 'Simple as that, no phone calls no, nothing. There was like no phone calls or e-mails to say, *"oh, have you had your baby, are you OK?"* none of that.' (508-509). This experience of college is likely to have become a barrier to Sasha forming any intention of returning to her studies there when she felt ready to return from maternity leave.

Once again the educational decision appears to be a reaction to the negative experience (511) and the need for a direction. Contributing to the hasty decision to find an apprenticeship (512-513).'I was looking really actively, Urm, Leila was still young but I thought I need to start looking now and I'll find something.' (515)

The working environment within her apprenticeship appears more supportive, through her colleagues who are themselves Mum's and the action of her line manager when she becomes the victim of domestic violence, 'I think my manager referred me to occupational help. And I went through something like an NLP counselling type thing. And that was the way I got over the whole, sort of incident.' (672-674). The working world of her part time retail job however is portrayed as unsupportive of parents. Sasha recalls the following question in her back to work interview after she has given birth to Leila '"*Does your job come first or does being a parent come first? What?*"'(970) and finds her contract is not renewed because of

time she had off when her baby was sick (978-989). 'So there I was sort of penalised for being a parent' (990).

Embarrassed

The perception of the existence of prejudice extends beyond simply fearing that she will be discriminated against by the educational provision, the stigma of young motherhood impacts Sasha on an emotional level. 'I feel like I'd be embarrassing the school. Or embarrassing the teach* I'd feel embarrassed myself. And I'd feel like people were judging me' (1041-1043). For me the most visually impactful part of the narrative occurs when Sasha narrates her college tutor's reaction to the news that she was pregnant 'And just watch the blood drain out of her face and just the, the look of horror and shock on this woman's face' (157). It is also situated in a lengthy passage containing a high proportion of direct speech (156-187), suggesting that this event is particularly salient. The need to avoid the emotional trauma therefore became another barrier to staying at her grammar school and was likely an additional barrier to returning to college after her maternity leave. It wasn't just the reaction of adults that Sasha took flight from at her grammar school but also the reaction of her peers (1058). 'About five of them so, un-followed me and stuff, that, and I'm not bothered, I'm quite boring on line. But they sent tweets out saying, oh you got pregnant and you messed your life up now' (1064-1065). Sasha later reflects that there is a need to actively tackle this kind of prejudice in schools 'Instil it in the young people who are growing up now, that actually being a young Mum is not that bad. It's not, it's not a crime, it's not a bad thing' (1740).

Advocate

Sasha narrates that Donna's role was 'focused on ... making sure that I get my education, making sure that I definitely get that' (1520). Her role as an advocate for Sasha, when she needs to broach pregnancy and maternity leave with her college tutor is highly appreciated, 'if Donna wasn't there then I would of, I don't know, I don't know what would have happened' (1027). There is a sense however that professionals need to do a more vigorous piece of work around supporting young Mums in terms of their educational decisions and access to education. Sasha had already secured her college placement when Donna became involved (125-126).

When she later gets her business admin placement 'I was in an apprenticeship and I'd left college so she'd signed off, she'd done her part' (1542). A simple check that she's accessing education and has a career goal was not sufficient (1790-1791) and there was never any opportunity for counselling of her career choices, nor was the following message, which Sasha would have liked to hear from the beginning of her pregnancy, relayed to her. 'Yes it's not the traditional way of doing things but people need to know, OK you fell pregnant, it's OK you can still go back to school. You can still go back to school and you can still do everything you were going to do before. You'll probably just be delayed a few years but you can still do it. And that's not what's, that's not what's put out there' (1770-1774).

Sasha's narrative focuses on professionals like Donna, Jenny, Sophie and the social service worker in terms of their functional role, rather than her relationship with them. She acknowledges how they managed to support her in specific ways. Jenny 'helped me with form filling and anything that I was eligible for and things like that' (189). Donna helped her negotiate maternity leave (154-162), Sophie helped her secure appropriate provisions (188-189) and the social service worker helped support her Mum (655). Sasha does however suggest that a single key individual with an overview of all the roles and a better understanding of Sasha may have been a more effective (1483-1530). 'would have been great to have that sort of key person who was going to liaise with all those different people (1526) … together they could have thought of something that I wouldn't have thought of (1530)'

Family

Sasha's family were influential in regard to her educational decisions and she is persuaded away from the arts subjects when she chooses her A-levels (904-919). 'So my Dad's like *you can do anything you want, you're really good at everything. "You should go be a doctor, you should go be a Lawyer, you should go be a what, what"'* (907-908).

Sasha also suggests that decisions to go to college (121) and not return to college after birth were discussed with family (501).

5.3.5 Self Discovery

Finding Self

The break up with her boyfriend (875-879) and the loss of the traditional family aspiration forces Sasha to rethink her life (848-850): 'That has completely changed where I saw myself in five years. It's changed my perception of who I want to be and what I want to do. It's changed education wise' (844-847). Alongside this, questions about her life from her work colleagues made Sasha realise that her life revolved entirely around being a mother (1254-1264). 'I think I lost a sense of who I was and what I was doing after I had Leila and before I had Leila. I just sort of, I was just a Mum' (1198-1199). Although she was aware of the loss of self, the lack of stability in her life proved a barrier to being able to rediscover the 'self' (1260-1261). When Sasha is finally in position to reflect on the 'self' and introduce changes into her life, this enables her to entertain new educational and career possibilities. 'I've opened myself up to other things that I wasn't open to before, because I was just a Mum and now I'm Sasha' (1251). Sasha narrates that prior to this 'most my education has been affected by outside, by my family and just things that are going on in my life have always structured my education' (900-901). The narrative supports this belief, with most decisions positioned as reactive to situational factors. The "new" Sasha however emerges within the narrative as more confident and driven by her own understanding of who she is and what she wants, 'I don't think I've believed in myself before, I relied on other people's belief in me to get me places' (1271). Her educational decisions henceforth became interest focused, with preferences expressed for fashion and art (759-772).

Advocacy

Sasha perceived that the wider community were negative towards young Mums. 'Just how, when someone thinks young Mums, ah, straight away, negative. You don't see those young Mums who work to the bone and do everything for their children' (1728-1729). Her experiences led her towards helping other young Mums and speaking out against stigmatization. 'Instil it in the young people who are growing up now, that actually being a young Mum is not that bad. It's not, it's not a crime, it's not a bad thing. And that should, it's just like racism, but against young Mums' (1740-1741). Through meeting other young Mums, Sasha began to

appreciate that not all individuals are in a position to have the same educational and career opportunities and that may be why some young Mums are on benefit. Sasha feels that society needs to do more for these young people. 'I think they need investing in to realise, actually yeah, I can do it, because you might not see that in yourself, where someone else might' (1805). Sasha also felt that her school's sex education and education around pregnancy and child birth was insufficient and that meant that individuals she knew where at risk of unwanted pregnancy and didn't understand what to expect about pregnancy, childbirth and breastfeeding (1131-1160). Thus the experience of stigmatization and turning to advocacy changed Sasha's view of the education system.

5.3.7 Child Care

Too Young

The need to leave her child in child care was a significant barrier to a positive experience of education. Sasha suggests that having to leave Leila was the key reason why she feels she's unable to return to college. '"I can't leave her, who am I going to leave her with. She can't go to a child minders, she's too young, no, I won't leave her she's too small"' (499-500). When Sasha is successful at acquiring the apprenticeship the significant question becomes 'Who was going to look after Leila? What am I going to do?' (536). Leaving Leila at the child minders is difficult for Sasha, in the narrative she makes reference to her small size, very young age and dependency (533, 541). 'Leila was four months old then, I was still breastfeeding' (533). The separation has a negative impact on both Mother and child. 'And like we just noticed Leila went from being this really happy baby to, we'd pick her up and she'd sort of be snotty, you could tell she'd cried all day, she was just really unhappy. Urm she'd be really hungry, you could tell she'd not eaten all day, well she's not eaten much. And urm, that was really stressing me out at that point' (547-548). Sasha worried about the impact of the separation on her bond with her child 'I felt bad because I'm at work all day... (breastfeeding is)... the only thing that she has to familiarise with me' (550). Sasha later reflects that she wished that she hadn't returned to work so early (799-804, 1776-1778, 1657). ''I should have enjoyed being a Mum a little bit longer because as soon as you get into work, you've got no time for anything' (1656). Sasha however attributes Leila's unhappiness predominantly to

poor care at her childminders (555-556). Things improve when Leila is a little bit older (572) and starts at a new child minders 'she just loves going there, she calls them both Aunty. It's a home from home and they're really supportive' (578-579).

5.3.8 Security

Income and housing also added to Sasha's stress as a mother undertaking an apprenticeship. The desire to be a provider contributed to Sasha's initial decision to do the apprenticeship. Insufficient income was however a problem for Sasha during this time. 'it just seemed like every month I'd get my wages and go buy a bed or go buy this and mass bedding and go buy this and buy that and then I'd be skint again. And we'd just roll over. It's only just now that I'm sort of, financially standing up on my own two feet.' (746-748). Sasha feels that finances are a barrier to spending more time with Leila 'I'd like to get my hours changed to term time only but I don't know how I'd do urm, financially. I'd like to either reduce my hours to thirty hours a week, so I could pick her up' (790-791). She also acknowledges that finances impact on educational decisions 'There needs to be some sort of initiative to say actually if you go back to school we'll support you through this with your child care … cos actually it's down to financially' (1763-1764).

The physical location also impacted travel and time spent with her daughter. As Sasha's income wasn't sufficient for her to afford rent on conveniently located properties, she was dependent on charity and government in order to access accommodation (712-721). This meant that she moved between temporary accommodations and at times spent more time travelling between home, childcare and work. The quality of the home was also an issue for Sasha. 'It was a really horrible flat, in a really bad area. You'd find needles on the floor outside … Sort of a red-light district. It was really horrible, mice in the apartment' (695- 699).

Chapter 6: Nicole's Story

1) What are the experiences of young Mums?

6.1 Nicole's Story Overview

6.1.1 Home Life

Nicole's Mum was unable to care for Nicole and her younger siblings due to her drug dependency. The exception occurred around the time when Nicole was giving birth to Jack, at this time Nicole's Mum was abstaining from drug use, having recently given birth herself.

Nicole's Nana took Nicole and her siblings in so that they wouldn't have to go into care. Nicole's maternal Granddad found it difficult to cope with all the children in the house and Nicole felt that this led to her Grandparents marriage breaking down. When Nicole was thirteen she briefly went into care but at this point her paternal Grandparents said that she could live with them. Nicole was living with them when she found out she was pregnant.

Nicole has a younger brother and a younger sister, who she helped to care for. Nicole's younger sister was born addicted to heroin.

Nicole felt that she faced prejudice from some teaching staff and other professionals because her Nana was related to a family in the area with a bad reputation. Nicole's Nana had been convicted of murder before Nicole was born. One of her Granddads more recently admitted to a schedule one offence. Nicole felt that these Grandparents were judged by individuals, including professionals, on the basis of their convictions alone. In contrast, Nicole appreciated them as heroes, who made sacrifices in order to support her. The perceived negative and unforgiving attitude of society towards them was upsetting for Nicole.

Nicole found out she was pregnant at 21 weeks and moved in with her partner Harry and his family. After Jack was born, Nicole, Harry and Jack moved into a new home together. Nicole struggled with depression and Harry and Nicole temporarily split up. Nicole found herself moving into a new house alone with Jack staying with her Grandparents on account of her broken leg. This separation from Jack was difficult for Nicole and was prolonged further when social services became involved. Meeting the conditions of social services Nicole moved into another property where she now lives with her son and partner Harry.

6.1.2 Medical Experience

Nicole had a negative experience of hospital and of medical care more generally. Jack had to be delivered by emergency caesarean section and due to health complications was separated from Nicole in neo-natal care with no physical contact initially allowed. After birth Nicole has suffered with pain and has had difficulty accessing GPs and appropriate medication.

6.1.3 Educational Experience

Nicole was in year 11 when she found out she was pregnant. She was no longer allowed to attend school or her prom and found herself without direction. Nicole was left to study for her exams from leaflets provided by the school and admits that she did very little preparation for them. Nicole was escorted to her exams by school and had to leave her Maths exam due to cramps related to the pregnancy. Nicole's school didn't provide her with any information around further education or employment and Nicole felt that she had no idea about these matters, Nicole told me that she's looking into going back into education now.

6.1.4 Professional Support and Resources

Rebecca is a particularly key character in Nicole's tale. She is the family health nurse who has worked with Nicole since she found out she was pregnant. Rebecca has taught her child care skills and helped support her through her depression.

Rebecca also signposted Nicole to Emma's group, which is a group for young Mums. This allowed the formation of new mutually supportive friendships.

Nicole is largely positive towards the professionals who have worked with her, reporting positive relationships. The exception being a social worker who Nicole feels exhibited prejudice towards her family and was more interested in persecuting than supporting her.

Figure 6.1 Nicole's narrative map of finding intimacy
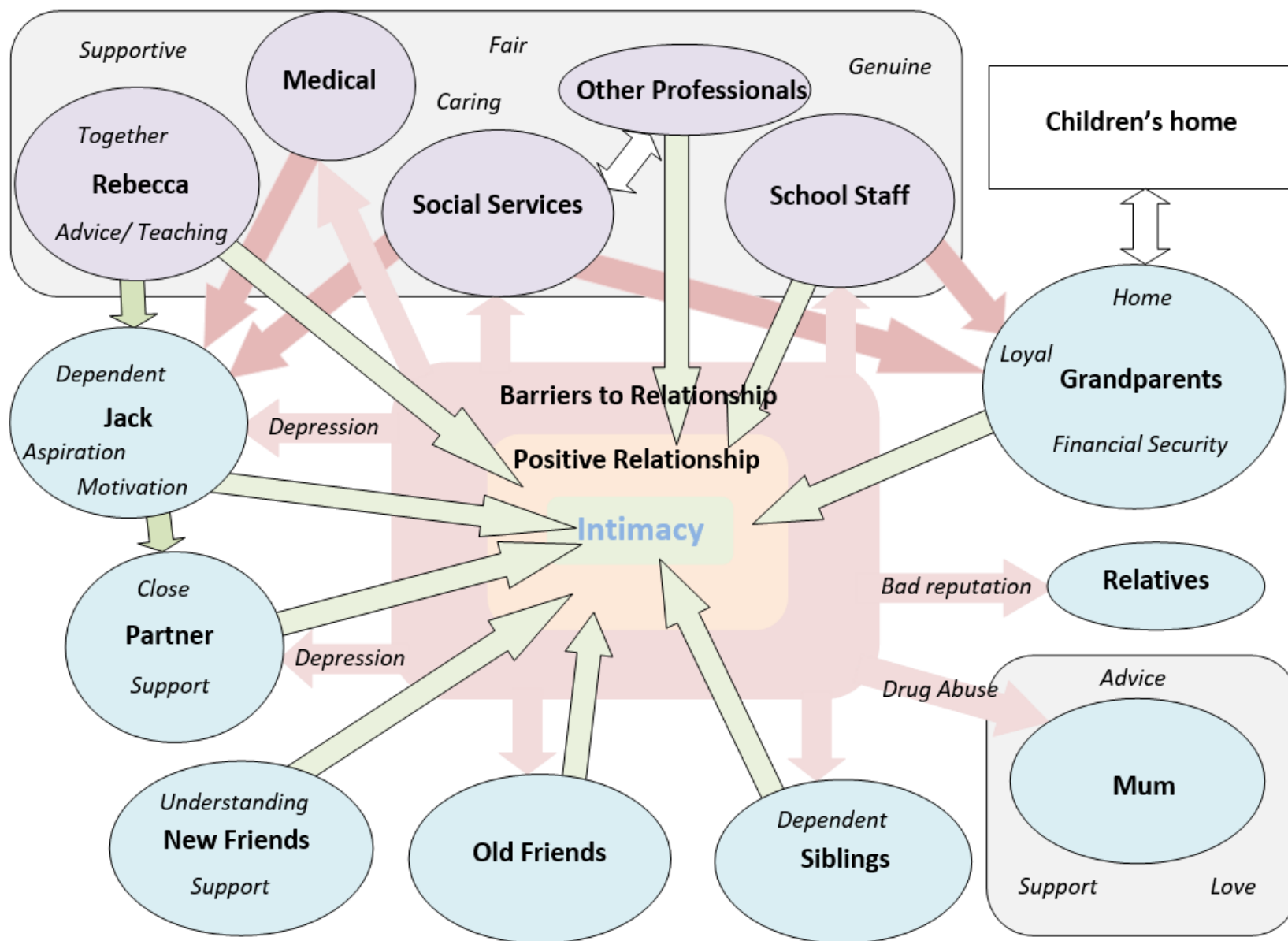
6.2 Relationships and Achieving Intimacy

In Nicole's stories I was particularly intrigued with the deficit language around relationships 'there's not that many people in my life really' (315) and the emphasis on relationships and interactions, sometimes highlighted by repetition and amplifiers such as 'so nice, so nice' (185). The need to achieve and maintain positive relationships and to establish intimacy, as well as to expose barriers to this intimacy seemed central to Nicole's narrative. In this section I look at the different relationships in Nicole's narrative, the beliefs she holds around them and any experiences or beliefs which acted as barriers or facilitators towards achieving positive relationships and intimacy.

6.2.1 Family

Nicole refers to her Grandparents as family (45). She considers her family to be small 'there's not that many people in my life really, other than Harry, my partner, his Mum, I love her to bits, urm my Grandma and Granddad and then my Nana and Granddad, that's it really, who support me anyway.' (316-320). Nicole refers to relatives on her Nana's side of the family tree but it is clear that 'It's not my family, I don't have nought to do with them' (366-367).

6.2.1.1 Mum

The Mum Deficit

The 'Mum' character is mentioned a few times in Nicole's narrative and I later understood from Nicole that this was around the time when her Mum was herself pregnant and not under the influence of drugs. Nicole however considered that for large parts of her life that her own Mum has been unavailable to her. 'You know if you don't have a Mum, like me' (642). Nicole narrates that without her Nana taking her in as a child 'I'd be dead, end of that' (343) or 'I'd have been in child social services' (343). These hypothetical alternatives illustrate the difference Nicole feels her Nana made to her life and at the same time demonstrates the absence of a traditional mother.

The Mum Belief

Nicole's beliefs around what a 'Mum' should be emerges partly from the deficit language, 'I don't have my Mum or ought like that, do you know, to tell me what to do.' (123). Her deficit narrative suggests that a 'Mum' is someone who you bond with (642-643) and who is emotionally as well as practically supportive (123). Nicole also demonstrates her belief of a 'Mum' through narrative around her own beliefs towards motherhood 'you have to look after somebody else and make sure everything is right for them' (492-493). Her indignation about a child being placed in what might be considered a dangerous environment 'without the Mother' (286) also reinforces a belief of a supportive Mum, who is optimally placed to safeguard the best interests of their child.

Compensating for the Mum Deficit

Nicole looks to relationships with others to compensate for the 'Mum deficit'. There is evidence of an expectation from some of these characters, such as school staff (651-716) to be supportive and provide genuine relationships. The expression of immense gratitude towards characters who partially compensate for the Mum deficit in support, advice and intimacy (Grandma (336-344), teacher (183-185), family Health Visitor (307)) however suggest that they are not subject to the same level of expectation as the 'Mum'. The deficit language suggests that other characters are not perceived to be able to fully satisfy the 'Mum deficit'. I felt that Nicole's perceived 'Mum deficit' underlined her need for positive relationships and intimacy and therefore her behaviour and perceptions around many of the relationships in her narrative.

6.2.1.2 Grandparents

Support and Security

Nicole attributes her security to her Grandparents, who have provided her with a home (719-720) especially her Nana (342-344). This was her home until the age of thirteen when 'I was put into a children's home, urm and then my paternal Grandparents said I could live with them, which I did' (719-720). Nicole's Grandparents are also credited with her financial stability. 'I've had money all through my life, I've never wanted for anything off my Granddad' (329-330).

Impact of Attitudes towards Grandparents

The attitude of society towards her Nana and paternal Granddad because of their conviction causes Nicole, distress. 'that's a thing I don't like and all, all them people... because he's got a schedule one offence, that is it, he's damned forever' (323-333). This becomes a particular barrier to Nicole's wellbeing in relation to Jack and her identity as a good mother when she interacts with professionals. 'for school to say that I'd be a bad Mum if I did let him ...(Granddad)...see him...(Jack)...and stuff, that were horrible, it was' (744-745). Social services is also perceived to be disapproving of them based on the single action in their life (332-333, 346-352), 'just a bad person to have in my life apparently.' (348). The use of 'apparently' indicates that the perspectives of others did not influence her own, wider view and Nicole is able to reconcile her identity as a good mother with her decision to allow Jack to see his Granddad (740-743). The narration of these interactions with professionals and her distress, which prompted me to terminate the recording at line 751, illustrates the significant impact this has had on Nicole.

Positive Relationship

Nicole's narrative however doesn't particularly focus on the nature of her relationship with her Grandparents, although she does comment on the relationship between her paternal Granddad and her son, 'he loves him, he loves him, adores him, gives him everything he wants, whenever he wants it, pays for anything he needs, takes him anywhere he needs to go, you know. He absolutely loves that child' (741-743). It is evident from the narrative that Nicole is grateful to her Grandparents and cares about them. The 'Mum deficit' suggests however that there are aspects of a relationship that she feels she would have with a 'Mum', which she doesn't have with her Grandparents, such as being able to talk about sexual relationships (642-645) and learning childcare skills (122-129).

6.2.1.3 Partner

Supportive

Harry is accredited as being supportive to Nicole. He boycotts the prom when Nicole is banned 'we were never allowed to go, because I was pregnant' (177). He goes to the hospital with her and her family when she's in labour and attends to her after the

caesarean section 'my partner had to put me in a stand up shower and wash me and everything, do you know' (71).

Shared Parenthood Experience

Nicole felt that their relationship changed during the transition to motherhood. She felt that the experience of having the baby brought them closer together. 'I don't think we'd still have been together if we hadn't had a baby, I think it just brought us so much closer' (555-556). Nicole felt that through this shared experience she reached a level of intimacy she hadn't thought possible. 'so much more relaxed with each other, like it's totally unbelievable, never in a million years would I get in the bath with anyone, half out, pregnant out here, you know (557-560). Her narration that 'We're not like a normal couple anyway, we're a lot closer. Definitely' (572-573). Suggests that this level of intimacy is not something that she had previously experienced herself or observed in the relationships around her.

Impact of Depression

Postnatal depression may have impacted on their relationship 'when I came off antidepressants, I split up with my partner moved into a house on my own' (223-224). However despite these difficulties 'we've rolled it out and we've both got a baby' (564-566).

6.2.1.4 Siblings

Dependency and Intimacy

Nicole mentions her younger brother and sister in the narrative, positioning them as dependant on her 'I always looked after them two' (609), this helps in the construction of her motherhood identity 'I've always been a Mum really' (610). She suggests an affectionate relationship with her little sister 'but she use to sleep in my bed, she use to get into my bed' (605-607). The repetition and delivery suggested that this intimacy meant a lot to her and supports the idea that at one time her sister may have looked to Nicole for the intimacy that many children find in their relationship with their Mum. That particular part of their relationship however is historical 'she's not like that no more like, she hates me, does my head in' (608).

6.2.1.5 Jack

The Baby Aspiration

It is possible that the reward Nicole received from her relationship with her sister, in conjunction with the lack of intimacy from other sources, prior to motherhood, contributed to her preference to young motherhood over the lifestyle of her peers (432-437). 'I always wanted a baby, I know I did' (498).

Direction and Self-Worth

Prior to having Jack, Nicole's narration suggested that she had no particular direction for her post school life (478-480) and had low self-worth beliefs. 'If you're on your own, it's like what are you going to give yourself, oh you don't care do you, it doesn't matter, not right bothered' (488-490). Becoming a Mum however is fulfilling in that it provides direction and certainty 'there's something living inside me that I have to look after, right this is my job, for the rest of my life. I know I have to do this, this and this to take care of this little person' (527-529). It also provides the opportunity to boost self-worth beliefs by being successful in the role of motherhood and constructing a positive 'Mum' identity, 'when it's somebody else's life and you have to look after somebody else and make sure everything is right for them. It's almost like an incentive sort of thing because it's just so rewarding when you just see him' (491-495).

Intimacy

Nicole feels that she now has intimacy with Jack 'it's like a connection, sort of thing' (460) and indicates that this relationship is a priority to her, 'it's it's good. I like it, I love it, I wouldn't change it for the world' (466).

Separation Barrier

Achieving intimacy has been problematic. Nicole's ability to bond with Jack was immediately compromised due to medical complications, Nicole had to wait to see him and when she does finally see him she is unable to physically touch him (65). Nicole is denied the opportunity to breastfeed him on his 'first' feed (76) her distress at this may indicate her association between breastfeeding and bonding.

Unfortunately barriers to Nicole bonding with her child continue. Her broken ankle at a time when she had temporarily split from her partner (224) resulted in Jack staying

with Nicole's Grandparents (227) while Nicole stayed in the house alone, 'moved into a house on my own, broke my ankle so my son wasn't there ... so he wasn't there' (224-227). Social services subsequently became involved and increased the duration of this separation (285). By the time Nicole was able to have Jack back he had already bonded with his Great Grandma (296), 'he use to cry for my Grandma' (296).

6.2.2 **Professionals**

Nicole looks to professionals to fill the relationship deficit she perceives from not having a Mum. I felt that Nicole's beliefs of professionals working in education, medicine and social care was as follows: they genuinely care, are supportive and fair. I deduced this primarily from Nicole's disappointment when she perceives professionals failing to meet her expectations. Nicole forms positive relationships with some professionals, however is very aware of negative and false relationships as well as barriers to forming more intimate relationships.

6.2.2.1 School Staff

Nicole acknowledges having a good relationship with her teachers and looks to them to partially replace the relationship she feels she should have had with her Mum. 'You know if you don't have a Mum, like me and you go to school every day and you like school and you bond with your teachers' (642-63). The 'bond' Nicole forms with some of her teachers is clearly very important to her and causes pain when she perceives that the bond is one sided and the relationship constructed from their side is to facilitate their job rather than forged from genuine affection. 'It were the same every year, you got a new head of year and you noticed that, the one that you had the year before, they don't even speak to you no more, they made out like they cared while you were in their year, as soon as you moved on, that's it you don't speak to them ever again... Do you know you build a bond with somebody and they say "*oh yeah, yeah, come whenever you want, any problem." A*s soon as you move from their year it's like no don't speak to me. You're not in my year any more. That was horrible and all'' (710-716).

Nicole felt that a minority of teachers in school genuinely believed in her and were supportive towards her: 'Only a selected few who would say that you can do this' (655). Others were dismissive or negative towards her 'some teachers in that school

will say oh yeah, she won't do right well. She won't, she won't get far... others kept themselves to themselves and then bitched about you in the office' (651-656). Nicole identified family prejudice as a barrier to a positive relationship with these members of staff. 'Sometimes it's just because of who you are because it's like I said, because of the family name' (660-661).

When Nicole told her school she was pregnant she experienced rejection. 'They just didn't want me there ever, apart for my exams and that were it' (11). Nicole felt that the school's Catholic ideology contributed to this rejection. 'Because because they are obviously a catholic school, they don't like it, believe in it, so why should they have it in their school hey' (631-632). According to Nicole the school wasn't explicit about this, instead suggesting that the discrimination was due to health and safety concerns (179, 692), rather than any underlying prejudice. Nicole however wasn't convinced, referring to the school rules Nicole said 'It should have no pregnant people as well' (628).

Nicole recognised that the school institution itself was a barrier to forming the relationship that she wanted with staff. 'Even the teacher that bought me the hamper had to go and ask special permission from the head teacher, just to do that, just to bring me a hamper. It's not right, it's not right at all' (648-650).

6.2.2.2 Social Services

Negative Relationship

With the exception of social services Nicole reported a positive relationship with professionals working to support her with Jack, she portrayed their actions as fair and supportive and that they were able to acknowledge her progress (250-257). 'All other services are saying I'm great and fantastic, I do everything they say and allsorts' (260). Nicole's relationship with social services is however unequivocally negative. Nicole refers to him as 'that social worker' (258) indicating hostility. The term 'hate' (259 &270) is used to describe Nicole's emotions towards the social worker as well as his feelings towards her. Nicole describes him as 'awful' (259 & 266).

Unsupportive/ Hostile Intent

Nicole didn't perceive that his focus was on supporting her to look after Jack, 'that's not what he's doing, that social worker' (258). Instead she felt he was there to judge

her '"you use drugs, you use alcohol, you're a bad Mum, you can't look after your son", blah de, blah de, blah' (248), and was focused on separating Jack from her. 'When he first become involved he said "expect a letter through your door and get a solicitor as soon as you read it."... Expect a letter through your door, we're going to take your baby away' (271-275). Given his position this made him an immediate threat to Nicole.

Not Working Together

Nicole didn't perceive that the social worker was prepared to work with her 'he just talks over you. Just talks over, doesn't want to listen to anything you've got to say' (264). Nicole claims that the social worker labelled her as 'argumentative' (259).

Bad Character

Nicole partially attributes the above to the type of person he is, the fact that 'even professionals that have been from my house from other services have said "I don't like him either, he's not a nice person"' (265), helps to validate her understanding that the problem is with the social worker (266) and not with her.

Prejudice

Nicole however also feels that his reaction to her is biased by his prejudice towards her Nana's relatives who have a bad reputation (366). 'The social worker keeps writing in every report, Nicole is part of the Stevens family. That is not my name, I wasn't born into that family' (359-362).

6.2.2.3 Medical

Nicole's relationships with most medical professionals are considered in the next focus area as they impact on the ability to meet her medical needs and her experience of meeting her medical needs. This section however addresses her relationship with Rebecca (Family Health Nurse) as Nicole's narrative suggests that she developed a particularly positive relationship with Rebecca. 'I just love her, she's really nice Rebecca' (25).

Duration and Timing of Support

There are several factors which appear to facilitate this relationship and cause her to reflect that being 'introduced to the family health nurse partnership, were absolutely fantastic best thing that's happened to me' (22-23). One of these is the duration of the involvement which gives the relationship time to build up but also justifies investment in the relationship 'because they're there from the beginning when you find out you're pregnant, till the next, until your baby's two years old' (24). This also meant that Rebecca was involved with Nicole at a time 'when I was postnatal depression and all that' (301) and struggling to cope, so Rebecca's support appeared even more vital 'it's Rebecca really, she has been my rock, she has' (122).

Empowering

Rebecca taught her the parental skills that helped to empower her to become a successful mother, compensating for the 'Mum deficit' in this area (123), describing Rebecca as 'Everything you need to know about motherhood in a person' (129).

In It Together

Rebecca's approach when working with Nicole also seems to facilitate their positive relationship. 'Urm and Rebecca had come in and said 'oh come on Nicole we'll do it we're going to do it together and she'd say, 'if social services were here they'd be taking our Jack' (304-305). The use of words such as 'we'll', 'together' and 'our' indicate that Nicole perceived this to be a joint venture, that she wasn't alone. It also helps to convey a sense of genuine care and investment as it wasn't simply 'your Jack' but instead 'our Jack'. This appears to have been quite powerful for Nicole 'and then I'd be like, I've got to get up, I've got to do it. That's thanks to Rebecca that. Thank God. She's an angel' (306-307). Nicole narrates that 'special people for babies and stuff, babies and bumps' (405-406) provide the understanding and interest in her motherhood experiences that most other people don't. In the context of the wider narrative I felt that this reference was directed at Rebecca.

6.2.3 **Friends**

Changing Friendship

Prior to her pregnancy Nicole felt that she had quite a few friends in school. 'I've always had friends, I wouldn't say that I was a popular kid, but, everybody knew me... got on with everyone,' (376-380). Now however Nicole has different friends (389), these relationships differ from the types of friendship facilitated by the school environment, 'but yeah, it's not like, friends, friends, like constant friends, you know like you see every day and you talk to everyday, it's once a week like casual friends' (395-397). Nicole appreciates this, 'but it's nice, you have your own space' (398-400).

Support and Understanding

Other young Mums provide her with the understanding and support she needs 'and then you have time for friends who know exactly what you are going through. They know, they just know exactly what you're saying.' (401-402). This is something she finds difficult to get from anywhere else 'Nobody else, just nobody else ever gives a crap, they don't want to listen' (403-404).

Figure 6.2 Nicole's narrative map of self-agency and dependency
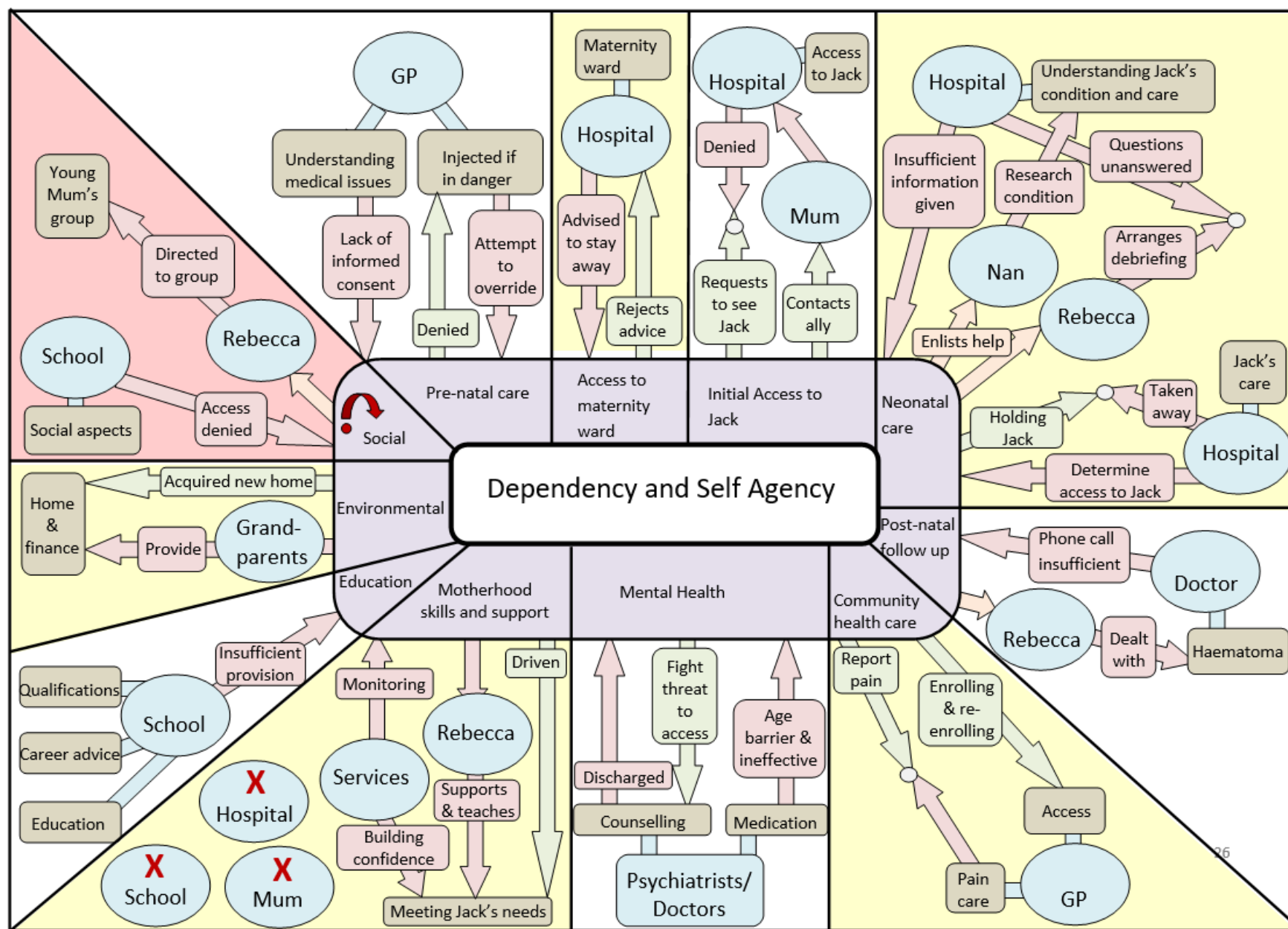
6.3 Dependency and Self-Agency

6.3.1 Experience of Medical Care

Like most mothers, Nicole is reliant on medical professionals to meet her and Jack's medical care needs. Nicole undergoes an emergency caesarean section and Jack is placed in the neonatal care unit. This is not the scenario that Nicole hoped for or even expected 'I wanted to get in the birthing pool and everything, they just said no it's not happening, not going to happen' (117-118). This in itself is a barrier to a positive experience, additional factors discussed below, however, also appear to have influenced Nicole's overall experience.

Medical Professional Construct

Nicole's narration suggests that prior to her pregnancy she had pre-existing high expectations of medical staff. Her narration, of their failure to meet these expectations suggests that Nicole's prior construct of medical professionals included, that they genuinely care for their patients, that they are proactive in their medical duties, that they strive to make sure their patients understand their medical issues including the implication of these and any related medication or procedures and that they respect the wishes of their patients.

Relationship and Genuine Concern

As suggested in the previous focus area, Nicole is sensitive to relationships, positive or negative, that she manages to forge with others. Nicole struggled to build positive relationships with the nurses on the hospital ward. 'I knew that they were only two nurses on the whole ward that looked forward to coming to see me, you know. The rest of them, they just, wont bothered. They were getting paid for being there, they weren't bothered.' (1487-148). Although her narration suggests that a couple of nurses may have come close to her expectation, Nicole is secure, 'I knew', in her conviction that the majority held no genuine concern for her. Her narrated interactions with nurses were effortful 'they wouldn't ask if you were OK or ought like that and they'd wait for you to press the buzzer, To ask for pain killers' (84) or critical 'my partner had got me a wheel chair to take me to the shop and the nurses turned

around and said does she really need that wheel chair, after I'd just had a emergency section, so that were, just a big shock to be asked that' (68-70).

Relationship also affects Nicole's ability to access medical care. Following her return home from hospital she has a medical problem. 'I had a haematoma, which I didn't even know what it was. I just looked one day and there was just puss and blood and I was absolutely terrified' (206-208). Despite the magnitude of her concern, when the doctor calls, Nicole doesn't report it. 'the check up that the doctor's suppose to do after you've had them, it was just a phone call, *are you OK, is everything OK?'* And I just said 'yeah', I just wanted to get on with my baby, just said yeah, put the phone down and never heard from them again. As far as they were concerned everything was fine' (196-201). The first use of 'just' implies that the measure was insufficient, 'if someone had have come and seen they would have noticed I had a haematoma.' (203). The distance of the doctor over the phone, whom she has no relationship with appears to contribute to Nicole's failure to report her medical needs. Also the perceived failure to meet her expectation of medical staff as genuinely caring may also have impacted on this. The significance of narrating that she 'never heard from them again', may reflect a belief that they were just meeting the minimum policy requirement and had no real concern for her health. In the context of her previous negative experience of hospital her perception of lack of relationship and genuine concern may have presented too much of a barrier to disclose a frightening and personal medical condition. In contrast Nicole is able to discuss it with someone she does have a relationship with. 'I told Rebecca about it, she sorted everything out' (204).

 Relationship also appears to feature in Nicole's ability to successfully access psychiatric counselling. She narrates positively around the effectiveness of the first psychiatrist she sees, 'the best person ever for that sort of job. Really got into my head, really got it out how I saw it, do you know what I mean' (232-233). Evidence for Nicole's positive relationship with the psychiatrist is inferred from his reaction to the threat off Nicole being reassigned to a different psychiatrist. ''*I'm going to make it my personal business to see you, I want to see you, I know I can work with you, it'll be a good thing for you'* (238). In contrast when that psychiatrist goes off on long term sick (239) and Nicole is assigned to a new psychiatrist who denies her further access, Nicole's narration focuses on the fact that there is no relationship between them. 'The last person I saw was a psychiatrist I'd never met before, she'd only read

about three, four pages of stuff about me, cos obviously the other doctor was off sick so there was never ought really taken down about me, urm and she just said I think your postnatal depression is a secondary issue, I'm signing you off, that's it' (240-242).

Informed Consent

Nicole feels that she was provided with insufficient information about what was going on. In regard to her prenatal care Nicole narrates 'my consultant were taking me for extra scans and stuff. Nobody ever told me the reason why' (26-27). 'Nobody told me' (66, 79 & 82) is repeated several times within the narrative of her hospital experience. This coupled with her tone of delivery suggests that this is contrary to her prior expectation.

The lack of understanding appears to heighten her fear as from Nicole's perspective everything happens without warning and without an ability to provide informed consent. 'then all of a sudden it were like, you have to be put to sleep now' (42).

Further to simply not providing enough information her narrative suggests that she feels she may have been deliberately mislead at times. When Nicole asks to see her baby after regaining consciousness from the procedure **'**They just said *'oh he's fine, he's on neonatal, unit, special care,'' (49)*. The contradiction in the statement is not lost on Nicole 'Want to know what's happening with your baby, not, *"oh yeah everything fine"* when it's really not' (144). Her later discovery of her hospital file notes reinforces that the extent of the situation was being hidden from her 'I looked in my discharge notes though and it says that there was a threat to mother and babies life, stuff like that, I was never told anything about, ever, it's just like, they just keep you in the dark, really do, I don't know why' (140-141).

There is evidence within the narrative that medical staff were passing some information onto Nicole about her son's medical condition. 'I was told that it were his blood sugar levels, that were low' (67), 'then I got told his blood platelets are below' (80). Nicole however didn't find this information sufficient 'but obviously I didn't know about it or what it meant' (81). Nicole enlists the help of her Nana to try to make sense of the situation 'my Nana researched it all and found out he could have had brain damage or anything' (81). The need to understand extends beyond the time of crisis. Rebecca (family health nurse) set up a meeting for Nicole with hospital staff to

help her understand her overall hospital experience. However 'when it came to what happened with Jack on neonatal, *we can't tell you about that, you have to have a special review in neonatal*,' (137-138). Her concluding remark, 'that's what they said and that was the end of that' (139), suggests that although she has had to accept that there is no further course of action, a satisfactory resolution was not achieved.

Overridden or Ignored

When Nicole felt she had enough of an understanding to make a decision it was either ignored or overruled. In the first instance informed consent was actually sought by the doctor in charge of Nicole's prenatal care, however this transpired to be a tokenistic gesture 'I found out that my consultant had secretly gone to my Grandparents and asked for permission from them to inject me if my life were in danger because I'd refused it' (30). Similarly 'I did tell them that I wanted to breast feed, they bottle fed him through a tube, his first feed' (67).

Nicole has a clear construct around the cause of her physical medical complaints (186-190) that she has experienced since Jack was born. 'I healed wrong cos my bed in hospital was always sat up rather than laid down flat' (210-211). Nicole however feels that individuals who are in a position to address her medical issues have failed to do so. 'I have expressed these concerns ever since I had him and nobody has ever done anything about it.' (191-192).

Age Discrimination

Nicole's age is also perceived as a barrier to receiving appropriate medication and with the medical professionals unable or unwilling to help Nicole she has felt the need to turn to other allies to meet her need. 'I've had to start taking pain, stronger pain killers, you know than just paracetamol and stuff like that but off other people because when I was underage they wouldn't prescribe me anything' (214-215). Nicole faced a similar issue in regard to her postnatal depression diagnosis (216) 'because I was under eighteen they won't prescribe me what they normally throw out to everybody else' (218). Nicole does end up receiving medication however these are perceived as being as effective as the paracetomol was for her pain. 'I ended up having to have four different ones before I just eventually gave up' (221). It's unclear what medical professionals said to Nicole or how her construct of age discrimination

formed. What is evident is that the belief adds to this idea of having to fight for her needs to be met and that this is affected by who she is (a young Mum).

Fighting for Access

Nicole perceives that gaining access to her son after the C-section is a fight from the moment she regains consciousness. 'the first thing I remember after that was waking up in labour ward, pressing the button asking "where's my baby, where's my baby." (47-48)... 'pressed again, "I want to see my baby", *"oh no you can't go yet",* so then they left me again, pressed again, "want to see my baby". *"Oh no you can't go yet, you can't go yet".* (51-55). Her failed attempts to gain access to Jack lead her to conclude that she is not powerful enough alone and enlists the help of an ally. 'I'd had him at four o'clock in the afternoon and four O'clock the next morning I rang my Mum, said 'I want to see my baby, they won't take me to see him,' (57). Despite the nurses' protest (60), Nicole appears convinced that she had to fight to see Jack. 'I just thought it doesn't matter if you were just going to take me, cos I'm going.' (61).

Even after she had been taken to see Jack her access to him is still restricted 'I wasn't allowed to touch him put my hand in or ought like that' (65). This separation is difficult for Nicole, 'I just kept saying I want to go home, just want to go home, take my baby home' (87), perhaps exacerbated by the lack of understanding of what his needs are to help her rationalise the need for separation. Eventually Nicole is faced with the threat of even greater separation 'They wanted to send me home that day and leave my baby there' (74). It is unclear whether her protests or proposed solution '"why can't he at least be in the room with me on labour ward?"' (78), prevented this but eventually Jack is allowed on Nicole's ward (89). Once they are together Nicole narrates 'Then there were no, no problems' (91). Suggesting that the separation from Jack was a major contributor to the overall negativity of the hospital experience.

Accessing several aspects of health care is also portrayed as a struggle. The first experience of this that is mentioned in the narrative relates to trying to access the maternity ward. 'We rang labour ward. Er said you know, "the contractions are really bad, I really want to come in"' (31-32). The ward however tries to dissuade Nicole and her family from coming in (33). Nicole however goes against this advice for

which she eventually feels vindicated. 'and in the end they found out that if I had done that then my baby would have died' (34).

Enrolling with the GP is another effortful experience. The moving between different addresses and the local GP surgery's rules and regulations on catchment area, become a barrier to be being able to meet her and Jack's health needs. 'I were at one doctors and then when I became pregnant I moved to [area name2] so I went to their doctors and then once I'd moved again I had to move back to my old doctors ... and it was just like back and forth, back and forth, back and forth' (537-542). The catchment area also becomes contentious when it threatens to have her allocated to a new psychiatrist having established a good relationship with the one she was seeing '"*you're not on the list that's coming to me anymore*"' (237). In both situations Nicole questions the decisions. 'It was like, which one of you is going to have me... This is where I'm staying, I want this doctor' (544-548).

Negative Medical Experience

Nicole's hospital experience is unequivocally negative 'I said if I ever get pregnant again, I won't be going back to [name of hospital], I'll go to the [name of another hospital] or somewhere like that, because it just wasn't nice, wasn't a nice experience' (154-155). It is marked by a sense of fear and confusion from a lack of understanding and a feeling of powerlessness when her decisions and requests are ignored. She feels disrespected by this and the reaction of hospital staff towards her. Inside hospital she is separated from her son and has to fight for access to him. Leaving hospital does not end Nicole's fight as moving houses and age restrictions on drugs form new barriers to contend with. Positive relationships with medical professionals however facilitate access to medical care. Family members also facilitate Nicole, however Nicole spends a lot of time isolated within the hospital 'So I'd walk over there on my own and then eventually I just got to a point where, I just kept saying I want to go home' (86-87).

A closer examination of Story 12 may help to illustrate key aspects of the negative medical experience (appendix p228)

Rationalising the Medical Experience

The tension between her negative experience and her prior high expectation of medical professionals result in a disequilibrium. The conflict is not resolved by making a new set of beliefs around medical professionals but instead her prior beliefs are maintained and her experiences are either maintained in the state of confusion or are attributed more personally to her status as a young Mum. Following her discovery that other young Mums have stories of similar negative experiences (410-420) this belief is reinforced and generalised to an institutionalised prejudice within the hospital culture.

6.3.2 **Educa**tion and **Career**

Pregnancy impacts diversely on Nicole's experience of education including her access to it and relationship with it. The factors discussed below impact on Nicole's experience.

Excluded and Written Off

When Nicole informed her school that she was pregnant 'they just straight away *extended study leave.* Not to come into school, that's it.' (8-9). They allowed her guarded escort to her exams (10), however when it came to her achievement 'they weren't right bothered' (679).

Rejected and Lost

Prior to pregnancy Nicole expressed a strong engagement in school 'I loved school, I loved going to school I went to school every day, almost every day, I, I loved school. I loved doing my courses and all sorts.' (689-690). Dealing with the rejection as well as the loss of security it had provided was very difficult 'Oh I were stranded, that were it. I was stranded' (694).

Inadequate Alternate Provision

In terms of alternative provision 'they sent me out in post just a load of leaflets to read' (674). The 'just' suggests an acknowledgement that this was inadequate and as Nicole admits 'I didn't really study' (673).

Changing Educational Aspiration

Despite engagement with school, Nicole had no aspirations related to education or career prior to pregnancy 'I wasn't aiming for a job, I wasn't aiming for college, nothing. I had nothing in my future, in my eyes.' (476-478). This lack of aspiration is positioned within story 38. My structural analysis of this story classified this as *orientation* which was related to a low self-worth (488-490), *complicating action*, however having Jack allows her to move on from this (*resolution*). At the time of interview Nicole was planning to return to education.

Insufficient Post School Guidance

Nicole reports that 'within leaving school there were just no guidance, no nought. They didn't tell you where to go, what to do next, what happens now, none of it.' (705-706).

Overall Interpretation of Educational Experience

Prior to pregnancy although there is an acknowledgement of an uncertain life after school, school is enjoyed as a discrete phenomenon. It provides direction, security and interest. Following pregnancy this is taken away from Nicole. Health and safety are cited by the school as the major barrier to accessing school but Nicole perceive that it is more than just discrimination on these grounds, instead attributing her exclusion to prejudice against young Mums and suggesting that the religious ethos of the school underlies this prejudice. Nicole felt that they simply did not want pregnant student at their school (628). Consequently, Nicole also has to deal emotionally with this type of rejection.

The quality of her academic provision is significantly reduced. Nicole perceives the material to be inadequate and she is left to pursue, unsupervised, self-directed learning. Her negative emotional experience coupled with low self-worth beliefs are barriers towards being successful at this type of learning and Nicole does not effectively access this provision.

Nicole has no educational or career aspirations to help direct her educational or career journey and school failed to support her to do so. Having Jack however improved her motivation, wanting to provide for him and possibly also boosting her self-worth beliefs, impacting on Nicole's educational aspirations.

6.3.3 Successful Mother

Opposition and Ally

Nicole's first motherhood decision was to keep her baby even against opposition. Nicole felt that both her Nana and Mum were against her becoming a Mum 'they were all saying, they were all going *'do the right thing, do the right thing,'* as if to say get rid, you're not having this baby' (508-509). From Nicole's narration it is clear that Nicole really wanted the baby (498) and it's unclear what the emotional impact of this resistance was. The decision to have the child however is made easier given her Granddad's objection to abortion (510-511). 'I just decided with him straight away' (513).

Depression: The Failed Mum Construct

Nicole appears to believe that the onset of postnatal depression relates to her perceived failure as a mother. 'I were, did suffer from postnatal depression because I thought I didn't give that baby life,' (113). The life instead is credited to others, 'if them doctors hadn't been there he would have died' (114). The narrative suggests a sense of guilt around this failure to have brought him into the world a healthy baby. 'he was just in an incubator, urr he had a tube in, stuff stuck in all over him, urm I just burst out crying, kept saying 'I'm sorry, I'm sorry' (63-64).

Impact of Depression

Nicole perceives that depression impacted on her ability to be a successful Mum and acknowledges the support she needed from Rebecca (123) and other professionals 'done what I'm supposed to have done and then slipped down when they've left,' (255). Nonetheless she felt that her motivation to be a mother helped to keep her going even at the height of her depression 'yeah I was depressed and I cried and whatever, I still got up with him in the middle of the night when he cried for his booby (laugh) you know' (533-534).

Depression and Substance Abuse

In story 24 Nicole talks about turning to substance abuse. The structural analysis of this story positions substance abuse in the context of her postnatal depression

(*orientation*) and as a consequence of further separation from her son, this time induced by a situational barrier (*complicating action*).

Table 6.3 structural analysis of story 24

Nicole's narration	Labov's devices
Urm, then when I came off antidepressants, (224)	Orientation
I split up with my partner moved into a house on my own, (225)	Orientation
broke my ankle so my son wasn't there, (226)	Complicating action
cos I couldn't look after him in a three storey house with a broken ankle, (227)	Complicating action/ Evaluation
so he wasn't there, he was with my Grandparents. (228)	Orientation
And then gradually started to use drugs and alcohol, (229)	Resolution
which I used almost every day, (230)	Resolution
urm, psychiatrist at [place name] knew, nought was ever done about that, (231)	Evaluation/ coda

From a language device perspective it is noteworthy that Nicole repeats that Jack 'wasn't there' (226 & 228) emphasising the separation from 'my son' (226) as the focus. Nicole also narrates that she was 'on my own' (225) which in the context of the rest of the narrative I interpret to be particularly salient and negative for Nicole, giving a sense of isolation and being unsupported and creating a sense of the inevitability of self-destructive behaviour. Themes from the wider narrative which aid this interpretation include her need for positive relationship, her desire for a child, her own lack of self-worth and her belief that Jack gives her purpose.

The evaluation in line 231 suggests two beliefs around the substance abuse, the first being that Nicole considers the substance abuse to have been a problem and the second that Nicole felt that professionals, such as the psychiatrist should have

offered her more help to address this. Another professional who learns about the substance abuse is the social worker however his reaction is entirely inconsistent with the expectation that professionals are there to help. 'social services got involved, urm and that's when all that was thrown in my face, *"you use drugs, you use alcohol, you're a bad Mum, you can't look after your son, blah de, blah de, blah" (247-248)*. The social worker character sees Nicole's substance abuse as a barrier to her ability to be a successful Mum. Although Nicole feels that the substance abuse is a problem she doesn't share this perspective, narrating that 'for some reason' (285) the social worker felt that Jack should remain with his Grandparents until she had sorted her problem. The discrepancy may be because Nicole sees the substance abuse as linked to her separation from Jack.

Acquisition of Parenting Skills

Nicole credits her acquisition of the knowledge and skills needed for motherhood to Rebecca. 'if Rebecca hadn't told me I wouldn't know really. It was Rebecca that showed me is first bath... urm, Rebecca told me when to wean him, what to do when you have colic' (125-128). Nicole felt that her 'Mum deficit' placed her at a disadvantage compared to other young Mums. It is clear that Nicole is grateful for the support she received from Rebecca 'Without her I'd be nowhere because I don't have my Mum or ought like that, do you know, to tell me what to do' (123). It is evident from the narrative however that Nicole feels that the family health nurse isn't the only professional who should have responsibility of contributing to her motherhood education.

Nicole describes her education on sex and pregnancy as non-existent 'it was just about because they were a catholic school, they don't allow no sex education, they just don't allow anything.' (622-623). The school's religious ethos was cited as a significant barrier for her to feel able to approach staff about these issues 'You know if you don't have a Mum, like me and you go to school every day and you like school and you bond with your teachers but you daren't ask them because they are a catholic school, that's awful, that is awful. It should be talked openly about and explained, at least in some detail, rather than none, because that's just what it is up there, none. Nothing, keep mouth shut' (642-647). Nicole didn't spontaneously offer criticism towards her school for its lack of direct teaching of parenting skills, however

when I asked her if she felt they should have a role she replied 'Oh yeah, definitely, definitely, that should be taught to all young women' (638). In contrast Nicole clearly did hold an expectation that hospital staff should be instrumental in instructing new mothers (616). 'It would be a shame for somebody that didn't know. You know, they still wouldn't be told how to bath your baby and how to breastfeed and stuff like that.' (614-615). Nicole felt that skills like these needed teaching and seemed a little exasperated by the lack of time invested in educating new Mums, especially young Mums, given the perception that society views them to be less competent than older Mums. 'I don't know how they expect you to go on, cos you're such a young Mum, you know, expect you just to go home and get on with it do they' (617-619).

6.3.4 Security

Nicole attributes much of her security to her Grandparents, who provide her with a home and give her financial support. Later on Nicole is required to source her own home (285). 'Then urm in October, I got this house, paid for it all myself. All out my own money, got everything I needed' (288-289). This achievement marks a new independence.

6.3.5 Social

School Access
Nicole's pregnancy causes a reduction in her friendships 'and then when I got pregnant, there were only a few of them,' (385-386). This does not seem to have been attributed to a negative change in the attitude of her peers towards her, in fact Nicole suggests that her peers where enthusiastic about her and her pregnancy 'Everybody at school always wanted to see me, *"when you coming in, I want to see you, how big are you. I want to see you, I want to see you, when are you coming in"'* (667-669). For Nicole however the barrier was the lack of access to school, 'and, just wont allowed. Wont allowed' (671).

Youth Lifestyle versus Motherhood
The friends Nicole was able to retain however did not survive further transition into motherhood: 'I don't see them anymore though' (388). Nicole considers the lifestyle of her old peers and that of motherhood to be mutually exclusive (432-434). Nicole

gives a hypothetical alternative to illustrate her security in her choice for the motherhood lifestyle. 'I thought I was going to be one of those kids that would go out very weekend, get smashed out of their face, have a good time, as people would call it... The live your life to the full, all that, foolish.' (471-474). Nicole's narrative convinces me that, to this young woman, with no prior direction 'I had nothing in my future, in my eyes' (478), the freedom of youth feels a dangerous prospect. In contrast, motherhood, which provides both the direction (481-495, 528-529) and the intimacy she needs is a vastly superior choice, 'and I'm sat at home with a little loving family, watching TV, giggling, laughing, throwing food at each other, do you know what I mean, making pictures and stuff to remember for the rest of your life' (434-437).

Finding Friends

Access to other young Mums who where a vital source of support was dependent on being signposted to a group by the Family Health Nurse 'if it wont for her I'd have no Emma's group on a Tuesday' (132). Nicole felt that accessing friends as a mother no longer attending an educational setting, was particularly difficult. 'If it wasn't for the baby groups I wouldn't have met nobody. I wouldn't have known anybody. I would have just been sat on my own every day, on my own' (391-393). Once directed to the group, Nicole accessed it regularly.

Community

Nicole felt that individuals outside the family felt that she should consider having abortion (515). Once she had her son, she felt she experienced prejudice in the wider community (426). 'It's almost like discrimination, you're singled out because you are a young Mum, you're a disgrace because you're a young Mum. *"Oh look at her, how old do you think she is and she's got a baby"*' (419-422).

Chapter 7 Summary of findings by research questions

The purpose of this chapter is to summaries the findings from the previous chapters and relate them to the research questions.

> *Reminder of the research questions*
>
> 1) What are the experiences of young Mums?
>
> 2) How do their beliefs and identities change during these experiences?
>
> 4) How does the identity of 'young mum' impact on the life experiences of
>
> participants?

7.1 What are the Experiences of Young Mums?

Following my analysis, the analysis sheets (digital appendix) contained a wealth of information relating to the experiences of Sasha and Nicole. In order to avoid overwhelming the reader with this content I needed to reduce this information down into themes and group them further into superordinate themes. I started this process by taking information directly from my analysis sheets and experimenting with grouping those that I felt were related, under unifying headings. See the grouping themes tables (digital appendix) for an early example of this process. Overtime by grouping related themes I evolved five superordinate themes.

- Relationships
- Motherhood
- Prejudice and discrimination
- Resources
- Emotional Health

Below thematic findings from both narratives are sorted into the superordinate theme categories. Colours indicate whether the findings were identified in Sasha's (red), Nicole's (blue) or both narratives (purple). The numbers in the summary paragraphs correspond to the relevant theme in tables 7.1.1 to 7.1.5.

7.1.1 Relationships

Relationship changes is pertinent to both Nicole and Sasha's experiences. The ability to turn to relationships for support is relevant to both narratives. The

availability of support, their ability to access it and their beliefs about who should provide the support, however, vary both between participants and overtime for individual participants (**expectations of support**). Sasha felt that the child's father should shoulder the burden of support (1, 2, 3), but this didn't materialise and Sasha turned more to family for support, especially close female relatives (5). Nicole felt that the new Mums mother should provide support (1, 3) but her own mother wasn't available so she felt disadvantaged (3). Nicole didn't have expectations that anyone else should be expected to provide a significant level of support (4) and the support that she acknowledges as coming when she needs it the most, comes from a professional (health care visitor).

Both Sasha and Nicole's narrative suggest that the experiences of motherhood contribute to additional stressors on their relationships, which can lead to temporary or permanent relationship breakdowns (**relationship stressors**). Sasha felt that her relatives experienced grief over the future they perceived she had lost (6) and her Mum expected that the addition of a new child would add to her own burdens (7). In addition, Sasha felt that her changing identity upset the power balance in her relationships with her partner and with her Mum (9), causing friction. The failure of her partner to provide the level of support she had expected (8) and the experience of domestic violence in her relationship with her Mum (10), caused significant difficulties for these relationships. The lack of common interest with old friends led to the erosion of old friendships for both Mums (14). Sasha also found that the constraints of childcare made socialising more difficult (15) and found that her old friends where insensitive to the needs of the mother and child when it came to planning social events (16). Emotional lows restricted Sasha's socialising and postnatal depression impacted on Nicole's relationship with her partner (11). The fear of social rejection and negative reactions lead to Sasha avoiding her peers and impacted on both young Mums interactions with some professionals (12). The perception that some professional (especially educational professionals) were not concerned with their wellbeing impacted negatively on these relationships (13).

With the loss of relationships there was also a need for both Sasha and Nicole to establish new relationships and in some cases repair relationships that have broken down because of additional stresses (**establishing/ repairing relationships**). Sasha had high expectations that family should be there to support each other, which motivated her to repair these relationships (19). She found that family

traditions and family events were useful in reconnecting with relatives (17). Support from professionals was sometimes useful, such as the intervention of the social worker in supporting Sasha's relationship with her Mum and the signposting of Nicole to the young Mums group by the health care visitor (18).

Both Sasha and Nicole found that the motherhood journey eventually led to the strengthening of certain relationships (**strengthening relationships**). Regular interaction (20) was important for strengthening friendships and relationships with family and partners. Everyday conversations (22) was important to Sasha's eventual strengthening of her relationship with her mother, additionally shared tasks (21) contributed to the increased closeness between Nicole and her partner. In terms of friendships, other Mums proved to be individuals that Sasha and Nicole were able to form good relationships with (25) partly because of their shared experiences and interests (23) and also because unlike many other relationships these were relationships of co-support and in many cases of equal power (24). In order to strengthen her relationships with her work colleagues, Sasha had to stop concealing her status and open up to them about her situation (26) Sasha felt that the exclusivity of the relationship, such as that between mother and child facilitated an increased closeness (27)

Finally, under the umbrella of relationships, is a theme unique to Nicole's narrative. For Nicole motherhood become a way to avoid undesirable relationships (28) (**ending/ avoiding relationships**).

Table 7.1.1: Themes within Relationships

Relationships
Expectations of support
1) Who (family/partner/professionals)
2) How much support
3) Cultural/ societal comparisons
4) Level of expectation that others should meet needs
5) Gender (female)
Relationship stresses
6) Grief and loss of expected future for loved one
7) Fear of negative impact on relative's own life
8) Violated expectations
9) Changing identity threatens relationships
10) Domestic violence
11) Depression/ emotional difficulties
12) Fear of social rejection/ prejudice (peers, professionals)
13) Disregard for wellbeing (professionals)
14) No common interest
15) Childcare restricts socialising
16) Insensitivity to mother friendly socialising

Establishing/ repairing relationships
17) Using events and traditions to establish/ repair relationships
18) Support from professionals
19) High expectations of family
Strengthening relationships
20) Regular interaction
21) Shared tasks
22) Everyday conversation
23) Common interest (children & motherhood)
24) Reciprocal
25) Finding the right people (e.g. other young Mums)
26) Honesty about status
27) Exclusivity
Ending/ avoiding relationships
28) Motherhood allows avoidance of harmful social groups

7.1.2 Motherhood

The superordinate theme 'Motherhood', refers to aspects that affect the young Mum's ability to embrace their motherhood identity and succeed as mothers. For Sasha, high educational and career aspirations were a significant barrier to her ability to initially embrace motherhood (31) as was her investment in an able student identity (33) in contrast to Nicole who had no such barriers (32) (**motherhood versus education/ career**). Sasha initially perceived young motherhood and career success to be incompatible (29). Sasha also experienced discrimination in the work place for being a Mum (34). It took exposure to lots of relatively successful working Mum role models in her workplace to begin to change this view (30). This led to the development of new career and educational aspirations (35). For Nicole it was motherhood success that led to increased motivation to improve her economic situation and the development of beliefs that she may be able to improve her economic wellbeing through education (36).

For Nicole, motherhood was a personal aspiration which she expected to result in wellbeing benefits (37) (**choosing motherhood**). Nicole felt that there were additional benefits to being young when you come a mother (40). Though she encountered some opposition from the adults around her (38). For Sasha it was more about rejecting abortion than actively choosing motherhood (39). Neither of the young Mums had planned to become pregnant when they did and both young Mums felt that the sex education at their schools was insufficient (41).

Nicole in particular encountered initial difficulties in realising her goal of becoming a competent mother (**becoming a competent mother**), her perceived immediate failure due to medical complications (42), which resulted in separation from her child and was attributed to mental health difficulties, along with the later involvement of social services that was perceived as unsupportive (43), feature as potential barriers to becoming a competent mother. Though positive professional support was perceived as a facilitator (44). Both Nicole and Sasha felt that they had been insufficiently educated in areas that may have aided their ability to succeed as mothers (46,47 & 48). Nicole experienced periods of separation from her child that hindered successful bonding (45) and Although initial bonding appeared successful for Sasha, starting work when her baby was still young and finding that work and educational commitment reduced her ability to spend quality time with her child impacted on her motherhood identity and made her re-evaluate her priorities (45).

Table 7.1.2 Themes within Motherhood

Motherhood
Motherhood versus Education/career
29) Incompatibility belief
30) Role models inform possibilities for working mums
31) High Educational/ career aspirations hinder positive motherhood identity
32) Low Educational/ career aspiration allows commitment to motherhood identity
33) Able student identity versus motherhood
34) Discriminated at work for being a mother
35) Changing identity & compatibility beliefs promotes reflection on new aspirations
36) Motherhood identity & success leads to educational/ career aspirations
Choosing motherhood
37) Desire for motherhood
38) Opposition to motherhood
39) Personal beliefs against abortion
40) Benefits of early motherhood
41) Insufficient sex education
Becoming a competent mother
42) Failure at birth
43) Social service involvement
44) Professional support
45) Sufficient time with the child
46) Insufficient education on pregnancy and motherhood
47) Insufficient education on parenting skills
48) Insufficient education on finance, housing and household management

7.1.3 Prejudice and Discrimination

This superordinate theme includes the perceived negative judgement and treatment from others, that the participants experienced (**prejudice/ disrespect**). This may be attributed to their status as a young Mum, such as they both perceived from the community (49) and educational staff (50), Nicole perceived from health professionals (50) and Sasha from peers (49). It may alternatively by attributed to other areas, Nicole for example felt that she experienced prejudice due to her family background from educational staff and social services (50) and was disrespected and ignored by health care professionals due to her age (53), whereas Sasha felt she experienced discrimination in the workplace due to her status as a mother, rather than as a young mother specifically (54). Both Sasha and Nicole felt that educational professionals failed to care sufficiently about their wellbeing (51) and Nicole was particularly sensitive to ingenuine relationships with professionals (52).

This superordinate theme also includes behaviours I felt were directly related to the experience of prejudice (**reaction to prejudice**). Sasha leaves school to avoid judgement (56) and later conceals her young mother status from others at college and initially in her apprenticeship workplace (55). Nicole on the other hand is very hostile towards the social service worker she can't avoid and she feels is prejudice towards her (57).

Finally, strategies that the young Mums use, which may be protective against the negative emotional impact of prejudice are also consider under this superordinate theme (**reducing the impact of stigmatization**). Nicole in particular is confident in the benefits of being a young mother (60), both young Mums are able to recognise the positive contributions of young Mums (61) and discredit those with stigmatized narratives of young motherhood (59). Sasha also finds that identification with all mothers rather than simply young mothers allows her to adopt a less marginalised identity around motherhood (58).

Table 7.1.3 Themes within Prejudice and discrimination

Prejudice and discrimination
Prejudice/ Disrespect
49) Social rejection (Family, Peers, Community)
50) Negative judgement (Education/ social services)

51) Wellbeing disregarded (Education/social services)
52) Ingenuine relationships
53) Wishes ignored (medical)
54) Discrimination at work
Reaction to prejudice
55) Concealment of status
56) Avoidance of places (school)
57) Negative reaction towards other
Reducing the impact of Stigmatisation
58) Wider identification
59) Discredit 'other'
60) Recognising the positives of young motherhood
61) Recognising positive contributions of young Mums

7.1.4 Resources

Resources refers to the young Mums' ability to acquire sufficient resources and access services.

Access to education (**accessing education**) is problematic for Nicole due to her school excluding her on health and safety grounds (62). Emotional issues such as wanting to be with her child and worrying about her child's wellbeing, become issues for Sasha (64) and concerns about childcare (65) and time-consuming transportation (66) exacerbate this. Personal beliefs such as Sasha's initial beliefs around the incompatibility between motherhood and education (69) and Nicole's changing beliefs around her ability to improve her occupational and economic wellbeing through education (68), also influence how well the young Mums are able to access appropriate educational opportunities. Negative relationships with educational professionals contributed to Sasha's decisions to leave educational placements (70). Though at least one professional played a supportive role in helping to negotiate Sasha's maternity leave (71). Physical pregnancy symptoms (63) such as tiredness (Sasha) and discomfort during exams (Nicole) also impacted on how effectively the young Mums were able to access their educational opportunities. Concerns about income and providing for her child also influenced Sasha's educational decisions (66).

Access to medical care (**accessing medical care**) predominately features in Nicole's narrative and exposes factors such as poor communication (72), negative interactions with staff (73) and lack of direct contact (74) as factors contributing to the negative experiences of health care and lead to rejection of required medical support later. On the other hand, family support (77), personal contact from

professionals (74) and positive relationships with professionals (76) have a positive impact. Housing instability was mentioned as a barrier to accessing GP services (75).

Access to facilities and acquiring adequate resources can impact on the young Mums sense of security (**security**). Inadequate housing features in both narratives (80) and Sasha identified as being homeless (79) at one point during her motherhood journey. Insufficient income (81) and concerns about the adequacy of the child care provision (82) also appear in Sasha's narrative as threats to her sense of security (security). The loss of access to her educational provision is also suggested by Nicole to impact on her sense of security (78)

Table 7.1.4 Themes within Resources

Resources
Accessing education
62) School exclusion
63) Physical pregnancy symptoms
64) Separation from child
65) Childcare
66) Income
67) Transportation
68) Adequate self-esteem beliefs/ motivation
69) Motherhood/education compatibility beliefs
70) Relationships with professionals
71) Support from professionals
Accessing medical care
72) Poor communication
73) Negative interactions with health care professionals
74) Personal contact
75) Housing instability
76) Relationship with professionals
77) Support from family
Security
78) Loss of school routine/ school identity
79) Homelessness
80) Inadequate housing
81) Insufficient income
82) Inadequate childcare

7.1.5 Emotional Health

The different superordinate themes are not discrete unrelated categories and emotional health in particular has obvious overlaps with some of the other superordinate themes. Relationship stressors for example would likely impact on emotional health, as would the impact of prejudice and discrimination, the ability to embrace and succeed at motherhood and the ability to secure appropriate resources and services. Nonetheless as I felt that the young Mums emotional health was a

significant part of their motherhood experience, I wanted to retain this as its own superordinate theme, rather than try to divide themes relating to emotional health between the other superordinate themes.

The narrative accounts of Sasha and Nicole reveal a variety of ways that their experiences may have impacted positively and negatively on their self-worth beliefs (**impact on self-worth beliefs**). Both of them feel that advocacy (84) and supporting other young Mums (83, 85) was beneficial to them. Nicole achieved gains in self-esteem through becoming a competent Mum (86) and through the acquisition of skills associated with motherhood (87). Sasha found that educational failures and successes impacted on her sense of self-worth (88). The acceptance (91) and mentoring (92) by older Mums also helped Sasha to feel valued and capable. At times family support had a similar effect (89).

Strategies and interventions which Sasha and Nicole felt were beneficial to their emotional wellbeing (**positive impact on emotional health**) included therapeutic interventions (94). Sasha felt that professional intervention from the social worker was helpful in two ways. Firstly, the support given to her mother to help her become independent reduced the pressure on Sasha to provide the support (93). Secondly Narrative reframing (92) from the social worker helped Sasha to feel less guilty about moving out. Sasha found that personal religion (96), self-help books (95) and support (97) from her Mum (when this was available) impacted positively on her emotional wellbeing (positive impact on emotional health).

Sasha and Nicole also experienced things which, appeared to have a negative impact on their emotional wellbeing (**negative impact on emotional health**). Isolation (98) was something that both Sasha and Nicole experienced at times within their motherhood journey and this was something they found difficult to deal with. Both had emotional difficulties dealing with separation (103) from their children (Sasha returning to work/ Nicole medical complications and living apart). Perceived threats to Sasha's educational and desired occupational identities and to Nicole's desired identity as a competent Mum also affected emotional wellbeing (99). Sasha struggled with guilt around moving out when her Mum was struggling to cope (101) and with guilt around her family also having to endure prejudice due to her status as a young Mum (100). Sasha expected her partner to make a much larger practical

and financial contribution to childcare than he did (105) and Sasha felt that this caused her emotional distress. For Nicole, the fear of losing her child (104) was felt to have a sizable negative impact on emotional health. Nicole also felt that religious ethos of her school and the religious beliefs of staff contributed to lack of support and a hostile environment (102).

Table 7.1.5 Themes within Emotional Health

Emotional health
Impact on self-worth beliefs
83) Mentoring other young Mums
84) Speaking out for other young Mums
85) Supporting others
86) Success at motherhood
87) Acquisition of skills
88) Success at Education/ career
89) Family support
90) Acceptance by other (older) mothers
91) Mentoring by other (older) mothers
Positive impact on emotional health
92) Reducing guilt through narrative reframing
93) Reducing guilt by professionals supporting others to be dependent
94) Counselling/ therapeutic intervention
95) Self-help books
96) Own religion helps find positive meaning
97) Support from close relationships
Negative impact on emotional health
98) Isolation
99) Threats to positive identities
100) Guilt that family endure stigmatisation
101) Guilt at leaving family who are struggling to cope
102) Religion (others)
103) Separation
104) Fear of losing child
105) Violated expectation of support from partner

Please note that beliefs, attitudes and identities change over time. Thus themes in the above tables may relate to a specific moment within the narrative. Thus, contradictory findings may exist for the same participant. This will be considered in chronological context in the next section (7.2) when research question 2 is addressed directly.

7.2 Relating Findings to Research Question Two

Research question 2: How do their beliefs and identities change during these experiences?

In order to address research questions two, I created a table for each participant in which I defined key beliefs and identities, describe how they change during the motherhood journey and identified factors that may have influenced these changes. (tables 9.10 & 9.11 appendix). I used this to identify key areas of change:

- *Beliefs and identities around motherhood and education*
- *Beliefs about close relationships and social identities*
- *Beliefs around the stigmatisation of young Mums*

Motherhood and Education

Table 7.2.1 Changes in Sasha's beliefs and identities regarding education and motherhood

Education and Motherhood: Sasha	Beliefs	Identities
Initial beliefs	Motherhood is not compatible with high educational and career aspirations Motherhood requires the sacrifice of educational/ career aspirations for the good of the family unit	Able student with expected successful high-status career Focuses on able student identity over motherhood identity
Immediately after birth	Need to stay at home and bond with daughter	Motherhood identity prioritised over student identity
After a few months	Need to work towards establishing a realistic career (lower aspiration)	Provider identity salient
Now	Motherhood and high educational/ career aspirations are possible Don't need to sacrifice own aspirations Work and education together don't leave enough time for motherhood Money not as important as time with daughter	Focus on identities relating to interest e.g. creative, social Able identity Mother with time for child

	Money not as important as personal satisfaction	

Sasha starts out with high educational/ career aspirations and a strong identity as an able student. Sasha also starts out with beliefs that Motherhood and education are incompatible. This then threatens her current and expected future identities in terms of education and career. Sasha is initially motivated to preserve the able student identity but ultimately when Leila is born the motherhood identity becomes more salient and the student identity is temporarily abandoned. The motherhood role however brings about other identities such as being a provider. This identity then impacts on Sasha's beliefs around what she must do to secure an economic wellbeing, leading to an apprenticeships position. This move however brings about conflicts with the motherhood identity. Firstly, she comes to believe that she returned to work too soon and didn't spend enough time at home with her daughter. Secondly the time requirements related to the apprenticeship, such as time at work, time spent on educational components and time spent on public travel between home, childcare and work, compete with her ability to spend time with her daughter. Her identities as 'provider' and 'successful apprentice' conflict with her motherhood identity and Sasha begins to reflect on motherhood and career/education.

Work colleagues help Sasha to challenge her prior beliefs about motherhood and career possibilities. Consequently, Sasha begins to consider new educational and career possibilities that don't require her aspirations to be sacrificed but still allow her to spend quality time with her daughter.

Table 7.2.2 Changes in Nicole's beliefs and identities relating to education and motherhood

Education and Motherhood: Nicole	Beliefs	Identities
Initial beliefs	Strong desire for motherhood A career that would meet wellbeing needs is not obtainable	School student Embraces motherhood identity
Immediately after birth	Failed as a mother (failed to give birth naturally to a healthy child)	Failed mother

After a several months	Mothers have the best interest of their child at heart Can succeed as a mother	Priorities motherhood identity
Now	Succeeding as a mother Can succeed at education Son deserves her to provide the best things for him.	Competent mother Successful Provider identity

Nicole does not perceive a career as a realistic possibility and embraces the motherhood identity straight away. Unfortunately birth complications lead to perceptions that she is a failure as a mother. Eventually she is able to experience success as a mother. This success, alongside with the belief that her son deserves the best help to change her belief about education and career. Nicole now feels that she might be able to improve her wellbeing through education.

Close relationships and social identities

Table 7.2.3 Changes in Sasha's beliefs and identities relating to close relationships and social identities

Close relationships and social identities: Sasha	Beliefs	Identities
Initial beliefs	Partner is supportive Sasha and partner will share childcare and financial costs Sasha, her partner and their daughter will live together as a family Sasha will make sacrifices for the good of the family	Strong family identity Able Popular
After birth	Partner not supportive Traditional family aspiration is no longer attainable	Single mother Mother

	Partner founds it difficult to deal with changes in her identities	'Powerful'
Now	Relationship with her partner was abusive She has made much more sacrifices than her partner Ready to find a new partner	Single mother focus on identities relating to the 'self' which are not defined by her relationship with others e.g. creative, able, popular

Sasha believes that motherhood changed her as a person, making her more powerful, it caused her to reflect on the nature of their relationship and what she wanted. Her expectations also change as she comes to realise that she is a single mother, who will not get the level of co-parenting support that she expected. Sasha undergoes changes in some of her other identities, however, her beliefs around those relationships don't change to the same extent. Despite a violent altercation with her mother and a period when they are unreconciled, Sasha appears to retain a strong family identity, with high expectations and beliefs around the mother daughter relationship. Her family identity however, becomes stronger still due to the motherhood experience. It is perhaps beliefs around the nature of their relationship and their dependency on each other that changes as Sasha's identity changes and as her mother gets the support she needs to manage independently.

Table 7.2.4 Changes in Nicole's beliefs and identities relating to close relationships and social identities

Close relationships and social identities: Nicole	Beliefs	Identities
Initial beliefs	Close relationships aren't possible with peers and adults Grateful to those who have provided her with some care	
After birth	Low level of support from	Failed mother

	others	
	Isolated and alone	
	Depression caused her relationship with her partner to end	
Now	Close relationships are possible	Salient family identity
	Shared parenting made her closer to her partner	

Nicole undergoes a fundamental change in her beliefs around relationships. Nicole presents as having low expectations towards others in terms of the care and support they give her. Although she is sensitive to individuals being disingenuous or negative towards her she is immensely grateful to anyone providing care. Through the motherhood experience and shared family experiences, once they are all living together, Nicole becomes very close to her partner and son and develops a salient family identity.

Stigmatisation of Young Mums

Table 7.2.5 Changes in Sasha's beliefs and identities regarding the stigmatization of young Mums

Stigmatization of young Mums: Sasha	Beliefs	Identities
Initial beliefs	Sasha claims that many of her peers held the view that. young Mums are all slags.	Young person
	It is unclear whether Sasha held similar views prior to becoming pregnant.	
	Embarrassed to be a young Mum	
	Abortion is not an option	
After birth	Pregnancy can happen to any sexually active teenager even those who have had one	Young Mum

	permanent relationship Becoming a young Mum is not a crime Need to prove she's a competent Mum	
Now	Many young Mums are competent Helping other young Mums become successful Mums is rewarding Negative narratives about young Mums should be challenged Some Young Mums are disadvantaged due to self-esteem and educational opportunity, they need investing in.	Mum Single Mum Working Mum

Motherhood is highly unexpected to Sasha, as is the negative response from some of her peers who she expected to show more concern for her wellbeing. Sasha is forced to consider the societal stigmatization of young Mums as she and her family experience prejudice and fear social rejection. Sasha attempts to make sense of the situation and concludes that there is nothing wrong with being a young Mum, though despite acknowledgement that the problem lies with the stigmatizing society, can not entirely leave behind the guilt that her family also experience the effects of stigmatization. The experience inspires Sasha to help other young Mums and to turn to advocacy. It also causes her to reflect on what would improve the situation of young Mums. Consequently, the experience inspires new beliefs and identities such as mentor and advocate.

Table 7.2.6 Changes in Nicole's beliefs and identities regarding the stigmatization of young Mums

Stigmatization of young Mums: Nicole	Beliefs	Identities

Initial beliefs	Nicole was aware that adults around her including her Mum and Nana were resistant to her becoming a mother at this time There are advantages to being a young Mum	Young Mum
After birth	Struggle to understand why professionals and members of the community are negative towards her for being a young Mum	
Now	An understanding that prejudice against young Mums is commonplace A desire for advocacy for young Mums	

Nicole had an aspiration towards motherhood and despite some resistance from some family members is quick to embrace the fact that she is going to be a mother. Nicole interprets the negative reactions she receives from professionals and members of the community as a result of her status as a young Mum. She initially finds it hard to understand why people would react so negatively towards her just because she is a young Mum. With time and having talked about her experiences with other young Mums Nicole becomes more convinced that prejudice against young Mums is common place and needs challenging. Similar to Sasha, Nicole wished to champion the experiences of fellow young Mums who also experienced prejudice and discrimination.

7.3 Findings in relation to research question 3

3) How does the identity of 'young mum' impact on the life experiences of participants?

Being a young Mum impacts on the participants in a number of ways.

Their age determines that they are still in education. The educational provisions they attend do not have visible policies on maternity leave and the rights of mothers. The Mums are made to feel inconvenient at causing problems for the schools, whether it's to do with having to make provisions for health and safety (Nicole) or not being able to complete their courses when the college wants them to (Sasha). Nicole's school effectively excludes her and Sasha's college lets her know that had they known she was pregnant they would never have let her on the course. Their age makes them less powerful and Sasha has to call on the support of a professional to persuade the college that Sasha should have the right to maternity leave just as an employed member of staff.

Their age also potentially impacts on their medical treatment, with medical staff able to gain consent from guardians. How people respond to younger people may also differ. If they had been older, I wonder whether the member of hospital staff would have challenged Nicole and her partner on their use of the wheelchair. So regardless of the stigmatization of motherhood, age discrimination alone could mean that their experiences are different from older Mums.

The stigmatization of motherhood itself impacts significantly on the experience of motherhood for both Nicole and Sasha. Social rejection and fear of social rejection impact on their relationships with family and peers (Sasha) and professionals (Nicole). In Nicole's case this contributes to the formation of a very negative relationship with a powerful professional who has the potential to influence whether or not she gets to retain custody of her son.

Nicole's age potentially leads to her facing a higher level of coercion to 'do the right thing' and get an abortion than she might otherwise have experienced as an older individual.

Being a young Mum impacted participants wellbeing in multiple areas. Their interpersonal wellbeing was impacted by social rejection/ fear of social rejection, by families coming to terms with how the changes in the young Mum and the situation itself might impact on them. Emotional wellbeing is impacted by the awareness of the stigmatization itself and the discrimination and prejudice the young Mums felt they experienced because of it.

Chapter 8 Discussion

The discussion of findings is divided into two sections, 'Relationships' (8.1), which I felt had the most important impact on how positively the young Mums viewed their experiences and 'The Motherhood Experience' (8.2) which includes discussion related to the remaining superordinate themes (Motherhood, Prejudice and discrimination, Resources and Emotional health). I have included the relevant sections in brackets to help the reader to relate the discussion to relevant sections of the findings chapters. For example (5.2.3 prejudice & grief) would refer to the subsection 'prejudice & grief' within section 5.2.3 in Chapter 5.

I will then go on to discuss recommendations for Educational psychologists (8.3), Social Justice and Advocacy (8.4), Further Research (8.5) and Limitations (8.6).

8.1 Relationships

The presence of close relationships is associated with happiness (Diener & Seligman, 2002).

8.1.1 Expectations of Support

The onset of parenthood is associated with changes in relationships (Gameiro, Boivin, Canavarro, Moura-Ramos & Soares, 2010). New parents spend more time with their parents and close family (Belsky & Rovine, 1984: Gameiro et al, 2010) and less time with their friends (Gameiro et al, 2010). Potentially because it is family who are expected to offer the increased level of support that parenthood requires (Gameiro et al, 2010). Indeed, new parents tend to ask for more support from their own parents (Belsky & Rovine, 1984). The findings of this research also show that some people may expect close family, especially the mother of the young Mum, to provide support (6.2.1.1 the Mum belief).

There still however remains the expectation that the primary 'burden' of childcare belongs to the young child's parents (5.2.4 parenting relationships/ 6.2.1.1 parenting relationship/ 6.2.1.1 the Mum belief) Young Mums can be reluctant to burden their parents, particularly when they are aware that their parents would struggle to provide support (Hutchingson & Moore, 2012). Even when family support is available there may be a conflict between accepting support and being independent. Schrag and

Schmidt-Tieszen (2014) suggested that difficulties accepting support from parents might be related to the adolescent developmental phase. This research however suggests that stigmatization may be an additional barrier to seeking help (5.2.3 prejudice & grief). The need to actively reject negative narratives, such as being *incompetent parents* or *leaving the childcare to Grandma,* may make it harder for some young Mums to accept help.

Individual differences may play a significant role in determining how well relationships meet the individual's needs. Dunn and Brody (2008) identify that personality traits which aid individuals in developing positive relationships are associated with wellbeing. Deriving from Attachment theory (Bowlby 1979), what individuals recall of the care they received from their childhood attachment figures, helps to determine how they themselves are able to give and receive care as adults (Bowlby, 1982). Insufficient care may lead to the development of a restricted entitlement, whereby the young Mum's expectation that her needs should be met by others is low (George-Levi, Vilchinsky, Tolmacz, & Liberman, 2014) (6.2.1.1 compensating for the Mum deficit). This has been related to emotional and relationship difficulties as well as low self-esteem (Tolmacz & Mikulincer, 2011), individuals with 'restricted entitlement' may find it difficult to ask for help from others (Kriegman, 1983) and may have 'difficulty in accepting even sensitive acts of care' (George-Levi, Vilchinsky, Tolmacz, Khaskiaa, Mosseri & Hod, 2016, p748).

8.1.2 Family Identity

Some young Mums come from emotionally deprived backgrounds with poor relationships with parents (Allen, Strange, Copas, Stephenson, Johnson & Oakley, 2007; Carter & Coleman, 2006) and thus support from parents isn't always an option (6.2.1.1 the Mum deficit). Others report closer relationships with their mothers and other close female relatives (5.2.2 close & forever) (Cater & Coleman, 2006; Hutchingson & Moore, 2012; Mitchell and Green, 2002; Schrag & Schmidt-Tieszen, 2014).

This research however highlights that even when family relationship outcomes are eventually positive, young motherhood can be a volatile time. 'Even the strongest filial relationships may be the subject of change during important life transitions'. (Gameiro, et al., 2010, p183). This can have significant implications for the wellbeing

of young Mums. It is worth considering this in light of the social identity theory (Tajfel & Turner, 1986). Bratt (2015) found that identification with small groups, especially family groups is particularly beneficial in promoting positive wellbeing. Family identity provides support and boosts self- esteem (Greenaway, Haslam, Cruwys, Branscombe, Ysseldyk, Heldreth & Kawakami, 2015) (5.2.1 family constructs).

Relatives may struggle to come to terms with young motherhood, within the context of societal stigma and oppressive systems (5.2.3 prejudice & grief). When families undergoing a change, which forces them to face stigma and to re-evaluate aspirations they have for a family member, such as an autism diagnosis (Hays & Colaner, 2016) or a mental health diagnosis (Stein & Wemmerus, 2001), some families are successful, whereas others fall apart (Marsh, Lefley Evans-Rhodes, Ansell, Doerzbacher, LaBarbera & Paluzzi, 1996). Thus, it is important to consider what factors might impact on a successful or unsuccessful outcome.

8.1.2.1 Family Identity: Strengthening and stressing relationships

Family rituals and the performance of everyday tasks have been proposed to aid the strengthening of family identity, for families who have undergone change due to mental health (Stein & Wemmerus, 2001) and Autism (Hays & Colaner, 2016). Similar to the findings of this study (5.2.1 support/close and forever), Hays & Colaner (2016) suggests that key to the construction of the family identity is 'emotive and mundane daily discussions, narratives that serve functional purposes, and normal/structured rituals (Hays & Colaner, 2016, p143). This may work by promoting normality and inclusion (Stein & Wemmerus, 2001).

The findings of this research also suggest that special events and associated traditions may serve as powerful tools that help to bring family together 5.2.3 special events).

Young motherhood can trigger rifts between family members (5.2.3 prejudice & grief). Research looking at families coping with a young person with mental health problems found that disagreement over how to behave towards the family member with the diagnosis contributed to distancing between nuclear and extended family members (For example, Newman, Simonds & Billings, 2011; Saunders & Byrne, 2002). Acero, Cano-Prous, Castellanos, Martín-Lanas & Canga-Armayo (2017) in their review of family identity and mental health, suggested that families struggled to cope more in countries where mental health is stigmatised to a greater extent. There

is some evidence that medical explanations facilitates the ability of family members to talk about the disorder among themselves and to others, helping to strengthen the family identity (Acero et al, 2017; Hays & Colaner, 2016). Families of young Mums may struggle to find any helpful narratives around young motherhood, thus talking about the issue positively may be difficult for many families.

Research suggests that despite children who are carers often experiencing 'adultification' (Burton, 2007) (taking on more practical and emotional responsibility than is typical of their age group peers) they still remain the least powerful members of the family and community (Martin, 2006). Motherhood may trigger a change in terms of the young Mum's own identity, forcing a change in the power dynamics of her relationship with family. Acero et al (2017) suggest that change can effect a transformation of identity, resulting in the breakdown of the previous relationship and the construction of a new type of relationship. The reconstitution of the power balance in the relationship may be something some relatives find difficult to come to terms with (5.2.3. violence & independence). Some family members may find that their own identity within the family unit fundamentally changes. This could be costly to individuals' self-esteem and sense of belonging, until (or unless) a new satisfactory identity is forged within the reconstructed family group. 'The needs that are initially personal transform each family members' identity and their relationships.' (Acero et al 2017).

There may also be grief for the loss of the individual whose change in situation initiated the transformations. This may occur to some extent during many normative transformations, however when change is less normative, it's effects may be more dramatic. For example, family members can experience feelings of grief and loss for the family member experiencing mental health difficulties (Penny, Newton & Larkin, 2009). An immediate sense of grief and loss, may also occur for relatives of young Mums (5.2.3 prejudice & grief). This may be the result of family members pre-existing beliefs about how the status of young motherhood would impact on the young Mum. Family members may also perceive an effect on their own quality of life (5.2.3 prejudice & grief). 'Affective forecasting' suggests that people tend to overestimate how events will impact their lives (Wilson & Gilbert, 2003). Such beliefs could make a difference to whether the family unit feels able to cope with the situation.

For some young Mums, family identity may be problematic prior to pregnancy (6.2.1 family). Causing additional and potentially unsurmountable barriers to being able to create a salient, positive family identity. Some of these individuals may focus on creating a new, positive family identity with their child and potentially a partner (6.2.1.3 Shared parenthood experience). The success (or lack of success) of this family identity may have significant implications for wellbeing (6.2.).

8.1.3 Friendships

Becoming a parent is associated with a decrease in friendships (Bost, Cox, Burchinal & Payne, 2002). Potentially because friends are not expected to help with childcare demands (Simons & Johnson, 1996), thus contributing to less contact with friends in favour of higher levels of contact with family. This research also found a decrease in friendships (5.2.7 prejudice/ 6.3.5 school access). There is reason to suspect that some young Mums experience changes in friendships differently from older Mums. They may be less likely to find the support they need from family and thus decreases in friendships may not be as easily accounted for in terms of a practical move away from friends to family.

8.1.3.1 Friendships: Strengthening and Stressing Relationships

Access to Social Interaction

Research reports that poor school attendance can be detrimental to friendship maintenance. 'The poor attenders' friendship groups shrank and eventually closed, so that the non-attenders became isolated' (Malcolm, Wilson, Davidson & Kirk, 2003, p15). The loss of access to educational facilities triggered by pregnancy, either through exclusion (6.3.2 excluded and written off), perceived prejudice (5.2.7 school) or maternity leave (5.3.3 too much), can similarly lead to isolation. Physical aspects of pregnancy, such as the tiredness, can further restrict the ability of pregnant Mums to access the social community (5.3.3 too much). After birth access can be restricted by social events not being child friendly or sympathetic to the needs of mother and child (5.2.7 youth identity & childcare).

Social Rejection

Social rejection 'strikes at the core of wellbeing'. (DeWall & Bushman, 2011, p256). In their review, DeWall & Bushman (2011), cite evidence that in laboratory settings, acute social rejection has produced increases in aggression (Twenge, Baumeister, Tice, & Stucke, 2001), anxiety, anger, sadness, depression, and jealousy (Leary, 2010), as well as decreases in feelings of self-worth ((Williams, Cheung & Choi, 2000), cognitive performance (e.g., Baumeister, Twenge, & Nuss, 2002) and impulse control (Baumeister, DeWall, Ciarocco, & Twenge, 2005). This research supports the negative emotional impact of social rejection (5.2.7 prejudice). The fear of social rejection can lead to individuals employing strategies that are detrimental to the building of close relationships (Moore & Tangney, 2017) and although concealment may prevent social rejection it promotes avoidant social goals (Lattanner & Richman, 2017) maintaining isolation (5.2.7 school).

In addition to the negative impact of social rejection, some researchers propose that it motivates individuals to interact positively with others, in order to make new relationships (social reconnection hypothesis - Maner, DeWall, Baumeister & Schaller, 2007) and that this may include the motivation to reconnect even with those who have originally rejected them (Chester, DeWall & Pond, 2016). The opportunity to gain social acceptance can moderate negative effects of social rejection (DeWall & Bushman, 2011). Which individuals or groups the young Mums do or don't attempt to connect (or reconnect) with may be determined by perceptions of whether individuals feel that acceptance by the individuals in question is possible. Chester, DeWall and Pond (2016) feel that individuals who experience social rejection become 'guarded, social optimists who will lash out when reconnection is impossible but will affiliate when there is an opportunity to become reincluded' (Chester, DeWall & Pond, 2016, p542). Sasha's pre-existing expectations of acceptance and support from family members may explain why she makes greater reconciliation efforts towards family than other groups she experiences social rejection from (5.2.3 special events) This research indicates that some young Mums feel that the wider community holds negative beliefs about young Mums (5.3.6 advocacy/ 6.3.5 community) thus the creation of new relationships may be difficult for young Mums (without strong indications that acceptance it likely), potentially leading to avoidant or even aggressive strategies in the face of social interaction.

Finding the Right People

This research concurs with other findings in the literature, that old friendships are lost and replaced by more beneficial relationships with those going through similar experiences (Hutchinson and Moore, 2012). This move towards friends with similar experiences may however not be easy (5.2.7 shared experiences/ 6.3.5 finding friends). There may be few individuals, if any, in a young Mum's existing friendship circles who share the experience of parenthood. Rosenthal & Kingsberg (1999) found that individuals who struggled with fertility due to more advanced maternal age, had greater friendship erosion. This may be because few if any of their friends are experiencing the challenges of being parents to young children at the same time (Gameiro, Boivin, Canavarro, Moura-Ramos & Soares, 2010). Young Mums at the other side of the fertility age spectrum, likely suffer a similar effect.

Common Interests

This research identified the sharing of similar experiences as being beneficial to the young Mums new friendships (5.2.7 shared experiences/ 6.2.3 support & understanding) and attributed the erosion of some older friendships to the loss of common interests (5.2.7 shared experiences). As with family identities, the partaking of everyday shared activities and conversations with friends may likely be important in strengthening these small group identities.

Reciprocal Relationships

The relationship with other young Mums provides a reciprocal relationship of understanding and support (5.2.7 shared experiences/ 6.2.3 support & understanding). Their status as adolescents may render them as being less powerful within the community and consequently reciprocal relationships may be difficult to acquire outside of their age-peer groups. Peers may be particularly important in the identity formation of other adolescents because of the equal nature of their relationship (Sugimura & Shimizu, 2010) and peers undergoing similar experiences may be particularly useful as they are able to share more relatable experiences of

identity exploration (Sugimura & Shimizu, 2010). Power imbalances in relationships such as those with older individuals may stifle identity change, especially if the older individual perceives that the maintenance of their role and positive identity depends on the young Mum undergoing minimal change. Jones (2002) suggests that young motherhood may serve to keep the mother dependent for longer. The balance between independence and support may be particularly complex when supporting the wellbeing of the young Mum and her transition to motherhood.

Trust

This research found that new friendships with young Mums was beneficial, Schrag & Schmidt-Tieszen (2014) however found that despite wanting to develop friendships, lack of trust was cited as a barrier to young Mums living together in an assisted shelter. Thus, in some cases simply bringing young Mums together, without facilitating conditions that are conducive to the development of trust between individuals, may not always be successful. Individual differences such as restricted entitlement and difficulty forming trusting relationship may also impact on whether young Mums are able to form positive, beneficial relationships with others.

8.1.3.2 Friendships: Reducing the Impact of Stigmatization

The reciprocal nature of the support given between young Mums allows them to adopt the identity of supporter. Individuals perceiving that they were giving back to others, is thought to be related to wellbeing (Dunn & Brody, 2008). It may also help to counteract societal narratives positioning young Mums as burdens, in need of support from others, rather than recognising them as positive contributors.

The research suggests that positive social contact with older Mums can be beneficial, providing acceptance, reassurance, understanding, support and inspiration (5.2.7 acceptance/stability). Identifying more broadly with other Mums rather than with the marginalised subgroup of 'young Mums' may also help with the normalisation of their motherhood (5.2.7 acceptance). Many young Mums who are either in full time education, on maternity leave or out of employment or education may struggle to find this kind of support and wider identification. Friendships with other young Mums may also help to normalise Young Mums' experiences. There is

unlikely to be a sense of 'missing out' when the majority of your friends are having similar experiences.

8.1.4 Partners: Strengthening and Stressing Relationships

Significant changes, such as childbirth bring stresses that can challenge relationships, in all couples. According to Walsh, Neff & Gleason (2017) 'couples' shared positive moments accumulate to create a source of capital for the relationship' (p513). This then serves as a buffer to stresses that threaten the relationship. This theory of 'emotional capital' may help to explain why some relationships succeed and others fail. Young Mums will differ in the length of time they've been together prior to pregnancy. Study and work on top of other commitments can impinge on the actual time young people have together to develop emotional capital through 'routine daily experiences' (Walsh, Neff & Gleason, 2017, p513). Living together may be beneficial to young parents in this respect (6.2.1.3 shared parenthood experiences) as this may facilitate regular daily interactions, allowing more emotional capital to accumulate.

As previously mentioned, young Mums may be more vulnerable to breakdowns in other relationships during transition to motherhood. This may place greater burden on the relationship with their partner, to meet their wellbeing needs, potentially placing more strain on the relationship. Research has shown that changes in relationships with parents are linked to similar changes in relationships with partners, which may be mediated by related changes in wellbeing (Johnson, Galovan, Horne, Min & Walper, 2017).

Changing Identity

Similar to family relationships changes in the young Mums identity can impact on her relationship with her partner. Father's often do not expect their lives to change as much as mothers do when it comes to parenthood (Biehle & Mickelson, 2012) however some father's may find the changes in the new Mum to be a threat to their positive identity (5.2.5 dependence & doubt). The changing identity of the mother may also lead to the mother feeling as though she has outgrown the relationship (Hutchingson & More, 2012; Birch, 1996) (5.2.5 dependence & doubt).

Violated Expectations

Spear (2001) found that most young Mums expected that their child's father would provide practical support in terms of childcare and wanted them to be involved with the child. Discrepancies between the young parents' understandings of what each other's contributions should be may be detrimental to the relationship and wellbeing (5.2.5 parenting relationship). Research indicates that women's expectations of the father's share of child care before the child is born, is often higher than the reality once the child is there and it is this difference that is associated with depression and negative relationship satisfaction (Biehle & Mickelson, 2012).

Research suggests that the quality of co-parenting from parents living apart is highly variable (Goldberg & Carlson, 2015). Some research may suggest that it is the lack of perceived support that correlates with wellbeing (Lakey, Molen, Fles & Andrews, 2016). However not having someone to share the chores and contribute financially may impact negatively on wellbeing. Wiemann, Agurcia, Rickert, Berenson, & Volk, (2006) suggest that the father physically sharing the chores and providing financially, impacts positively on the mother's wellbeing.

8.1.5 Relationships, Wellbeing and Mental Health

Cruwys, Steffens, Haslam, Haslam, Jetten & Dingle (2016) proposed that the number of groups individuals identified with, the salience of these groups and the compatibility of these groups, are all factors associated with a reduction in depression and anxiety. Although some research suggests that social identification is more important to wellbeing that social contact (Cruwys et al., 2016), it is important to note, however, that social contact can be important to the formation and strengthening of social identities. For young Mums, whose previous social identities may be threatened, it is particularly important that they find opportunities for positive social interaction.

Support encouraging everyday routine (5.2.1 support/ close & forever), rather than manifesting as high levels of practical support may be particularly beneficial/ Research has shown that it is perceived, rather than enacted, support that relates to positive mental health (see review Lakey and Cronin, 2008). Practical support may

not always be beneficial as it can promote dependency, impacting detrimentally on the individual's self-esteem (Bolger, Zuckerman & Kessler, 2000). High levels of perceived support therefore may relate more to positive everyday interaction (Lakey, Molen, Fles & Andrews, 2016) such as those thought to promote a stronger family identity, rather than to active counselling or practical support. Lakey & Orehek (2011) proposed the relational regulation theory, suggesting that it is through everyday conversation and activities that people are able to effectively regulate their emotions. Reductions in social interaction may leave young Mums particularly vulnerable to mental health difficulties.

Nicole accounts her split with her partner after the birth of their child to postnatal depression, which has been found to predict relationship problems in new parents (Cowan & Cowan, 2000). Mental health issues may make it harder for new mothers to deal with relationship difficulties (Flykt, Palosaari, Lindblom, Vänskä, Poikkeus, Repokari, Tiitinen, Tulppala and Punamäki, 2014). With mechanisms for repairing relationships difficulties impeded by mental health (Flykt et al., 2014), new Mums with mental health issues may find themselves living alone (6.2.1.3 impact of depression). Although being in a low quality relationship has been suggested to be detrimental to health over time (Barr, Sutton, Simons, Wickrama & Lorenz, 2016) for some individuals, who experience behavioural health issues such as substance abuse, simply being in a relationship, even a poor one, may be a protective factor (Barr et al., 2016) and thus living alone can be seen as a particular risk factor for emotional difficulties.

Membership to social groups may change overtime for young Mums. Belonging to a higher number of positive social groups is related to perceived level of support (Schrag & Schmidt-Tieszen, 2014) and positive wellbeing (Cruwys et al., 2016) and thus membership, however salient, to a single group may not be optimal. So even young Mums with strong family identities may benefit from help establishing a wider social network. Lakey and Orehek (2011) propose that different individuals differ in their effectiveness at facilitating the emotional regulation of any specific person and thus a wider network provides a higher likelihood that this need will be satisfactorily met. A single group however may have the capacity to become better equipped to meet individual members needs over time. Cruwys et al. (2016) found that an intervention promoting group compatibility improved the mental health for those, previously isolated individuals, suffering from mild to moderate depression and

anxiety. The benefit of having friends going through similar experiences, may suggest that the ability to regulate each other's emotions may be determined by situation and not just by personality or training.

8.1.6 Community

Community may be perceived or even encountered by young Mums as a negative prejudicial force (5.3.6 advocacy/ 6.3.5 community). There may be a number of reasons for this. Larger groups may not have the same potential for boosting wellbeing as smaller groups (Bratt, 2015) and membership may not be as salient to young Mums as smaller family and friendship groups. In addition access to the community may be restricted in the same way that access to friends becomes harder, finally some young Mums may actively avoid interacting with the wider community due to perceived prejudice and associated fears of social rejection.

8.1.7 Professionals: Care or Function

The functional role of professionals may be more salient to some young Mums who view them as useful sources of advice or practical support (5.3.4 advocates). Others may try to establish a higher level of intimacy with professionals (6.2.2.). Holland (2009) suggests that children in care are more concerned with the relationship with others, including professionals, rather than the functional role they might provide. Holland suggests that the re-emphasis for such young people should be on interdependency and care' and not simply on 'goals of autonomy and self-reliance' (Holland, 2009, 1679).

There may be a higher expectation from young Mums that their relationships with school staff should be more personal (5.3.4 unsupported/ 6.2.2.1 school staff). This may be because school staff are regarded as taking on a parental role, with emphasis on duty of care and concern for the young person's wellbeing. Quan-McGimpsey, Kuczynski & Brophy (2013), draw attention to the conflict between the personal investment and professional distance in the early years setting. This conflict no doubt continues throughout different key stages, with the balance between personal investment and professional distance perhaps dependent on individual teachers. This study may suggest potential discrepancies between some pupils' and

teachers' expectations of levels of personal investment and the potential negative impact on wellbeing in situation where such discrepancies are perceived.

8.1.8 Relationship Summary

Relationships are very important to wellbeing and mental health and young motherhood can be a volatile time for relationships. The different relationships of young Mums cannot be considered in isolation as each relationship system impacts on others. Deficits in relationships with family may be compensated in part by partners or friends and vice versa. Difficulties with one group however, may also impact negatively on another. Young Mums can face social rejection from family, friends and the community. Becoming a mother can change their role and identity and this in turn can threaten the role and identity of other members of their social groups. Some relationships may re-form all the stronger, while others may fail. Violated expectations of the partners role may impact on relationships and on wellbeing. Young Mums may face barriers to forming new relationships that include the fear of social rejection as well as more limited access to social opportunities and difficulties in finding other individuals of their age group undergoing similar experiences. Those young Mums who have experienced emotional deprivation or have low self-worth beliefs may find it hard to seek or accept help from others. The need to disprove negative narratives of 'incompetent' young Mums, may mean that young Mums feel that they have to succeed independently and thus be all the more reluctant to accept support. Access to regular interaction with specific social groups that allows young Mums to strengthen their social identities and meet their emotional needs can therefore be difficult for some young Mums to achieve and thus some young Mums may be particularly vulnerable to poor wellbeing and emotional difficulties, which in turn can further impact on the young Mums existing relationships and their ability to forge new ones successfully.

8.2 Motherhood, Identity and Wellbeing

The transition to motherhood can have a significant impact on an individual's identity (Ashforth, 2001). Related to the changes in identity, the emerging mother can be left with different priorities, beliefs and aspirations (Kanji & Cahusac, 2015). This

research highlights how differing aspirations, expectations and value systems, can lead young Mums to perceive the impact of motherhood on their lives very differently from each other.

8.2.1 The Motherhood Aspiration

Choosing Motherhood

Research has suggested that on average parenthood has a negative effect on subjective measures of well-being (McLanahan & Adams, 1987) and that unlike some other life events this is a sustained change (Powdthavee, 2009). The impact of motherhood on individual parents including individual young Mums is however diverse. Galatzer-Levy, Mazursky, Mancini & Bonanno (2011) found that despite the average decrease in satisfaction for parents, the majority had no significant changes to satisfaction. Much smaller percentages of parents experienced decreases and some parents even experienced increases in satisfaction. Parents in this later group were reported to be relatively low in satisfaction and wellbeing measures prior to pregnancy. Teenagers who struggle with life direction or self-worth, may find that motherhood offers them the unique opportunity to increase wellbeing by giving them purpose and increase their self-esteem (6.2.1.5 direction & self-worth). This fits in with research that suggests that young Mums from emotionally and economically deprived backgrounds often welcome the opportunity to become a young Mum (Carter & Coleman, 2006). Based on self-determination theory (Ryan & Deci, 2000), Brenning, Soenens & Vansteenkiste (2015) found that high levels of motivation for pregnancy related to wellbeing and that the level of autonomy also predicted wellbeing. 'whereas some women may be truly autonomous in their decision to be pregnant, thereby perceiving it as representing an identity they want to fully embrace and deepen in their lives, others may feel more conflicted and less ready for this major life change.' (Brenning, Soenens & Vansteenkiste, 2015, p761-762).

Overcoming Opposition

When it is not coerced, abortion may not be anymore detrimental to wellbeing than motherhood (Adler et al. 1990; Warren, Harvey & Henderson, 2010) and is considered by some individuals to be a positive strategy exercising agency over their

life. Due to their less powerful status in the family and community and the stigmatization of young Mums, pregnant teenagers, who are motivated towards motherhood, may be in more danger of coercion than older mothers (6.3.3 opposition & ally). Undergoing an abortion despite a desire for motherhood, could impact negatively on their wellbeing.

The Competent Young Mum and Immediate Failure

Flykt, Palosaari, Lindblom, Vänskä, Poikkeus, Repokari, Tiitinen, Tulppala and Punamäki (2014) found that unplanned caesarean sections resulted in the reality of women's relationships with their child after birth failing to living up to prior expectation. Negative birth experiences and health difficulties with the newborn are associated with maternal mental health issues, as well as having a negative impact on the mother-child relationship (Davies et al., 2008; Lobel &DeLuca,2007). In addition to negative feelings such as guilt and worry, young Mums particularly motivated towards motherhood may take significant losses in self-esteem as they immediately fail to live up to what is potentially their most salient identity, 'the competent Mum' (6.3.3. depression: the failed Mum construct)

Hospital separation, in addition to its negative impact on the mother, can result in later emotional difficulties for the child (Howard, Martin, Berlin & Brookes-Gunn, 2011). While all Mums have the potential to suffer emotional and situational difficulties that impact on their relationship with their child and their wellbeing, some young Mums may be particularly vulnerable as they may lack the protective social networks, when negative events threaten their emotional health.

The Competent Young Mum and Support

Deficient social networks can leave young Mums more exposed to society. Herland & Helgeland (2017) argue that individuals that don't have the support of family may be less likely to be able to fulfil 'the criteria of 'intensive' motherhood.' (p52) and thus be more likely to attract the attention of society and social services. When support is offered by people who know the young Mum well, on a regular basis, with the intention of supporting and prioritising the Mum's wellbeing, then this support may be successful (5.2.1 support/ close & forever). Young Mums without that type of support

may look to professionals to provide something similar (6.2.2.3 in it together). This may at first appear to conflict with research suggesting that support is only beneficial to wellbeing if it comes from an ingroup (Cruwys et al, 2016: Haslam, O'Brien, Jetten, Vormedal & Penna, 2005), however previous research on young Mums has indicated that professionals such as midwifes and social workers can serve as employment role models for young Mums (Birch, 1996: Hutchingson & Moore, 2012), which suggests that young Mums do identify with some professionals they develop positive relationships with during their motherhood journey. Establishing close relationships and prioritising the wellbeing of the young Mum may be particularly important in being able to offer effective support to some young Mums.

The Competent Young Mum and Stigmatizing Narratives

The stigmatization of young Mums has the potential to exacerbate any perceived failure to meet societal expectations of good parenting. Issues in the mother and child relationship resulting from, for example, the negative birth experience, may be more likely to be incorrectly attributed to deficiencies of the mother. This could result in the young Mum not getting the right type of support and could affect the perceptions of others, including social service professionals, regarding the young Mum's potential to be a competent mother. Young Mums finding themselves under the scrutiny of a social worker may find their route to establishing an identity as a competent mother, more difficult. When considering how the perceived view of the social worker impacts on individual's views of their own competence as mothers, Herland & Helgeland (2017) draw on 'the looking-glass self' (Cooley, 1983), which suggests that the view of the 'self' is not independent of the way others views us. 'The way these women view themselves as mothers cannot be separated from the way that others view them, and in addition, they must negotiate their positions as mothers through the normative discourses of motherhood.' (Herland & Helgeland 2017, p47). Herlan and Helgeland (2017) found that women felt stigmatised when the child welfare service was involved with them and found that this involvement made it difficult for them to hold a positive motherhood identity. Herland and Helgeland (2017) suggested that by stigmatizing mothers, the child welfare services can become a barrier to women being able to escape their marginalised positions.

The Competent Young Mum and Reaction to Social Rejection

The social rejection that young Mums may have experienced (or fear that they will experience) may make it harder for them to establish positive trusting relationships with professionals. Schrag and Schmidt-Tieszen, (2014) found that trust was a barrier to young Mums forming positive relationships with their case managers. In keeping with research on social rejection (DeWall & Bushman, 2011) this research suggests that social rejection may contribute to aggressive interactions with professionals (6.2.2.2). Once again this can place the young Mum at a disadvantage as the powerful professional, may view this behaviour as a validation of the young Mum's immaturity or deviance. Stigmatisation could therefore increase a young Mum's chances of losing her child, perceiving herself as a failure and having a catastrophic impact on her wellbeing. Viewing themselves as incompetent Mums could be particularly difficult for young Mums, as some young Mums may rely on being able to identify as a competent Mums in order to rebuff negative effects of stigmatization (McDermott & Graham, 2005) see also section 8.2.7.

8.2.2 Motherhood Conflict

High Educational and Career Aspirations

Hennekam (2016) notes that it is highly educated women with strong career identities, who struggle the most with the transition to motherhood and their beliefs around the incompatibility of career and motherhood. According to Hennekam, this interferes with their ability to concentrate on their maternal identities. Young women from high socioeconomic backgrounds, are more likely to have educational and career orientated direction in their life and are more likely to opt for a termination rather than continue with their pregnancy (Turner, 2004). Beliefs of the incompatibility between career and motherhood, may threaten the pregnant teenager's aspirations and her identity as an able student, bringing about uncertainty and insecurity for some young Mums (5.3.1 high aspirations versus motherhood/ 5.3.2 the able student). Doctoral students transitioning to motherhood 'reported safety within their student identity' (Holm, Prosek, & Weisberger, 2015, p9) and were motivated to hold onto it. Letting go to embrace motherhood was for some challenging (Holm, Prosek, & Weisberger, 2015). Young Mums, with strong identities

and high aspirations around education and career may, like Sasha, experience this as a significant barrier to a successful transition to motherhood.

The Impact of Successful Role Models

Research has suggested that in environments where realistic role models of working Mums are readily available to observe, pregnant working women, are confident about their transition to motherhood and their ability to balance motherhood and career (Hennekam, 2016). In environments where relatively successful working Mums are in the minority, pregnant workers were less confident about their own ability to succeed and have stronger beliefs regarding the incompatibility of motherhood and work (Hennekam, 2016). It is not simply behaviour but also beliefs that can be learned through the observation of others we identify with (Observational learning - Bandura, 1977). According to Hennekam (2016) role models will most likely be either other Mums in the individual's workplace or their own mothers. This research supports that environments with many successful working mothers have a positive impact on beliefs of career compatibility (5.2.7 acceptance). It equally supports that environments with few successful Mums can lead to young Mums concluding that motherhood and their work/ study cannot be combined (5.3.4 unsupported). For some young Mums, like Sasha and Nicole, an educational provision will be their working environment at the onset of motherhood. If the perception is that the young Mums are unwelcome (6.3.2 Overall Interpretation of educational experience) and the norm for those individuals transitioning to motherhood in their schools, is to disappear and never be heard of again (5.3.4 unsupported) then it is likely that will develop the belief that motherhood is incompatible with continuing to study in their educational provision.

8.2.3 Accessing Educational Provision

Educational provisions provide some young Mums with routine and direction (6.3.2 rejected and lost). For high achieving young Mums it may provide wellbeing through achievement and related positive identities 5.3.2 student identity).

Flexibility and Willingness of Educational Providers

Educational providers may be unwilling to accommodate pregnant students. This research offers some support for findings by Evan and Slowly (2010) that some schools justify exclusion on health and safety grounds (6.3.2 overall interpretation of educational experience). Some educational provisions may operate informal discriminative admissions practice (5.3.4 unsupported). Mason, Goulden, and Frasch (2007) found that only a minority of university courses held specific maternity leave policies and very few facilitated students financially through this leave. Formal systems and visible precedents facilitating motherhood may be lacking throughout the educational system, even when affecting women in their 20s and older. Given the prevalence of the view that motherhood and education are incompatible, Spéder and Bartus (2017) considered that mothers who are both employed and enrolled as students are able to successfully combine education and motherhood. They concluded that it is not motherhood that is incompatible with education. Instead the reason that individuals find it difficult to transition to motherhood whilst in full time education is down to normative expectations regarding the sequencing of life-course events and rigid system supporting these, such as how parental leave systems and welfare systems operate. Doctoral student transitioning to motherhood during their course reported that being able to work fewer hours facilitated their experience, though it meant that it took them longer to complete their course (Holm, Prosek, & Weisberger, 2015) presumably with negative financial implications. Many courses across compulsory education offer little flexibility, with set times for examinations and coursework submission and those who are able to complete exams over different timescales can find themselves penalised when later applying for jobs or higher education. Thus, for some young Mums, rigid National and local educational systems can be a barrier to successfully accessing education courses.

Relationship with Educational Professionals

Herman & Lewis (2012) found that the effectiveness of management at encouraging Mums that they could reduce working hours and still progress in their careers was the most important factor in helping Mums to advance successfully in their careers. In education, Holm, Prosek, & Weisberger (2015) found that practical and emotional support from mentors was beneficial to doctoral students transitioning to

motherhood. This research supports that poor relationships with educational staff (5.3.4 unsupported) and staff who hold the belief that motherhood and education are incompatible (5.3.4 unsupported) can be detrimental in helping young Mums to succeed in education.

Educational and Career Advice

This research indicates that maternity leave or inadequate alternate provision for pregnant students may be resulting in young Mums leaving education disadvantaged, in respect to receiving support planning their next step in education or employment (6.3.2 insufficient post school guidance/ 5.3.4 advocates), this may also partially explain findings that practical support from professionals is important in getting young Mums back into education later on (Hutchinson & Moore, 2012). Even when help is available lower expectations of young Mums may result in less suitable placements being unchallenged by professionals (5.3.4 advocates).

Changing Aspirations

The attitude that high aspirations are attainable is only believable if it is evidenced as being true within your own community (Carter & Coleman, 2006). Thus, some young Mums may lack the belief that they can improve their employment opportunities through education (6.3.2 changing educational aspirations). Employment correlates positively with wellbeing (Dunn & Brody 2008) 'work is often a source of social status, purpose, and self-esteem' (Dunn & Brody, 2008 p 416) however that doesn't mean that all employment is equal in this respect or that employment can't be detrimental to wellbeing. Some forms of employment might reinforce low status, fail to provide financial security, confirm that an individual's contribution is valued very little by society, provide little or no opportunity for development, provide little intrinsic reward and in some cases (especially for those working more than one job or variable timetables) deny them the opportunity to partake in activities that might be more rewarding. Consequently, some young people may lack the motivation or self-esteem beliefs that allow them capitalise on educational opportunities (6.3.2 overall interpretation of educational experience/ 5.3.6 advocacy). This research is consistent with other findings that young Mums are motivated to provide for their children

materially (Schrag & Schmidt-Tieszen, 2014). This research suggests that the motherhood experience may provide the motivation and boost in self-worth beliefs that make educational and career aspirations possible (6.3.2 changing educational aspirations/overall interpretations of educational experience). This is consistent with other research findings which suggest that motherhood can lead to career aspirations (Evans & Slowly, 2010).

Work-Family Balance

Balancing the best interest of themselves and their children is stressful for all mothers. Similar to the findings of this research (5.3.7 too young), Dumas (2013) found that mothers who chose to leave their children for work or education found the separation between mother and child to be emotionally difficult and there were considerable concerns about how it would affect their bonding. In another study highly educated women, with good earning potential and working partners, chose how to work, based on how much they worried about the impact of separation from their child (Hoffnung & Williams, 2013). Some Mums who endorse a value system that aspires to higher occupational status may try to justify the return to work or education as a means of teaching their children a value system that they feel will be in the child's best interest to assimilate (Dumas, 2013). Concern regarding the adequacy of childcare may also exacerbate the emotional distress of mothers (5.3.7 too young).

Mothers trying to get a work-family balance often report guilt and dissatisfaction (Ward & Wolf-Wendel, 2004) as they struggle to find success. This study similarly found that work and study commitments lead to dissatisfaction with family life (5.3.3 motherhood versus apprenticeship). Women who expect to have more time to spend with family on becoming a mother, often sacrifice the expectation of career progression (Herman & Lewis, 2012). Though many who value both hope to revive their career at a later date (Hoffnung & Williams, 2013). This research also supports a conflict between career aspiration, motherhood and an expectation of sacrifice from the mother (5.3.1 high aspiration versus motherhood). Even for women who value family identity over work identity, more time with family may be difficult to achieve (Greenhaus, Peng & Allen, 2012).

The NCT (2013) suggests that many women return to work before they feel ready to leave their children because of economic reasons. Childcare is relatively high in the UK compared to other countries in the Organisation for Economic Co-operation and Development (Immervoll and Barber, 2005). For lower earners and single parents in the UK it is only through receiving sizable welfare benefits that employment can become financially more profitable than not working (Immervoll & Barber, 2005). Consequently, for some young Mums, who would prefer to be at home with their young children, the economic benefit may compel them into the workplace but still fail to fully alleviate their status as 'economic burdens'. Sasha regretted starting her apprenticeship when her daughter was still so young but the need to provide financially, contributed to this decision. Despite starting the apprenticeship, Sasha found that her income was insufficient and had to turn to other funds (5.3.8 security)

This study supports that travel may impact negatively on the young Mums wellbeing by further reducing available family time (5.3.3 motherhood versus apprenticeship). Age and financial barriers to driving, will likely mean that many young Mums are reliant on public transport and thus a comparably higher proportion of their time outside of their education or work placement will be spent commuting between home, child care provision and place of work. Dumas (2013)

concluded that housework and childcare commitments as well as time spent on other activities mediate the relationship between commuting and subjective wellbeing. With commuting associated with a reduction in satisfaction with family life and leisure time.

8.2.4 Motherhood, Prejudice and Discrimination

Discrimination in the Workplace

According to the research it isn't just young Mums who experience stigma. Many pregnant women in the workplace conceal their pregnant status because they fear negative reactions (Little, Major, Hinojosa & Nelson, 2015) and many face discrimination when pregnancy is revealed (Hebl, King & Glick, 2007). This research similarly suggests that motherhood is a factor that concerns employers and may ultimately contribute to the loss of employment (5.3.4 unsupported). 'Gendered assumptions about mothers as the main carers and conflicting assumptions about ideal workers who are constantly available at work prevailed in all the companies'

(Herman & Lewis, 2012, p783). Research consistently reports that young Mums are more economically disadvantaged. Gibb, Fergusson, Horwood and Boden (2014) found that by age 30 those who had been young Mums, on average had lower incomes than other Mums, worked fewer hours and were more dependent on welfare. Controlling for key variables did reduce, though didn't eliminate this effect. Young Mums may be more vulnerable to discrimination, as they are less likely to have established permanent contracts with employers that might offer them legal protection.

Further to issues of availability, motherhood could potentially reduce the perceived competence of the individual by the employer. According to Ridgeway and Correll (2004) mothers are perceived by others to be less competent than non-mothers. Even women who completed their education to degree level before pregnancy find themselves in lower status careers than non-mothers later on (Hoffnung, 2004). This discrimination may disproportionately affect those that have children earlier as they endure this discrimination from the start of their careers.

If the workplace is indeed negative towards mothers (e.g. Kohl, Mayfield & Mayfield, 2005) then many young Mums may find it difficult to convince employers to take them on and invest in them, rather than an equally competent non-mother or even a less competent non-mother.

8.2.5 Motherhood, Financial Security and Wellbeing

Kjellman (2009) considered factors relating to differences between the relatively high and relatively low occurrences of young motherhood in the UK and Sweden respectively. Kjellmann concluded that differences in policies relating to maternity leave and pay meant that there was little point in UK women delaying pregnancy until they were employed, whereas with 80% of their pay for 16 months, in a society with lower pay inequality, meant that more Swedish mothers could achieve and maintain economic wellbeing by gaining employment prior to motherhood.

Research suggests that many young Mums don't live with their parents (Hutchinson & Moore, 2012). Statistically young Mums come from economically deprived backgrounds and consequently many young Mums will need to be financially independent, others may gain wellbeing benefits from financial independence (6.3.4 security). This research however suggests that some young people, do not perceive the achievement of financial security to be obtainable (6.3.2 changing educational aspirations) and others find that motivation and hard work and does not provide sufficient income (5.3.8 security). A related point raised in this study was that young people may be receiving inadequate education on how to run a household and where to find financial support when income is not sufficient.

Unsatisfactory housing environments and housing instability where raised in this study (5.3.8 security). Limited financial means and volatile relationships, may result in young Mums finding that their living situations impact negatively on their wellbeing and that of their children. Instability in address can have wider impact such as access to provision such as medical care (6.3.1 fighting for access).

8.2.6 Access to Medical Care

Yardley (2008) found in her study that health care was the only public service where young Mums reported discrimination, however in her study this did not appear to lead to avoidance. Perhaps it would be difficult to avoid health care entirely given Western medical ideology and physical need. This research however provides evidence suggesting that negative experiences can lead to young Mums avoiding medical assistance even when the physical need is there (6.3.1 relationships and genuine concern). This research suggests that negative interaction with staff, lack of trust and poor communication contributed to negative experiences of medical care during pregnancy, childbirth and after care (6.2.1). In contrast positive relationships with health care staff and personal contact emerged as factors which facilitated access to medical care (6.3.1 relationships and genuine concern). Family support may help to promote a positive experience (5.2.1 support).

8.2.7 Protection from Stigmatization

As discussed in previous sections this research suggests that stigmatization impacts on relationships and social networks, the ability to develop a competent mother identity, access to education and access to medical care.

Both participants felt that the community was prejudice towards them (5.3.6 advocacy/ 6.3.5 community). Yardley (2008) described discrimination at the hands of the public as a common occurrence for her participants. The perception of 'who' is prejudice against them however may differ from young mother to young mother. Sasha perceived that her school peers were prejudice against her, whereas Nicole did not and Yardley (2008) found no evidence that stigmatization effected the existing relationships of her participants. This may reflect the differing cultures and underlying value systems of young Mums. Some young Mums may align closely with a culture that values education and high-status occupations, viewing young motherhood as a barrier to normative transitions and positive societal contribution. Others may identify with a culture that values motherhood and views it as a valid societal contribution with greater importance than many other occupations. 'social networks are unlikely to become limited as a result of teenage mother stigma if their social network prior to becoming a mother did not stigmatise teenage motherhood in the first place.' (Yardley, 2008, p678).

Some young Mums attending religious schools may perceive that the religious ethos contributes to a hostile environment for young Mums. Possibly perceiving negative attitudes among staff, inadequate support and inadequate sex and parenthood education (6.2.2.1 school staff/ 6.3.2 overall interpretation of educational experience).

Close family were also subject to stigmatization by their association to the young Mum, with others judging them as at least partly responsible for the 'deviance' (5.2.3 prejudice & grief). Young Mums from communities with value systems that are more likely to be conducive towards their stigmatization more prejudice towards young Mums may struggle with feelings of guilt, which could be a barrier for positive relationships as well as emotional wellbeing.

8.2.8 Reactions to Prejudice

The adoption of the competent Mum identity, emphasising the benefits of young motherhood and discrediting those who express negative views (on the basis that their views don't count as they fail to value motherhood appropriately) are thought to protect against stigmatization (Yardley, 2008) and are strategies found in this research. Talking to other young Mums about their experiences may also be beneficial 6.2.3 support and understanding). Reciprocal support from other young Mums with similar narratives promotes closer identification, stronger identification with other marginalised groups has been proposed as another coping mechanism for stigmatization (Crocker, Major & Steele, 1998).

Yardley (2008) suggested that some young Mums, who subscribe to the normative views of motherhood, identify their differences from other young Mums, to justify why the stigma doesn't apply to them specifically. This is not a strategy supported in this research. Sasha uses the competent Mum identity and a wider identification with all Mums, to help protect herself against stigmatization but this doesn't prevent her from continuing to identify with young Mums. For Sasha, stigmatization leads to greater insight into subcultures she may otherwise not have appreciated.

The experience of stigma can lead some young people to advocacy. For Nicole emotional discomfort at her experiences and inability to find more comforting alternative narratives to stigmatization, motivates her towards an advocacy position. Sasha arrives there through her personal rejection of stigmatization and a growing awareness of systemic oppression. Helping other Mums through their experiences is another reaction to negatives experiences around young motherhood, the reward for helping others perhaps helps to counteracts some of the negative effects of stigma.

8.2.9 Resources Supporting Emotional Difficulties

Young Mums experiencing emotional difficulties may find it difficult to access appropriate intervention. This research suggests that while therapeutic interventions may be beneficial (6.3.1 relationsip nd genuine concern/ 5.2.3 counselling). Access may be problematic. They may be rejected from or not meet the criteria of some services (6.3.1 relationship and genuine concern). Those fortunate enough to be recognised by their employer of place of education as in need of therapeutic intervention may be referred (5.3.4 unsupported).

8.2.10 Insufficient Education

A high proportion of individuals want to be parents. Even the career women in Hoffnung & Williams (2013) study, still hope that they will be able to have children in the future. This research highlights a deficiency in education around parenthood within the compulsory education system. A clear message to those in attendance that parenthood is not valued by those in charge of the school curriculum and frustrating to those who see this as something that would actually benefit their future lives. Fisher (2016) suggests that some pupils are frustrated by being taught skills that appear irrelevant to their lives and yet are deprived the opportunity to concentrate on things that matter to their lives and value systems. The young Mums in this study suggest that the curriculum would benefit from education around parenthood (6.3.3 acquisition of parenting skills).

8.2.11 Motherhood and Wellbeing Summary

Major life events have the potential to impact on wellbeing in the short term but for some transitions, affects aren't long lasting (Suh, Diener, & Fujita, 1996). Perhaps explained by the 'hedonic treadmill theory', which stipulates that individuals adapt to experiences so that positive or negative experience fail to deliver anything more than temporary effects on satisfaction (Brickman, Coates, & Janoff-Bulman, 1978). The ability to adapt successfully may be related to the ability of individuals to resolve threats to their identities or form new satisfactory identities when prior identity restoration is not possible. Sasha reports higher levels of satisfaction now that she feels able to pursue her career goals and return to being a successful student. Nicole

also appears to be experiencing higher levels of wellbeing now that she feels able to embrace the identity as a competent Mum. Not all life events and conflicts they provoke are equally easy to adapt to. Acquired disability is an example of another life event which can affect a significant and for some, a lasting, decrease in wellbeing. (Lucas, 2007, Lucas, 2008). Some life events may make it harder or even impossible to restore previous identities and may present more barriers for the development of new satisfactory identities. Current systems operating around young mothers, present various obstacles to wellbeing. Societal challenges to their identities as competent Mums or moral individuals can make is more difficult for some young Mum's to establish positive identities and positive self-worth beliefs. Many young Mums come from disadvantaged backgrounds which may limit their opportunity to gain wellbeing benefits from employment or to gain the financial security that would make delaying motherhood worthwhile. Positive motherhood experiences may increase the self-esteem of young Mums and their motivation to improve their financial situation, factors which may lead to their engagement in the educational system, however barriers to accessing education and employment discrimination may make it even harder to overturn their socioeconomic disadvantage. Perceived loss of status and loss of opportunity from high career aspiring young Mums impacts on their ability to embrace their motherhood identity and on their wellbeing. The conflict between career and motherhood, without appropriate support could lead to significant dissatisfaction in both areas and leave the young Mums with lasting regret and disappointment.

8.3 Recommendations

Sasha and Nicole's experiences of motherhood are very different, supporting that young Mums are a diverse group. Young Mums differ in terms of the resources, opportunities and social support networks available to them. They differ in terms of the cultural beliefs of the communities they most closely identify with, which may affect their experience of prejudice. Hopefully this research has helped to challenge some of the stereotypes of young Mums and refocused attention towards the systemic factors impacting on the young Mums lives. This research may help to challenge individual's perspectives of young Mums and provide inspiration for those campaigning against the stigmatization of young Mothers. Additionally, although this

is a qualitative study, it is my hope that some educational psychologists or indeed other professionals may find that one or more of the findings highlighted by this research, helps to give them a better understand of the individual needs of a young Mum they work with.

This research has demonstrated that to at least two young Mums, schools can appear hostile. EPs may want to partake in systemic work with pupils and staff to develop school campaigns and polices that help to tackle negative attitudes towards young Mums and give a clear message to young Mums that their school is a welcoming environment.

This research suggests professionals can impact on the wellbeing of some young Mums and potentially affect their access to services. Young Mums may also differ in the type of support they require with some needing practical advice and others needing the focus to be on care. EPs may play a role in training professionals around these issues and on the added difficulties that stigmatization may presents for young Mums, including how it might affect their interactions with professionals. EPs may also play an important role within multiagency work, challenging any inappropriate narratives around the young Mums and ensuring that their needs are met holistically.

Given the importance of social support networks and the stresses that young motherhood may place on relationships. EPs may want to become involved with others professionals in developing programmes to support families and friends.

EPs may also have a role in individual work with young Mums, either delivering specific interventions themselves or advising and training school staff in order to deliver appropriate interventions tailored to meet the needs of the individual young Mums. Sasha and Nicole would not benefit from the same recommendations. For example, Sasha may benefit from career support and reassurance from the onset of her pregnancy. Nicole on the other hand may initially benefit from support focusing on motherhood. Career support for Nicole may be more appropriate after she has experienced success as a mother. I have included specific recommendations in the appendix (p271) as a guide, suggesting possible ways that the needs highlighted in

this research may be supported. Individual educational psychologist will have to decide whether any of the recommendations are relevant to their young Mum and whether there are other, more appropriate ways of meeting their needs within their specific environments.

8.4 Social Justice & Advocacy

This study specifically addressed young Mums, however socioeconomic inequality, the devaluation of motherhood itself and the discrimination against all Mums, likely impact on the experiences of young mothers.

Negative economic narratives around young motherhood, construe them as underserving burdens. In order to be undeserving, one has to believe that motherhood is not a valid societal contribution and/ or that young Mums are incompetent at motherhood. It also suggests that, were they not mothers they would be better contributors to society or at least require less economic support. It may even extend to the belief that their children in turn will be poor contributors and thus fail to compensate for any financial support given to their mothers whilst they are dependents.

8.4.1 Valuing Motherhood

Occupations with a high emphasis on traditionally feminine abilities such as nurture are typically poorly paid (Buehler & O'Brien, 2011). In this context it has been argued that - 'By paying other women to clean their houses and care for their children, women in paid employment are held responsible for the emergence of a whole new class of oppressed domestic workers' (Bowman & Cole, 2009). Whether employed or not, women typically do more unpaid care and housework than men (Buehler & O'Brien, 2011) and with welfare cuts, more unpaid, particularly care work, is being taken up primarily by women and girls (Ford, 2015), leaving some economically disadvantaged and overworked. Caring for one's own relatives, whether they are young children or individuals with disabilities, illnesses or other needs, which leave them in need of care, are for the large part unrecognised as valid occupations, worthy of any salary, never mind a good salary. 'In terms of financial rewards care work is often not validated as work but as something women do. Such an

understanding is key to the reproduction of gender inequalities and women's subordinate status within the social hierarchy' (Bhana & Nkani, 2016, p5-6).

For young women such as Nicole, nurture is a valued ability and the recognition of success in this skill, as demonstrated through motherhood, is a legitimate way of improving wellbeing. Ambivalent stereotypes are proposed by Durante, Fiske, Kervyn, Cuddy, Akande, Adetoun, Adewuyi, Tserere, Ramiah, Mastor, Barlow, Bonn, Tafarodi, Bosak, Cairns, Doherty, Capozza, Chandran, Chryssochoou, Iatridis, Contreras, Costa-Lopes, Gonzalez Lewis, Tushabe, Leyens, Mayorga, Rouhana, Smith Castro, Perez, Rodriguez-Balion, Moya, Marente, Galvez, Sibley, Asbrock and Storari (2013) as a way of accepting disadvantage, without having to entirely reject the dominant oppressive value system. By appreciating how caring and loving they are, individuals who are judged as low in academic competence can accept being paid less by society, because 'warmth' is what they value more. This may be the mechanism behind how Nicole's value system is able to co-exist with the dominant occupational status led value system. It may also be the way that employed women who become mothers, are able to accept a reduction in their pay and career expectations.

Gender gaps in income can be at least partially construed as the result of 'lifestyle choices'. With women 'choosing' care over actions that would increase their economic prosperity. I would however argue that this is not a justified position. Sasha felt that there was an expectation that she should make the sacrifice of her career for the benefit of her family and other women may also feel this expectation. If a significant number of women are deciding that care is more important than alternate contributions, then perhaps it's time that societal systems endorsed care financially. If caring for family members and friends becomes a salaried occupation then not only is motherhood officially valued by society, but it will also reduce the comparative economic disadvantage of many women.

It would also mean that many mothers weren't returning to work before they were ready to due to financial pressures (NCT, 2013). The separation of the primary carer and their baby, is a deeply political topic. As Van der Horst and Van der Veer (2010)

point out, Bowlby's theories about the negative impact the separation has on the child was not favoured by the government during the evacuation policies of World War II, but was convenient at the end of the war when women were encouraged to leave their jobs and return to the home. This research is unable to make any claims as to the impact of separation on babies or young children but what this research does reiterate is the negative emotional impact it has on the mother. Many women are concerned about how leaving their children to return to work will impact on their children's and on their own wellbeing (Hoffnung & Williams, 2013; Dumas, 2013).

For young Mums like Sasha, having a stable income could mean that she wouldn't have to sacrifice her career aspirations in order to try to provide for her daughter. Along with the right career support young Mums with high career aspirations may have less difficulty embracing motherhood, avoiding later regret.

Becoming a competent mother improved Nicole's self-esteem, succeeding at motherhood when it is fully valued by society as a legitimate occupation, may have even greater benefits to self-esteem and wellbeing for young mothers. This investment in young Mums by society could lead to a greater motivation to contribute to society, which with the right support and systemic environment could lead to young Mums being able to improve their wellbeing through occupational means later on.

Insufficient income impacts negatively on wellbeing (Van Boven & Gilovich, 2003). Thus, salaried young Mums will face fewer financial stresses which may impact positively on their wellbeing and that of their families.

As part of valuing motherhood, government can play a role in encouraging schools to include parenting in their curriculums. Being prepared for the challenges of parenthood in advance may make young Mums (and all parents) more confident in facing motherhood.

8.4.2 Socioeconomic Oppression

This research exposes two different value systems. One that primarily sees wellbeing being achieved by occupational and economic success and the other that primarily seeks wellbeing through other personal attributes and achievements.

High expectations of economic prosperity

It is my perception that the current educational system endorses an occupational value system. An individual's academic attainment potentially plays a significant role in determining the types of contribution the individual makes and the monetary value that society deems their role is worthy of. Some children and young people will perform comparatively well academically and may have seen individuals they identify with reap occupational and economic success. Many of these individuals, like Sasha, will have expectations that they will be able to improve their lives in a similar manner. They may engage with the educational system and their academic successes may boost their self-worth and wellbeing.

Early motherhood could potentially make a sizable difference to their economic outcomes. These young Mums may feel that motherhood is incompatible with obtaining higher economic status positions for a combination of reasons. Many may opt for a termination for this reason, however some like Sasha won't want an abortion.

- Lack of policies supporting maternity leave in education
- Insufficient financial provision during maternity leave
- Lack of access to successful working/ studying mothers
- A precedent of young mothers typically leaving educational provisions.
- Transportation issues for accessing study, workplaces and child care provisions
- Lack of part time school and college courses
- Expectations that the mother should sacrifice her career for the best interest of the family
- Discrimination against mothers in the workplace

Logistic and financial barriers to accessing education can mean that young Mums may feel that they are required to abandon their aspirations. For those who will continue to try to achieve their aspirations, the additional stressors may impact on wellbeing and increase the likelihood for failure.

Low Expectations of Economic Prosperity

Some children and young people will be judged as performing less well than their peers and may see that those they identify with have not achieved occupational and economic success. Many of these individuals may not have much expectation of

improving their wellbeing through education and employment. Many young Mums come from disadvantaged socioeconomic backgrounds. Even when controlling for cognitive ability, socioeconomic background predicts academic achievement (Von Stumm, 2017). For those from lower socioeconomic backgrounds occupational opportunities and economic success is more limited than those matched for academic achievement from higher socio-economic backgrounds (Delaney, Harmon & Redmond, 2011). Thus, to some young people like Nicole, statements of personal agency, such as 'you can be whatever you want to be' are at best naïve fantasies and at worst tools of oppression. For them the reality is that the educational system does little to improve their economic and occupational wellbeing. Nor does it do much to address the values that matter to them and that they feel may realistically make a difference to their lives (Fisher, 2016). The educational system could in fact be damaging to their self-esteem and wellbeing and potentially viewed as complicit with other systems in devaluing them and those they identify with. These individuals will have to find other ways of improving wellbeing and will likely look to the types of attributes and achievements valued in their individual communities, nurture and motherhood may be legitimate ways of improving wellbeing for some. For some it may be the primary or only means of improving wellbeing.

Considering the above and taking Kjellman's comparison of Swedish versus UK young Mums into consideration, it is likely that systems affecting an individual's ability to secure adequate income, rather than a lack of motivation to do so, lies at the heart of the young Mums disadvantage. 'The overriding myth continues to be that welfare persists because of the characteristics of the families, not because of larger, structural conditions of society.' (Handler & Hasenfeld, 2006 p158). For some individuals, early motherhood may be the best route to increasing wellbeing as there is no advantage in delaying, given the lack of prospect in significantly improving wellbeing by other means.

I find myself agreeing with Sasha that if a society expects individuals to contribute to it, it must first invest appropriately in those individuals and certainly not be complicit in damaging those individual. An education system which reduces it's focus on occupational and economic wellbeing and broadens to recognise other values and aspirations, including parenthood, may be a step in the right direction.

Motherhood can make a difference to self-esteem and the young mother's motivation to improve their economic status. They however face similar barriers to young Mums

who had higher expectations prior to motherhood (see below) and if they have had less success with academic study in the past this could leave them with a significant disadvantage to overcome if without significant broadening of the pathways to occupations which are currently obtained primarily by academic routes.

Thus, I would conclude that the current educational system is not the answer to eliminating or even significantly reducing the disadvantage of young Mums from low socioeconomic backgrounds. Instead a shift in societal value and an education system reflecting this change is necessary

8.4.3 Children as Contributors

Most people I have spoken to are familiar with the narrative 'Children are our future, we should invest in them'. There is a general willingness to designate tax money to education and children's services, nonetheless, individuals in society do not seem to be committed to investing in all children equally. Parents often bestow additional advantages on their own children without making provisions to ensure that other children from disadvantaged households can receive similar experiences. Sometimes it appears that children are not so much considered as dependent members of our society but rather as luxury items that individuals who have sufficient income should support independently of wider society until they become of age to contribute through work themselves.

Even for those women who perceive the potential to achieve financial security, some still struggle to obtain what they consider to be the ideal conditions for raising their children (Koert & Daniluk, 2017) 'societal norms encourage women to delay childbearing in favor of completing education and establishing a career' (Benzies, Tough, Tofflemire, Frick, Faber &Newburn-Cook, 2006, p625) however when this results in involuntary childlessness they are left with feelings of regret, powerlessness and guilt (Koert & Daniluk, 2017). Although young Mums are blamed for having children too young, when they leave it too late, women are also blamed for their infertility (Friese, Becker & Nachtigall, 2006, p1551).

It is time to value children and value motherhood. Women young or old should have valid reproductive choices. Society needs to adapt so that motherhood is not detrimental to wellbeing, status or economic prosperity and so that women don't feel they have to delay motherhood until their less fertile years. On the other hand, it is

time to adapt societal systems so that motherhood, is not the only way for any woman to improve wellbeing. All women should have realistically obtainable ways of improving their wellbeing. Motherhood should be just one option.

Key social justice goals that may help to improve the wellbeing of young Mums include:

- Motherhood should be highly valued by society.
- Motherhood should be seen as a legitimate contribution to society
- Society should provide all women with realistic and readily accessible opportunities to improve their wellbeing and feel valued.
- No woman should feel that the *only* way to achieve improvement in wellbeing or status is through motherhood.
- No woman should feel that motherhood is not a legitimate way to achieve wellbeing or status.
- Different pathways, including non- academic pathways should be available to access most if not all occupations
- Education systems should reflect a society that values a wider range of abilities and characteristic more equally as well as acknowledging and supporting different pathways to occupations.
- Reduction in pay inequality.
- Policies on maternity leave should be highly visible in all workplaces and educational institutions.
- Legislation should protect mothers in education
- Allow deferred entry onto courses, so that young mothers can concentrate on motherhood secure that they have a place on the course of their choice.
- Making sure that part-time study is available for all secondary school and post 16 courses.
- Adequate financial provision should be provided to all primary carers who are contributing to society by looking after young children
- Making sure employers and educational provisions cannot discriminate against people who have taken longer to complete qualifications
- Making sure that all employers are able to offer some flexibility and choice in working hours in order to help parents spend time with their families and in order to allow employees to partake in part-time study etc.

8.5 Further Research

Further research into the experience of young Mums, including those reporting positive experiences of education and other resources may help to elucidate practices that are beneficial to young Mums. The recommendations of this study are based on possibilities that emerge from the findings and further research would be needed in order to investigate the impact of such interventions on the wellbeing of young Mums

Examples of future research

Further research focusing on the types of loss family members with high educational and occupational aspirations for their young Mum perceive and the beliefs that underlie them may be useful in order to develop interventions that help families to deal with this grief in a way that reduces family divisions.

further research may ascertain whether the reason for returning to work/ education impacts on the wellbeing of the young mother.

Research on the experience of other individuals such as family members or professionals supporting young Mums may offer different insights into the motherhood transition and how to support it effectively.

8.6 Limitations

As previous mentioned it is necessary to be cautious in generalising any of the findings in this research to other young Mums as many of the experiences may be specific to the participants.

Due to time restrictions not being able to return for a second interview meant that I wasn't able to gather any further information on areas of interest that might have challenged my interpretations.

Due to the nature of the selection process I interviewed young Mums, who were particularly motivated to talk about their experiences. There may be many young Mums, who don't feel able as yet to talk about their experiences. Possibly because they have not found a way to cope with the stigma. Their experiences remain unheard. Further research is necessary to elicit the views and understand the experiences of this diverse group.

8.7 Overall Reflections

I think the one thing that this research has reminded me, as a practitioner, is that although in secondary age children we often look at outcomes promoting independence, in reality for some young people it may be more important that they learn how to be dependent on others. I think as a society we underestimate the value of social support networks and unrealistically attribute success or failure to the properties of the individual, such as whether or not they are a competent mother.

I think the research experience has made me more passionate about social justice and more aware of the topics around social justice in EP practice.

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Researcher Information

Motivation for the research

At the time of choosing this research project I was a full time student on the Doctorate of Educational and Child Psychology programme at the University of Sheffield.

I worked in three different secondary schools in a previous career as a qualified teacher (2006-2012), one had a predominately middle class intake, one was a grammar school with its own entry exam and criteria and the other had an intake of individuals from a predominately lower socioeconomic background. The later was based in what used to be an old mining community and was where my Mum was born and spent her entire childhood. As a teacher I wanted success for all my students but was increasingly frustrated by the disadvantage that I felt education and society created, particularly for children from a lower socioeconomic group and the perceived persecution and criticism of this group by the very society that I perceived created the problem in the first place. Consequently, I feel that with my research I think I was looking for something that addressed some area of disadvantage and/ or persecution.

The qualitative part of a previous piece of research I had carried out for my MSc in Psychological Research Methods (Open University), had looked at the economic attitudes (particularly those relating to education, career and financial security) of sixth form students from a school with a high proportion of students from a low socio-economic background. During this research I noted that generalised views towards the prosperity of their generation where negative, whereas their views relating to their own future success were generally optimistic. The exception to this occurred when students had already experienced barriers towards achieving their aspirations. None of the participants in that study were young Mums, however I found myself wondering whether the experience of being a young Mum may impact on their own perceptions of individual prosperity and what the realities of that prosperity might be. One of the themes that arose from the MSc research project was a concern to avoid a life struggling on benefits. One student spoke of her sister who had not finished her college education and now was struggling to live on benefit and unable to get employment that would satisfy the demands of childcare. Although the interviewed student had no aspiration towards a particular job or career she was determined to pursue further education with the hope that this would provide a route to the kind of

financial prosperity that would allow her to avoid this trap. I found myself wondering how many people fall victim to this 'trap' and whether this is particularly an issue for those individuals who become parents at a young age. Having said that I find myself wondering how many people become victims to not being able to earn enough financially, regardless of holding further education qualifications.

As a teacher I had perceived young Mums to be particularly vulnerable, additionally my perception was that young Mums were portrayed negatively in the media. This persuaded me that this was a topic area worth focusing on. I was aware that I didn't share a lot of the negative discourses around young Mums, however did share concern for their wellbeing particularly in the context of what I perceived to come across as overtly negativity attitudes towards them. It is very difficult to speculate on the views of society towards young Mums as beyond my limited social circles the only reflection of these views that I have access to, are through the media. Although the media may help to inform societal views it is not necessarily fair to say that it is representative of them. It is none the less fair to say that the views expressed by the media give us cause to wonder or in some cases fear whether these are the views of wider society.

Personal beliefs and experience
I had some issues with religion from a very young age. I vaguely remember some kind of prayer thanking God for my food at school dinner times and objecting that if God was responsible for the food being on my plate that surely he was also responsible for the food not being on the plate of all the starving children around the world. I found out that my Mum was an atheist when I was in junior school and returned home to tell her that I didn't think that there was a God and that if he existed I didn't think he was a very nice one. My Mum was undoubtedly the most influential person in my life at that point in time and I'm sure if she had disagreed with this sentiment then I might well have been religious today. God was not a concept that had any reference in our household, so although reference to a God or Gods was encountered in school, through friends and elsewhere in society it was always an alien construct that had no real grounding in my own personal beliefs. Some of my friends have been very religious. At one point we (my sister and I) attended a Christian club as my sister's best friend's father was the pastor of the church in

which it was based. Another of my good friend's father at that time was the head of the Hindu temple and other friends were Islamic. I found the different religions fascinating and many positives within them, but as I have constantly argued with my current best friend, who runs a Christian charity, it is not the things that we agree with that are the problems. I found the aspects of religion that I didn't agree with particularly scary as I perceived that they were simply accepted as truths from those on the inside of the religion and my ability to argue these concepts with them was compromised because of its precedent within their religion. Sex was something that had a moral judgement, in some religions, which appeared highly out of proportion in terms of factors on which I based my moral judgements. That is not to say that I don't think that sex in some context can't lead to harm, as my personal belief is that it can. On the other hand, it sometimes seems that it is cultures which have formed around morally judgemental views towards sex which often determines the harm that it causes.

As a teenager I would never have chosen to engage in sexual activity as I wasn't a risk taker. I was incredibly afraid of contracting sexually transmitted diseases and felt that I needed the security of income and a partner in order to risk conceiving a child. Unlike most young people I always felt that if it was going to happen it would definitely happen to me.

Nobody had explicitly told me the rules of the societal culture that I suppose I identified with at that time, nonetheless I 'knew' them. I knew that I had to get a good education so that I could get a good job and contribute to society. I knew that I had to leave my family, friends and boyfriends in order to get the jobs, experience and any additional education that in the long run would provide me with a career and financial prosperity. Once I had the prospect of a secure job I could start to think about having a family. If I was lucky enough to have a rich partner I could have the option as to whether to stay at home or work part or full time. If not I would be able to take the maternity leave that my permanent job would allow me before returning to work.

Today my experiences mean that I no longer hold the same views as I did at the time. I have seen friends pursue financial stability and career success away from their family and friends and find nothing but unhappiness because of it. My first career was in research and after completing my PhD I went to Canada for my postdoctoral position, primarily because I was told that it would look good on my CV. Admittedly the timing wasn't good as my Mum died before I finished my PhD and I

moved far away from my family when we were all still morning. It did however cause me significant reflection that I didn't want a career where I might have to move from one end of the country to another or from one country to another as I perceived the research career to be for a young postgraduate at that time. This partially determined my return to my home town and my career move into teaching.

As a teacher I found my previous partner and just at the point when we were discussing starting our own family he was made redundant, experienced emotional difficulties and then choose a temporary job at the other end of the country over our relationship. I started seeing my current partner after I was accepted onto the Doctorate course. We immediately talked about starting a family together, however he had recently been made redundant and it was six months before he found his current job. My situation as a student living on a bursary was also precarious and how we'd manage financially was a significant concern. It was a similar concern for other women without children who were on the Doctorate course and discussion around concerns about how many years it would be until we would be in a position to be able to take paid maternity leave was of common occurrence.

In the last year of being a full time student on the Doctorate course I had symptoms which led to medical investigations that forced choices to be made about having a child imminently. It then lead to further investigations that called into question our fertility. My partner and I were told that even with IVF our chances of having a child were low. Although we have been able to naturally conceive, we suffered miscarriages.

I knew like Nicole that I wanted to be a mother from a young age but my high aspirations and cultural beliefs around financial stability and the perceived need for a partner got in the way. Although we try to remain hopeful that we might still be able to have a child, the prospect that we might not puts things into perspective. Friends have also struggled to have the families they want after prioritising stability. I also have friends, who had children in their early twenties and although some of them struggled financially and were or became single mothers they believe that having their children was the most rewarding decision of their life. My belief now therefore is that women who want to be mothers should priorities having children over education, career or stability, though I suppose more than that I feel that society should be geared to at the very least accommodate and better still invest in people becoming parents in their young high fertility years.

Having taught science including concepts that I know many of my students will never use again in their entire lives, I find myself frequently despairing at how little of education is catered towards students learning useful skills such as parenting skills. My best friend had her son two years ago. She is a retired GP and very capable of research and yet there were still aspects of caring for a child, such as how to bath them that she was very anxious about. I believe that I could figure out child care skills but certainly feel that I would have benefited from formal education in this area. It does largely concern me that parenting is so apparently undervalued in society that it doesn't even make it into the secondary school curriculum.

I mentioned that my Mum was from the mining community, from my Mums telling of her story, my Grandparents didn't place a high value on education for their daughter, feeling instead that her role would be within the community. They put Grammar school as their last school choice originally and it was only because 'her up the road, who thinks she's so much better than everyone else', had a daughter going to grammar school that my Mum's choices were subsequently changed. She did go to grammar school and after school with the support of her brother rather than parents, she went on to further studies and become a teacher. I remember thinking how terrible it was that my Grandparents didn't value education for women when I first heard that story. Later on I went to University myself to study psychology. In an introductory session everyone was asked to introduce themselves and say what they wanted to be. Several people mentioned wanting to be child psychologist or clinical psychologists. One young women said that she wanted to be a housewife and mother, some people actually laughed at this. I suppose this stuck with me as it made me realise how much of the good things that my Grandparents did value, such as community and motherhood, were undervalued in the culture that I was a part of. If asked today what is more important, motherhood and community or education and career, I would certainly favour the first option. Not that I don't value the other, simply that I value the first more so. One thing my mother had when she was growing up was community. A higher proportion of women didn't work in that community back then and according to my Mums narrative these women created the safe environment for the children that she remembers, they supported each other and modelled the child rearing skills for each other. I feel that this community element is lacking now and fear that people who are disadvantaged with their families are so much further disadvantaged now due to the lack of community and what I fear might

be the over privilege of the discrete and isolated family unit. I do wonder where some people are able to access models for good parenting skills.

As a result of my personal beliefs and experiences I am unable to consider myself to be an impartial researcher. I find myself rather annoyed at society for its negative moral, economic and welfare discourses around young Mums. I do recognise myself as being part of society and in my naive youth complicit in following 'rules' that on reflection I should have done more to challenge.

Research

After nine years of postgraduate study, including two MSc qualifications, a PGCE, a PhD and the current Doctorate programme. I find myself struggling with the way that research is taught in higher education. I found myself battling with my own personal concerns and worrying how they might impact on my ability to pass my thesis if they differ significantly from my examiners.

One thing about me that may have affected the research process is that I loathe to do something just because it is conventional to do something a certain way. I feel that this inhibits change and can trap individuals within flawed paradigms or practices for decades. I find myself growing increasingly sceptical of the teaching of approaches to research at university. I remember our first assignment on the course during the research block in year 2 when we were asked to present a hypothetical mixed methods piece of research. I automatically turned to the qualitative paradigm for the exploratory phase, whereas a peer, new to research methodology, came up with an interesting quantitative initial exploratory phase. I reflected whether my previously teaching of quantitative and qualitative paradigms, biased me towards the qualitative paradigm and consequently restricted my own research ideas.

I find myself also very uneasy about epistemological positions. Some voices seem to suggest that it's important to know where the researcher stands on the continuum for aspects such as the relationship between the researcher and the research, however in my methodology essay in year 1, I argued that a continuum model may not be appropriate and that these aspects often dealt with as a single continuum can be broken down into smaller facet each one that the researcher agrees with to a different extent. 'So even if it is a continuum at the very least it is a multifaceted continuum and one complex enough that taking the average of the different facets simply won't do' (Thompson, 2013, year 1 essay). In some cases I have found

myself agreeing equally strongly with statements at the opposite poles of a so called continuum and so to me the use of epistemological positions in the literature is flawed and sometimes a hindrance to good research as individuals find themselves inferring incompatibility when (in my view) no such incompatibility exists and is only derived from false epistemological positions. I wonder whether my ability to work within the critical realist position is because it draws the criticism that it is not an epistemological position but in fact two epistemological positions, which some researchers (not myself) would claim to be incompatible. I find myself wondering whether epistemology is more of a perspective and that the best research would incorporate several different perspectives and still find ways to combine and compare findings from these different perspectives in an enlightening manner.

Another thing you hear a lot in the teaching of research is to read the core (most popular) texts relating to your research method or area. I suppose my worry with this once again is, if everyone is reading the same thing are we not in danger of being trapped within the same paradigm and blinded to other possibility. Surely we need some people staying naive to the core text and seeing what ways they come up with independently. For the purpose of this research, in the context of the limited time to achieve this and with the overriding fear that my research could be passed or failed by someone else, I did indeed turn to what I was directed was the core text for narrative methodology.

In a similar vein I also worry about the tendency to privilege peer reviewed research. I would agree that being peer reviewed may have some benefits to rigour however, even ignoring the bias towards positive findings and political agendas, I would argue that research fitting in with the popular paradigms of the time will be more likely to be published than those that don't utilise easily recognisable and established techniques and ideologies. I feel that it is always the case that research outside of its 'time' is often rejected because it doesn't fit with other practices and ideas, which perhaps wrongly is sometimes seen as a measure of credibility.

I have always felt that all research, however badly done holds some merit, however clearly in some cases that may have little resemblance to what the researchers claim it does. I also sometimes find myself wondering whether it is the ability of the reader to critically evaluate research than is more important than the ability of the original researcher to carry it out. Validity and credibility measures are things that I have always struggled with as I often find that if you scrutinises these measures they turn

out to be hanging on false assumptions or nothing more than illusion. One of the things that I really don't like to see is when individuals quote somebody else saying what they believe as though this somehow adds to the credibility of what they are saying. When clearly the validity of something has no bearing on how many people may or may not have come to the same conclusion and particularly not if these people have been exposed to the same research articles. Another particular dislike is the suggestion that one uses the research tool of someone before you, who was supposedly 'measuring' a similar thing, or that if you create your own tool that you correlate it against theirs. It may help individuals trying to compare between the studies but this may very well be at the expense of the credibility of the actual piece of work. The idea that 'Jones and Smiths' tool, which everybody else then validated their tools against, was right in the first place seems like a false assumption and limiting of future research. Overall I feel that credibility is more limited than researchers try to make it seem. I understand the pressure on researchers to try and make their research appear more credible in order to get it passed the peer review or simply to pass in the case of a research thesis, however I rarely encounter anything that impresses me as being much more than illusion or based on false or tenuous assumption. Consequently I found justifying credibility to be a difficult exercise as I personally don't hold as much faith in these measures as some other people appear to.

Ethical Reflections

I found myself wondering about the benefit of the research on the young women in the study and my own impact on them.

It was apparent that some events had been storied by the participants several times before the version they delivered to me. Yet it was apparent that despite telling these events potentially many times an understanding that the participant found satisfactory had not emerged.

On at least one occasion I found myself 'helpfully' offering a construction that might be more satisfactory. Reflecting on this I realised that it was not having a satisfactory understanding that spurred the participant on to wanting to advocate and to investigate the 'truth' of what had happened further. The participant did not incorporate the construction I had suggested, instead she retained a 'I don't know' stance. My construction may have given her a more positive spin on the situation, which could have helped her to reduce the distress she appeared to experience around the storying of these events. On the other hand it may have contributed to eliminating what I perceived to be her desire to speak out and help other people going through similar situations.

Philosophical Reflections

The questions I found myself grappling with prior to embarking on my research methodology were as follows:

Research decisions (all decisions) may be influenced by belief but is epistemology a satisfactory justification for research decisions?

Are philosophical beliefs static?

Can a suitable philosophical position be known from the onset of the research?

Can the outcome of the research or indeed any other part of the research process change our philosophical position?

Is it possible to effectively communicate and justify an individual philosophical position in a 30,000 word thesis?

Is choosing an existing (fashionable) epistemological position a satisfactory replacement? What integrity is lost in doing so?

Do these epistemological positions actually increase credibility or simply propagate the illusion of credibility?

What possibilities are excluded by the adoption of a crude (best fit) epistemological position?

Is an agnostic stance on epistemology acceptable or even useful?

Is a predominantly pragmatic stance the only way to effectively navigate the 'false' dichotomies and continuum models created by epistemological positions?

Evolving the Research

Quantitative versus Qualitative: In pursuit of discovery, depth and flexibility

The decision to label my research as 'qualitative' was not one I took lightly. The reader may be familiar with the stereotypical dichotomy of qualitative and quantitative research paradigms. Smith and Heshusius (1986) feel that this dichotomy is important for highlighting many of the debates in the field of research. Allwood (2012) however suggests that there may be a strong argument for dissolving paradigms entirely and simply discussing the individual merits of specific research methods. I find myself agreeing that 'the crude quantitative-qualitative dichotomy omits many potentially useful possibilities' (Wood & Welch, 2010, p2) and that maintaining this may inhibit the invention of new approaches (Bavelas, 1995). Despite this my decision to locate this research within the qualitative paradigm however was made as reference to this dichotomy in the literature is overwhelming and thus using this terminology when considering different aspects of research and its evaluation in relation to the literature was difficult to circumvent.

Quantitative methods have a 'preoccupation with operational definitions, objectivity, replicability, causality' (Bryman, 1984, p77) and generalisability (Gelo, Braakmann & Benetka, 2008). On the other hand, with qualitative methods the 'emphasis is upon discovery, description and meaning' (Osborne, 1994, p168). It is this in particular that makes me consider my research to be more closely aligned with the qualitative paradigm as I considered my research to be exploratory in nature.

I did not begin with any predefined notions as to what experiences young Mums may have or how their identities may change. At the start of the research process however I conducted a literature review and I interviewed Donna and Emma, who both work closely with young Mums. These processes influenced my expectations of the possible themes and experiences I may encounter in my research. This information may have allowed me to employ a more quantitative approach to investigate the relevance of different aspects of identity and experiences. I rejected this for three reasons. Firstly it would make it difficult to discover any new information. One of the strengths of many qualitative research studies is that it can have inductive tendencies allowing the identification of novel information (Gadamar, 2004). My belief that young Mums are marginalised and that their voices are repressed and/ or distorted by society led to the assumption that their voices may need discovering.

The second reason was that I wanted the freedom to explore information in more depth and the final reason is that I wanted to be able to change my focus as new information informed a new interest and direction. This desire for depth and flexibility in my research would be very difficult and time consuming to achieve when utilising a more stereotypically quantitative study. Quantitative studies are specific in focus, and are rigid towards these goals, whereas qualitative studies take a more holistic view and have the flexibility to deviate from the original research question (Gelo et. al, 2008).

Evolving the research further

As my area of interest revolved around the experiences and identities of young Mums the possible sources included young Mums themselves, sources created (or influenced by) young Mums, or other individuals offering insight into young Mums (e.g. friends, family, and/ or professionals). Due to my limited timescale I felt that I should limit myself to one source and therefore my preference was to employ methods that allowed me to access information directly from individuals who are or have been young Mums, such as through interview, focus groups, or observations.

According to Bryman, 1984, in qualitative research 'participant observation is the most favoured technique' (Bryman, 1984, p78). Given the limited time scale and limited window into their experience, that, for example, joining a young Mum's group would provide, I didn't feel that this was a particularly suitable approach. I wanted something that would offer an insight into their wider experiences of being a young Mum, which could be acquired in a relatively short time frame. Consequently I found myself considering interview or focus group methods. Reeves, Lewin and Zwarenstein, (2006) describe the qualitative interview as a core research method for qualitative research. Reeves et al. (2006) emphasis the reflective nature of qualitative interview, however they also warn of the shortcomings of qualitative interview namely its reliance on the participant's perception. Although I was interested in the 'reality' of the experience, I was however also interested in the participant's own understanding and therefore although this might be considered a limitation in respect to one goal, it was a strength in respect to the other.

I was also interested in quantitative elements. 'Any *phenomenon* has both a qualitative and a quantitative aspect in the sense that it can be categorized and that it has some degree of 'much-ness'' (Allwood, 2012, p1422). In this case I was

interested in factors such as how much of an impact experiences had and how much of a change participants experienced. This was something that could have led me down the route of using rating scales. I did consider employing more than one research phase the first with a more explorative and descriptive focus and the second stage with more of a quantitative, numerical emphasis. This was rejected due to the additional time costs. I felt that a sense of the type of 'much-ness' I was interested to could be ascertained using qualitative methodology as long as I didn't entirely reduces the data down to its constitute themes.

Sample size and generalisability

The desire to conduct a descriptive in depth study restricted me to a relatively small sample size. I don't make any assumption that my participant's experiences are anything other than unique to them however 'to decide a priori that the results can never generalize outside of the sample seems simply to be inappropriate and a poor use of the tax payers' money.' (Allwood, 2012, p1425). I would say that all research has the potential for application. Traditionally more quantitative studies with large samples (assumed to be representative) may aim to conduct a study where percentages can be attributed to the masses. I feel that findings from small qualitative studies allow for the possibility of application on an individualistic basis. In situations where professionals are supporting individuals; possibilities rather than probabilities are often more useful. In addition to examining the physical resources and structures participants have found useful or inhibitory I am also looking to conduct a study whereby understandings of young Mum's motivations, reaction, attitudes and coping strategies can be elucidated. These can then be incorporated into the repertoire of professionals.

Reflections on Credibility

Quantitative 'notions of random sampling, reliability, validity, replicability etc. are not necessarily appropriate in the qualitative context.' (Osborne, 1994, p168). Instead credibility, confirmability and applicability rate amongst alternative criteria (see Healy and Perry, 2000).

The credibility of this study is based primarily on reflexivity and the presentation of my transcripts and reflections for the scrutiny of the reader. Due to ethical and practical considerations other methods proposed by some to help establish credibility were not an option to me.

Some researchers recommend triangulation however I wasn't sure what source I could use to triangulate my data that would do anything to promote the credibility of the data. Especially as ''stories that ... diverge from established 'truth' can sometimes be the most interesting, indicating silenced voices and subjugated knowledge' (Riessman, 2008, p186), which of cause was fundamental to the premise of this research. Riessman (2008) gives an example of triangulation in a realist piece of narrative research, which she felt increased the credibility of the study. I on the other hand remained utterly unimpressed and failed to see how establishing that post traumatic stress is higher in individuals who have had more military conflict experience can do anything to increase the credibility of the narratives of specific individuals. Not to mention the fact that amount of military conflict experience may have impacted on the diagnostic processes in the first place.

I managed to recruit an additional interpreter who read some sections of the narrative and shared their interpretations of the themes and constructs. These were similar to my own interpretations which could be thought to increase the credibility of the analysis of the specific sections of data. On the other hand the additional interpreter was my sister and thus could be considered to have similar experiences to me and almost certainly had very similar beliefs to my own coming into the interpretation process. She only had access to the transcripts and not the audio tapes and only interpreted sections of one of the transcripts. Ideally it would have been great to do this as a joint research project with different interpreters contributing their individual interpretations of the data.

Another Ideal I would have liked would have been to have had the time to re-interview the participants after the analysis process and to have had the opportunity to ask questions around my alternate interpretations.

If not for ethics and time I would have also found it interesting to interview some of the other characters in the story about their experiences of shared events. I think that contrasting the different subjective experiences and constructs around the event would have been interesting even if it wouldn't necessarily have increased the credibility of the study.

Interview Prompts

Before	Pregnant?	Pregnancy	New Mum

Identity

Who were/ are you? Traits?

What did you do?

What were/ are your beliefs?

Who were/are your friends?

What did/ do you like?

What is it like being a girl/woman?

What were you/ are you good at?

Relationships

Who did you tell?

Who did you/ do you spend time with?

Who do you share things with?

Who helped/ helps you?

Who do you feel close to?

Society

How did/ do other people treat you?

How did/ do other people feel about you?

How do/ did you fit in with others?

Physical / emotional changes

How would you describe the physical changes?

How did you/ do you feel about this?

How did you feel about being pregnant?

Emotions

What do you miss? (loss)

What have you gained?

What did/ does make you happy?

What did/ does make you sad?

What did/ does make you worried or scared?

What did/ does make you excited?

Aspirations

What did/ do you want to do?

What did/ do you want for yourself?

What did/ do you want for your child?

Who/what gave you ideas?

Education

How do/ did you feel about education?

What were/ are positive experiences?

What were/ are negative experiences?

Who/ What made education difficult?

Who/ what made education harder?

Plans

Who listened to your plans?

Who helped you make plans?

How did/ didn't professionals help you?

Pilot study

Part 1: Interviews with Donna and Emma

Donna and Emma are pseudonyms. As well as being part of the pilot study Donna and Emma also assisted in the participant recruitment process.

The two individuals I interviewed both had a wealth of experience working with young Mums. Donna was part of a team working for the local authority. All identified pregnant students or Mums in full time education were referred to Donna's team. Emma ran a young Mums group and counselled young Mums. I noted the following key points from these interviews.

The majority of girls who access their services are well versed in sexual health and contraception. There may however still be some confusion amongst teenage girls around factors which make the pill less effective. Emma suggested that there were some girls coming from Catholic schools where she felt that the pregnancy may have been associated with a less thorough knowledge of sexual health.

They felt that many of the girls they worked with became more mature and motivated because they had become a parent however they often did not perceive the same of their partners and would become unhappy with their lack of support or aspiration.

According to Emma aspirations of young Mums tended towards education, midwifery or counselling, reflecting the types of job roles they encountered as young Mums and which had, had a positive impact on their own lives and experiences.

They reported that most schools in their area were supportive and worked with their teams, however Emma felt that there were a few schools, particularly catholic schools they had resistance from.

Donna felt that communities with links to Eastern Europe where often more supportive of younger pregnancies.

Emma's experience concurs with the research findings that teenagers from higher socioeconomic backgrounds are more likely to have abortions.

Emma reported that pregnant teenage girls were often proud of the changes in their bodies which were supporting their developing child.

Donna felt that some young people needed more time before they were ready to engage with her team.

Part 2: Eclectic Narrative Analysis

A second part of my pilot study related to the method of narrative analysis. As I was choosing to adopt an eclectic method of analysis I wanted to try to analysis a short section of transcribed interview data (a report of becoming an Uncle), with two different models of narrative analysis to see whether this might help me yield a more in-depth appreciation of the content. The models I used were Labov (1972) concerned with the structure of the story and Gee (1985) concerned with the linguistics. As I only had a small section of narrative text to analysis it felt as though I was falsely applying analysis models that I wouldn't necessarily have chosen, Both models however did help to further my interpretation of the text. Labov's model allowed me to identity two stories running through the text one relating to his niece and one rating to his own interests. Gee's model inspired me to consider in more detail how the participant was constructing his own identity to the interviewer and the purpose this might serve. It also got me to consider how he may have been interpreting his family's reactions. Application of more models of analysis may have revealed even more perspective. I liked Labov's model more than Gee's and although this confirmed my intention to use Labov's analysis in my research, I decided against applying Gee's model. Ii did nevertheless confirm my wish to use an eclectic approach.

Part 3: Interview with a woman who became pregnant whilst a full time undergraduate student at university

This was primarily meant to help build up my confidence in interviewing. I had done interviewing in previous research, however previously I had not been as interested in generating a narrative and I wasn't sure how easily it would be to get the individuals to tell their stories. After being reassured that I had no specific interested and was in fact interested in just hearing her story and finding out what was salient to her, the narrative flowed very easily with little need for prompting. Just because this interviewee found it easy to tell her story did not necessarily mean that my participants in my research project would find this as easy and consequently I resolved to make a prompt sheet to use if appropriate which might help to aspire stories that fitted with the various themes.

Participant Information Sheet

Introduction

As part of my doctoral training at The University of Sheffield I am undertaking a research project focusing on young Mums and their identities. The title of this research project is:

Exploring the experiences and identities of young Mums in education, a narrative approach

I would like to invite you to take part in this research project. Before you decide whether you would like to take part it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information and discuss it with friends and family if you wish. If you have any additional questions or would like to discuss the research in more detail do not hesitate to contact me. Thank you for taking the time to read this information sheet.

Purpose of the Research Project

The aim of this research project is to gain a more in-depth understanding of what it is like to become a mother whilst in education. This will be done through listening to your stories about your journey to motherhood. I am interested in exploring your experiences of pregnancy and motherhood and any identity changes and conflicts which may occur. This research may help to inform professionals about how to improve their support of young people undergoing this significant change in their lives.

You have been chosen to participate in this research project as you meet the necessary criteria for taking part in this study. I am hoping to speak to several young Mums who are willing to share their experiences.

It is up to you to decide if you would like to take part in this research project. To help you make an informed decision I will describe the research process in more detail. It is important to highlight at this point that even if you decide to take part (and sign the consent form) you can still withdraw at any time, without giving a reason.

Participation

If you decide to take part I will contact you to arrange a convenient time, date and location for an interview to take place. This interview should last roughly one hour and will be recorded for later analysis. You will be able to tell me your story however I may ask you questions to explore aspects of your story in more depth or to explore new areas you haven't talked about. You will only be expected to discuss information which you feel comfortable talking about.

Whilst there are no immediate gains for those people participating in the project, it is hoped that you may benefit from having a space to talk about your thoughts, feelings and experiences. If you have any concerns regarding any aspect of the research process you can contact me directly. Additionally, if you would like to make a formal complaint at any point you can contact my research supervisor (please see below for contact details).

Confidentiality

All the information collected during the course of the research will be kept strictly confidential. Your name will not be used in any reports or publications, instead you will be known by a pseudonym (fictitious name) which you will be able to choose. Only anonymised information will be shared with others.

The audio recordings of the interviews will not be used for any other purpose, than the proposed research project, without your written permission. The audio data will be held and analysed by myself and destroyed after successful completion of the research project. There is a possibility that university staff or university associated staff may request access to the data for the sole purpose of authenticating the research (confirming that it is based on real data).

Additional Information

The findings of this research project will be written up in a thesis as part of my Doctorate in Educational and Child Psychology course, which will be finalised around April 2015. It is also possible that in the future they will be included in a paper for publication. A summary of the results will also be fed back to colleagues working in the local authority, within the health and wellbeing team and the educational psychology team, to aid with understanding and action planning.

This project has been ethically approved by the School of Education Department's ethics review procedure.

For further details regarding the research project or to express an interest in taking part please contact:

Sarah Thompson

Trainee Educational Psychologist

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Tel:██████████   E-mail: edp12st@sheffield.ac.uk

Research supervisor:

Penny Fogg

Associate Tutor/ Education Psychologist

School of Education, Sheffield University

388 Glossop Road

Sheffield

I shall be contacting you shortly to find out if you would be interested in taking part in this research project. Thank you again for taking the time to read this information sheet.

Best wishes,

Sarah Thompson,

Trainee Educational Psychologist

The University Of Sheffield.

Consent Form

Title of Project: Exploring the experiences and identities of young Mums in education, a narrative approach

Name of Researcher: Sarah Thompson

Participant Identification Number for this project:

Please initial box

1. I confirm that I have read and understand the participant information sheet dated for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
   Contact number for researcher: ▓▓▓▓▓▓

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

4. I agree to take part in the above research project.

▓▓▓▓▓▓▓	22/11/2014	▓▓▓▓▓▓▓
Name of Participant	Date	Signature
Sarah Thompson	22/11/2014	▓▓▓▓▓▓▓
Researcher	Date	Signature

To be signed and dated in presence of the participant

Copies: Participant
Research file

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form and participant information sheet. A copy of the signed and dated consent form will be placed in the project's main record, which is kept in a secure location.

Consent Form

Title of Project: Exploring the experiences and identities of young Mums in education, a narrative approach

Name of Researcher: Sarah Thompson

Participant Identification Number for this project:

Please initial box

1. I confirm that I have read and understand the participant information sheet dated for the above project and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
Contact number for researcher: ▓▓▓▓▓▓▓▓

3. I understand that my responses will be anonymised before analysis. I give permission for members of the research team to have access to my anonymised responses.

4. I agree to take part in the above research project.

▓▓▓▓▓▓▓▓▓	20/2/15	▓▓▓▓▓▓▓
Name of Participant	Date	Signature

Sarah Thompson	20/2/2013	▓▓▓▓▓▓▓
Researcher	Date	Signature

To be signed and dated in presence of the participant

Copies: Participant
Research file

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form and participant information sheet. A copy of the signed and dated consent form will be placed in the project's main record, which is kept in a secure location.

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Table 9.1 List of 'stories' in Sasha's narrative

Story	Descriptive title	Location	Main topic
58	**Trauma and coping strategies**	line 816-827	Motherhood
59	**Revelation and Freedom: the partner's double life**	line 828-857	Partner
60	**Unsupported: the life of a single Mum**	line 858-871	Motherhood
61	**Betrayal, freedom and a sign from God**	line 872-879	Motherhood
62	**Career decisions: Aspirations and responsibilities**	line 880-899	Education
63	**Career decisions: the impact of family and making them proud**	line 900-926	Education
64	**Career decisions: the good Mum**	line 927-936	Education
65	**Acceptance in the office but still scarred by earlier experience**	line 937-959	Society
66	**Discrimination at the retail interview**	line 960-974	Society
67	**A story of discrimination at work**	line 975-1004	Society
68	**The need for an advocate: Mediating rights with college**	line 1016-1030	Support services
69	**Leaving School: Sparing Shame and escaping judgement**	line 1031-1046	Education
70	**An encounter with an old teacher: Doing well**	line 1047-1057	Society
71	**Students prejudice, student betrayal**	line 1058-1107	Society
72	**Pregnant girls just disappear**	line 1108-1127	Education
73	**Sex education, motherhood education**	line 1128-1161	Education
74	**From the heavens: the decision to have Leila**	line 1162-1180	Motherhood
75	**Spirituality and perspective**	line 1181-1195	Motherhood
76	**Finding myself again**	line 1196-1217	Motherhood
77	**A stronger voice: influenced but in control**	line 1218-1239	Relationships
78	**Aspirations and optimism**	line 1240-1251	Motherhood
79	**Realising 'I' was lost**	line 1252-1262	Motherhood
80	**positive thinking strategy**	line 1263-1271	Motherhood
81	**Kept going until breaking point**	line 1172-1298	Motherhood

82	**Signs of depressions: A mothers intervention**	line 1299-1307	Motherhood
83	**Close to Mum, very open with Mum**	line 1308-1343	Relationships
84	**Disappointment and loss**	line 1344-1357	Relationships
85	**Gains and losses**	line 1357-1383	Motherhood
86	**Dad look at me: communication through pictures**	line 1384-1413	Relationships
87	**Exhaustion: A single Mum's life**	line 1414-1428	Motherhood
88	**Support from the partner**	line 1429-1460	Partner
89	**Time to recover from emotional exhaustion**	line 1461-1473	Motherhood
90	**A Holistic approach to support**	line 1474-1496	Support services
91	**Multiagency meeting and a key worker**	line 1497-1531	Support services
92	**Young Mums need support**	line 1532-1547	Support services
93	**No real emotional support, emotionally reserved**	line 1548-1564	Support services
94	**Baby groups and Mentors**	line 1565-1594	Support services
95	**The social life of a young Mum**	line 1595-1607	Friends
96	**Return of the social life**	line 108-1622	Friends
97	**Old friends: Nothing in common**	line 1623-1632	Friends
98	**Advice: stop breastfeeding and join a gym**	line 1634-1647	Motherhood
99	**Advice: Education, work and Leila**	line 1648-1662	Motherhood
100	**Enjoying Leila**	line 1662-1697	Motherhood
101	**Physical confidence: the achievement of having carried a life**	line 1698-1720	Motherhood
102	**Dispelling stereotypes and accepting it's OK to be a teen Mum**	line 1721-1742	Society
103	**Reducing teen pregnancies: Focus on raising aspirations**	line 1743-1756	Society
104	**Financial support and a clear route to continuing in education**	line 1757-1774	Education
105	**When to return to work or education?**	line 1775-1789	Education
106	**Supporting and investing in young Mums**	line 1790-1805	Support services

Table 9.2: List of 'stories' in Nicole's narrative

Story	Descriptive title	Location	Main topic
1	**School's response**	line 3-12	Education
2	**finding out I'm pregnant**	line 13-21	social services
3	**Appreciated support**	line 22-25	Rebecca
4	**without my consent**	line 26-30	Medical
5	**The labour experience**	line 31-46	Medical
6	**Fight to see my baby**	line 47-61	Medical
7	**What's wrong with my baby?**	line 62-67	Medical
8	**Physical state not appreciated**	line 68-73	Medical
9	**Between mother and baby: Wishes not respected**	line 74-77	Medical
10	**Overwhelmed and in the dark about babies treatment**	line 78-82	Medical
11	**Unsupported, mistreated and the fight to have my baby.**	line 83-91	Medical
12	**Negative encounter: Unexplained criticism of Mothering**	line 92-98	Medical
13	**Late information**	line 99-100	Medical
14	**The all clear**	line 101-104	Medical
15	**Gas and Air birth**	line 105-109	Medical
16	**An interpretation of Postnatal depression**	line 110-118	Motherhood
17	**An education in Mothering**	line119-133	Rebecca
18	**belated debriefing on birth and postnatal hospital experience**	line 134-144	Medical
19	**Reflecting on a bad hospital experience**	line 145-158	Medical
20	**Banned from the prom**	line 161-181	Education
21	**A few supporters**	line 182-185	Education
22	**Medical complications**	line 186-212	Medical
23	**Age and access to medical treatment**	line 213-222	Medical

24	**Depressed and alone: the start of substance abuse**	line 223-230	Motherhood
25	**Problems with access to Psychiatric help**	line 231-244	Medical
26	**Social service intervention**	line 245-257	social services
27	**Difficulties with a specific professional**	line 258-278	social services
28	**Social worker, child protection and hypocrisy**	line 279-297	social services
29	**Surviving with a little help**	line 298-311	Rebecca
30	**My saviour, their bad influence**	line 312-352	social services
31	**Social worker, discrimination and a family name**	line 353-372	social services
32	**Transition away from school friends**	line 373-389	Friends
33	**Friends who understand**	line 390-407	Friends
34	**Revelation: Young Mum's against the world**	line 408-423	Society
35	**Prejudice in town**	line 424-430	society
36	**prefer to be a Mum**	line 431-442	Motherhood
37	**Benefits of being a young Mum**	line 443-467	Motherhood
38	**Gaining a child: Gaining direction**	line 468-497	Motherhood
39	**Other people and the decision to have my child**	line 498-534	Family
40	**Moving (instability) and getting enrolled with a GP practice**	line 535-552	Medical
41	**The baby made us closer**	line 553-573	Partner
42	**How has the experience changed me?**	line 574-584	Motherhood
43	**Looking after little sis: Drug complications**	line 585-608	Family
44	**How to me a Mum**	line 609-619	Medical
45	**Strict Catholic school didn't believe in it so 'fogged me off'**	line 620-632	Education
46	**Not having people you can ask**	line 633-650	Education
47	**Teacher's expectations**	line 651-665	Education
48	**Banded from school, banned from friends**	line 666-671	Friends
49	**Exam provisions**	line 672-687	Education

50	**No school: Stranded and without guidance**	line 688-709	Education
51	**Rejected by the old head of year**	line 710-716	Education
52	**Ambushed at School: the schedule one offence**	line 717-734	Education
53	**The sentence**	line 735-751	Society

Example of Structural analysis using Labov's elements

Table 9.3 Transcript lines 25 -31 from Nicole's narrative

25	But I just love her, she's really nice Rebecca.
	Story 4 **without my consent**
26	Urm then I, my consultant were taking me for extra scans and stuff.
27	Nobody ever told me the reason why
28	urm and there's this whole thing about me being needle phobic,
29	so there were never any blood tests or nothing like that during pregnancy.
30	Urm, and then er, I found out that my consultant had secretly gone to my Grandparents and asked for permission from them to inject me if my life where in danger because I'd refused it.
	Story 5 **The labour experience**
31	Er then when I went in labour, the morning I went into labour, we rang labour ward.

The fourth story I identified in the transcript of Nicole's interview subsequently became titled 'without my consent' and was a particularly short story consisting of five transcriptions lines (26 to 30). The focus of story 3 appeared to be Nicole's introduction to and appreciation of the family health nurse (Rebecca) and line 26 introduces a new topic, consequently I identified this as story 4. I didn't feel that the point of the story was particularly defined, so wouldn't have classed it as having a traditional *abstract*. The fact that 'my consultant were taking me for extra scans and stuff' could be considered *orientation* as it introduces information about the situation however I felt that this also constituted a *complicating action*, 'extra scans' is something out of the ordinary something that is significant to her as it causes her to ponder 'the reason why'.

Line 27 may be seen to have a partially evaluative (*evaluation*) quality commenting that 'nobody ever told me the reason why' the tone of delivery suggesting an

emotional response to this. Equally my interpretation during the interview was that this was something that bothered her at the time and something that deviated from the expected (that she would be informed) and therefore could be considered to be a *complicating action*.

In line 28 Nicole introduces another complication as we discover that she is 'needle phobic' and just as our shared social knowledge (that doctors should keep their patients informed) indicated a deviation from the norm earlier, so too, many readers will understand the significance of blood tests for monitoring patients health. So line 28 and 29 could be seen as a complicating action and a logical resolution (plot outcome) respectively. In actual fact my interpretation here is that these two lines although adding complication and drama primarily function in this story as orientation for the more significant complicating action and resolution which become apparent in the next line. The delivery of line 30 also indicates an evaluation, although once again this is not verbalised. The story ending also relies on non-verbal elements.

Clearly there are different ways of viewing the story based on the Labovian structural elements. Riessman (2008) suggests that if she were to go back reanalyse some of her earlier work, she would have classified it differently now. One possible way of classifying the story based on Labovian structural elements is shown in table 9.4.

Table 9.4: Classification of Nicole story 4 based on Labovian structural elements.

Orientation	Urm then I, my consultant were taking me for extra scans and stuff.
Complicating action 1 (*evaluation* – non verbal)	Nobody ever told me the reason why
Orientation	urm and there's this whole thing about me being needle phobic, so there were never any blood tests or nothing like that during pregnancy.
Resolution 2	Urm, and then er, I found out that my consultant had secretly

(*evaluation* – non verbal)	gone to my Grandparents and asked for permission from them to inject me if my life where in danger
Complicating action 2	because I'd refused it.

Rather than being a story about medical issues and complications, which constitute legitimate concerns for Nicole, my interpretation is that the emphasis of this story is on the lack of informed consent. Nicole appears aware of the entertainment value of being 'needle phobic' but the focus is a serious one as she illustrates through her narrative that she feels mistreated by the consultant and seeks to persuade the audience that this is justified.

Reflections on Using Labov's Elements

Distinguishing between orientation, complicating actions, resolution and evaluation was at times difficult and I sometimes changed my mind between the original analysis of the transcript and creating the summaries afterwards. The lack of evaluation in some stories didn't necessarily reflect a lack of evaluation, but rather than much of the evaluation was already classified as the other three components. Sometimes particularly in more evaluative stories I felt that the participants' thoughts around something (e.g. that school didn't want them there) constituted the disruptive thought event (Complicating Action). At other times the way they thought or felt about the event was the predominant plot outcome (Resolution). Additionally the participants' thoughts and feeling occasionally defined the situation (Orientation).

If I went back and reanalysed the transcripts again for structural features I would likely classify some of the stories differently. I found very quickly however that I could lose too much precious time classifying and reclassifying sections of the transcripts in terms of its structural features. As I am constantly changing and so too my interpretation a final definitive analysis would be an impossible task. I have included my analysis of the transcript to assist the reader in following my interpretation.

Part of the reason my narratives (like many others) deviate from the Labovian definition of 'story' may be because my participants are not simply narrating a specific event and the meaning around this but instead are narrating their experience and what they recall of their experience. Part of the participant's agenda may be to report the significant often unexpected negative events they recall. Such 'events disrupt meaningful connections' (Riessman, 2008, p190) and therefore fragmentation and the absence of a coherently unfolding plot should perhaps be expected. I feel that at times the participants are struggling to find satisfactory meaning or coherence in their stories and on occasion it may be the case that 'the point is not known to the teller (yet)' (Georgakopoulous, 2014, p9) or at least not fully realised.

Table 9.5 Analysis Sheet 1 (Sasha story 1)

No.	Title	Line	Summary (structural)	Thematic	Language	Characters	I Poem
			<u>Orientation</u> Sasha was studying, Chemistry, Maths and Business studies A-levels <u>Complicating Actions</u> 1) She had a lot going on at home, her Mum suffered from depression so she was running the house at sixteen 2) Sasha was also working part time at a retail store <u>Resolution</u> Sasha didn't do very well in her first set of A-level exams and it looked like she was going to have to re-sit the year. Sasha though about going to college instead.	Failing A-levels Not enjoying A-levels A-levels differ from expectation Responsibilities - Running household at sixteen Working in a retail store Hate going to	'I really hated it, I really hated' (19) repetition 'sixteen' (26) – cultural assumptions of age role 'my head wasn't fully there' (29) idiom (justification) 'really really hated' (32) emphasis on emotional experience 'absolutely' (34) - amplified	Sasha – failing, suffering, carer, responsible, too much, worker	I was (pregnant) I was (studying) I think I was I really hated I thought I wasn't enjoying I wasn't doing well I had a lot going on I was (running household) I was (sixteen) I wasn't I was also (working) I was working
1	**The unexpected student experience**	15-42					

			Evaluation	school			I hated
			Sasha wasn't able to concentrate on her studies and she wasn't enjoying it. Sasha didn't like the idea of having to re-sit the entire year.	Prospect of re-sitting			I got my results
							I did
							I failed
				Reactive decision making			I think I got
							I was going
							I was thinking
				Considering educational options			I don't want (resit)
							I don't want (resit
							I'll go to (college)
							I felt

Table 9.6 Analysis Sheet 2 (Sasha story 1)

No.	Title	Line	Beliefs/ assumptions	Narrator agenda	Researcher reflections
			Shared cultural assumption, sixteen is very young to be running a household		'I really hated it, I really hated' (19) I wondered how much of Sasha's emotional distress was related to the subject and how much was related to her
					'I was sixteen then' (26) I felt that Sasha was using the shared cultural assumption that sixteen was too young to be in that position and thus indicating that she found it too much and that she was in need of support
					I felt that Sasha had a lot of responsibilities and wondered how she priorities her life and what values that reflected
					I wondered what made Sasha decide to work part time and whether this was related to financial needs or whether it related to an identity as an earner
1	**The unexpected student experience**	15-42			Having taught A-level subjects in the past I'm not surprised to hear that A-levels were not as Sasha expected. A lot of students

				find the step between GCSE quite surprising
				Likewise I was not surprised to hear that Sasha didn't do very well in her first exams. A lot of students who underestimate the A-level workload struggle in their first exams.
				I was disappointed that Sasha was thinking of giving up on her A-level studies as I felt that with support to help manage her responsibilities and direct work on learning strategies she would likely find herself achieving the Grades that she expected.
				I felt that the decision to go to college was a reaction to the threat that the 'failure' presented to her identity as an able student
				Although reactive it did however suggest that Sasha was able to look ahead to the next possible solution
				I wondered what having to re-sit the year the year meant to Sasha. Whether it was a stigma of having failed or whether is was displacement from her friends and the feeling of being left

				behind that made her so opposed to this option

Table 9.7: Language elements

Language element	Definition/ description	What it might indicate	
Direct talk	Taking on a characters lines	Emphasis/ entertainment/ emotion	Wolfson (1982)
Asides	Directly engaging with audience	Various including narrator agenda	Wolfson (1982)
Repetition	Words, phrases or meanings repeated in the same line or in a section of text	emphasis	Wolfson (1982)
Sound effect	Dramatising sound effects	Emphasis/ entertainment	Wolfson (1982)
Verb tenses	For example making the 'then' appear as though it's happening in the now	Emphasis/ entertainment	Wolfson (1982)
'I' to 'you'	Talking about their experiences but saying 'you bond with your teachers' rather than 'I bonded'	Generalising or Distancing self	
Delivery	The way the words are delivered including tone, pauses, speed of words	Characterisation, Emotion	Locke & Edwards, (2003)
Amplifiers	Words that increase the magnitude of the meaning e.g. really, very etc.	Emphasis	
Cultural phrases	Idioms and phrases with particular cultural understandings	Cultural assumptions	Discursive analysis
Cultural words	Words that specifically reflect an understanding or cultural meaning or would likely only be used by individuals of a	Cultural assumptions identity	Edwards (2001)

	certain group or culture		
Metaphors	The comparison of something to something else	Emphasis/ meaning/ entertainment/ emotion	Discursive analysis
Hypothetical	References to possibilities or worst case scenarios. Things that could have happened of may happen in the future. This would also include things that could happen if X was different.	Importance/ understandings/ entertainment/ emotion	Discursive analysis

Reflections on Language Analysis

Repetition was used frequently within the narrative and often helped to identify the focus which occasionally inspired me to reclassify my structural analysis in another way. The emphasis on being separated from Jack is shown in repetition in different parts of Nicole's interview (e.g. 'want to see my baby' (51) repeated (54, 57 & 59)/ 'wasn't there' (225 & 227)).

Particularly in Nicole's interview I attended to language around power (e.g. 'Decided that' (5)/ 'Contested' (6)/ 'Refused' (30)/ 'Secretly' (30)). This was useful in considering the story of self-agency and dependency and the perception of having to fight against or simply accept the rigidity of authorities.

The use of hypotheticals was also very powerful in Nicole's transcript such as her perceived fate had she not been given a home by her Nana (343-344). These helped to dramatize the story and she show emotion and importance. Nicole uses a lot of 'extremes' in her narrative that serve a similar purpose (e.g. 'Nobody believed' (14, 19)/ 'best person ever' (232))

Generalisations from I to you (e.g. 'your baby' (144)), made me consider factor such as whether participants were trying to connect with the audience or whether they were expressing a more generalised belief, applying to more than just them.

Although there weren't a lot of asides Nicole used phrases such as 'do you know' (71), 'if that makes sense'(254), throughout the text which helped me to consider factors such as her desire for the audience to understand her and her own security in her beliefs.

The use of qualifiers (e.g. 'sort of' (321) 'apparently' (348) helped draw my attention to the motivation behind the expressed belief and whose belief was being expressed. Delivery and sound effects were important for helping me understand the emotion and interpret the meaning. Amplifiers were also interesting for marking emphasis. Direct talk was used by both girls and tended to demonstrate particularly salient moments with high emotional impact. For much more on language analysis see Analysis sheet 1, column 6 and also Analysis sheet 2, column 6 for related researcher reflections.

Table 9.8 Developing key themes: Sasha

Relationships	Professional and Resources	Discrimination & Prejudice	Education & Career	Motherhood
The power of family	Medical	Social judgment	Educational engagement and career aspirations	Preparation: sex education
Belonging to family	Barrier to maternity ward	Pregnancy as a crime	The rough patch	Failure to acknowledge that teenagers are sexually active
Power of family tradition	Positive hospital experience	Criminal accomplices	Maintaining the able student identity	Stigma and the contraceptive bias
Validation of worth	Acceptance of patriarchal power	Disappointment and loss	Pregnancy as a threat to aspirations	Failure to challenge misconceptions
Traditional family aspiration	Accommodating staff	Embarrassment	Reassurance for high aspirations	Preparation: motherhood education
Support	Negligence	Prejudice in the school community	Investment for low aspirations	No motherhood/parenting education
Atypical family roles	Impact of professionals	Discrimination	Educational decisions	Acquisition of care skills
Key supporters	Supporting Mum	Unwilling to support	Protecting the able student identity	Decision to continue with pregnancy
The importance of someone close	Validating Sasha's contribution and choices	Exclusion	Negative relationships: unsupported	Religious influence
Acceptance and role models	Supporting the working Mum's life	Need for proof of support & normality	Loss of aspirations	Strong resolve despite threats to future
Changing Relationships	A good relationship with Leila	Discrimination at work	Making the family proud	Own decision
Ostracised	Practical support		Mismatch	Birth story
Bullied	The advocate		Freedom to find self	Entertainment
Impact of increased independence	Multiagency approach		Support from Education/ work	Success
Relationship doubts	Coping strategies		Lack of support from school	Mother child bonding
Impact of boyfriends betrayal	Positive impact of counselling		Support for wellbeing in the workplace	Immediate contact
Freedom from the loyalty chain	Access to counselling		Lack of educational advice	Exclusive relationship
Impact of estrangement from Mum	Generalising benefit			Career threat to the bond
Opportunity to reach out	Religion and spirituality			Motherhood
Shared experience				Not enough time with Leila
Growing apart: friends				Self sacrifice
Growing together: friends				Losses in youth experiences
Closer and stronger family				Losing and finding the 'self'
Pregnancy as 'special'				Gains in relationships
Lack of co-parenting				

Table 9.9 Developing key themes: Nicole

Relationships	Professional and Resources	Discrimination & Prejudice	Education & Career	Motherhood
Relationship need	Medical	Prejudice	Engagement and Aspiration	Preparation for motherhood
The Mum deficit	Barrier to maternity ward	Accused	Engagement in school	Silenced about sex
Gratitude towards 'Mum' substitutes	Lack of Informed consent	Prejudice is the problem	Lack of aspiration	Need to teach care skills
False relationships	Poor communication	Discrimination in education	Renewed motivation for education	Decision to keep child
The relationship deficit	Poor medical care	Excluded	Support from educational provisions	Desire to have child
Threats to existing relationships	Insufficient follow up care	Negative religious attitudes	Loss of community	Value and responsibility
Finding intimacy	Unsatisfactory drug treatment for depression	Health and safety arguments	Inadequate exam provision	Opposition
Changing Relationships	Positive psychiatric counselling	Punishment	Physical impact of pregnancy	Ally
Relationship instability	Barrier to counselling	Discrimination and prejudice in hospital	Lack of educational advise	Birth story
Loss of relationship: Friends	Family health visitor	Age related prejudice		Missing story
Friends: Changing the construct	Good relationship: together	Generalised		Negative experience
The benefit of mutually supportive friends	Consistent support	Other discrimination		Bonding with child
Access to new friends	Teacher and facilitator	Age discrimination and access to medical drugs		Immediate separation: medical
	Social Services	Discrimination based on family prejudice		Separation: circumstances
	Judgemental			Imposed separation: social services
	Unsupportive			Child bonded with other
	Powerful			Settling with Mum and Dad
	Hostile relationship			Motherhood: successes and failures
	Threat to mother and child			Birth failure
	Allies			Challenges to the good Mum identity
	Perception of own power			Protecting child's best interests
	Unjust			Needing support
	Prejudice			Motherhood: gains and losses
	Other Professionals			Saved
	Good relationship			Fulfilment
	Fair			Gain in self worth
	Dependant			
	Religion and Spirituality			
	Spiritual take on life			
	Hostile Catholic attitude			

Table 9.10: Sasha Beliefs summary table: definitions, changes and influences

Key beliefs	Comments on the beliefs	Challenges to beliefs/ Factors threatening, altering or ending the belief	Support for beliefs/ Factors defending or creating the belief	Description of changes to the beliefs &/ or conflicts within or related to it
Able student	Her previous educational experience contrasts with the A-level experience. The difficulty Sasha experiences is unexpected. This also feeds into the need to prove herself	Failing A-levels	Too much Unsupportive Chemistry teacher (college) – validates ability Family Previous attainment Success – BTEC science/ Business admin course	Although threatened the construct is retained

High aspirations	Influenced by family but internalised	Failing A-levels Pregnancy Family (post pregnancy disclosure)	Finding self Family – (prior to pregnancy) Work colleagues	1st – High aspirations 2nd - perception that aspiration is no longer achievable. The perception of loss of aspiration for Sasha is also held by family member (e.g. Aunt), which causes them to experience the loss & grief 3rd – realisation that high aspirations are still possible
Too much	Sasha feels that her responsibilities outside of school e.g. Carer, employee, along with the A-level work load (4 subjects) is too much. Later balancing Motherhood, study and work is also perceived as too much. It also relates to - Not enough time with Leila		Failing A-levels Mum's Depression Dependent brother (nursery age, autism) Sixteen	Sasha modifies her work load to manage her perception of this. However the concept of 'too much' in relation to responsibilities and workload remains
Unsupported	Sasha felt that she was	Work Colleagues –	Poor relationship with	1st - Sasha's construct that school staff

(Education/ work setting)	unsupported by staff	supportive	head of sixth form	were unsupportive to her carer role and would be in terms of her pregnancy is at first specific to that setting
		Line manager – arranges counselling	Failure of school staff to believe her or attempt to validate her claims or being a carer	2nd – becomes generalised to all settings due to her experiences at college and the retail store
			Response of school peers	3rd – generalisation challenged by experiences at work
			Reaction of college pastoral tutor to pregnancy disclosure e.g. horrified, discrimination	
			College rejection letter	
			Retail work – contract not renewed	
Embarrassment	This construct represents Sasha's reaction to negative	Work colleagues	Media	It is difficult to infer whether this changes significantly. Although work colleagues

	social judgement regarding her pregnancy and the reaction of others associated with her, such as her family and teachers Feeds into the need to make family proud	Old teacher	Peer reaction Mum's experience	challenge the concept that all people will judge her negatively, showing her acceptance, Sasha remains aware that some do and is affected by this despite acknowledging that they are the ones in the wrong not her.
Need for Advocate	Sasha didn't feel able to tell her pastoral tutor at college that she was pregnant without Donna and felt that without Donna there would have been no maternity plan		Embarrassment Unsupportive Prejudice	Sasha is relatively independent in her ability to seek out and negotiate her educational moves however despite her original assumption that she could deal with college herself, her perception of the attitudes of the college staff lead her to conclude that she needed an advocate to negotiate her pregnancy with them Although not apparent to her at the time of her pregnancy, Sasha later concludes that she would have benefited from someone reinforcing high aspirations and more aggressively supporting young Mums in their educational decisions

Too young/ too soon	This concept impacts on Sasha's ability to leave Leila and the impact it has on her when she does e.g. Stress	Child minder 1 - Poor care Child minder 2 – Happy Leila	Leila – small Breastfeeding Mother role to look after child/ Leila dependant on mother Leila - Unhappy	Guilt for leaving Leila 'too soon' conflicts with constructs of poor care received at the first child minders. Leila's positive experience of the second child minders supports the concept that it's OK to leave Leila now. As Leila gets older Sasha also begins to perceive that Leila is less dependent on her. Sasha indicates that she still has regrets at leaving Leila when she did but it's not clear how much of this is related to a sense of leaving her too soon in terms of her daughters dependency and how much is a related to wishing she'd had more time with Leila.
Finding self	When Sasha comes to the realisation that she has lost aspects which use to be key to her sense of identity Sasha begins to work on rediscovering herself	Motherhood	Work colleagues Social life Social service	1st – Sasha constructs the pre pregnancy self as popular, full of high aspirations and with many interests 2nd – Questions about her life from work colleagues cause her to realise that the above construction of self no longer applies and that she has little that defines her beyond being Leila's Mum

			Counselling	
				3rd – Sasha begins to invest in herself and construct a new 'self' identity. It retains some of the features of the pre-pregnancy identity but also features being more independent and confident
Traditional family aspiration	Sasha felt that she would move in with Leila's father and that they would form the 'traditional family'	Re-evaluation of relationship with boyfriend Boyfriend's betrayal Relationship breakdown	Boyfriend supportive Family identity important	1st – Sasha feels that she will realise the family aspiration to live in a family unit with Leila and Leila's father 2nd – With the realisation that the relationship is over, Sasha acknowledges that this aspiration is lost to her
Sacrifice	Sasha perceives that she has made sacrifices to support her daughter but particularly in order to preserve the Traditional family aspiration.		God's plan Mother (Provider) Finding self Loss of the Traditional family aspiration	Sasha had previously acknowledged the loss of opportunities due to pregnancy however it isn't until the split with her boyfriend and loss of the Traditional family aspiration that she interprets her educational/ career choices as a 'sacrifice'. Additionally Sasha's narration suggests that prior to her work colleges starting to ask her questions about her

				life she wasn't aware of all that she had lost becoming a mother. The loss of the 'Traditional family aspiration' and the 'finding self' occur along side each other and may have both contributed to the 'sacrifice' interpretation.
Interest	Sasha expresses a particular interest in the creative arts.	Providing stability Making family proud	Finding self Loosing traditional family aspiration	Sasha's attitude towards her interest in the creative arts changes over the course of her motherhood experience. Initially being viewed as a hobby second to her subjects relating to her more practical career aspiration. Later as being something that has to be sacrificed entirely in order to be a 'good mother' and a 'good daughter'. Finally Sasha begins to perceive that the creative arts could potentially form the basis of her career aspirations and educational decisions.
Subject barrier	Sasha feels that it will be hard to transition from business admin to an unrelated field of interest			Although Sasha's choice of business admin was originally perceived as something that would 'open doors'. Sasha comes to realise that this choice makes it harder to transition into a field she actually wants to be in.
Providing stability	Sasha considers that the good Mum identity includes	Loss of the traditional	Sacrifice	Sasha's construct of providing stability initially conflicts with the pursuit of

	the construct of providing stability for her daughter. This includes being able to provide financially as well as reducing change in her environment	family aspiration Pursuit of interest Leaving child to start work Homeless/ Change of home	Retaining the same child care	personal interest. It instead supports the idea of sacrificing interest and career aspirations in order to make practical decisions that will promote immediate stability This then later adapts to the belief that it is possible to provide without having to sacrifice her interest and aspirations
Primary carer	Another construct within the motherhood identity	Sasha's Mum's Violence towards Caleb & Sasha (in front of Leila) Supporting her Mum to be able to look after Caleb on her own	Doing everything for Leila	The construct in relation to herself and Sasha is perceived to be dependent on age with Sasha feeling that as Leila gets older she is able to leave her with others more.
Dependence	Sasha felt that through becoming a mother she has become less dependent on key individuals such as her mother and boyfriend. Sasha felt that they had difficulty adjusting to her reduced dependence on them.	Assimilating Dad's views on career	Finding self Challenging her Mum (when she hits Caleb) Questioning her relationship with her	Sasha's narrative portrays her as a relatively independent young person. Prior to becoming pregnant she is a young carer with responsibility in the household and a part time job. Later she goes on to make and negotiate her own career decisions. Sasha however perceives that a lot of her decisions were heavily influenced by others and that

			boyfriend	their ability to influence her decreases

Her interpretation of her boyfriend changes within the narrative from 'supportive' to 'controlling'. |
| Youth identity | Sasha identifies at times in the narrative as a young person. | Motherhood responsibilities | Social life | Although Sasha identifies as a young person she does portray herself as excluded from that group at times due to conflict with the motherhood identity. Being a 'good mother' is perceived by Sasha as a barrier to engaging in activities she associates with the youth culture |
| Co-parenting | Sasha considers the Mother and father of the child to both have responsibilities towards the child in terms of support (financial and physical). Nobody else in her family or friendship circles are expected to have to share this responsibility. | Burdened

Sacrifice | Supportive boyfriend

Too much

Traditional family aspiration | When Leila is first born Sasha appears to want an exclusive relationship with her child.

As Sasha has to contend with work, studies, public transport and changing distance from her child care provider she becomes increasingly frustrated that Sasha's father for not alleviating some of her burden and not making anywhere near the same amount of sacrifices a she feels she is.

It is unclear what Sasha's ideal 'co-parenting' would be and whether this |

				would be 'equal' or whether Sasha would want to be the primary carer. It would likely have initially involved both parents living together however the loss of the traditional family aspiration would have forced a revision to the co-parenting construct
Victim of prejudice/ discrimination	Sasha felt that individuals either acted negatively or had a negative attitude towards her due to her becoming a young Mum		Not speaking to her 'Unfollowing' her Getting rid of young Mums	Sasha's constructs behind the prejudice/ discrimination she experienced differs with different parties. Including grief stemming from the perceived loss of high aspiration (Aunt), disappointment or embarrassment in Sasha's choices and negative views of young Mum's perpetuated by the media. At times in the narrative it is unclear whether Sasha is colluding (or had colluded) with the narrative that she has done something to be embarrassed or disappointed about however when she becomes more reflective within the present tense, Sasha concludes that she hasn't done anything wrong.
Coping strategies	Sasha uses religion, counselling and positive thinking	Depression	Religion Supported by work	Sasha feels that her ability to cope has changed. Originally she would try to cope by not stopping and just keeping going. She then found that counselling and

			Family e.g. Mum	popular psychology books were helpful and forced her to evaluate her previous strategies. Reassurance and support from other Mums also proved an important resource. Additionally social services also helps to validate Sasha's actions
			Situation/ hardship?	
			Counselling	
			books	
			Other Mums	
Popular	Sasha considered herself to be well liked by her peers prior to pregnancy and felt that most of them wanted to know about her	'Unfollowed' (victim of prejudice) Select few friends Loss of social life	Picked first for teams	Her identity as 'popular' is perceived by Sasha to be affected by her pregnancy. Firstly due to prejudice towards young Mums and then further due to the restrictions that her motherhood duties place on her social life. Although Sasha's social life returns to some degree as Leila got older the 'popular' identity is portrayed as a lost identity pertaining to her school days before pregnancy.
Closer through shared experiences	The idea of relationships being strengthened or lost depending on the opportunity for shared experiences		Old friends – nothing in common New friends – shared understandings Traditions (birthday/ Christmas) Family closer because of	A consistent construct through the narrative, applied to different relationships. Arguably it is the pregnancy experience that allows the opportunity for this construction to form or at least strengthen

			pregnancy	
			Known since nursery	
Friendship beliefs	Shared experiences ('how') is one of the constructions around friends. 'Who' friends are and their function ('why') are also changing constructs	Prejudice Motherhood duties Work colleagues (Acceptance)	Related to Youth identity Motherhood identity Shared experiences Popular identity Interested in Sasha Loyal	Sasha's constructs around 'friend' does change. Initially friends appear to be primarily associated with school and youth culture. They are interested in her and validate her popular identity. After becoming pregnancy friends are fewer and loyal, with casualties blamed on prejudice (barrier). The conflict between Motherhood duties (barrier) and Youth culture reduces opportunity for shared experiences and old friends are lost. The motherhood identity and shared experiences relating to the motherhood experience then facilitate the formation of new friendships. The work place also facilitates this providing access to other single Mums from whom she receives acceptance, reassurance and advice. Access to other young Mums however is identified as a barrier
Mother identity	Sasha relates constructs such as:	Prejudice	Work colleagues (Acceptance)	Prejudice appears to be a barrier for the initial development of a more general

	Providing stability Being the primary carer Lasting forever Having a close (even exclusive) relationship with the child			'Mother' identity. The acceptance of other Mums at her work place helps her to develop this identity. Prior to this Sasha arguably views herself (or at least sees others view her as) a 'teen Mum', associated with negative stereotypes and something to cause embarrassment and/ or discrimination Aspects of this identity come into conflict with many other constructs through the narrative and a relaxation or compromise in relation to the motherhood constructs is sometimes apparent. (e.g. Aspirations, social life)
Identification with single mothers	More specifically Sasha related to being a single mother expressing that she was a lot more aware of the impact of being a single Mum rather than of being a young Mum		Work colleagues Hardships/ lack of co-parenting	Through her work colleagues who are also single mothers, Sasha appears to develop a particular affinity to the single Mum identity due to shared difficulties such as lack of co-parenting
Family identity	Being part of the family is clearly important to Sasha. It serve to validate her worth and provides her with support and acceptance	Disappointment/ rejection	Related to Tradition Making family proud	The family identity is at first threatened by the pregnancy, with family members turning away from her. Later the pregnancy and subsequent child are often viewed as ways of

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				reinforcing her position within the family.

Table 9.11 Nicole's beliefs summary table: definitions, changes and influences

Key Beliefs	Comments on the beliefs	Challenges to belief/ Factors threatening, altering or ending the belief	Support for beliefs/ Factors defending or creating the beliefs	Description of changes to the beliefs &/ or conflicts within or related to it
Mum	Related to this belief: Supportive/ there for child Give advice Child's best interest Providing Child dependent on Responsible The construct of what a Mum is comes through from narrative around what she feels she's missing in not having one (the Mum deficit), her narrative around her relationship with Jack and more generalised views on the responsibility of Mum		It is clear that her own Mum is not considered to be a Mum. Failing to embody this construct. It seems that her construct therefore is not directly modelled on her own Mum, therefore Nicole may have based her understanding of this on wider cultural references to motherhood	It is not clear whether this concept changes or has changed. Constructs around her view on what a Mum is emerges at different points within the narrative but don't obviously conflict with each other There are rare occasions when Nicole expresses her own specific view on motherhood which isn't necessarily generalised to all mothers. Such as when she talks about her own feelings about motherhood

The Mum deficit	Nicole refers to missing out on support, advice and genuine relationship which she directly attributes to not having her own Mum	Her Mum did come down to support her at the hospital when Nicole had not been allowed to see Jack. This however was not successful in changing this construct. I understood later from Nicole that this was one of the few occasions that her Mum was off drugs and consequently available to her.		The sense of loss of entitlement and disadvantage is repeated within the narrative and doesn't appear to change through the period the narrative relates to.
Aspiration (education and career)	Nicole narrates that she had a lack of educational or career aspiration prior to being pregnant.	Having Jack is perceived to bring renewed motivation in terms of the need to provide for him. This may feed into the renewed interest in education Motherhood also seems to introduce positive self-beliefs		Nicole expressed a current intention to go back into education Nicole's narrative does not focus at any point on her current educational or career aspirations however it does reveal that prior to pregnancy she lacked aspirations and self-belief in this area. The motivation and positive self-beliefs brought about through the motherhood experience appear likely to contribute to the change in educational aspirations.

Aspiration (family)	Nicole's narrative does suggest a strong aspiration to have a child, a family and intimacy.			A strong aspiration that doesn't change in essence. There is some suggestion that this has been a long held aspiration
Postnatal Depression: the failed Mum	Nicole perceives that she has postnatal depression and directly attributes this to her failure as a mother around child birth Being alone or being separated from Jack is positioned with talk of depression or a negative narrative atmosphere		Concept of having postnatal depression is supported by medical professionals. Nicole's narrative however doesn't indicate whether she communicated her construct relating to the onset of this to others (e.g. family, psychiatrist etc.) thus it unclear how others may have contributed to the development of this construct	The concept Nicole uses to explain the onset of postnatal depression is mentioned once in the narrative and there is no indication that her perception around this changed.
Depression	The concept of suffering from depression			When Nicole talks about her life now 'depression' is referred to in the past tense and is associated with a negative time, during this time she feels that she is reliant on Rebecca, who helps her to keep going and meet Jacks needs when she has him. For some of this time, she refers to being alone and separated from

				Jack.
Falling into Substance abuse	Falling into substance abuse is associated with a time of being depressed, separated from Jack and alone.		Associated constructs Postnatal depression Alone/ separated	This construct emerges from one place in the narrative. There is no indication of change, nor is there apparent conflict
Substance abuse: Unsupported	The narrative suggests that one of Nicole's constructs around her substance abuse is that professionals should have done more to help her		Psychiatrist Social worker	No evidence of change to, or conflict with, this construct
Motivation: Jack	Nicole perceives the desire to give Jack what he deserves as a key motivator	Depression	Related constructs Low self-worth beliefs	Before Jack, Nicole perceives that she lacked motivation and could see no reason to do things for herself. When she has Jack in her life however she finds purpose in providing for him. Although she acknowledges a conflict between depression and this motivation she feels that it was the motivation inspired by Jack that allowed her to keep going even if her ability to do so was compromised by the depression
Judgemental society	Nicole believes that 'society' judges her Grandparents on past crimes and are unable		Social services Related constructs	Nicole strongly expresses this belief and it is something that clearly causes her pain. Although there is a belief that

	to see past these crimes. Specific individuals (e.g. social services) are acknowledged as particularly threatening as they have some power to act on their judgements which she perceives one particular social worker to hold against herself (depression and substance abuse) and her Grandparents		Prejudice: family Loyal	society in general holds these negative views it is clear in parts of the narrative that there are some people that she perceives to hold these views stronger than others.
Security (family)	Nicole's sense of having a family is fragile. There is indication that having family has been down to the generosity of others. This applies both to having a family as a child and indeed to being able to keep Jack		Could have ended up in care or dead Wouldn't have made it without Rebecca Related concepts The Mum deficit The child made us stronger Support: together Depression	The concept of security of her family with George and Jack strengthens, both in terms of her relationship with her partner George but also in terms of her belief that she is able to meet the child welfare requirements imposed by professionals.

Low self-worth beliefs	Prior to having Jack, Nicole narrates some low self worth beliefs. Suggesting that she wasn't worth doing anything special for. Also showing that she didn't believe in her ability to achieve in terms of a career.	I am loved I met the responsibilities of motherhood I provided a home for the family	Not as simple as 'you can be anything you want to be'	The experience of becoming a mother and perceived success at meeting Jack's needs brings the opportunity to create more positive self esteem beliefs
The child makes up closer	Having Jack brings a closer relationship with her partner and through this intimacy is achieved.		Jack George	A close and intimate relationship was not something Nicole had experienced or felt able to experience prior to her pregnancy. Nicole perceived that her relationship with George grows closer due to shared experience in becoming parents.
Friends	Nicole's constructs around her current friends include, Supportive Understand what she's going through	Banned from school Young Mums group Experiences of motherhood		Prior to pregnancy friendships centre around school and are people that you see every day. The construct changes due to access issues and a change in experiences. Later concepts of friends are individuals with similar experiences, who can form mutually supportive relationships

Prejudice: family	Nicole felt that teacher's and the social worker formed judgements on her based on the bad reputation of people related to her Grandma.			
Not my family	Nicole is strong at denouncing relatives of her Grandma as 'not my family' suggesting that Nicole's concept of family is specific to those individuals who have in some way invested in her.		Related concept The Mum deficit	
Prejudice/ discrimination: young Mum	The idea that Nicole and other young Mums have been victims of prejudice and/ or discrimination is a concept that can be inferred from several places within the narrative and within different contexts. Including hostile comments in the community (town), differential experience in hospital, barrier to appropriate medical drugs and denial of access to		School staff Nurses Society	The strength of Nicole's concept of being a victim of prejudice and/ or discrimination does vary within the narrative. It seems clear that she believes that her treatment by many staff in hospital would have been different had she been older. The generalisation and strengthening of the concept to institutional discrimination of young Mums is presented as occurring only after other young Mums share their experiences with her.

	educational and social opportunities in school.			
Support: Advice/ teaching	The support received from Rebecca was perceived to be empowering. Something that helped to give her the skills she needed to be independent and confident. Nicole expected medical staff in hospital to do this and was critical that they didn't.	Already knew how to be a Mum		Nicole was grateful for the support she received from Rebecca but critical against other professionals such as hospital staff and on reflection school staff for not providing her with the appropriate knowledge. There is a section in the narrative whereby Nicole claims that she already possessed these skills prior to pregnancy. This however seems to be more about defending her construct of being a Mum to her younger siblings
Support: Together	One of the constructs that appears to have contributed to Rebecca's support being received so favourably and helped to motivate Nicole was the understanding that they were in this together			There is no indication of change in this construct. Rebecca is portrayed as supportive and on Nicole side throughout the narrative
Medical care: Insufficient care	Nicole holds an expectation that nurses in particular should be genuine and caring. Her perception of them during her stay in hospital conflicts with this		Related construct Prejudice: young Mum	Despite the challenge to her positive construct of nurses which arises from her negative experience of hospital it is unclear whether this construct changes significantly. She rationalises the discrepancy in terms of a specific hospital

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	construct			and a specific prejudice towards young Mums. Therefore I was unsure whether Nicole felt that Nurses were caring and genuine when working with individuals who were not young Mums
Medical care: Understanding/ informed consent	Nicole believes that the medical staff did not do enough to help her understand what was going with her medical care or that of her son			

The negative medical experience: Structural analysis of Nicole's story 12

Table 9.12: *Structural analysis of Nicole's story 12*

Narrator	Narration	Labov's device
Nicole	One night I had him laid on my chest, he were fast asleep, I were sat up with him (92)	Orientation
	and the nurse came and said *"oh no don't sit with him like that, take him off, take him off"*(93)	Complicating action
	And took him off me and put him in his little cot thing, urm (94)	Resolution
Researcher	Why do you think she did that? (95)	(prompt for verbal evaluation)
Nicole	I don't know, I've no idea (96)	Evaluation
Researcher	Did she think you looked sleepy and that you'd fall asleep, or... (97)	Researchers attempt to achieve a satisfactory resolution
Nicole	Maybe, I don't know, I don't know (98)	Evaluation

The orientation is a peaceful description of mother and child together, the complicating action therefore disrupts this peace, disrespecting this assertion of motherhood. It comes across as abrupt and critical. The use of direct speech emphasises the impact of this apparent criticism on Nicole. The resolution echoes the theme of separation from Jack which runs through the narrative of Nicole's hospital experience and the medical professional is positioned as the instrument of

this separation. The initial lack of evaluation provided nothing to soften my discomfort at hearing this story and thus motivated me to prompt for some kind of evaluation. The evaluation offered however failed to satisfy this need. It instead added to the abruptness of the interaction suggesting that no verbal or non-verbal communication was perceived that might have offered an explanation or attempt to repair the relationship. Nicole's tone adds a sense of bewilderment at this unexplained intrusion on her mothering and I sensed an enduring rawness still. I offered a construct which I later reflected was my attempt to heal this by providing a rationalisation. This however was not successful thus the story retained its sense of confusion and rawness which I felt was consistent with the wider narrative of her hospital experience.

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c/o DEdCPsy Programme

31 August 2014

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Dear Sarah

ETHICAL APPROVAL LETTER
Exploring the experiences and identities of 'Teen Mums' in education; A narrative

Thank you for submitting your ethics application. I am writing to confirm that your application has now been approved, and you can proceed with your research.

This letter is evidence that your application has been approved and should be included as an Appendix in your final submission.

Good luck with your research.

Yours sincerely
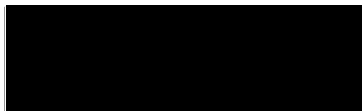
Professor Dan Goodley
Chair of the School of Education Ethics Review Panel

CC   Dr Rachael Levy

Specific EP Recommendations

EPs should ensure that their schools are positive environments for young Mums and are effective in meeting their needs. They may wish to consider the following points highlighted in red.

Positive environment

Is the school clear that prejudice towards young Mums is not tolerated?

Does the school tackle prejudice towards young Mums effectively?

Are the staff and students empathetic towards young Mums and aware of the additional physical and emotional barriers they may encounter as students?

Many young Mums may need to be convinced that their school is supportive of them. Schools need to be explicit that they do not tolerate prejudice towards young Mums. Existing policies on prejudice are unlikely to be sufficient.

Are individual young Mums raised in a positive manner in staff meetings, with an emphasis on understanding their individual needs and how to support them effectively?

Do school staff talk to the wider student population about being supportive towards young Mums and about the additional physical and emotional barriers they may face?

If this is identified as an area of concern then an action research project with students and staff may be appropriate to create the schools own campaign against prejudice. EPs can help to challenge negative narratives around young Motherhood, encourage empathy and advocacy.

Policies

Does the school have clear policies on maternity leave for students?- Do these policies include flexibility to accommodate the preferences of different Mums?

Does it have existing risk assessments and have reasonable measures for ensuring that pregnant students are able to partake in school activities?

The young Mums shouldn't be made to feel that they are inconvenient, or that their school can't possibly be expected to adapt to meet their needs. They need to know

that their needs are recognised and that their school is already prepared to meet their needs. Staff anxieties around how to deal with pregnant students may be interpreted negatively by young Mums so having existing policies should help to reduce this anxiety and allow staff to be viewed as competent and sensitive towards the needs of young Mums.

When school staff are particularly anxious about or otherwise struggling to include pregnant Mums in school activities. EPs may help by facilitating meetings with school staff, parents and the pregnant teenager in order to identify what adaptations may be necessary.

Stability through transition

Does the school have a transition plan as the young Mum comes towards her maternity leave?

Does the school have keeping in touch days during maternity leave?

Do school staff/ school staff and students visit the young Mum during the maternity leave period?

Does the school have a transition plan as the young Mum returns from maternity leave?

Some young Mums feel a part of their school community and find that school offers them a structure and stability. Maintaining this link with school may be beneficial to the wellbeing of young Mums as they transition to motherhood.

Socialising with peers

Does the school facilitate child friendly social events for students?

Does the school have after school activities that the young Mum can attend with her child?

Does a specific school mentor, plan with the young Mum and her friendship group, new types of activities that they can do together?

Young Mums can find socialising with their school friends difficult, which can ultimately reduce their social network and the amount of social interaction they have. Some friendship groups will continue to socialise in ways they have always done,

which may not accommodate the motherhood lifestyle. Starting to establish new social activities that are child friendly may help to reduce the erosion of friendships. Educational psychologists may play a role in facilitating positive social interactions by creating safe spaces for group sessions. They should work with other professionals to provide new opportunities than can help increase the diversity of the young Mums interaction with others within school and within the community.

Family Education

Is parenthood and parenting skills in the school's individual curriculum?

Is 'managing a household' including how to access financial support on the school's curriculum?

Are there opportunities for parents from the community to share their parenting experiences with students?

Does the school have links with mother and toddler groups to provide work experience for students, including pregnant teenagers?

Can the educational provision introduce driving lessons for students?

Some young Mums feel that education does not prepare them very well for parenthood. Although some young Mums will have had plenty of experience looking after younger family members, some teenagers may come from small families with no opportunity or expectations for childcare responsibilities. A high proportion of individuals do become parents, so education targeting this area would be more meaningful to the lives of students than many other subjects that appear in the curriculum. Obviously how the subject of parenthood is addressed would have to be carefully consider, so not to show preferentialism for certain types of parenting. Nonetheless an awareness of parenting challenges, and different strategies as well as basic child care skills may be a welcome addition to the curriculum.

House hold management, managing on a low income and where to access financial and practical support, should form part of the educational curriculum. This should be something that young people are prepared for in advance of needing to know this information. Assumption that these skills will be learned at home, disadvantages some students

The ability to drive may increase the wellbeing of young Mums who find commuting by public transport to impact on their family and leisure time. It may also provide greater opportunity for employment and leisure for all student.

Other Mums

Does the school have links with other schools and organise socials so that young Mums in the wider area can come together?

Are individuals who have been young mothers invited into school to share their experiences with students and mentor young Mums?

Does the school have links with mother and toddler groups to provide work experience for students and allow them to meet other mothers in the area?

Meeting other Mums in the area may be difficult for some young Mums. Making sure that they have the opportunity to meet other Mums early on in their motherhood journey may be beneficial. Other young Mums going though the same experience with them can offer them emotional support and help each other to co-construct their motherhood identities. Educational psychologist may play a role in the development of young Mums groups or mentoring programmes. They may help to create conditions that facilitate the development of positive rapport and ultimately trust.

The insight from those who have been though the same experience before can help them prepare for their transition and allow them to see the possibility of the future, not just the present.

Educational psychologists may help advise community groups and local authorities to implement activities that help young Mums and older Mums in the community build up shared identities and recognise shared values. Facilitating access to groups of Mums which also include older Mums and structuring activities in a way that promotes positive interactions between young and older Mums may for younger Mums help to reduce the feeling of marginalisation and increase a sense of belonging within the wider 'Mum' community. For older Mums it may also help them to recognise the similarities between themselves and younger Mums and promote acceptance and investment in their fellow Mums. School staff may help to signpost young Mums to these groups and in the first instance, possibly attend with them to reduce any apprehension they have at attending community groups. Young Mums may likely have concerns regarding prejudice and social rejection. Running groups

like this on the school site during lunch times or directly after school may also reduce transportation and motivational barriers.

Careers

Are educational/career plans made with pregnant teenagers soon after their pregnancy is known to the school?

Is a member of school staff responsible for ensuring that the young Mum has help accessing education/ employment when she has completed her maternity leave if this does not involve returning to that same school?

At the end of maternity leave are the young Mums career and educational aspirations and plans re-evaluated.

Do career mentors have high expectations for young Mums?

Do pregnant teenagers have access to work experience environments where there are lots of successful working Mums?

Hennekam's research suggests that simply having policies supporting motherhood in the workplace may not be sufficient for those transitioning to motherhood to perceive that certain behaviours (such as being a working/studying mother) are acceptable and manageable. Instead observational learning is necessary for women to learn and assimilate the norms and possibilities. Young Mums may need to have experience in working environments where there are lots of working mothers to see what realistic possibilities exist for combining motherhood and career.

Sasha's story highlights the fact that some young Mums need a higher level of counselling around their aspirations and educational decisions both to improve their emotional wellbeing and their future prospects. It is likely that some intervention would be beneficial for young Mums with strong aspirations, if offered as soon as professionals are aware that the young Mum is pregnant. For some of these young Mums the reassurance that their aspirations are achievable and that they will be supported to meet them may be initially sufficient. For other young Mums they may want to draw up specific plans before being able to accept motherhood.

For young Mums like Nicole who don't have educational or career aspirations prior to pregnancy, professionals may look to capitalising on changes in attitude towards education and career brought about by their experiences of motherhood. The role for professionals may initially be in supporting these young Mums to be successful

mothers and acknowledging their success, in order to facilitate positive self-worth beliefs that pave the way for them to develop educational and career aspirations. Research has suggested that young people's ambitions are dependent on what they see to be possible within their communities (Carter and Coleman 2006), however research also suggests that young Mums often develop career aspirations inspired by the professionals who support them during pregnancy (Hutchingson & Moore, 2012). This may indicate that professionals working with young Mums, despite professional distance can be successful in relating to young Mums and modelling new career possibilities.

Many young Mums may benefit from direct help in accessing and filling in application forms and educational psychologist should recommend that staff employed by educational facilities and other professionals should provide young Mums with concrete as well as advisory support.

Establishing a positive relationship with a supportive career mentor may help some Mums to believe that their aspirations are possible. Career mentors however should bear in mind that the young Mums will have different values and that their priorities between motherhood and career may change at different points on their motherhood journey. Termly revisions of these plans with young Mums and their mentors taking into account work/study – family balance, aspirations and financial considerations may be appropriate.

Flexibility

Is there an option for part time study when the young Mum returns from maternity leave?

Young Mums may wish to work fewer hours in order to combine their motherhood and career in a successful manner.

Emotional Support

Do young Mums meet regularly in a pastoral capacity with a member of staff?

Is a pastoral mentor checking in on their wellbeing during their maternity leave?

Does the school provide opportunities for young Mums to help others?

Do school staff arrange multiagency meetings to support young Mums where appropriate?

EPs may consult with schools to advise activities for young Mums to do with their pastoral mentors. They may be able to offer training to school staff. The following may represent appropriate content.

- Looking at routines within the current family
- Planning possible routines involving family and/ or friends once the baby is born
- Agreeing with the baby's father what childcare responsibilities each will have.
- Planning pregnancy/ baby friendly social events with friends
- Discuss prejudice against young Mums/ experiences of prejudice
- Challenging negativity narratives around motherhood
- Creating positive narratives around motherhood and their own motherhood stories
- Looking at supporting other young Mums and advocacy for young Mums
- Identifying their strengths/ skills and how they might help with motherhood
- Life work/study balance
- Looking at ideas for 'Me time'

Establishing routines promoting everyday interaction can be important for strengthening relationships and social identities, regulating emotions and helping young Mums feel supported.

Helping couples to clarify their expectations of their roles in advance of the child being born and helping them to establish plans and routines which will help them to conform to their agreed contributions, may help some young Mums to feel that the contribution of the child's father is appropriate and helpful. It may however bo help them revise their expectations in line with new understandings and circumstances. Co-parenting interventions may be useful as according to Doss Cicila, Harbor, Morrison & Carhart (2014) they are more popular than relationship interventions but affect benefits in both quality co-parenting and relationship satisfaction.

Fear of social rejection and prejudice can be restrictive for young Mums but it is also likely that they will at some point perceive themselves to have experienced this. Allowing them to acknowledge these experiences but also challenging negative narratives and focusing on the positive aspects of young motherhood may help to reduce the negative impact of stigmatisation.

Thinking about how they would help other young Mums may be less dauting than thinking about how to help themselves and also allow them to hold the identity as the helper rather than the one in need of help.

Looking at how family, leisure and work/study time can be protected may help the young Mum feel less overwhelmed at being able to combine these activities when she is ready to return to study or work.

Allowing more established young Mums the opportunity to mentor pregnant teenagers and new young Mums can help them feel valued and give them a positive and powerful identity as a mentor. Other activities such as helping young children or vulnerable members of the community may also help young Mums to feel that they belong to the wider community and make positive contributions.

Educational Psychologists may have a role in facilitating multiagency meetings or in training other professionals working with young Mums around the impact of social rejection and negative societal attitudes on the young Mum's behaviours and self-perceptions. In order to improve empathy and help professionals reflect on and improve their interactions with the young Mums. Educational psychologists may at times advise whether professionals should focus more on care and interdependence with the young Mum or on function and promoting independence, depending on the needs of the young Mum. For young people who do undergo emotional difficulties during their motherhood journeys and do so without the support of family members then professionals need to consider how best to balance their professionalism with genuine investment in the young person.

EP Assessment

If the young Mum is doing well in a school providing a supportive environment for young Mums then EP involvement may not be necessary. In some cases however EP assessments may help to identify specific needs for individual young Mums that allow them to recommend appropriate interventions. Offer therapeutic sessions or signpost them to other appropriate services.

Depending on the needs of the individual young Mum, Educational psychologist may consider running groups on social skills, relationships, self-esteem and group compatibility in order to help individuals develop relationships, and to help individuals meet their needs and the needs of others through relationships in a manner which is beneficial to self-esteem and wellbeing.

Parents/ family

Does the school sign post the young Mum and her family to appropriate services who support families undergoing difficult transitions?

Does the school offer parents/ families consultations with the EP where appropriate?

EPs may help families to:

Implement structure that helps to promote the daily activities and conversations which may help to strengthen family identity and their ability to support each other.

Recognise different types of support and to recognise the benefits and limitations of these strategies. For example, offering too much practical support may promote dependency and discussing the issues of young motherhood directly may provoke avoidance strategies or conflict in some individuals.

Recognise their ability to adapt to the unexpected changes that young motherhood will bring, realise their contributions to the new family group and recognise new opportunities that this change can facilitate.

Deal with negative emotions such shame, guilt and loss that the young Mum or family members may experience.

Interrogate 'normality' this may potentially be a useful strategy for families experiencing young motherhood as it has proved to be for some families experiencing mental health (Stein & Wemmerus, 2001).